Recognising Dying and Making DNACPR Decisions in Emergency Departments

A UK-Wide Qualitative Study of Clinicians' Experiences

INTRODUCTION

Do not attempt cardiopulmonary resuscitation (DNACPR) decisions and broader end of life (EoL) conversations are increasingly common in emergency departments (EDs). Emergency clinicians must balance limited patient information, environmental pressures and communication challenges in environments designed for rapid intervention rather than reflective decision making.

AIMS

This study explored how emergency clinicians recognise dying, make DNACPR decisions and communicate these decisions with patients and their families in EDs.

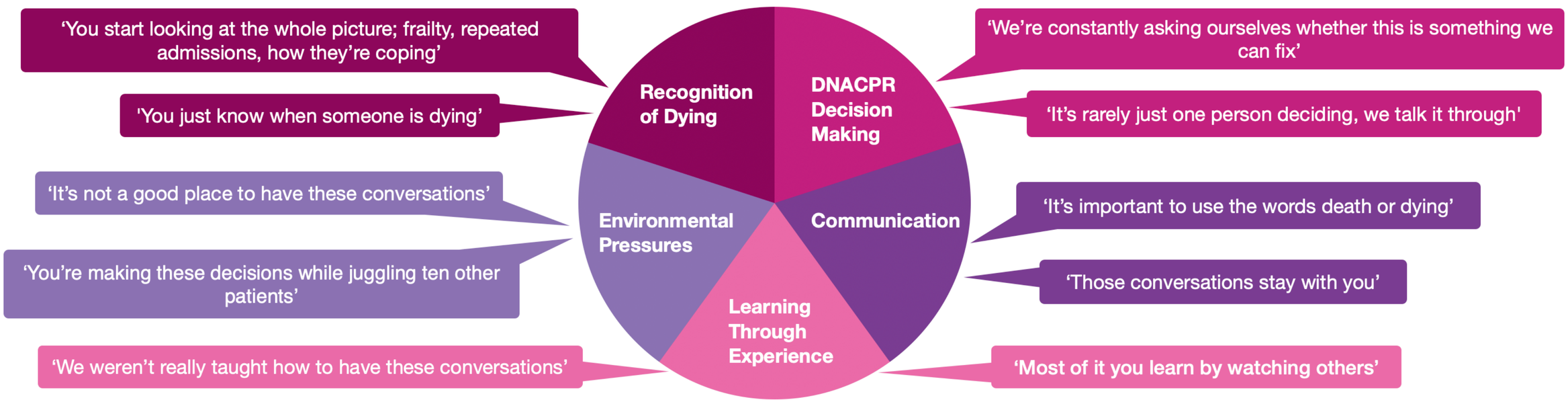
METHODS

Recruitment: professional networks and social media for national representation.

Data collection: semi-structured interviews with 19 UK emergency medicine doctors and ACPs.

Data analysis: framework analysis of transcripts to identify common themes.

RESULTS



Five common themes were identified:

- **Recognition of dying through judgement refined by experience** - based on clinical intuition, gestalt and illness trajectory.
- **DNACPR decision making as contextual and collaborative** - assessing reversibility, using multi-disciplinary team discussion.
- **Communication as the central challenge** - the importance of direct, clear communication and the emotional impact of those conversations.
- **Learning through experience** - lack of structured teaching opportunities, learning through observation and clinical practice.
- **Environmental pressures** - competing clinical demands, noise, crowding and lack of privacy in EDs.

CONCLUSION

DNACPR decision making in EDs is intuitive, collaborative, and emotionally demanding. It is affected by the noisy, crowded ED environment with lack of privacy.

IMPLICATIONS FOR PRACTICE

- More structured training needed on communicating DNACPR decisions.
- Need for improved support of ED clinicans making these decisions and delivering EoL care.
- Importance of collaborative, reflective practice.
- Need for improved environment for delivering EoL care in EDs.

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ReSPECT

Recommended Summary Plan for Emergency Care and Treatment