

JOURNAL WATCH

Specialist Physician Approaches to Discussing Cardiopulmonary Resuscitation for Frail Older Adults: A Qualitative Study

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Reference: Mallery L, Hubbard RE, Moorhouse P, Koller K, and Eeles EMP. Journal of Palliative Care 2011; 27, 1:12-19.

Abstract

Background: Despite the impact and importance of end-of-life discussions, little is known about how physicians discuss cardiopulmonary resuscitation (CPR) with patients and their families. The necessary components for successful communication about CPR are poorly understood and an established framework to structure these conversations is lacking. Here, we were motivated to understand how physicians approach resuscitation planning with families when older patients have limited life expectancy and a high burden of illness.

Method: Qualitative analysis was conducted of semi-structured interviews of 28 physicians of varying medical sub-specialties in a tertiary care hospital.

Results: Most physicians explored the surrogates' goals and values, but few provided explicit information about the patients' overall health status or expected long-term health outcome related to CPR and underlying illnesses.

Conclusion: There is considerable heterogeneity in physicians' approaches to CPR discussions. The principle of autonomy is dominant with less emphasis on providing adequate information for effective decision-making.

Strengths

- Three independent researchers reviewed data in entirety (both tape recordings and transcriptions), allowing for a more comprehensive analysis
- Looked at wide variety of medical specialties
- Study was conducted in Canada (physicians more likely to share similar values as physicians in Edmonton)
- Standardized case allows for easier comparison between physician interviews

Weaknesses

- Artificial setting (simulated clinical vignette, with semi-structured interview)
- Not randomized or blinded (hard to do in this type of study)
- Small sample size (28 physicians)
- Hard to make generalizations, as the majority of physicians in the study were male, had an average age of 49 y.o., and a mean of 17 years of practice

Relevance to Palliative Care

In spite of the above-mentioned weaknesses, this study suggests that there is a lot of heterogeneity in the way physicians discuss a DNAR with patients and their families. While some heterogeneity is inherent due to differences in patient presentations and physician approaches, it is still important that common themes be addressed in this sort of discussion (such as explaining the purpose of the conversation, assessing the patient's capacity to make a decision about CPR, or checking the patient's understanding). While patients entering the palliative care ward already have a DNAR in place, this discussion is nonetheless essential to help determine goals of care. Perhaps establishing guidelines or agreeing upon certain standards is necessary so that we can ensure that the same information is disseminated and explored with patients and their families when the decision to become a DNAR is made.