Journal Watch

A survey of nursing and medical staff views on the use of cardiopulmonary resuscitation in the hospice.
Thorns AR, Ellershaw JE. *Palliative Medicine 1999; 13:225-232.*

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Abstract:

Research evidence suggests that cardiopulmonary resuscitation (CPR) would be indicated in very few hospice patients. However, with the increasing access and expansion of specialist palliative care services the question of CPR is becoming more important. In order to develop a policy in our unit we felt it was important to assess the understanding, attitudes and experience of the health care professionals involved. A semi-structured questionnaire regarding CPR issues, including case scenarios, was distributed to doctors and registered nurses in a palliative care unit. Thirty-seven (80%) of the questionnaires were returned. Ten per cent of respondents identified patients for whom they felt CPR would have been indicated in the event of an unexpected cardiac arrest. Thirty-two per cent could foresee the number of patients in this category increasing in the future. The majority of respondents indicated that CPR should be discussed in certain cases, however 86% had never done so. The success rate of CPR was frequently overestimated. Some respondents felt vulnerable as there was no existing written policy. Factors thought important in making decisions regarding CPR orders included: prognosis; patient's wishes; quality of life; and legal issues. CPR in palliative care units raises many practical and ethical concerns. Our survey shows that staff are aware of the small, but increasing, need for its consideration in certain cases. There was a wide range of views regarding the role of CPR with an overestimation of the chances of success and concerns regarding discussion of the issue with patients. When introducing a CPR policy in a palliative care unit, adequate education and framework for decision making is required.

Comments:

Strengths/uniqueness:
This is an original report that systematically examines the opinion of nurses and physicians on a palliative care unit with regard to CPR issues.

Weaknesses:
The respondents were limited to staff on one palliative care unit, and thus generalizability of findings to other countries and cultures may be limited.

Relevance to Palliative Care:
This is a challenge to the standard dogma that all patients admitted to a palliative care unit need to agree or be designated as "no CPR".