



## LETTERS

## AVOIDING CPR ON PATIENTS WITH COVID-19

## Confusion over CPR in patients with covid-19

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The news on cardiopulmonary resuscitation (CPR) in covid-19<sup>1</sup> is the latest example of the state of confusion, denial, and unpreparedness in which national health authorities and politicians are facing the pandemic.<sup>2</sup> The evidence provided by scientific advisers is either publicly challenged,<sup>3</sup> not made available for scrutiny,<sup>4</sup> or absent.

The World Health Organization lists CPR as an aerosol generating procedure,<sup>5</sup> for which full personal protective equipment (PPE; gown, gloves, FFP3 mask, and facial protection) should be used. But the Department of Health and Social Care does not, suggesting that emergency medical staff can carry out CPR while awaiting further support.<sup>6</sup> To add to the confusion, the NHS in the West Midlands recommends against CPR in patients with suspected or diagnosed covid-19, unless in the emergency department or if are staff wearing full PPE, thus assuming that CPR is an aerosol generating procedure.<sup>1</sup> Appropriate PPE is not available across the whole of the NHS, and testing for covid-19 is still limited, despite official reassurances. To be prudent, we should consider most patients seen in the NHS to be infected.

Is the revised regional policy so restrictive to protect NHS staff at the expense of patients? Or are patients, health workers, and the public knowingly being put at risk? Both scenarios are equally worrying. Myocardial injury and cardiac dysfunction are associated with excess mortality from covid-19.<sup>7,8</sup> Delaying CPR because of the revised criteria could lead to avoidable fatalities. Nevertheless, lack of PPE justifies a change in the risk-benefit balance for CPR.<sup>9</sup>

The current situation shows a national system that is in disarray, unprepared, slow, confused, and impassive to frontline NHS staff and volunteers, who are applauded for their dedication but

are not equipped with the PPE they require.<sup>10</sup> Our clinical staff need adequate means to provide the best level of care, under decisive guidance and in a safe environment.<sup>11</sup>

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Full response at: <https://www.bmj.com/content/368/bmj.m1282/rr-3>.

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