

The double life of cardiopulmonary resuscitation

Sir,

If cardiopulmonary resuscitation decision making were a web, then it would be an untidy, tangled and perhaps structurally unsound web: a web which appears to have been woven by many different spiders, some intoxicated, and many weaving in isolation as opposed to in unison. A major problematic consequence of this tangled web is that often patients and their relatives only become aware of it after a cardiopulmonary arrest – which, to be very clear, is often far too late.

Dr Taubert's article (vol 80(2), 2019, p. 64; <https://doi.org/10.12968/hmed.2019.80.2.64>) illuminates this tangled

web, and I have observed the same tangled web from my position as a layman (Stone, 2016): it is not easy to understand exactly how we have arrived at this rather incoherent, and certainly less-than-satisfactory, situation. Clearly, the situation needs to be improved, and I hope Dr Taubert's article acts as a prompt for improvement.

I will add a specific comment: towards the end of his article, Dr Taubert uses the phrase 'dictate necessary measures' – in fact, we have a law (the Mental Capacity Act) which describes 'required decision-making', not 'necessary measures' as the article might imply (and I believe the health board's policy is legally flawed).

On 'conflict of interests' grounds, as I am praising Dr Taubert's article, I should point out that Dr Taubert and I have been known to discuss cardiopulmonary resuscitation and other end-of-life issues: loosely I think we are both 'on the same team'.

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Stone MH. 2016. It would be much simpler if techniques for CPR did not exist. (accessed 15 February 2019) <https://www.bmj.com/content/352/bmj.i1494/rr-3>

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