Resuscitation (CPR)

CPR (cardiopulmonary resuscitation) is performed on an individual whose heart has stopped beating (cardiac arrest) or who has stopped breathing (respiratory arrest). CPR may include pumping on the chest, electric shocks, placement of a tube in the windpipe (intubation) with mechanical assistance in breathing, and placement of an intravenous line for administration of medications. (1, 2)

In the Catholic tradition, there is a moral obligation to use medical treatments that offer a reasonable hope of benefit *and* do not entail an excessive burden. On the other hand, a person may morally forgo those medical treatments that do not offer a reasonable hope of benefit *or* entail an excessive burden. (3)

CPR works well and can save lives when someone's heart and/or lungs unexpectedly stop due to a heart attack, a severe allergic reaction, or drowning, and the person is quite healthy, and the CPR procedure begins right away. (1)

On the other hand, CPR for hospitalized patients does not have particularly good outcomes. The reason is that the cause of the arrest is usually associated with advanced chronic illness. (4) First of all, CPR does not always work. One study indicated that, in the hospital setting, survival 20 minutes after CPR was 44%. (4) Even if the CPR procedure initially succeeds in restoring the patient's heart-beat and/or breathing, only about 15% of patients who undergo CPR in the hospital survive to the point of being discharged from the hospital. (4)

Patients surviving through CPR may suffer neurological and functional impairments. (4) Other possible burdensome side effects from CPR include broken ribs, bruised or punctured lungs, and damage to the windpipe. (5)

Age alone does not determine whether CPR will be successful. However, illnesses and frailties that accompany age often make CPR less successful. (6)

These are examples of circumstances in which health care providers may talk with a patient (or his/her proxy decision maker) about a DNR (Do not Resuscitate) order:

- The person has a terminal illness.
- Prolonging the patient's life would only prolong the suffering of the patient.
- Resuscitation would cause significant physical pain or harm that outweighs the benefit of prolonging the patient's life.
- There is strong evidence that attempting CPR would not

succeed in restarting the person's heart and breathing.

- Even if the resuscitation attempt would succeed, the patient would likely experience repeated cardiac or pulmonary failure within a short period before death occurs.
- Resuscitation will only achieve a brief extension of life because the patient's overall medical condition is such that imminent death cannot be avoided. (7, 8)

Assuming that CPR will work to restore heartbbeat and/or breathing, a particular individual may wish his/her life to be prolonged in order to achieve certain important personal goals (e.g., to see the birth of a grandchild, for the visit of a family member, to conclude some final business). (5, 9) This would be an important benefit of resuscitation for the particular individual.

In making a decision about resuscitation, an individual should consult with his/her physician about the anticipated benefit (or lack of benefit) and burdens of resuscitation in view of his/her particular health status.

In an advance directive an individual may express his/her wishes regarding resuscitation. However, it is only an expression of wishes. A DNR (Do Not Resuscitate) order is a medical order which must be written by a physician.

Notes

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3. United States Conference of Catholic Bishops. *Ethical and Religious Directives for Catholic Health Care Services,* 5th ed. (2009). http://www.usccb.org Accessed July 2016.

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6. New York State Department of Health, *Deciding about CPR: Do-Not-Resuscitate (DNR) Orders.* http://wings.buffalo.edu/bioethics/dnr-p.html Accessed July 2016.

7. Department of Health Services, Division of Public Health, State of Wisconsin, *Background Information and Instructions for Completing Do Not Resuscitate (DNR) Order*. https://www.dhs.wisconsin.gov/forms/f4/f44763.pdf Accessed July 2016.

8. "*Decisions Relating to Cardiopulmonary Resuscitation:* a joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing," *Journal of Medical Ethics* 27 (2001): 310-16.

9. Samuel D. Hensley, "Ethical Concerns in Cardiopulmonary Resuscitation." https://cbhd.org/content/ethical-concerns-cardiopulmonary-resuscitation Accessed July 2016.

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