

Do Not Resuscitate (DNR) Orders among Terminally Ill Patients: An Argumentative Essay

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Abstract

Do Not Resuscitate orders among terminally ill patients starts to be one of the most common argumentative issues within health care institutions agreed this type of orders. In the last quarter of twentieth century Do Not Resuscitate (DNR) statement starts to emerge in different health care centers. Cardiopulmonary Resuscitation (CPR) that attempt to restart patient's heartbeats or natural breathing is the base line when dealing with any patient regardless any circumstances. Reviewing much of articles, research papers, guidelines and different policies regarding the DNR statement actually brought us into the stake. Ethical as well as legal Proponent and opponent opinions were confront for this debatable issue in order to argue the supportive and giving up points of views. DNR orders should be discussed and explained seriously with the patient (his or her surrogates) and their families to reach the suitable and preferable situation as well as allowing natural death process. In addition, the concept of futility regarding to health status possess high contribution when deciding the patients as DNR coded. However, integrating DNR orders within health care institutions eases in a way or in another the burden of activating CPR, while in advance; the end result is already known and unsatisfied based on clinical picture for the patient known as terminally ill. It is in simple words the proportionality (burden: benefit ratio). In the end, ethical and legal aspects plays major role in regarding DNR, and indeed affect the perception of DNR and discussing them clearly at some point will definitely alleviate possible consequences.

Keywords: Do Not Resuscitate, terminally ill patients, DNR ethical, DNR legal, argumentative.

1. Introduction

Cardiopulmonary Resuscitation (CPR) was introduced in the 1960s and was intended to reverse cardiac arrests occurring during surgeries. Activating (CPR) codes needs special and careful considerations (Blinderman, Krakau, Solomon, 2012). Under certain circumstances, CPR may not offer the patient direct clinical benefits, either because the resuscitation will not be successful; usually when the whole picture of the patient medical status and reports judging this patient as a hopeless case or because surviving the resuscitation will lead to comorbidities that will merely prolong suffering without reversing the underlying disease and even worsen life quality (Braddock & Clark, 2014).

Do Not Resuscitate (DNR), or no code, is an official and legal medical order written either in the hospital or on a legal form to withhold Cardiopulmonary resuscitation (CPR) or Advanced cardiac life support (ACLS). In another words, instructions that the patient should not receive (CPR) in the event that the patient suffered a cardiac arrest. Usually in the hospital as terms of: do not intubate, do not defibrillate. DNR order is not designed to apply to any treatment but CPR (Beach & Morrison, 2002). "Some things, once altered, are not easily undone" Nicholas Ponticello 2015.

Regarding, a study conducted in 2005 concluded that 86% of inpatient deaths were DNR coded, and 52% who were died outside the health care institution were DNR coded patients (Levin, Li, Weiner, Lewis, Bartell, Piercy, & Kissane, 2008).

Moreover, another study concludes that the time between signing the DNR decision either by patient or surrogates is near to the day of death. (Wen, Lin, Cheng, Chou, Wei, Chen, Sun, 2013).

Argumentative essay is a kind of essay, not only to give in formations but also to present an argument with the PROS (supporting ideas) and CONS (opposing ideas) of an argumentative issue. Mostly written for the purpose of persuading people to change beliefs that many of them do not want to changes. (Ozagac, 2004). Therefore, the aim of the current argumentative essay is to declare proponent and opponent differing views regarding DNR code implementation with legal and ethical issues regarding. The current author is against the idea of DNR implementation under any circumstances. All patients including terminally ill; have the right for CPR chances regardless of the clinical health picture.

2. Background

Extensive bioethics literature discusses DNR orders. There are many different medical decision making models that could be utilized with terminally ill patients toward end of life in case they are mature enough to determine and judge their medical health status, after surely providing them clear and extensive medical related details.

However, sometimes reaching same and shared decision between the patient preferences and medical facts could be nonexistent; which unfortunately leads to investable conflict (Elliott & Olver, 2011).

As well, it is mindful to remind that the current author is against DNR principle under any conditions or

occasions.

The literature review of this argumentative paper aimed to present the opponent and proponent legal as well as ethical different point of views regarding DNR utilization among hopeless cases in terminally ill patients. DNR utilization is differed significantly regarding many factors, such as: gender, race and religion. In a study the following percentages were recorded as: regarding to race; the percentage of DNR Patients among White –non Hispanic races was 30%, 44% among Black –non Hispanic, 46% among White Hispanic, and 50% among Black Hispanic. Regarding to gender; the female patients were tend to die as DNR coded patients with percentage of 36%, while male patient’s percentage was 29%. And finally regarding to religion; 46% of DNR patients were Muslims, 31% were Christian, 36% were Jews and 43% were Hindus. (Levin, 2008).

“Stop giving CPR for dead situation” one of most famous quotes regarding DNR in a Wide Poster at Amazon UK.

3. Legal Arguments

3.1 Opponents: There are many studies assuring higher mortality rate among patients labeled with DNR code. A study conducted in 1999 concludes that death risk and rate was substantially higher among patients coded with DNR back to their own personal preferences to provide them less invasive types of care (Shepardson, Youngner, Speroff, Rosenthal, 1999).

Similarly, another study conducted in 2011, Extracted that; there are many considerations for the patients when decided to be labeled as DNR coded patient, categorized as personal, relational and philosophical considerations. And there is a gap in the matter of understanding the DNR utilization process especially with patients with full code and discussed about DNR for the first time, they reported negative feeling for facing such reality. In contrast, DNR coded patients accepted this truth with less poignancy and were more satisfied. Health care provides specially those whom means to discuss this critical issue needs to be more clear, concise and precise to guarantee that patient is fully oriented and acquainted to the subject, otherwise it will be adversely affect back (Downar, Luk, Sibbald, Santini, Mikhael, Berman & Hawryluck, 2011).

