When people are asked whether they would want nurses to attempt cardiopulmonary resuscitation (CPR) if they stopped breathing, most will say yes.

We think we know what CPR involves: it is often portrayed on TV dramas with the actor quickly feeling better, sitting up in bed and having a cup of tea. However, CPR has a poor success rate. The Resuscitation Council (UK) says that less than 10% of all the people who undergo resuscitation attempts outside hospital will survive.

In nursing home populations with multiple long-term conditions and frailty, CPR often ends in a violent death. It is difficult to tell older people and their families what CPR actually involves: chest compressions that may cause fractured ribs, bruising and internal bleeding. When I explain the procedure, most residents agree that they would prefer to die a natural death. However, some think CPR is a chance to avoid death.

CPR should not be offered to people in nursing homes when it is unlikely to save their life. Comorbid conditions are associated with cardiac failure and the inevitable outcome is death, yet we seem to have trouble accepting this fact.

Talk about death

Residents should be made aware that as they approach death we will care for them confidently, ensuring they are comfortable and with their loved ones. If they want to talk about death, we will listen and respond. I have convinced all the staff I work with to have these conversations. As a result, we can be sure that our residents die in comfort.

CPR burdens older people with the trauma of believing their life can be extended. When people have reached the end of life we should enable them to die in peace.