

Journal Watch

Successful cardiopulmonary resuscitation in a hospice.

Noble S, Newydd YB, Hargreaves P, et al. *Palliative Medicine* 2001; 15(5):440-441.

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Abstract:

Cardiopulmonary resuscitation in the hospice setting has been increasingly discussed. A 47 year-old female patient with metastatic melanoma was admitted to a hospice for management of severe incidental pain resulting from a cord compression. Standard pharmacological management was unsuccessful and the patient was considered appropriate for an intrathecal infusion of opioid. On administration of a test dose of bupivacaine, the patient became apnoeic with an unrecordable blood pressure. Full cardiopulmonary resuscitation was instituted and an ambulance transferred the patient to an ICU. The patient stabilized and was returned to the hospice within 24 hours. She continued to receive the intrathecal infusion with excellent analgesia for a further two weeks until her demise. Although it is not the intention of palliative care to unnecessarily prolong life, it is certainly not our role to shorten it. This event had a profound effect on the hospice staff and raised important issues for discussion.

Comments:

Strengths/uniqueness:

This is a good case report highlighting an important area that has long been closed to discussion in hospice/palliative care groups.

Weaknesses:

This correspondence is a small step in raising this issue. More in-depth work needs to be done to explore this further.

Relevance to Palliative Care:

Many palliative care programs are either considering or already more involved in interventions such as intraspinal analgesia and other procedures that may cause life-threatening complications. However introducing CPR into the tranquil environment of a palliative care unit will come with a cost that requires more study and discussion.