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	Our primary role at University Hospitals Plymouth NHS Trust is to provide compassionate care for our patients, ensuring their safety and best interests are	Archives 2021	
	met at all times.  The case of RS, a middle-aged man with a wife and	January (9)	
	children, is a very sad one for all involved. At the	2020	
	start of November, RS suffered a heart attack resulting in a cardiac arrest at his home. His brain	2019	
	was deprived of oxygen for at least 45 minutes. Initially he was in a coma, but has now progressed	2017	

to being in a vegetative state, with a slight chance of progressing to a low-level minimally conscious state. He has been assessed by a number of doctors, including an expert from outside of the hospital trust.

In all such cases, clinical staff work closely with the patient's family to determine the patient's likely wishes as to what should happen next. RS's wife of 17 years was sure that her husband would not want to live in such a condition. However other members of his family, including some who live in Poland, considered that RS's Catholic faith meant that he would want treatment to continue.

Accordingly the Trust commenced proceedings in the Court of Protection to resolve the dispute and seek a judgement on what was in RS's best interests. That required the court to decide on RS's diagnosis and prognosis, and to resolve the dispute over what RS would have wanted were he able to make the decision. The court accepted his wife's views of his views.

An independent expert, Dr Dominic Bell, instructed on behalf of RS through his litigation friend, the Official Solicitor, agreed with the clinical diagnosis and prognosis.

In December, the UK's Court of Protection ruled that it was not in RS's best interests to be given life-sustaining treatment and that it was in his best interests to receive palliative treatment. That decision has been further reviewed by the Court of Protection and has twice been considered and upheld by the Court of Appeal. A number of applications have been made to the European Court of Human Rights; the Trust understands that these have either been refused by the European Court or not considered to be admissible. The Court of Protection has also decided that it is not in RS's best interests to be transferred to Poland.

The Trust's care and treatment for RS has been in entirely accordance with the rulings of the courts. We continue to provide compassionate care, as we

do to all patients at the end of life. We have every sympathy for the patient and members of his family. This is a very difficult and tragic situation for all involved.

Our role is to provide care in the best interests of the patient and, where that is in dispute, to refer it to the court, and thereafter to closely follow the determination of the court.

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