Ethical Dilemma: Full Code Status in Terminally Ill Patients
Sarah Lohman, RN, MSN, NEA-BC
Chief Clinical Officer
Hospice of Central Pennsylvania

Objectives

- Understand the facts of cardiac arrest survival in and out of the hospital
- Identify common reasons why patients who are terminally ill chose to remain a full code
- Understand strategies to facilitate discussions about code status with patients
- Understand how full code status fits in with hospice
Jane’s Story

Bob’s Story
The nurse may look like this...

The Hollywood Version of CPR

The depiction of CPR in Hollywood shows a less than accurate version of what CPR looks like and more importantly what the results are.
Or how about this...

How bad is it?

- CPR Survival Rates on TV shows Study
  - Published in 2015 out of the University of Southern California (Portanova et al, 2015)
  - Reviewed 91 episodes of the TV shows House and Grey’s Anatomy
    - CPR was depicted 46 times with a survival rate of 69.6%.
  - Advanced Directive Conversations only occurred for 2 patients
  - Treatment preferences regarding code status, intubation and feeding tubes rarely occurred.
What are the real statistics?

According to the American Heart Association in 2016 the survival rate for IN hospital cardiac arrest was

24.8%

That is 44.8% LESS than shown on TV

The stats only get worse...

According to the American Heart Association in 2016 the survival rate for OUT of hospital CPR was....

12%
And worse...

In 2014 an evidence based analysis was done by Health Quality Ontario (Sehatzadeh, 2014) as they studied end of life care that suggested that survival rates for patients who had a cardiac arrest and had an advanced illness were very unlikely to recover.

Only 1 in 10 cancer patients who survive CPR will leave the hospital alive.

There are other factors of course...
Let’s talk about Religion

Assemblies of God
- Largest Pentecostal Denomination in US
- Opposes Euthanasia- Only God should determine when life ends
- Allows for the need to reject life support when there is no hope

Buddhism
- Oppose Euthanasia or anything that would hasten death
- Life need not be preserved at all costs.
- As long as there is no intention to take life, no moral issue arises.

Catholicism
- Life should not be prematurely taken, because it is a gift from God
- Can refuse extraordinary treatments that only minimally prolong life, like resuscitation for someone that is at the very end of life.

Church of Jesus Christ of Latter Day Saints
- Mormon Church
- Oppose Euthanasia
- A person may die of natural causes, and do not need to feel obligated to prolong life by unreasonable means

Hindu
- Prematurely ending life could effect your karma
- Believe in reincarnation, whatever suffering you experience now is because of something you did in the past
- Delaying suffering may further increase bad karma in the next life.
Islam
- Against Euthanasia
- Reluctance to make any decisions that would end life prematurely because it is believed these decisions are solely in the hand of God
- It is ok for terminally ill to not employ extraordinary means to delay dying.

Judaism
- Prohibit Physician Assisted Suicide/Euthanasia
- A Person’s life belongs to God and therefore deciding when it ends is up to God
- Do accept stopping treatment if it is going to prolong suffering

Methodist
- Against Euthanasia
- Dying well is important—showing that they remain committed Christians even if they are suffering
- It is ok to not needlessly extend life, just not hasten death.

United Church of Christ
- Allows terminally ill patients to make their own decisions about when to die—including hastening death
- They believe people approach God on their own terms including at the end of their lives.

Unitarian Universalist Association
- Believe in the right of self-determination in dying
- Believe that the ultimate questions of life and death belong with the person affected and their individual conscience.
Emotional Decision

Let’s get back to Jane

• Guilt
• Will to live—she has fought a long time
• “Too young to die”
And Bob’s daughter??

- Not ready to lose her father
- Guilt over making the decision
- Still hoping for recovery

How do we make the decisions easier...

- Has patient driven care moved too far?
  - Published in the New England Journal Of Medicine in 2012 showed only 16% of seriously ill patients wanted to make the decision on their code status alone with no input from their physician. (Lamas & Rosenbaum, 2012)

- When is the conversation happening?
How does hospice fit?

- Education
  - Referral sources
  - Patients/Families
- Meeting patients where they are
- Advocacy

What do you do???
References


Jaclyn Portanova, Irvine Krystle, Yi Jae Yoon, Susan Enguidanos. It isn’t like this on TV: Revisiting CPR survival rates depicted on popular TV shows. Resuscitation, 2015;


