



Palliative Care Service

Understanding Cardiopulmonary Resuscitation (CPR)

We've all seen it on television -- a person whose heart has stopped is dramatically brought back to life by "CPR" -- a procedure that combines rescue breathing with external chest compressions to keep a person alive until more sophisticated treatment can be administered. When CPR was developed 40 years ago, the purpose was to save the lives of people experiencing sudden death, such as cardiac arrest, when a heart stops abruptly as a result of a heart attack.

Although commonly accepted guidelines permit the use of CPR on virtually any person of any age, whose heart has stopped, recent studies suggest that receiving CPR isn't always in a person's best interests.

Studies of people in cardiac arrest who received CPR and lived long enough to be discharged from a hospital show only a 10-15% survival rate. The American Heart Association says that 95% of people who have cardiac/respiratory arrest at home never make it to the hospital alive. Those least likely to survive after receiving CPR are elderly people; especially those with end stage illnesses, such as end-stage lung cancer, advanced heart disease, kidney failure or multiple medical problems. A study of 300 elderly people in nursing homes who had CPR performed shows a survival rate of just 2%. In addition, of the 6 people who survived CPR, only 1 would choose to have CPR performed again, should it be necessary.

Why would someone who survives because of CPR choose not to have it done again?

In those instances where CPR saves a life, the person will then receive more advanced therapies. Often such people function at a reduced level compared to the way they were before experiencing "sudden death". Also, performing CPR requires compressing the heart from outside the body. As a result, some people suffer painful injuries, such as bruising and broken ribs. Occasionally other internal injuries result, as well. Sometimes, while quantity of life may be increased, quality of life may be decreased.

With such poor survival statistics and possible loss of quality of life, why would elderly and terminal patients with end-stage illness choose to allow CPR to be performed?

While this is NEVER the case, some people believe that if they refuse resuscitation, they will not receive **any** treatment. Patients **always** receive palliative care, which is the use of aggressive comfort measures, to manage pain and other symptoms that interfere with quality of life. This may be in addition with other treatments, but short of life-prolonging measures, such as CPR.

What should I do if I don't want CPR?

You should tell your physician and family members what your wishes are. In addition, obtain a [Durable Power of Attorney for Healthcare \(DPOAHc\)](#), which designates a person to advocate on your behalf if you are unable to speak for yourself. Hospitals, physicians' offices, and lawyers have information packets that can guide you through this process.