Ethical Issues in CPR and Emergency Cardiovascular Care
Objective

- provide guidelines for healthcare providers who are faced with the difficult decision to provide or withhold emergency cardiovascular care.
Goals of Resuscitation

- preserve life
- restore health
- relieve suffering
- limit disability
- respect the individual's decisions, rights, and privacy
Ethical Principles

- Principle of Respect for Autonomy
- Principle of Futility
Ethical Principles

- Principle of Respect for Autonomy
  - The principle is based on society's respect for a competent individual's ability to make decisions about his or her own healthcare.
  - Adults are presumed to have decision-making capability unless they are incapacitated or declared incompetent by a court of law.
  - When the individual's preferences are unknown or uncertain, *emergency conditions should be treated until further information is available.*
True Informed Decisions

• (1) the patient receives and understands accurate information about his or her condition, prognosis, the nature of any proposed interventions, alternatives, and risks and benefits;

• (2) the patient is asked to paraphrase the information to give the provider the opportunity to assess his or her understanding and to correct any misimpressions; and

• (3) the patient deliberates and chooses among alternatives and justifies his or her decision.\(^\text{11}\)
Pt unable to make decisions:
- Advance directives/Living wills/Durable power of attorney for health care
Advance Directives

- legal binding document that in the United States (US) is based on the Patient Self-Determination Act of 1990.
- It communicates the thoughts, wishes, or preferences for healthcare decisions that might need to be made during periods of incapacity.
- Advance directives can be verbal or written.
- May be based on conversations, written directives, living wills, or durable power of attorney for health care.
Living Will

- may be referred to as a “medical directive” or “declaration” or “directive to physicians,”
- it provides written direction to healthcare providers about the care that the individual approves should he or she become terminally ill and be unable to make decisions.
Durable Power of Attorney for Health Care

- is a legal document that appoints an authorized person to make healthcare decisions.
Comprehensive Healthcare Advance Directive

- combines the living will and the durable power of attorney for health care into one legally binding document.
DNAR Order

- is given by a licensed physician or alternative authority as per local regulation, and it must be signed and dated to be valid.\textsuperscript{15,16}

- “Allow Natural Death” (AND) replace DNAR to emphasize that the order is to allow natural consequences of a disease or injury, and to emphasize ongoing end-of-life care.\textsuperscript{17}

- some jurisdictions may require confirmation by a witness or a second treating physician.
DNAR Order

- DNAR Documentation
  - Written bedside orders
  - Wallet identification cards
  - Identification bracelets
  - Predefined paper documents approved by EMS authority
Surrogate Decision Makers

- **When do we see Surrogate Decision Makers?** → in the event of incapacity
- **Who can become a Surrogate Decision Maker?** → the person appointed by the DOA, court-appointed guardian, a close relative, friend
- **How do they decide?** → based on the individual's previously expressed preferences, if known; otherwise, based on their understanding of what constitutes the best interests of the individual.
Pediatric Decision Making

- As a general rule, minors are considered incompetent to provide legally binding consent about their health care. → Parental Authority
- When a parent or guardian's decision appears to place the child at significant risk of serious harm as compared to other options → State Agencies (e.g., child protective services or a court determination)
Ethical Principles

- Principle of Respect for Autonomy
- Principle of Futility
Ethical Principles

- Principle of Futility
  - Patients or families may ask for care that is highly unlikely to improve health outcomes.
  - Healthcare providers, however, are not obliged to provide such care when there is scientific and social consensus that the treatment is ineffective.
Withholding and Withdrawing CPR in OHCA

TERMINATION OF RESUSCITATIVE EFFORTS RELATED TO OUT-OF HOSPITAL CARDIAC ARREST (OHCA)
Basic life support (BLS) training urges all potential rescuers to **immediately** begin CPR without seeking consent, because any delay in care dramatically decreases the chances of survival.
Criteria for NOT Starting CPR in ALL OHCA

- Situations where attempts to perform CPR would place the **rescuer at risk of serious injury** or mortal peril
- Obvious clinical **signs of irreversible death** (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition)
- A valid, signed, and dated **advance directive** indicating that resuscitation is not desired/a valid, signed, and dated **DNAR order**
EMS professionals should initiate CPR and advanced life support if there is:

- reasonable doubt about the validity of DNAR order
- concern that the victim may have had a change of mind
- question about the patient’s advance directive
BLS Termination-of-Resuscitation Rule for Adult OHCA

Arrest not witnessed by emergency medical services personnel
No return of spontaneous circulation (prior to transport)
No AED shock was delivered (prior to transport)

If ALL criteria are present, consider termination of resuscitation
If ANY criteria are missing, continue resuscitation and transport

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Terminating Resuscitative Efforts

- Restoration of effective, spontaneous circulation
- Care is transferred to a team providing ALS
- The rescuer is unable to continue due to exhaustion or presence of dangerous environmental hazards
- Reliable and valid criteria of irreversible death/criteria of obvious death
Terminating Resuscitative Efforts in an ALS OHCA

- Terminate on patients who do not respond to at least 20 minutes of ALS care

**Diagram:**

- Arrest not witnessed
  - No bystander CPR
  - No return of spontaneous circulation (prior to transport)
  - No shock was delivered (prior to transport)

- If ALL criteria are present, consider termination of resuscitation
- If ANY criteria are missing, continue resuscitation and transport

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Withholding and Withdrawing CPR in IHCA

TERMINATION OF RESUSCITATIVE EFFORTS RELATED TO IN-HOSPITAL CARDIAC ARREST (IHCA)
Criteria for NOT Starting CPR in Newly Born Infant in IHCA

- Extreme prematurity (gestational age < 23 weeks or birth weight < 400 g)
- Congenital abnormalities like anencephaly
- Major chromosomal abnormalities such as trisomy 13
Criteria for NOT Starting CPR in Pediatric and Adult in IHCA

- **DNAR order**
  - Specify which interventions are to be withheld because it does not automatically preclude interventions such as administration of parenteral fluids, nutrition, oxygen, analgesia, sedation, antiarrhythmics, vasopressors unless specified

- **Objective signs of irreversible death**
  - Dependent lividity
Terminating Resuscitative Efforts in Neonatal IHCA

- **Who is responsible?** → Attending clinician
- **When to stop?** → HR remains undetectable for **10 minutes**
- Considered the ff:
  - etiology of arrest
  - gestational age
  - presence/absence of complications
  - parents’ decision
Terminating Resuscitative Efforts in Pediatric IHCA

- **Who is responsible?** → Attending clinician
- **When to stop?** → high degree of certainty that the patient will not respond to further pediatric ALS.
- Considered the ff:
  - duration of CPR
  - witnessed event
  - number of doses of epinephrine
  - etiology of arrest
  - first and subsequent rhythm
  - age. 49,52,56
Terminating Resuscitative Efforts in Adult IHCA

- **Who is responsible?** → treating physician
- Consider the ff:
  - witnessed versus unwitnessed arrest
  - time to CPR
  - initial arrest rhythm
  - time to defibrillation
  - comorbid disease
  - prearrest state
  - ROSC at some point during the resuscitative efforts
Thank You and God Bless!