

Factors Affecting the Acceptance of Resuscitation Treatment in Critically Ill Patients

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Objectives: To evaluate the present condition of signing DNR consent in a Taiwan community hospital, with the hope that the finding may improve the quality of palliative care in end-of-life patients. **Methods:** This study was performed in the Taipei City Hospital. We retrospectively analyzed the data from the Hospital Information System. A total of 2058 adult patients expired in 2014 were enrolled and analyzed. **Results:** Three hundred and fourteen (15.26%) patients experienced cardiopulmonary resuscitation (CPR) before they died. Multivariable analysis showed that older age ($P < 0.001$), longer length of hospital stay ($p < 0.001$), department of admission ($p < 0.001$), and DNR consent in insurance card ($p = 0.005$) were associated with decrease CPR attempt. One hundred and thirty eight (6.71%) patients preferred die with dignity and had signed the DNR before their last admission. Although the DNR consents were recorded in their National Health Insurance Cards according to the policy of the Ministry of Health and Welfare, 10 (7.24%) of the patients experienced CPR before they died after admission. **Conclusions:** DNR remarks in the National Insurance Card did not ensure no CPR during critical period as the patients wished; not all patients who preferred DNR could avoid CPR. Most DNR consents were signed by the surrogates of the patients after admission. Early identification of end-of-life patients, and initiation of joined discussion with patients and family while patients are still conscious and free to decide, are helpful in making decisions when life come to a close so that their wills are respected and non-beneficial interventions avoided.

Key words: DNR, CPR, dying with dignity, end-of-life decision

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Introduction

Closed-chest cardiac massage was introduced as an effective procedure of resuscitating victim of

cardiac arrest by Kouwenhoven and colleagues in 1960. Soon after, the procedure was known as CPR and became routine emergency procedure which is performed on a person in cardiac arrest in an effort

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臨終病人接受心肺復甦術之影響因子

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目的：探討社區醫院死亡病人簽署DNR的現況，期能促進生命末期病人安寧照護品質。**方法：**資料來源為醫療資訊系統。分析2014年住院中死亡的成年病人。**結果：**本研究樣本共計2,058位，314位（15.26%）病人在死亡前曾有CPR。老年人、住院天數、住院科別、健保卡註記DNR與是否施行CPR在統計上有顯著差異。138（6.71%）位病人曾簽署DNR並註記於健保卡，但仍有10名病人（7.24%）於死亡

前仍被施予CPR。**結論：**並非所有於健保卡上註記DNR的病人，皆能按照其意願於危急時不施行CPR。大多數的DNR是在病人入院後，由病人的家屬代理簽署。早期辨識生命末期的病人並在病人清醒能自主決定時展開與病人及家屬的共同討論，對於病人及家屬面對臨終時的決策有幫忙，能尊重病人意願及減少無意義的醫療介入。

關鍵詞：拒絕心肺復甦術，心肺復甦術，善終，生命末期決策
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