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ReSPECT

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" – FALSE

- 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
- No treatments can be demanded and conversations should therefore focus on offering interventions which can realistically optimise the chances of maintaining those values
- If a treatment or management is not medically appropriate it will not be offered
- Understanding clinical treatments/interventions which are appropriate to consider is vital to allow discussions and may require input from Specialists/GP to know this.

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

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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. Ensure there is discussion with:
  - Other health/social care professionals involved in care
  - A Lasting Power of Attorney for Health and Welfare (if they have been appointed)
  - Family/friends who can give insight into that persons preferences (best interests approach)
  - An Independent Mental Capacity Advocate (IMCA) if the individual has no family/friends - To refer, please contact POhWER on: **0300 456 2370** or visit https://www.pohwer.net/gloucestershire

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 guidance and that there may be other documents present e.g. Advance Decision to Refuse Treatment, ACP documents.

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.