

Making Decisions About CPR

CARDIOPULMONARY RESUSCITATION

Produced by
Canadian Healthcare Association
Canadian Medical Association
Canadian Nurses Association
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? “Should CPR Be Used In All Situations?”

George, aged 71, had decided to rewire his garage, assisted by his son Don. While working on the panel box George suffered a severe shock causing his heart to stop. Fortunately, Don had been trained in CPR. He immediately called for medical help and then began mouth-to-mouth resuscitation and chest compression on his father. When the emergency team arrived they took over CPR procedures and transferred George to the hospital. By the time he arrived there he was breathing on his own. After several days of treatment George was well on the way to a full recovery.

CPR is a life support response that tries to get oxygen into the body and keep it circulating to the brain and heart. The CPR procedures most people are familiar with are mouth-to-mouth resuscitation and chest compression. There are other more technical life-saving procedures that would normally be attempted only in a health care facility.

After several decades of experience, we know CPR is often successful in emergency situations. There are other situations, such as in the following story, in which the benefits of CPR are less certain.

Jane, aged 35, suffered from colon cancer. In spite of radiation therapy the cancer had spread through her body. As her condition worsened she was hospitalized. The medical team could not agree on the benefits of CPR in Jane's case. Given the grave state of her health, one doctor argued against using CPR if Jane's heart stopped. Another team member opposed this, arguing that in similar cases the patient could expect to live for several months. When presented with treatment options, Jane asked that CPR be used if she were to suffer cardiac arrest. With her pain under control, she was able to return home to her husband and child.

Three weeks later, with her condition rapidly deteriorating, Jane was readmitted to the hospital. Despite all efforts, the medical team was unable to help her regain her earlier state of health. A few days later Jane slipped into a coma. Once again the issue of CPR was raised. This time, her husband and family decided that CPR was not to be attempted in the event of cardiac arrest. Four days later Jane died.

These two stories illustrate some of the issues involved in determining the appropriate use of CPR. In emergency situations, such as George's, the appropriateness of CPR is clear. In other situations, such as Jane's, the appropriate action is less clear. Making a decision in advance about CPR is not always easy.

❓ “How Do I Know If CPR Will Help Me?”

- Like George, you can benefit from CPR when there is a good chance that CPR will restart and maintain the working of your heart and lungs, and when the chances of recovery are high.
- There are other situations in which you will almost certainly not benefit from CPR, such as when Jane returned to the hospital the second time. In that case, Jane's family and caregivers decided against CPR because an underlying illness made recovery almost impossible and because it was felt that the burdens of CPR outweighed the benefits for Jane.
- There are times when the benefits of CPR are unclear. This may be because your heart or breathing stopped before your condition could be assessed, or because the chance of your recovering your previous state of health is low. When the benefits of CPR are unclear, you can expect that in a health care setting the medical team will use CPR unless you have indicated otherwise.

❓ “How Do I Decide About CPR?”

The following points can be helpful when making a decision about CPR.

- It is important for you to plan for your future health care and to identify the values you consider to be crucial for guiding your decisions.
- You have the right to know the benefits, risks and likely outcomes of all treatment options.
- You also have the right to refuse or withdraw consent to treatment, including life-saving or life-prolonging treatment.
- Many hospitals and long-term care facilities have established policies to guide the use of CPR. Don't hesitate to ask about such policies or about any issues that are unclear to you.
- If you are no longer able to make personal health care decisions, your substitute decision-makers (usually family members) are entitled to the same information from health care providers that you would be.

❓ “What If I Decide I Don't Want CPR?”

Should you choose to reject CPR, that does not mean you won't receive proper medical care, nor does it imply that other treatments will be withdrawn.

You should receive all other appropriate treatments, including palliative care. Palliative care is a service for people who are dying. A team of health professionals provide physical, emotional and spiritual care for patients and family. The goal of palliative care is not to cure illness but to provide good quality of life in the period leading up to death.

! “I Want My Wishes Respected!”

Communication and discussion with all those involved in your health care are essential to ensuring that your decisions are respected. In order to reduce the possibility of confusion or uncertainty, let all those people who are taking care of you, including your family, doctor and nurses, know what you want.

! “I Might Not Be Able To Express My Wishes!”

If you are unable to communicate or lose your decision-making capacity, your caregivers should make treatment decisions based on your wishes, if these are known.

If your wishes are not known, caregivers should take into account your known values, information received from those who are significant in your life, aspects of your culture and religion that would influence a treatment decision, as well as your medical condition.

? “Can I Put My Decisions In Writing?”

Legislation exists in several provinces enabling you to prepare written instructions about the type of care you would want if you were to lose your decision-making capacity or be unable to make your wishes known. CPR is one of the treatments that is usually addressed in this type of document which is called an *advance health care directive* or *living will*.

The legislation also allows you to name a substitute decision-maker to make health care decisions on your behalf. You can ask your caregivers for more information on *advance health care directives*.

Resources

This pamphlet has been designed to identify issues that should be considered when making decisions about CPR.

Should you need more information or want to discuss your wishes about CPR, you are encouraged to contact your health care providers, local health care facility or your spiritual adviser.

The text of this pamphlet is based on a Joint Statement on Resuscitative Interventions approved by CHA, CMA, CNA and CHAC.

For a copy of the statement, or to order more copies of this pamphlet, please contact any of these national organizations in Ottawa.

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