

Hard Choices About CPR



A GUIDE FOR PATIENTS AND FAMILIES

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Introduction

Seriously ill patients and their families are often faced with tough emotional decisions. If you're reading this booklet, you may be faced with hard choices about using cardiopulmonary resuscitation (CPR).

Perhaps you just found out you have a very serious illness. Or maybe a family member is nearing the end stage of an illness. This may be the first time you've had to think about CPR treatment decisions.

You or the person you are caring for may be in a long-term care center, hospital, or at home. In any case, use this booklet as a guide to start talking about CPR. We hope it will give you the information you need to make the best decision.

"What really makes these decisions 'hard choices' has little to do with the medical, legal, ethical, or moral aspects of the decision process. The real struggles are emotional and spiritual....These are decisions of the heart, not just the head."

— Hank Dunn, from *Hard Choices for Loving People*

Setting the Goals of Care

Before making any healthcare decisions, it's important to plan ahead. The first part of planning is to know the goals of care. What result can be truly hoped for based on the patient's state right now?

The 3 goals of care below are taken from *Hard Choices for Loving People*, by healthcare chaplain Hank Dunn:

1. **Cure.** The patient's disease can be cured by treatment. Most health care today centers on cure.
2. **Stabilize.** Many diseases can't be cured. Treatments are used to help the patient live with the illness. An example of this is using dialysis for kidney failure.
3. **Prepare for a comfortable and dignified death.** Choosing this goal is not giving up. Making choices about the end of life is an important part of setting care goals. A comfortable death at home takes planning. Hospice and palliative care teams can help patients focus on comfort.

What you can do:

- Learn about the patient's illness. Talk to the care team. The care team could be nursing home staff, hospital staff, a doctor's office, or a hospice team. This can prepare you for what's ahead.
- Learn about all of the treatment options. Ask the care team any questions you have. When you've made an informed decision, clearly set the goals of care. This can make it easier for the patient, the family, and the care team to move forward.
- As with all health care, know that you have the right to a second opinion.

- To help set goals of care, ask questions such as:
 - What is the patient hoping for?
 - What does the patient think will happen?
 - What does the patient want to avoid?
 - What worries the patient the most?
 - What is most important to the patient right now?
- Talk openly with everyone involved about the goals of care. If you are setting goals for someone else, talk with the patient (if possible), the rest of the family, and the care team.
- People who can make decisions on their own might consider setting up an advance directive. These are instructions people leave for others if they cannot make healthcare choices in the future. Talk to the care team about advance directives. They can answer questions and help you fill in the forms.
- Review the goals of care often. The goals may change with the patient's health. At times, they may be combined. For instance, a patient preparing for a comfortable death may still want to cure a case of pneumonia.
- Update advance directives as the goals of care change. If you are caring for someone who has an advance directive, be sure to honor it.
- Contact the care team if the goal is to prepare for a comfortable death. If you are not working with a hospice team now, call your local hospice or ask your doctor for a referral.

What Is CPR?

CPR is a technique used when a person's heart or breathing stops. CPR may combine chest compressions (pushing down hard on the chest), rescue breathing, breathing tubes, electric shocks to the heart, and medicine. The goal of CPR is to keep blood pumping to organs until other treatment can be used to make sure the patient is stable.

What you should know about CPR:

- CPR is the standard order in hospitals. If a patient's heart stops, a "code" is called. Staff members must then do everything they can to restart the heart/breathing.
- Many people think CPR is more successful than it really is. Popular medical dramas on TV often show patients surviving CPR. Yet only about 17% of hospital patients who receive CPR survive to be discharged.
- A patient's age has less to do with surviving CPR than some may think. Success depends more on the patient's overall health.
- **CPR use on any patient comes with a risk of adding more burdens to the patient's health:**
 - Cracked ribs or damage to lungs and other organs
 - Depression, personality change, severe brain damage, or not waking up again
 - Higher chance of being put on machines or in an intensive care unit (ICU)
 - Higher chance of death in a hospital
 - Lower chance of a peaceful death

When Should CPR Be Used?

CPR is most helpful to patients with no other serious health issues who suffer accidents such as drowning, electrocution, or sudden heart attacks. In these cases, the patient's heart is not expected to stop again. For other patients, the heart stops because of an illness that cannot be cured. In these cases, the doctor may suggest not using CPR.

Although using CPR is the standard order, there are times when it may not help. **CPR has been found to not benefit patients who have more than one serious health issue, who depend on others for care, or who have an end-stage disease.**

What you can do:

- **Keep the patient's interests in mind.** It may be clear what you would want for yourself. But people can be torn by doubt when making healthcare decisions for others. Always ask, *"What would the patient want? Would they want to live with the possible burdens of CPR?"*
- Talk with the care team about CPR and the patient's health. What are the chances CPR will help?
- Be gentle with yourself if you are making healthcare decisions for someone else. This is a heavy burden to bear. Do the best you can with the information you have.

