AGS

DNR IN THE OR

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THE AMERICAN GERIATRICS SOCIETY

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Thomas Eakins

Gross Clinic

1875

DNR IN THE OR: SOURCE OF ETHICAL CONTROVERSY

- Surgery and anesthesia require components of resuscitation
- Increased risk of iatrogenic cardiac arrest
- Is surgeon responsible for OR death of patient with DNR order?

HISTORY OF RESUSCITATION: PULMONARY (1 of 3)

- Old Testament, Book of Kings: Prophet Elisha restores life by breathing into mouth of child
- Paracelsus, 1500s: fireside bellows restore breathing
- Vesalius, 1540: opens trachea and restores life to animal via reed tube

HISTORY OF RESUSCITATION: PULMONARY (2 of 3)

Setback/misunderstanding in 1770s:

- Discovery of oxygen and relevance to respiration
- Discredits use of exhaled air as aid to respiration
- Exhaled air not used to aid respiration again until 1950s

HISTORY OF RESUSCITATION: PULMONARY (3 of 3)

- Polio: negative pressure ventilator (“iron lung”)
- 1952: polio epidemic, lack of vents
- Danish medical students assigned to manually vent via trach tube
- Adoption of positive pressure vent

HISTORY OF RESUSCITATION: CARDIAC

- Closed-chest pressure used in 1850s, viewed as aid to respiration
- 1901: open-chest cardiac massage reverses chloroform-induced arrest
- 1958: closed-chest compression rediscovered in treatment of cardiac arrest

HISTORY OF RESUSCITATION: DEFIBRILLATION (1 of 2)

"Abildgard . . . in 1775 . . . shocked a single chicken into lifelessness and upon repeating the shock, the bird took off and eluded further experimentation."

HISTORY OF RESUSCITATION: DEFIBRILLATION (2 of 2)

- 1933: closed-chest defibrillation as treatment for electrocution
- 1947: first human open-chest defibrillation (14-year-old boy, intra-op arrest)
- 1955: first closed-chest defibrillation

MODERN RESUSCITATION

- 1960s: CPR guidelines, ABCs
- 1970s: Public campaigns for out-of-hospital CPR
- Survival rates after CPR:
  - In hospital: 15%
  - Out of hospital: 6%

HISTORY OF DNR ORDERS: NEW YORK

1982: Queens hospital investigated for use of unwritten DNR orders

- Code status decided secretly by doctors
- No consultation with patient, family
- Purple dots

DNR LEGISLATION: NEW YORK

- Shaped by scandal
- Emphasis on consent
- Presumption of consent to resuscitation unless DNR order exists

INITIAL REACTION TO DNR LAW

- Will kill patients by discussing DNR
  - Commissioner Daines
- Will force doctors to resuscitate patients in rigor mortis
  - Urban legend

DNR IN OR

- Remains controversial
- Highly variant across country
- Focus of policy in 1990s
- Variation between policy and practice

AMERICAN COLLEGE OF SURGEONS, 1994 (1 of 2)

“Policies that lead either to the automatic . . . cancellation of [DNR] orders during the operation and recovery period may not address a patient's right to self-determination. An institutional policy of automatic cancellation of the DNR status . . . removes the patient from appropriate participation in decision making.”

AMERICAN COLLEGE OF SURGEONS, 1994 (2 of 2)

"The best approach is a policy of 'required reconsideration' of previous advance directives. The patient and the physicians . . . should discuss the new risks and the approach to potential life-threatening problems during the perioperative period. The results of such discussions should be documented in the record."

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“ . . . Any existing directives to limit the use of resuscitation procedures (that is, do-not-resuscitate orders and/or advance directives) should, when possible, be reviewed with the patient or designated surrogate.”

AMERICAN SOCIETY OF ANESTHESIOLOGY (2 of 2)

3 options:

- Full attempt at resuscitation
- Limited attempt related to specific procedures
- Limited attempt related to patient's goals

VETERANS HEALTH ADMINISTRATION POLICY

- It is permissible to suspend a patient's DNR order for surgery, but only after the practitioner has had a discussion with the patient or surrogate and obtained that person's consent
- It is never ethically permissible to automatically suspend DNR orders for surgery
- Giving patients the option of having their DNR orders suspended for surgery preserves their right to make decisions consistent with their values and health care goals

POLICY OPTION

DNR form includes section for patients undergoing procedures:

- The patient wishes to revoke DNR
  - To be reinstated X hours post-op
- The patient wishes to maintain DNR status and/or forego X resuscitation procedures

MONTEFIORE MEDICAL CENTER POLICY FOR DNR IN OR

- Physicians must discuss with patient or surrogate whether existing DNR order should be suspended and if so, specify duration
- Surgeon, anesthesiologist, and patient or surrogate must agree
- Document decision

POLICY/PRACTICE GAP

- 19-page DNR policy
- Concern over iatrogenic arrest
- Concern over mortality statistics

OR MORTALITY AND DNR

- NY State, Montefiore Medical Center do not collect statistics on operative mortality for surgery
- Except: Cardiothoracic surgeons have strong regulatory burden
- Could consider risk adjustment for cardio-thoracic surgery

DISCUSSION

- Non-coercive
- Patient goals
- Risk of anesthesia, surgery
- Better resuscitation statistics intra-op
- Options
- If full code, timing of reinstated DNR

CONCLUSION

- DNR order based on consent
- DNR exists in OR
- Challenging in OR
- Requires discussion
- Requires alignment between policy and practice

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