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### Introduction

Choosing when a loved one shouldn’t receive medical intervention to be kept alive is an extremely emotive and important decision for any family to be involved with. There have been many horror stories where decisions were made without consulting the family, so it’s really important to understand what can be put in place when decisions of this nature need to be made. This information sheet discusses the legal position with regard to Do Not Resuscitate Orders.

### What is a DNR and what does it do?

A DNR is a legal order written either in a hospital or on a legal form before going into hospital to respect the wishes of a person not to undergo cardiopulmonary resuscitation (CPR) or advanced cardiac life support (ACLS) if their heart were to stop or if they were to stop breathing. The DNR is usually only signed where the quality of life of a person is limited.

### How is a DNR created?

A physician or hospital staff will usually write a DNR based on a person’s informed consent or the informed consent of the Health and Welfare Attorney or Deputy, who would have been appointed by the person to look after their Health and Welfare if they lack the capacity to make these types of decisions. Putting a DNR in place would usually take place following a discussion with the person and their family.

A person, or their Health and Welfare Attorney or Deputy, can write a DNR at any time, but it is important in this case that the DNR is specific to the life limiting illness that the person has. A DNR should not be put in place without the full consent of the person it relates to, if that person has capacity to make decisions for themselves.

### What legal standing does a DNR have?

A DNR is legally binding and medical staff must adhere to it once it is in place.

### How does a DNR work in practice?

The DNR form should stay with the person it relates to and any medical professional involved in the care of that person should be made aware of its existence. If the medical team are not made aware of the DNR then it will not be followed.

It is very important that the DNR is registered with all medical staff.

### What if the person with Rett syndrome is over 18, does not have capacity and there is not a Health & Welfare Attorney or Deputy?

The medical team have a duty to consult the family and carers before putting in place a DNR. A High Court case in November 2015 stated that a doctor putting in place a DNR in respect of a 28-year-old man with Cerebral Palsy without knowledge of his family was a violation of his Article 8 rights, under the Human Rights Act.

### What if the person with Rett syndrome is under 18?

The same applies. The family and carers should be consulted by the medical team.

### What should you do?

If you are considering whether a DNR is appropriate for the person with Rett syndrome, then you should discuss this at the earliest opportunity with the medical team involved in the person with Rett syndrome’s care.

If a DNR order has been applied to your them without your involvement, then you should immediately ask for a Best Interest Meeting. This meeting should include the medial professionals who made this decision, nursing staff, the social worker and any other professionals involved.

The aim of the Best Interest Meeting is to bring everyone together, to share information and to jointly agree what is in the Best Interest of the individual.

### Further Information

Please see our Best Interest Meeting factsheet

*The content of this page is intended as a guide only. It is not a substitute for considered advice on specific issues. Any action taken depends upon your individual circumstances. Consequently, we cannot accept any responsibility for action which may be taken as a result of reading this information.*

*The page was kindly written by Philip Warford at Renaissance Legal, a law firm specialising in Wills, Trusts, Powers of Attorney and Court of Protection Applications for disabled people and their families.* [*www.renaissancelegal.co.uk*](http://www.renaissancelegal.co.uk)