Making the Decision

Since CPR is used in emergencies, it's best to decide in advance if it is wanted. When making the decision, ask:

1. Has the patient ever said they do not want to be in a coma or hooked up to machines? ☐ YES ☐ NO
2. Has the patient said that they want to die at home instead of in a hospital? ☐ YES ☐ NO
3. Does the patient have more than one health problem? ☐ YES ☐ NO
4. Is the patient physically weak/frail? ☐ YES ☐ NO
5. Does the patient rely on other people for daily care? ☐ YES ☐ NO
6. Does the doctor think that CPR will cause more health problems for the patient? ☐ YES ☐ NO
7. Has the doctor said he or she would not be surprised if the patient died within the next year? ☐ YES ☐ NO
8. Is the patient terminally ill? ☐ YES ☐ NO

If the answer to any of these questions is “yes,” then getting a do not attempt resuscitation (DNAR) order may be the best choice. DNAR orders are most commonly called “DNR” (do not resuscitate) orders. They are also known as “DNRO,” “No Code,” “No CPR,” or “AND” (allow natural death).

What you can do:

- If CPR is wanted, nothing needs to be done.
- **If CPR is not wanted, a doctor must write a DNAR/ DNR order so that the care team is aware.** If you want a DNAR order, talk to the doctor. They can write the order or transfer the patient to a doctor who will.

- If the patient can't tell you what they want, the patient's family can request the DNAR order.
- If the patient is in long-term care or in the hospital, the DNAR order will be marked in the chart so staff will know the order is in place.
- If the patient is not in a hospital (or if care staff does not keep a chart), keep the DNAR order where it can be seen. Put a paper DNAR order on a night stand or refrigerator. Ask the care team how to get an ID card or bracelet.
- Remember that emergency staff is trained to start CPR automatically. If 911 is called, have the DNAR order on hand when they arrive.

CPR in Long-Term Care

CPR offers very little medical benefit to residents in nursing homes, memory care, or other types of assisted living centers. These residents depend on others for care and often have more than one serious health issue. But just like in hospitals, CPR is the standard order in long-term care centers.

If CPR is started, 911 is called and the person is taken to the hospital. There everything is done to save the patient's life. This may include more CPR, electric shocks to the heart, medicine, or being put on breathing machines. Patients then need to get better before they can go back to the care center. Many patients at this stage stay in the hospital until the end of life. Less than 2% survive to go back to the care center after getting CPR.

What you can do:

- Ask what the CPR policy is at the center. Speak with the staff about the best options in your case. Put your wishes in writing.

CPR at the End of Life

Because of the risk of burdens (see page 4), many people do not choose CPR for patients at the end of life. Other people feel that everything should be done to save a person's life, no matter what. It is a personal choice. The end of life is also very hard for most people to face. It can be even harder when healthcare decisions have to be made for others.

There are some things to consider when thinking about choosing CPR use at the end of life. CPR has been shown to have little benefit for patients at the end of life. Once an end-stage patient's heart stops, there is a very small chance of restarting it. If CPR works, there is almost no chance of surviving the hospital stay that will likely come after.

Frail patients at the end of life are at the highest risk of burdens from CPR. The force needed to keep the heart pumping can increase injury and pain. Their health most likely will be much worse after CPR than it was before.

What you can do:

- **Keep in mind that the heart stopping is the natural end of any serious illness.** Deciding not to use CPR allows for a natural death to occur. This may be the best way to see that the patient has a more peaceful and comfortable death.
- Know that the risks of CPR are the same for children. Some may think CPR should be the first choice for children, even if they have an end-stage illness. As hard as it is to accept, CPR may not always be the best choice.
- Reach out to friends, family, a counselor, or the care team if you are struggling to decide.

Letting Go and Letting Be

Choosing whether or not to use CPR is really an emotional and spiritual decision. To say “no CPR” is to let go and let be. It is knowing there will come a time when life will end naturally.

Emotional struggles can affect healthcare decision making. It's hard to let go of a loved one, especially if there are feelings that still need to be settled. There may be guilt for not being there or anger from past wrongs.

These kinds of emotional issues can make it even harder for people making healthcare decisions for others. Working through them can be tough. This may make it seem easier to keep treating the patient, even if there is no gain. Whatever the case, it's important to not use these choices to make up for things that cannot be changed.

When we let go, we can let be. By learning to let be, we can face our own fears about the end of life. Once we come to terms with death, we can learn to live life more fully and freely.


What you can do:

- Try to let go of the past. Honor what the patient would want right now.
- Try to give yourself time to plan. A comfortable and dignified death takes planning.
- Keep asking, “*What would the patient want?*” How would the patient feel about their quality of life? Think about the goals of care. Stick to your decisions, as hard as that may be.
- Take it one day at a time. Reach out to family, friends, and the care team for support. Talk to a professional if you are struggling. You don't need to walk this path alone.

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