

# DNR Orders



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# Acknowledgement



This course was developed in 2004 with many revisions since then; Drs. Drew Rosielle and Kathryn Neuendorf were important contributors to past editions.

# Objectives



- Describe indications and contraindications for CPR
- Describe legal issues surrounding CPR orders
- Learn steps in conducting a DNR discussion
- List three options for resolving conflicts around DNR orders

\* This module is not intended to address DNR discussions in relatively healthy outpatients.

# Disclaimer



While this program provides educational information, this information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some of the information cites the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling.

Accordingly, the official prescribing information should be consulted before any such product is used.

## Pause and Reflect ...



You meet with a cachectic, bed-bound man dying of pancreatic cancer, and his wife; you discuss DNR option and the patient says *“I want you to do everything to keep me alive”*.

Describe your feelings about such an encounter.

# What are the indications for CPR?



- CPR was developed to reverse an acute cardio-respiratory event, in otherwise healthy individuals
  - ✓ Acute MI; arrhythmia
  - ✓ Electrocution
  - ✓ Poisoning
  - ✓ Hypothermia
  - ✓ Other acute events

# Remember ...



## **KEY POINT!!**

The procedure of CPR was never intended for use in patients dying an expected death from a chronic, fatal, medical illness.

# What are the contra-indications?



- Chest wall pathology
  - Myeloma, fractures
- Conditions in which the expected survival to discharge is  $< 10\%$ 
  - Metastatic cancer with declining function
  - Chronic renal failure on dialysis
  - Multi-organ failure
  - Sepsis

# Survival and Complications



- Hospital patients: ~ 15% survive to discharge
- Complications
  - Chest wall trauma, aspiration: 25-50%
  - Anoxic brain injury: 10%
- Cost to family:
  - Financial
  - Emotional cost of prolonging dying
- Cost to health care team
  - Emotional cost of prolonging dying

# DNR Orders - The Law



- **QUESTION**

Under US Federal Law, physicians are required to \_\_\_\_\_ regarding CPR/DNR.

- **ANSWER**

There is no Federal law or regulation concerning CPR/DNR.

# DNR Orders—The Law



- **QUESTION**

Physicians must perform CPR if requested by patient/surrogate.

**Answer:**

False, except in VA hospitals per National VA policy.

# The AMA says ...



- **DNR Orders**
  - Efforts should be made to resuscitate patients who suffer cardiac or respiratory arrest except when circumstances indicate that cardiopulmonary resuscitation (CPR) would be inappropriate or not in accord with the desires or best interests of the patient.
  
- **Futile Care**
  - Physicians are not ethically obligated to deliver care that, in their best professional judgment, will not have a reasonable chance of benefiting their patients.

<http://www.ama-assn.org/ama/pub/category/2830.html>

# 1. Is CPR medically appropriate



- Before you meet with the patient, ask yourself this question:
  - *Do you believe that CPR is an appropriate medical intervention for this patient in the event of sudden cardio-respiratory failure?*
- Remember--CPR is a medical intervention—it has:
  - Indications and Contraindications
  - Risks and Benefits
    - Patients have no autonomous right to insist that you perform CPR

# The DNR Discussion



*Is CPR medically appropriate?*

- If No---then plan to make a recommendation that CPR not be done.
- If Yes---then plan to discuss CPR vs. no CPR options.

## 2. Establish goals of care



- A CPR/DNR discussion can only take place following a discussion of the:
  - chronic disease and expected future course
  - prognosis
  - available treatment options to reverse or stabilize a life-limiting treatment

**Review Goal of Care/Family Conference Module for key steps in establishing goals of care**

# Establish Goals of Care (cont.)



- Mutually decide with the patient on the steps necessary to achieve the stated goals.
- Common issues that need discussion once the end of life goals have been established include some or all of the following:
  - Future hospitalizations or ICU visits
  - Diagnostic tests
  - **DNR status**
  - Artificial Hydration/nutrition
  - Antibiotics or blood products
  - Home support (Home Hospice) or placement

### 3. Discuss CPR/DNR



- Once the overall goals have been established you can discuss CPR.
- If CPR is **NOT** recommended you can say:
  - *You have told me that your goals are*

XXXXXXXXXXXXXXXXXXXXXXXXXX

*With this in mind, I do not recommend the use of artificial or heroic means to keep you alive. If you agree with this, I will write an order in the chart that when you die, no attempt to resuscitate you will be made, is this acceptable ?*

# Statements to Avoid



- *Do you want us to do everything?*
- *What should we do if your heart stops?*
- *If we do CPR we will break your ribs and you'll need to be on a breathing machine, do you want us to do that?*
- Avoid the term, “futility”.

# Don't Forget!!!



- If you recommend DNR status:
  1. Stress positive things that will be done:
    - Pain and symptom relief
    - Continued care to achieve goals
  2. Reinforce that DNR does not mean “do not treat”

# The DNR Discussion (cont.)



- When CPR outcome is not clear cut, in a patient who is not close to dying, you can say:
  - *We have discussed your current illness, have you given any thought to how you would like to be cared for at the time of death?*

*Sometimes when people die, or are near death, especially from a sudden illness, life support measures are used to try and 'bring them back'. Alternatively, we could focus solely on keeping you comfortable. How do you feel about this?*

## 4. Resolving DNR Conflicts



- Review overall prognosis/treatment - Clarify misconceptions. Ask:
  - *What do you know about CPR?*
  - *This decision seems very hard for you. I want to give you the best medical care possible; can you tell me more about your decision?*
  - *What do you expect will happen? What do you think would be done differently, after the resuscitation, that wasn't being done before?*

# 4. Resolving DNR Conflicts



- Use time as an ally
  - Ask patient advocates to be involved
- Be aware of reasons for conflict
  - Anger, guilt, dependency
  - Despair about impending loss
  - Lack of trust      Cultural considerations.ppt
  - Dysfunctional families
    - Alcohol, drug or physical abuse
- Consider palliative care or ethics consult

# 4. Resolving DNR Conflicts



- If you plan to honor a request for CPR, even if you believe it to be futile, you can say ...

*I understand your desire for CPR, but I will need some direction if you survive, since you will almost certainly be on a breathing machine in an ICU. It is very likely that you will not be able to make decisions for yourself.*

*Who do you want to make decisions for you? Please give me some sense of how long we should continue life support if you are not able to make decisions and there is no improvement in your condition.*

# 4. Resolving DNR Conflicts



Decide if you believe CPR is a futile medical treatment?

1. If futile, in some facilities, physician may enter a DNR order in the chart against patient/family wishes-check your local policy.
2. If performing CPR violates your professionalism, you can say ...

*I understand your desire for CPR, but in my medical judgment, performing CPR would only increase your suffering and not prevent your dying. Although I would like to continue caring for you, I am unwilling to participate in CPR; it may be appropriate for you to find another physician to provide your care.*

# 5. Summarize



- Summarize areas of consensus and disagreement
- Caution against unexpected outcomes
- Discuss results w/ other allied health professionals not present

## 6. Document



- Who was present?
- What information was discussed?
- What follow up is planned?

## Summary of Key Steps

1. Decide if CPR is medically appropriate
2. Establish goals of care
3. Discuss CPR/DNR
  - Make a recommendation
4. Resolve conflicts
5. Summarize
6. Document

# Learning Points



List 3 new things you learned from this presentation.

- 1.
- 2.
- 3.

# References



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