



HEALTHCARE RIGHTS, COMMUNICATION & PATIENT SAFETY

ReSPECT

Recommended Summary Plan for
Emergency Care and Treatment

The key idea

ReSPECT records personalised clinical recommendations for a future emergency when a person may be unable to make or express choices. It begins with a conversation about what matters to the person and includes — but is much broader than — a recommendation about CPR.

What is ReSPECT?

ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. It is a process for discussing and recording personalised clinical recommendations for a future emergency in which a person may not be able to make decisions or communicate what matters to them. The conversation brings together the person's priorities and values with clinical judgement about treatments that could realistically help.

In everyday language

It is a way of thinking ahead: if you became very unwell and could not speak for yourself, what should clinicians know about what matters to you, your goals and the treatments likely to be appropriate?

Who is ReSPECT for?

A ReSPECT plan can be made for anyone. It may be particularly relevant for people with complex health needs, those approaching the end of life, and people at increased risk of sudden deterioration or cardiac arrest. Some people may want to discuss emergency-care preferences for other reasons.

The conversation comes before the form

ReSPECT is a process, not simply a form. A health professional talks with the person — and, where appropriate, people important to them — about their health, what matters, their goals of care and which treatments could or could not realistically help. The agreed clinical recommendations are then summarised on the plan.

Key distinction

A ReSPECT plan records clinical recommendations. It is not a consent form and is not, by itself, legally binding. It helps clinicians make individualised emergency decisions using the person's recorded priorities, previous clinical reasoning and circumstances at the time.

What can the plan cover?

The plan can record priorities for care and recommendations about a range of emergency treatments, including hospital treatment, escalation of care, intensive treatment and cardiopulmonary resuscitation (CPR). The exact recommendations depend on the person's health, values, goals and clinical situation.

ReSPECT is broader than DNACPR

A DNACPR recommendation concerns whether CPR should be attempted if the person's heart and breathing stop. ReSPECT places CPR within a wider emergency-care conversation. A plan may recommend CPR or recommend that CPR should not be attempted, while also recording recommendations about other treatments.

Important to know

A recommendation not to attempt CPR does not mean 'do not treat'. Other appropriate treatment and care should continue. ReSPECT helps clinicians understand the wider treatment plan rather than reducing a person's care to a CPR decision.

Preferences and clinical judgement

The person's preferences and goals are central, but a ReSPECT plan cannot require treatment that clinicians judge would not be clinically appropriate or likely to benefit them. The aim is a shared understanding of realistic treatment options and what matters most to the individual.

What happens in an emergency?

The plan should be available to professionals responding to the emergency. It provides immediate guidance, but clinicians still assess what is happening at that time and take account of the person's current circumstances, the recommendations on the plan and relevant legal and professional duties.

What this might look like

A person says that remaining comfortable and avoiding burdensome intensive treatment matters most, but they would still want treatment for reversible problems where this is likely to help. ReSPECT allows those priorities to sit alongside specific clinical recommendations.

Capacity, family involvement and legal authority

When a person has capacity for the decisions being discussed, they should be involved directly and can choose who else is included. If they lack capacity for a particular decision, clinicians must follow the applicable legal framework. In England and Wales this includes the Mental Capacity Act 2005. Family can provide important information, but do not automatically have legal authority to make healthcare decisions unless they hold relevant authority, such as a valid and applicable health and welfare Lasting Power of Attorney.

Key distinction

ReSPECT is different from an Advance Decision to Refuse Treatment (ADRT). A valid and applicable ADRT can be legally binding. ReSPECT itself is a clinical recommendation document, although it should alert professionals to relevant advance decisions or legal representatives.

Reviewing and accessing the plan

Emergency care and treatment plans should be reviewed when the person's situation changes, when the person or those close to them request a review, or when a clinician considers it appropriate. ReSPECT is designed to support care across settings, so the current plan should be accessible to professionals who may need it. Digital arrangements differ locally.

Practical question

Ask: Where is the plan recorded? Who can see it in an emergency? Do I need a paper copy? How will ambulance, hospital, GP or care-home teams access the current version?

What if you disagree with the plan?

Ask the clinician responsible to explain the recommendations and reasoning. If something does not reflect the person's priorities, circumstances or current health, ask for a review. Concerns can be raised with a senior clinician responsible for care, such as a GP in the community or consultant in hospital.

ReSPECT across the UK

ReSPECT was developed for all ages and care settings. Resuscitation Council UK's 2026 briefing reports that it is the primary emergency care and treatment planning approach across the majority of healthcare providers in England and across Scotland, with national implementation progressing in Northern Ireland. Adoption and digital arrangements can still vary locally.

For professionals

A good ReSPECT process is person-centred and clinically reasoned. It should document what matters to the person, realistic treatment recommendations and the rationale behind them. The plan should be accessible in an emergency and reviewed when circumstances or preferences change.

Preparing for a ReSPECT conversation

It can help to think about what matters most if health suddenly worsened: independence, comfort, being at home, living as long as possible where treatment can help, avoiding particular burdens, important relationships, communication needs, cultural or spiritual values and previous experiences of treatment. These are prompts, not boxes a person has to fit into.

Practical check

Do you understand why ReSPECT is being discussed? Have your priorities and values been heard? Have benefits and burdens of relevant treatments been explained? Is the CPR recommendation clear? Do you know how the plan can be reviewed and accessed in an emergency?

References & Further Resources

ReSPECT arrangements can differ between local health systems. For the most current information about an individual plan, also check with the healthcare organisation responsible for the person's care.

Resuscitation Council UK - ReSPECT	The official ReSPECT hub explains the process, purpose and current resources for patients, carers and healthcare professionals.
ReSPECT for patients and carers	Official information about who ReSPECT is for, how a plan works, who makes recommendations and how it is used in an emergency.
RCUK - Emergency treatment plan and CPR FAQs	Explains ReSPECT, DNACPR, legal status and where to raise concerns about an emergency treatment plan.
RCUK 2025 Ethics Guidelines	Current professional guidance supporting standardised emergency care planning, documented clinical reasoning, accessibility across settings and review.
NHS England - Universal Principles for Advance Care Planning	Explains how emergency treatment recommendations can sit within wider advance care planning and distinguishes clinical recommendations from legally binding advance decisions.
ReSPECT policy briefing 2026	Resuscitation Council UK's current overview of UK implementation, including adoption and digital accessibility.

How to use these resources

Use the Resuscitation Council UK patient and carer information for the clearest explanation of the ReSPECT process. For questions about a particular plan, speak with the clinician responsible and check local arrangements for recording, reviewing and sharing it.