



Oifig an Stiúirthóra Náisiúnta
Folláine, Comhionannas, Aeráide & Sláinte Dhomhanda
Feidhmeannacht na Seirbhíse Sláinte
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7th August 2024

Deputy Violet-Anne Wynne
Dáil Éireann
Kildare Street
Dublin 2

E: violet-anne.wynne@oireachtas.ie / Cc: PQuestions@hse.ie

Re: PQ 33025/24

Question: To ask the Minister for Health if he is aware of do-not-resuscitate orders being offered to patients that are non-compos mentis; and if he will make a statement on the matter.

Dear Deputy Wynne,

I refer to the above Parliamentary Question which has been referred by the Minister for Health to the Health Service Executive for direct response.

I have examined the matter and the following outlines the position.

Currently HSE policy on Do Not Attempt Resuscitation (DNAR) is contained in Part 3 and Appendix 10 of National Consent Policy 2022 v1.2 (available at https://assets.hse.ie/media/documents/ncr/20240524_HSE_Consent_Policy_2022_v1.2.pdf). Work is ongoing on a new standalone HSE DNACPR Policy.

Existing policy emphasises the need for individual decision-making, for involving the person in discussions regarding CPR, and, if the person wishes, involving family or friends in discussions.

In relation to the person's decision-making capacity, the policy states:

3.4 Decision-making capacity

Best practice utilises a functional approach to defining decision-making capacity whereby capacity is judged in relation to the particular decision to be made, at the time it is to be made. Decision-making capacity also depends on the ability of a person to comprehend, reason with and express a choice with regard to information about a specific treatment (e.g. the benefits and risks involved or the implications of not receiving the treatment).

However, where an individual lacks decision-making capacity, his/her previously expressed wishes should be considered when making a decision. Whether the benefits would outweigh the risks for the particular individual should be the subject of discussion between the senior healthcare professional and those close to the individual. Only relevant information should be shared with those close to an individual unless, when he/she previously had decision-making capacity he/she expressed a wish that information be withheld.

Part 3 Section 5 of the HSE National Consent Policy includes a presumption in favour of providing CPR:

As a general rule, if no advance decision not to perform CPR has been made, and the wishes of the individual are unknown and cannot be ascertained, there is a presumption in favour of providing CPR, and healthcare professionals should make all appropriate efforts to resuscitate him/her. The likelihood of a successful outcome will also be important in considering whether CPR is a clinically appropriate intervention in the individual circumstances of the patient.

If you require any further information or clarification please do contact us.

Yours sincerely,



Caoimhe Gleeson
General Manager
HSE National Office for Human Rights and Equality Policy
Office of the National Director
Wellbeing, Equality, Climate and Global Health