In Jordan, there is no legal documents or clear laws in Jordanian constitutions deals with DNR statement, but it is considered under figure number three of medical Jordanian constitution (1985), they mentioned that physicians can’t end the life of patients, and unable to help in bringing death except brain death, the physician can deal with this situation according to international standards.

Moreover it is behooves us to mention the Islamic religion advisory opinion regarding DNR orders which seems to be medical situation based opinions. In certain circumstances DNR orders are rejected deduced that as God says in the holy Qur’an : *“But if one saves a life, it shall be as if he saved all mankind”* (Qur’an 5:32)

3.2 Proponents : A lot of studies stated that DNR orders utilization among hospitals were increased which will result subsequently in increasing survival rates among those who undergo CPR. (Ebell & Afonso, 2011).

In Jordan especially at King Hussein Cancer Center , there is a policy approved by Medical Board titled as Do Not Resuscitate (DNR) , allows the patients to refuse CPR efforts in case of being arrested for any reason, taking in the consideration according to King Hussein Cancer Center statistic (2012) that care with cancer patients on mechanical ventilator with no hope to be cure cost the center about 1200-1300 JD daily, so many organization start to talk about DNR and introduce it to community to be familiar with this term and to differentiate between DNR and euthanasia. Furthermore, this concept of DNR is reinforced legally in the Patient Self Determination Act of 1991, which requires hospitals to respect the adult patient’s right to make an advanced care directive and clarify wishes for end of life care.

4. Ethical Arguments

4.1 Opponents : Opponents point of views summarized the situation of being incapable human. And the patient does not possess the full and accurate mental capabilities to make his/ her own decision (Geppert, 2011).

Moreover, autonomy is affected by depression, anxiety as Rumbold mention in 2002, and considered the DNR for comatose patients is unaccepted because there is underestimation of his /her dignity and autonomy , and it is injustice and unfair to take decision on behalf them. Justice is defined as distributing benefits, risks and costs fairly; in such situation that patients in similar positions should be treated in a similar manner (Ellis & Hartley, 2007). In this term, such people who are labeled as DNR will not receive the benefits of being treated fairly, they might be neglected and under treated in response to no CPR or being as DNR labeled (Ayoub, 2013).

4.2 Proponents : a study stated that utilization of DNR orders and integrates it in the health care institution will leads to emerge tow major benefits , the first one regarding patients right for self determination and autonomy which pours in saving the medical effort when activating CPR for futile case, the other one is based on the argument that the CPR will do harm rather than do good for the patient health status. (Hite, 2000).

The American Nurses Association (ANA) 2012, supported the right of self-determination of the patients

including the natural death without any external interventions and the nurses have an ethical obligations to support the patients in their decisions. It is also declared that the CPR is not indicated for all the patients at their end of life. Patients with terminal, irreversible diseases where death is the expected end result do not necessarily merit CPR (Selekman, Bochenek, & Lukens, 2013).

5. Summary and Conclusion

In summary, there are a lot of countries considering that DNR orders despite any circumstances as an illegal orders even if it was congruent with patient or his family wishes. On the other hands, there are a lot of countries approved DNR orders and consider this type of orders as one of their regular orders set.

Ethically, DNR considered as stated in a lot of researches as unethical order to be used as long it will lessen the medical care that could be provided to the patient. The other researches stated that DNR codes somehow, could be treated as a symbol of self determination issue.

In that aspect, as mentioned before there are a lot of obstacles related DNR order utilization regarding many factors , it could be ethical as well as legal related. And it is important here to mention that the previous perception about DNR for the patient or the family plays major role, and this point could be assured by providing enough , accurate and extensive details to remove any myths or wrong ideas regarding DNR

On the other hand there is major commonalties about DNR order utilization among various health care institutions based on religious, legal or ethical recourse that imposed to guarantee the cultural diversity.

It is worthy to mention the purpose of this argumentative paper of being clearly stated the opponent and proponent from ethical and legal point of views regarding DNR implementation among terminally ill patients.

6. Argumentative Statement

The current author is against DNR utilization in any institutions under any conditions. Thus, opponents point of views are adopted and highly supported. DNR decision is interfere with a lot of principles regarding humanity and mercy. Every soul has the right to be saved till the last moment even if the chances were scarce.

DNR orders interfere with basic minimum human right which is the autonomy, no one can tell 100% if the patient is going to die, thus ethically there is no justification can be accepted for DNR codes utilization. Legally, there is no highlighted announced documents' regarding DNR utilization at any health care institution.

Significant attention should be directed toward this class of people, and there are several recommendations stated by American Nurses Association, 2013. Summarized the major role of health care providers in participating and in discussing this types of orders with patients and their families. Also it is important to keep such orders in legal documented manner.

Finally, patient and family wishes should be respected and appreciated, and they have the right at any time for any reason to revoked this decision.

7. Summary & Conclusion

DNR is considered an ethical dilemma for most of the health care organizations. The Purpose of this argumentative paper was to present opponents and proponents' legal and ethical viewpoints regarding DNR order among terminally ill patients .

It is noteworthy that there is a lot of considerable variables contributing in DNR decision making process, starting with inherited factors within the patient solely bypassing other medical factors affecting the general health picture and ending up with other ethical, legal and religious factors. On the other hand there are many misconceptions concerning DNR decisions among health care professionals.

Point of views for both opponent and proponent were discussed, and as previously mentioned that there must be reasons, justifications and rationales based on huge assessment for DNR utilization or allowing natural death considering CPR.

Finally, DNR decisions might seems necessary if the treatment is futile, As well as a clear Law is needed to regulate this matter.

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