A perspective on CPR and the frail patient

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"I don't want to be hooked up to machines, but I believe in that CPR."

The speaker was an 85-year-old admitted with congestive heart failure. Asked why he believed in CPR, he replied: "Because they can bring you back so you can live again."

In 1990, a law was passed to ensure that patients in hospitals are given the opportunity to tell their doctor and the hospital staff their wishes regarding use of artificial life support machines and CPR (cardiopulmonary resuscitation).

Laws also state that if one does not say that they do NOT want CPR, it will probably be done if one passes away in a hospital or at home if 911 is called.

Patients and families may be startled when they are asked about CPR. The purpose of these questions is to give some control over deciding the kind of treatments that might be started if things do not go well.

Patients go to the hospital to get better. Most of the time this occurs, but the reality is that the sicker the patient and the more advanced his illness, the greater the chance that things will not go well. Approximately 60 percent of deaths in the U.S. occur in a hospital. Half of these patients either die in an intensive care unit or were in the ICU during their final admission.

CPR, then machine

For people who have suffered long, complicated illness, are getting worse in spite of treatments, and do not want to be kept alive artificially with little or no chance for returning to a quality of life they would want, CPR may not be something they want. If "successful," it will almost always result in being placed on a machine.

How effective is CPR? There are situations where it can be lifesaving, with a chance to return to a quality life — near drowning, sudden death from a heart attack, lightning strike, major electric shock, choking on food.

CPR is a brutal medical procedure. If done correctly, the compressions will probably crush the chest of a frail or chronically ill person.
Studies of more than 10,000 cardiac arrests outside the hospital have shown that the chance of surviving to leave the hospital alive is about 3.7 percent. For frail elders and nursing home residents, the chance is less than 1 percent.

CPR started in the hospital is not much better. In a recent review of 434,000 patients who underwent CPR in U.S. hospitals, 18.3 percent "survived." Most survivors went to another hospital, a nursing home or Hospice. The oldest patients and those with chronic illnesses had the poorest outcomes. Only 6 percent of those over 80 went home. Most were more disabled than before CPR.

**Survival not always optimal**

People who "survive" CPR have a significant chance of permanent brain damage beyond their pre-existing state. Patients over age 70 have a 70 percent chance of functional deterioration after CPR. Over age 80, the chance is 90 percent.

CPR done on people with chronic illness and debility is brutal and does nothing to improve the illness. If "successful," it essentially guarantees that one will be on a machine — usually to die again hours to days later.

When the 85-year-old patient mentioned above understood that CPR would not give him a second life and would guarantee that he would be on a machine if "successful," he signed a Do Not Resuscitate (DNR) form.

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