



MAKATI MEDICAL CENTER
BIOETHICS EDUCATIONAL COMMITTEE



BIOETHICS BITS



CASE STUDY 11

DNR AND NO CPR

CASE

A 45-year-old male lay in a comatose state, attached to a respirator for the past three years. The doctors say he no longer holds any hope for recovery. Furthermore, the patient's wife and children are now unable to find resources to help pay for the life support. The attending physician suggests a "Do Not Resuscitate" (DNR) order, but the patient's family remains hesitant to have one issued.

QUESTION

What are ethically acceptable indications for DNR; and in contrast, what is "No CPR"?

POSSIBLE SOLUTION

In the present case, the patient no longer holds hope for recovery, and the burden imposed on the family is too much. By now it seems certain that any further aggressive treatment or procedure, such as cardiopulmonary resuscitation (CPR), may be considered ethically extraordinary – and as such may be withheld.

The DNR avoids initiating extraordinary means of life support. It thus remains ethically acceptable, as long as the patient (or proxy) approves it. If ever the DNR is issued, what causes the patient's death later on is not the act of omitting a certain procedure (e.g., resuscitation), but rather the disease itself.

A more beneficial alternative to "DNR" is "No CPR". The former has a wider scope and may exclude all components of resuscitation (such as hydration, antibiotics, CPR, etc.), while the latter basically excludes only pumping the heart and intubation. Issuing a DNR could lessen the health care workers' enthusiasm in caring for the patient, while a No CPR allows the patient to enjoy all forms of care except for CPR.

(A word of caution: experience in other countries show that a DNR order could be easily abused. Aside from not initiating extraordinary procedures, even ordinary care is at times withheld, with the aim of hastening the patient's death.)



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IDEA ETHICAL DECISION-MAKING FRAMEWORK & WORKSHEET

SCAN HERE



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