



## Information Sheet 4: The reality of CPR for patients nearing the end-of-life

### Background

It is important to discuss CPR with people who have chronic illness or are approaching the end-of-life, and their family. This is because our health system has evolved in such a way that starting CPR has become automatic for any person who has a sudden heart attack, unless there has been a clear decision in advance for this not to happen.

### What is CPR?

- CPR is a technique used to restart the heart and restore breathing in a patient whose heart has stopped beating and/or who has stopped breathing.
- It may involve chest compression, electric shocks to the heart, injection of drugs into the bloodstream, fitting a mask to the face to provide oxygen and placement of a tube into the airway to assist breathing.
- Admission to an intensive care unit often follows, with connection to a breathing and life support machine.
- People who survive CPR may suffer fractured ribs, punctured lungs and ongoing brain damage.

### How successful is CPR?

- People in the general community have an unrealistic view of CPR because of the falsely positive outcomes of CPR on television shows based in hospitals.
- Survival rates vary from 5-23%. Survival for frail older patients with multiple health problems or severe dementia is less than 1%.
- Older patients who do survive CPR will often deteriorate further in their condition and their quality of life. They are likely to receive further intensive treatments that will be painful and intrusive. The patient may not be able to have quality time with their loved ones before they die.

### Why would a patient have a “No-CPR Order”?

- A patient’s doctor may issue a No-CPR Order for that patient. This means that CPR will not be started on this patient if their heart or breathing suddenly stopped
- Normally, this Order would only be made after discussion with the patient and/or their family.
- The patient and/or their family may request a No-CPR Order be made if they believe it is in the patient’s interests.
- A No-CPR Order will only be made if it is clear that initiating CPR would be futile and lead to a reduced quality of life for the patient.
- Having a No-CPR Order does not mean withdrawal of other treatments and the patient will continue to be given comprehensive, quality care, short of CPR.

**Reference:** Notes accompanying *Special Care Plans*, Concord Hospital, November 2008.

For further information go to:  
[www.mywishes.org.au](http://www.mywishes.org.au)