

# B. WIEBE IT OR NOT!

Medical Director's Newsletter

First Quarter 2010



April 16<sup>th</sup> is *National Healthcare Decisions Day*. It's the third annual

day designated to bring attention to the importance of persons making healthcare decisions in advance. The coalition which promotes it is committed to ensuring that all adults with decision-making capacity in the United States have the information and opportunity to communicate and document their healthcare decisions. In the last two years, National Healthcare Decisions Day has had the participation of at least 80 national organizations and by at least 700 state/local organizations.

Attention to this issue took my mind to the related issue of attempted resuscitation, DNR and the language we use around this, and what it all means. It is ironic that while CPR was developed for selective use on acutely ill patients, or victims of acute insult like electrical shock, drowning or anesthetic accident, over time hospital protocols changed, eventually requiring CPR for all patients experiencing cardiac arrest regardless of underlying illness. Indeed, an attempt at resuscitation is the default standard of care in American hospitals unless an order is in the chart indicating an alternate choice. Such orders are traditionally stated: **"DNR" or "Do Not Resuscitate."** Here and there alternate language is being used, including **DNAR (Do Not Attempt Resuscitation)**, and also **AND (Allow Natural Death)**. The latter is used at Bluffton Regional, and perhaps other local hospitals. The new language being used comes from concerns about the inaccuracy of the term DNR, which implies that CPR is always possible and successful, and that in choosing DNR a person is deciding to forgo an intervention which will always be successful and helpful. DNAR is more accurate because it indicates no effort will be made to *attempt* an intervention which has a low rate of success for patients reaching the end of their lives. The AND language goes further, in recognizing the inevitability of death, and in stating the choice not to attempt resuscitation in a way which acknowledges the natural process. (Let me know if you want information about AND).

**A**s part of National Healthcare Decisions Day, Family Hospice & Palliative Care is partnering with 17 CVS/pharmacy stores to create more awareness and education of the importance of Advance Directives. During the week of April 5 – 9, each of these CVS/pharmacy stores will be placing information on each of the prescriptions going out of their store to encourage individuals to make their healthcare decisions known. In addition, FREE materials will be available at each of these locations throughout the month. Various avenues of radio, newspaper and television are also being used to communicate this important message to our community.

*Misconceptions about CPR are common.* These include that CPR



is a benign intervention with no potential risks or burdens, that it always restores life, and restores it to its previous level. An order not to attempt resuscitation is wrongly understood to mean:

- 1.) Death is imminent or that a do not resuscitate order will somehow cause death to become imminent;
- 2.) The patient will be ignored and not receive other curative treatments (but in truth a resuscitation order only pertains to the possible moment of cardiac arrest);
- 3.) Nothing will be done to ensure the patient's comfort when the patient actively begins to die;
- 4.) Pain and symptom control measures will cease;
- 5.) Supportive care will end; and/or
- 6.) The patient is ready and willing to die.

When curative life-prolonging treatments are no longer appropriate, discussing choices about CPR within the context of changing goals of care is likely to be helpful for patients and their loved ones and will increase the likelihood that the care they receive will be in keeping with their goals and values. These discussions also provide the opportunity to educate about the resuscitation procedure itself and about the likely scenarios if such procedures are applied to frail, terminally ill patients. Finally, they create a chance to reassure patients of medical interventions which will *not* be withheld, of ongoing attention to management of troubling symptoms, and of ongoing support and non-abandonment.

The goals of National Healthcare Decisions Day, increasing the understanding of and documentation of healthcare decisions, and the related issue of CPR and the way we talk about it can have a great quality of life impact for individuals in our society, and for society as a whole. As we have waited and wondered about the political healthcare reform process and as we wonder what it will mean, we can each work at our own "healthcare decision reform," by improving our ability to enable our patients to make decisions about their healthcare choices, choices that are right for them. *Encourage patients to assign healthcare representatives.*

Have CPR discussions. Help patients make decisions which are good for them. They and theirs will thank you.

BWiebe it or not.

Bernie Wiebe, MD  
Medical Director

