

Aim: To guide physician on their decision for Do Not Attempt Resuscitation- 'DNAR'.

Help treating physician & patient/surrogate in preserving dignity in death & avoid prolonged suffering to the patient through non-beneficial CPR while continuing to provide other potentially curative and supportive care.

Define DNAR: Progressive debilitating/incurable/terminal illness where CPR would be inappropriate, non-beneficial and likely to prolong the suffering of the patient in the best judgment of the treating physician(s). While applying this principle, compassionate care is integral to the overall goals of medical treatment.

DNAR is distinct from withdrawal or withholding of other life-supporting treatments and advance directives (living will) which do not come under the purview of this document. Living will is patient initiated and DNAR is physician initiated

ACADEMIC P.E.A.R.L.S

Pediatric Evidence And Research Learning Snippet



ICMR Consensus: Do Not Attempt Resuscitation

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Procedure: ▶ Adequate opportunity, time and space to discuss with the patient & family. ▶ Good communication. ▶ Clear understanding of DNAR & implications. ▶ Done in anticipation of an impending cardiorespiratory arrest, during the current hospitalization of the patient. ▶ Team work. ▶ Combined decision making. ▶ Another physician, a psychologist or social worker or a counselor or the hospital administrator à More so, in case the treating physician is unsure about the futility of CPR, or there is no consensus between the physician and the patient/surrogate. ▶ Document the proceedings. ▶ Communicate that the team will continue to be provided all treatments intended for potentially curable conditions or to reverse potentially reversible conditions and to provide supportive care. ▶ DNAR does not mean withdrawal or withholding of other life-supporting treatments. ▶ The treating physician should understand the social/cultural perspective of the patient.

Decision - Making: Responsibility for the final decision regarding DNAR: Treating physician. Often the patient's relatives/surrogates may face an ethical dilemma to take the decision regarding DNAR. Provide psychological support and help them overcome any feeling of guilt, explain the futility of CPR & the harm it might cause to the patient. In case of conflict of opinion, an independent second opinion from a qualified medical practitioner belonging to the relevant specialty may be sought by in a timely manner. Any decision taken contrary to patient's expressed wishes should be based on robust criteria, accounted for and documented in the hospital records.

What diseases can DNAR be considered? ▶ Refractory heart failure ▶ Advanced metastatic refractory cancer ▶ Advanced irreversible neurological disease ▶ Others as mentioned in study

EXPERT COMMENT



- The guideline approaches the difference in opinion between the patient/surrogate & physician in a non conventional way. If family wants resuscitation & the physician is against it, the document gives the physician to follow his/her carefully thought decision. The acceptability of this practice may be a challenge and a strong medico legal backing is needed in case a conflict arises.
- Repeated counseling & facilitating a second opinion to arrive at a common decision may make things easier.

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Reference

Reference : Mathur R. ICMR Consensus Guidelines on 'Do Not Attempt Resuscitation'. Indian J Med Res 2020;151:303-10. DOI: 10.4103/ijmr.IJMR_395_20