

What if I decide I don't want CPR?

A decision **not to** have CPR will not affect any other medical treatment decisions. You will be offered all appropriate treatments for your condition. However, if your heart and breathing stop and you have decided not to receive CPR the outcome is a natural death. If you decide you do not want CPR its very important to tell your doctor, and those close to you what you would want and why.

What happens at St. Joseph's Health Centre if I wish to receive CPR and I have a cardiac and respiratory arrest?

CPR will be started by health care staff unless the patient has chosen not to have CPR. An emergency response team is called. CPR continues until the heart beats again or a physician declares the patient has died. If you survive the cardiac and respiratory arrest you will be transferred to our Intensive Care Unit. Once in the Intensive Care Unit you will receive on going treatment, this may be called being put on life-support.

What is a Substitute Decision Maker (SDM)?

If a patient is unable to understand and appreciate the information and consequences of CPR, a substitute decision maker may be asked to make this decision on the patient's behalf. Examples of substitute decision makers include attorneys for personal care and family members such as a spouse, child or other relatives. Substitute decision makers are required to make decisions in accordance with previously expressed wishes of patient or in the best interests of the patient if no wishes are known.

Resources include:

Your Health Care Team

- Doctor
- Nurse
- Social Worker
- Chaplain
- Bioethicist
- Any other member of your health care team

This brochure was developed by the Centre for Clinical Ethics (a joint venture of Providence Healthcare, St. Joseph's Health Centre, & St. Michael's Hospital). For more information or to request an ethics consult speak with a member of your health care team or call 416-530-6750

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CPR: Cardio- Pulmonary Resuscitation

A Decision Guide for
Patients & Substitute
Decision Makers

Scenarios where CPR may be discussed...

Mark has a terminal disease. His first grandchild is due to be born soon. He wants to survive until then, so he asks to talk about CPR with his healthcare team.

Maria has advanced lung disease. She is admitted with a severe heart attack and is unconscious. The healthcare team meets with her family to discuss what should be done if her heart were to stop beating.

Guliana is having knee replacement surgery. Other than osteoporosis, she has no major medical problems. She has a NO CPR order in place. At her pre-admission appointment, her surgeon talks about options if her heart stops during surgery.

What is CPR?

Cardiopulmonary resuscitation (CPR) is the treatment that is started when someone's heart and breathing stops. We cannot always predict who's heart and/or breathing will stop. At St. Joseph's Health Centre, resuscitation may include some or all of the following procedures:

Ventilation: Air (oxygen) is pumped into the lungs through a mask. A tube may be placed into the windpipe (trachea). The person may be connected to a machine called a ventilator. A ventilator breathes for the patient.

Compressions: The heart is compressed by applying pressure to the chest. This is done to squeeze the heart and pump blood through the body. Oxygen is carried by the blood to the organs in the body. Blood carries oxygen to the organs to the body. Organs cannot survive without oxygen.

Defibrillation: A device may be used to give the heart an electrical shock. This shock tries to get the heart to beat normally again.

Medications: Medicines may be injected into a vein to help the heart beat again.

Does CPR work for everyone?

CPR is most likely to help people whose heart or breathing stoppage was witnessed and CPR was begun immediately, and those people who are generally healthy.

CPR is much less successful for people with certain chronic diseases, those with advanced terminal disease or those individuals who are older. However, even if CPR is provided the majority of people do not survive a cardiac or respiratory arrest.

What are the risks of CPR?

As a result of the CPR procedure the following may occur;

- Ribs may be separated or broken
- Bruising or burns from the emergency treatment provided.
- Pneumonia

How do I decide about CPR?

When a person's heart or breathing stops, he/she is not able to tell us what to do. Therefore it is important that a decision is made before this happens. Individuals should discuss CPR with their doctor, other members of the healthcare team and those close to them to make their wishes known.

Ask your doctor or nurse....

- Do you think I may need CPR?
- Will CPR be able to restart my heart?
- What are the outcomes of CPR in people like me?
- What are the risks of CPR for people like me?

Ask yourself...

- Would I prefer to die naturally without CPR?
- Do I feel the possible benefits of CPR outweigh the possible risks?
- If I survive a cardiac or respiratory arrest would I be willing to be on life-support for a prolonged period of time?

If you are a Substitute Decision Maker...

- What were the previously expressed wishes of the patient related to CPR?
- Is CPR in the patient's best interest?
- Would the patient rather die naturally?
- Do the possible benefits outweigh the risks?