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After the DNR – Surrogates Who Persist in Requesting Cardiopulmonary Resuscitation.

By Ellen M. Robinson, Wendy Cadge, Angelika A. Zollfrank, M. Cornelia Crement, and Andrew M. Courtwright¹

The Massachusetts General Hospital (MGH) adopted its ‘Do No Harm’ policy in 2006. This policy sets out guidelines that allow doctors to withhold cardiopulmonary resuscitation (CPR) if they judge it to do more harm than good to the patient in their care. In this paper, Robinson et al. report the results of a study conducted at the MGH, examining 19 cases where CPR was not offered and a do-not-resuscitate (DNR) order was written, and where the surrogates persisted in requesting CPR.

The aim of the analysis is to provide an empirically based contribution to the debate about when CPR can and should be limited. Clarification on this matter is particularly important in cases where surrogates insist on CPR even though the medical team recommends against it.

Background:

The MGH ‘Do No Harm’ policy serves to support doctors in particular in cases where surrogate decision makers persist in requesting CPR. In such cases, the policy removes decisions about CPR out of the sphere of shared-decision making.

The nineteen cases analyzed by Robinson et al. were identified from a cohort of 134 cases brought forward for ethics consultation due to conflict over DNR status. In all nineteen cases the hospital's ethics committee recommended a DNR order, based on the rationale that CPR would be medically inappropriate and likely harmful to the patient. The surrogates' reasoning for continuing to request CPR were analyzed based on the records from the ethics consultations.

¹ Robinson, E.M., Cadge, W., Zollfrank, A.A., Cremens M.C., Courtwright, A.M. (2017). “After the DNR. Surrogate Who Persist in Requesting Cardiopulmonary Resuscitation”, *The Hastings Center Report* 47, No. 1 (2017): 10-19.

Findings:

Demographics:

Robinson et al. found that the majority of the surrogate decision-makers persisting in requesting CPR were closely related to the patient – in some cases a spouse, but most often an adult child.

Reasons for persisting in CPR:

In several cases the surrogates' persistent request for CPR seemed to be based on personal fears and values, rather than the values and beliefs of the patient. This differs from health care teams and ethics committees' general understanding of the surrogate decision maker as an individual making substituted judgements based on the patient's beliefs and values.

In other cases the reasoning provided by the surrogates suggests that ideas about God and religion or spirituality also play a central role in many persistent requests. In such cases the reasoning behind persisting on CPR reflected a perception of CPR and other medical interventions as part of God's plan.

Limitations of the study:

Among the limitations of this study is the fact that the surrogates' reasons for persisting on CPR were studied on basis of notes and records from the ethics consultations. In addition, the authors recognize that the extensive practice of ethics consultation at MGH may not be generalizable to practice at other hospitals with different regulations around DNR.

Moreover, the study did not examine the six cases where doctors decided to offer CPR despite the ethics committee's recommendation of a DNR. It therefore remains unknown if, in those six cases, doctors offered CPR to satisfy the surrogate's needs in terms of honoring the patient's wishes.

Conclusion

Robinson et al. argue (in support of a 'Do No Harm' policy) that alternative approaches to conflict resolution in cases where surrogates insist on CPR, such as undisclosed or disclosed limited attempts at CPR aimed at benefitting third parties, should not be supported, because it constitutes indignity to the patient and can undermine surrogate trust.

The authors conclude that the next step for research into whether CPR can and should be limited is to assess the situations from the point of view of the surrogates, and they call for additional research to identify early predictors for ethical conflicts with a view to policy development in those areas.