

## ReSPECT Myth Busting

### ReSPECT - Recommended Summary Plan for Emergency Care and Treatment

#### 1 "Care Home staff can support completion of ReSPECT process/form" - **TRUE**

- The main role for care home staff will be 'painting a picture of that person' and what matters to them in discussion with the resident and their family
- ReSPECT should be an MDT discussion especially in relation to clinical recommendations (it is important to agree with your home's GP practice about how to approach these discussions)
- Care home staff are **NOT** expected to be making the clinical recommendations.

#### 2 "The ReSPECT clinical recommendations section is to document what an individual says they want to happen in an emergency" – **TRUE**

- ReSPECT involves a conversation which:
  - Develops a shared understanding of a person's current condition, circumstances and future outlook
  - Explores outcomes that the person values or fears
- Clinical recommendations should be discussed based on trying to ensure maintenance of outcomes which patients' value, and avoidance of outcomes they do not want/fear
- Agreed clinical recommendations should be recorded for care and treatment in a future emergency/episode of illness, at which time the individual cannot make their own decisions
- There will be occasions when it is clear that some treatments cannot work for that individual. Open discussions are essential for patients and families to explain what treatment and care can improve the patient's quality of life.

#### 3 "The ReSPECT form needs to stay on file if the individual goes to hospital otherwise it might get lost" – **FALSE**

- The original form must go **WITH** the patient
- Always keep a copy (marked as a copy) in your notes
- If someone goes into hospital their form should be checked:
  - You don't know whether the situation will have changed on discharge
  - Use the **Ask and Check** approach to make sure ReSPECT is discharged with the patient

#### 4 "ReSPECT is a legally binding document" – **FALSE**

- ReSPECT is guidance to be used in the situation of an emergency
- Not every clinical scenario can be predicted and so the preferences of care/goals of care are the key to allowing a decision to be made in an emergency.

#### 5 "The ReSPECT process can only be undertaken if someone has capacity" – **FALSE**

- The ReSPECT process is still important if someone lacks capacity. A capacity test should always be documented in the clinical records for each specific decision. If their capacity is lacking for a specific decision, then the decision must be taken in their best interests
- Best interests discussions should ideally include at least one person who knows the individual, ensure you have consulted a Lasting Power of Attorney for Health and Welfare (if they have been appointed) and other health/social care practitioners
- An Independent Mental Capacity Advocate (IMCA) is required if the individual has no LPA/family/ friends - to refer, please contact POhWER on: **0300 456 2370** or visit: <https://www.pohwer.net/gloucestershire>

Please ensure you are familiar with the Mental Capacity Act requirements: <https://www.scie.org.uk/mca/practice/best-interests>

#### 6 "ReSPECT is the main document detailing CPR information" – **TRUE**

- ReSPECT is the recognised document for communication across the whole of Gloucestershire so it is what all health/social care professionals will expect to see
- **BUT** remember that ReSPECT is 'broader guidance than simply recommendations around CPR attempts. In addition check for other documents such as Advance Decision to Refuse Treatment or Advance Care Plans.

#### 7 "A ReSPECT document is only valid if signed by lead clinician" – **FALSE**

- ReSPECT is a process and not single event, so there may not have been time to complete all sections or for lead clinician to sign – especially in during COVID
- Any information on the document can still be used to guide decision making at the time of an emergency
- Also, it is important to note that the person/their relatives don't need to sign the ReSPECT form.

#### 8 "You cannot cross out or add information to a ReSPECT form" – **FALSE**

- ReSPECT is a continual process and nothing is set in stone, so ReSPECT forms should be changed when needed
- If a form needs a small update, this can be done as long as it is still clear. If a significant change is needed it is recommended that a new form is completed
- It is likely that there will be several forms if people are admitted to different locations, so remember to **Ask** for any care guidance and **Check** the most recent dated document on their GP records.

