FRANCES POLACK is not depressed, she is not even ill, but she is more worried about living than dying. Specifically she is worried about living when she feels she should be dead. The 85-year-old great-grandmother is not against treatment for illness or injury, she just feels that when her heart stops, for whatever reason, no attempts should be made to revive her.

Cardiopulmonary resuscitation has become almost a rite of passage to death – it seems impossible for anyone to be allowed to die naturally without someone trying to save their life. The overall survival rate following resuscitation is around 20 per cent, out of hospital this figure is much reduced. Despite this the Department of Health is planning to put 700 public access defibrillators in 72 sites across England.

Frances has now gone to what might be thought extraordinary lengths to ensure she does not ‘die twice’. For years she has worried about getting her message across, believing the living will she carries in her handbag might go unseen by medics trying to save her life. So now she has done what she joked about 25 years earlier and had a tattoo on her chest. It reads ‘Do not resuscitate’ and is set around a red heart with a line through it.

She hopes that anyone opening her blouse to try to restart her heart will stop immediately. ‘I don’t want to die twice,’ says Frances, who lives alone in the New Forest. ‘By resuscitating me, they would be bringing me back from the dead only for me to have to go through it again. There is enormous pressure on doctors and paramedics, often from the relatives, to try to revive patients at any cost, even when the patient has made their wishes clear on hospital notes. I am not afraid of dying. But I am afraid of living when I should be dead. I have worked in hospitals and with old people and I know how hard they try to keep you alive and have seen some of the consequences of that. By having this tattoo, no one can be in any doubt. It is not something I have done on a whim, it can’t be washed off and I won’t change my mind.’

‘My tattoo cost £25, less than a visit to the chiropodist’

Frances spent her entire working life as a nurse, initially battling against the apartheid regime in South Africa and then in various hospitals in England. And even a quarter of a century ago, when resuscitation techniques were still being developed, Frances knew it was not something she wanted. ‘I can remember joking 25 years ago that one day I would have a tattoo saying I did not want to be resuscitated if my heart stopped,’ she said.

‘I never thought I would do it, but since I turned 80 it was on my mind more and more. Now I’m at ease. And it was not painful, just a couple of stabbing pains during a procedure that took 25 minutes. I just went into my local tattoo shop, which has a very good atmosphere. I did not know what to expect; the stories you hear are always sordid. But it was clean and pleasant, just like a doctor’s surgery. They put my design on to a computer, fiddled around to make it the right size and then transferred it on to my skin for the tattooist. It cost £25, less than a visit to the chiropodist. I am not their oldest client, but I am the oldest woman.’

In recent guidelines on life-prolonging treatment and end-of-life decisions, the General Medical Council recommends that people should feel involved in all decisions about their medical care. Within the current system, this does not appear to be working.

‘I think very few people feel able to make their own decisions about death, but I must be allowed to slip away as quickly as possible,’ said Frances. ‘My family know my decision and have been supportive, but I was more nervous about telling my doctor about it than I was having the tattoo done.’

In fact Frances’ anxiety about being resuscitated inspired her grand-daughter, Clare Polack, to undertake some preliminary research into whether it is an issue that should be addressed in primary care. She is interviewing fellow GPs in the Edinburgh area about their experiences and views on the involvement of primary care in end-of-life decisions. ‘This is obviously an anxiety for Fran,’ said Dr Polack. ‘Perhaps she is the exception or perhaps there is an unmet health need we should be addressing as health professionals.’

Judy Czylok is a freelance journalist

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Frances Polack has taken drastic measures to ensure doctors are left in no doubt about her wishes. Judy Czylok reports