

Case Study Seven: Mrs B – Decision to resuscitate

Summary

Mrs B required representation in deciding whether she should be resuscitated. Her GP had decided that she should not be resuscitated. However, with IMCA involvement following the correct process for making a decision under the Mental Capacity Act, the GP reconsidered his position and decided that Mrs B should be resuscitated.

Background

Mrs B is a lady with a long-term mental health condition. She requires support and prompts with her activities of daily living. She is independently mobile but a wheelchair is used for trips in the community. A request was made by the care home where she resides for an IMCA to represent her in the decision of whether she should be resuscitated.

The GP was not aware of a referral being made. I attempted to seek confirmation that the GP would consult with me in this decision, but as direct communication proved difficult, the GP and myself corresponded via letter and fax.

IMCA report

'I had gathered information about Mrs B's communication needs: she has a speech impediment. I found out that discussion about resuscitation had taken place with her although Mrs B was not always willing to discuss the topic. I had been informed that Mrs B coped better with simplified information and with staff who understand her impediment.

I met her the first time with a staff member present. Mrs B did not wish to discuss the topic. On the second occasion I supported my conversation with her by showing her pictorial images which seemed to help.

I had been informed that Mrs B kept changing her mind about resuscitation, from wanting to be resuscitated to allowing natural death. Mrs B talked to me and asked me questions but decided on both occasions not to continue discussing the topic with me.'

Barriers which were overcome

Prior to consultation with the IMCA about the decision, the GP had decided that Mrs B should not be resuscitated. The IMCA then questioned the GP's outcome and the process that had been followed via letter. Eventually the GP contacted the IMCA and there was a discussion about how the decision had been reached. The IMCA put forward the view that in most circumstances for individuals with no obvious chronic physical health conditions they would be resuscitated in the case of a cardiac arrest, and asked what made Mrs B different.

The GP could not identify any physical health problems that would make a cardiac arrest more likely or any information that suggested that the chances of successfully resuscitating Mrs B would be smaller than the average success rates. The GP acknowledged a misunderstanding about the Mental Capacity Act decision-making process.

The GP apologised and asked for the process to start afresh. The IMCA then provided the GP with information about best interests decision-making and following their meetings with Mrs B the IMCA put together a report for the GP to consider.

Outcome

The GP changed their view and said Mr B would be resuscitated. The GP also gave feedback that without IMCA involvement they would not have understood how to implement the MCA.