

Not for Resuscitation Orders

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Resuscitation generally refers to a set of interventions following cardiac or respiratory arrest including: clearing an obstructed airway, intubation into the airway, defibrillation using an electric shock to restart the heart or to restore its rhythm, adrenaline to stimulate the heart, cardiac massage to both restart the heart and to compress the lungs to assist breathing, and the administration of a large dose of valium so that the patient does not remember the awful experience, particularly of defibrillation. In a hospital they may then attach a ventilator to the respiratory tube. Out of hospital the paramedics may use a bag to do the same task.

The issues involved in making decisions about care for the dying are included in section “Care of the Dying and Proportionate Means”. Resuscitation is a decision that is often made ahead of time by issuing an NFR Order.

Contrary to the soap opera dramas, most attempts to resuscitate do not succeed.

They are most successful if a person arrests during or after surgery or after a trauma such as a knock to the head or drowning, but when a person arrests as a result of a disease process such as cancer or heart disease it is most unlikely that resuscitation will succeed. It is normal practice therefore to regard resuscitation in those circumstances as futile and to issue a not for resuscitation order when it is judged that the disease process will soon result in death.

The alternative is to be attempting resuscitation every time someone dies and non-one would be permitted to die in peace. NFR orders are important for nurses so that they know when not to initiate resuscitation or to call an ambulance to a nursing home. Nursing homes are not equipped to resuscitate other than to clear a blocked airway if a patient has had difficulty swallowing.

As you can see from the description given, resuscitation is very intrusive. For people who are elderly and frail, the cardiac massage often will break their ribs, and intubation is never a comfortable procedure. The defibrillation is not something that you would want to experience. For those reasons, when a person becomes very frail, it may be decided that resuscitation would be overly burdensome and an order will be made for that reason even though it might not be futile.

Some patients who have experienced resuscitation for respiratory failure, such as those suffering from some neurological conditions that predispose them to it, will insist that in the future they do not want resuscitation to be attempted. An NFR order may then be

issued. Deciding that a treatment is overly burdensome is a patient's moral and legal right.

A not for resuscitation order applies only to resuscitation. It should not be a death sentence in which all forms of life prolonging care are withdrawn. Ordinary or relatively non-burdensome treatments such as antibiotics for infection or tube feeding should normally be continued. It should not preclude ordinary assistance such as clearing a blocked airway when a person has difficulty swallowing.

The issues involved in making consultations decisions can be divided into indications, consultation and documentation.

A resuscitation order may be issued when:

- a) A patient of sound mind and free of any suicidal ideation or temporary depression, and in possession of the relevant medical information about his or her condition, makes a competent decision, free from any coercion by others, to refuse resuscitative interventions that the patient would consider to be overly burdensome or futile (unlikely to succeed), were he or she to arrest;
- b) The patient's legally recognised representative for medical treatment decisions, in possession of the relevant medical information about the patient's condition, has reasonable grounds for believing that the patient, if competent, would refuse resuscitative interventions on the grounds that they would be overly burdensome or futile were he or she to arrest; or
- c) The patient's doctor judges that the patient's condition is such that in the event of an arrest attempts to resuscitate would be futile or would in themselves be overly burdensome for the resident.

In making an NFR order the patient's doctor should consult the patient (if possible), the patient's legal recognised representative for medical treatment, his or her family and carers.

To be valid, an NFR order must contain the following information:

- a) date of the order
- b) date for review of the order (no more than six months)
- c) those consulted (including the patient, if competent, or the patient's legal representative for medical treatment if there is one).
- d) the indication for issuing an NFR Order
- e) treatment to be continued (eg. clearing blocked airways, oxygen, medication for existing conditions such as antibiotics)
- f) specific resuscitative measures to be withheld (eg. calling an ambulance for full scale para-medical resuscitation or attempting cardiac massage or intubation)
- g) doctor's signature and contact details.

