

Resuscitation Council UK Statement on the role of the ReSPECT Process during COVID-19

The importance of **having conversations** to understand and record a person's wishes has never been more important than during the current COVID-19 pandemic. Those using the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) must ensure that **having conversations** with the individuals concerned remains at the heart of the process.

ReSPECT is:

- ✓ a process which creates personalised recommendations for a person's clinical care and treatment in an emergency when they might be unable to communicate this for themselves. It centres around having conversations between a person, their family, and a clinician.
- ✓ a process that involves recording a summary of the conversation on a form.
- ✓ a process where the form belongs to the patient.
- ✓ a clinical document.



ReSPECT is NOT:

- ✓ just a form and must not be completed in isolation. The form cannot, and must not, be filled in without having a conversation with the person and their clinician to inform the decisions recorded on the form. If the person lacks capacity to contribute to the ReSPECT process, this must take place with their legal proxy (if they have one) or otherwise with a close family member.
- ✓ part of a blanket approach to resuscitation and emergency care decisions. All conversations and decisions must be individual to the person involved.
- ✓ a DNACPR form.
- ✓ legally binding.
- ✓ an ADRT.

It is appropriate to have a ReSPECT conversation with residents in a residential/nursing care home, but this must be done on an individual basis. If a person lacks capacity to make decisions, a discussion should take place with those who know the person best to ensure the ReSPECT plan is as close to what the person would have wanted.

We encourage persons, family members and clinicians to follow the process and continue to engage in conversations around the care and treatments a person would both value and benefit from in an emergency.