let's talk about health

NFRs out in the open

Recent publicity about a "not for resuscitation" case at Palmerston North Hospital has sparked public interest. It has also caused a lot of confusion and hospital staff have been asked many questions. Four of the hospital's senior clinical staff took time out to answer these and speak candidly about the very serious and important issue of deciding not to try to restart someone's heart or breathing, if it were to suddenly stop.

WHAT IS PALMERSTON NORTH HOSPITAL DOING?

Internal medicine clinical director, Dr Mark Beale says, "Nothing different to the rest of New Zealand. The use of NFR orders occurs throughout New Zealand. They are legal, and NFR decisions are made by senior doctors based on the best interests of a patient."

DID YOU STOP TREATING SOMEONE?

Dr Beale says, "Absolutely not! Care continues to be provided – it's just the intensity of treatment that may change.

Pictured: Dr Ken Clark, Dr Mark Beale, Charge Nurse Caroline Dodsworth and Dr Kirsten Holst.

"Let's look at what resuscitation in the context of an 'NFR order' involves. It is about attempting to get a person's heart beating again and restoring their ability to breathe, usually following a sudden arrest. The techniques used are known as Cardiopulmonary Resuscitation (CPR).

"Not for Resuscitation orders mean these attempts to get the patient's heart beating and to restore their breathing are not made. Other aspects of care, such as provision of antibiotics, fluids, and pain relief continue.

"CPR includes the same heart massage and mouth-to-mouth breathing in which many members of the community are trained. CPR also includes attempts to restart the heart using electric shocks and drugs. If breathing does not restart adequately, a tube is placed into the airway and artificial ventilation commenced. This is aggressive treatment and is not always appropriate – having a tube put down your throat is invasive treatment. CPR for frail people can result in further complications such as broken ribs and these factors have to be weighed up against the benefits."

THAT'S IT – ONCE YOU'VE BEEN DEEMED NFR THERE'S NO GOING BACK?

Dr Beale says, "NFRs can be lifted at any time. A patient's condition can change from day-to-day and any order can be reviewed."

WHO DO YOU GIVE NFRs TO?

Services for the elderly clinical director, Dr Kirsten Holst says, "NFRs are considered for people whose health is severely compromised, and when the chance of having a positive outcome from CPR is very small.

"We know that if you have widespread cancer, severe chronic respiratory disease, widespread uncontrolled infection, chronic renal failure, severe congestive heart failure, are dependant on others for self care, or are over 75 years of age, that the chances of CPR improving your quality of life are low.

"An example is an elderly person with widespread cancer, is unable to mobilise themselves independently and needs full time care. If I had a patient with this poor health status I would talk to them about NFRs, in the event their heart suddenly stopped in the future."

IS IT HARD TO TALK ABOUT NFRs?

Dr Holst says, "In a case like I just talked about, no it isn't. The person's life is severely compromised, and people in this state are generally willing to talk about their health care, and are realistic about the future. You have been caring for them over a period of time and have built up a rapport.

"Where it becomes difficult is in emergency situations. This might be where a person who has been living independently and presents at the emergency department with a serious illness – say a sudden stroke. We will be treating the stroke, but have to think about what would be in the patients best interest if their heart beat or breathing stopped, and CPR is required to restore these functions."

WHAT ABOUT DISCUSSION WITH FAMILY?

Dr Beale says, "Discussions with the patient include family members wherever possible. In acute situations, time does not always allow for consultation with family.

"I encourage people who have a compromised health status to talk about NFR with their health clinician, particularly their GP and inform family of their plans. Families also have a responsibility – raising this issue when they're concerned about a loved one."

Ward 25 charge nurse Caroline Dodsworth says, "We often experience cases where a patient with compromised health has been in hospital and indicated they do not want aggressive treatment. They then present at the hospital with something like a severe stroke and the doctor institutes the NFR order. For the family, they are very emotionally distressed as their loved one has just had a stroke. To then learn that there is an NFR order can be very hard to take on board.

"MidCentral Health's policy is to involve family members whenever possible about all aspects of their relative's care, but this isn't always possible."

WHAT IS ALL THIS ABOUT YOUR POLICY?

Chief medical officer Dr Ken Clark says, "Yes, much has been made of MidCentral Health's policy around NFRs. This is a critical policy. It is reviewed regularly, and like all policies, must be every three years.

"The current review will see a renaming of the policy to better reflect exactly what it means – that no attempts are to be made to restart someone's heart and breathing. It will be known as "Not for Cardiopulmonary Resuscitation (NFCPR) Orders."

IS IT TAKING A LONG TIME TO REVIEW?

Dr Clark says, "We are discussing it widely throughout the hospital and this involves a large number of staff."

Mrs Dodsworth says, "Nurses are at the forefront of health care and their wealth of experience is invaluable to the review. They are closely involved with the day-to-day support of patients and their families and bring this perspective to the policy."

THIS RECENT CASE – DID YOU GET IT WRONG?

Dr Beale says, "The team made the right decision. NFR orders are a measured decision made by the senior doctor in conjunction with other members of the clinical team. Doctors always err on the side of caution."

ARE YOU SURPRISED AT THE LEVEL OF INTEREST ABOUT NFRs?

Dr Clark says, "No, this issue is important to families. The public interest generated is raising awareness amongst an aging population, which is much needed.

"NFCPR Orders are part of a wider discussion occurring throughout the world. People are living longer and these types of situations are more prevalent. We are looking beyond NFCPR and worldwide trends.

"An Enduring Power of Attorney (EPOA), transfers the responsibility for making decisions about a person's health or property to someone they have chosen, to be used, or activated, when they can't make the decision themselves, or can't communicate it to others.

"Advanced Directives are currently gaining a lot of attention within the New Zealand health system. These go beyond CPR and look at the level of health treatment a person wishes to receive, in the event their health deteriorates and they are not able to communicate the decision.

"Advanced Directives and EPOAs are worth an article on their own and we will do so. Watch this space."

This article is brought to you by the Clinical Team of MidCentral District Health Board.

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua