Article ID: WMC005254 ISSN 2046-1690

To be, or Not to be - Apt William Shakespeare HAMLET Words Define Cardiopulmonary Resuscitation - CPR - Scenarios in India

Peer review status:
No

Corresponding Author:
Dr. Deepak Gupta,
Anesthesiologist, Wayne State University, 48201 - United States of America

Submitting Author:
Dr. Deepak Gupta,
Anesthesiologist, Wayne State University, 48201 - United States of America

Article ID: WMC005254

Article Type: My opinion

Submitted on:14-Feb-2017, 01:24:41 PM GMT **Published on:** 14-Feb-2017, 01:27:47 PM GMT

Article URL: http://www.webmedcentral.com/article_view/5254

Subject Categories:CARDIOLOGY

Keywords: Cardiopulmonary-Resuscitation, India, Do-Not-Attempt-Resuscitation, Indian-Society-of-Critical-Care-Medicine, Indian-Association-of-Palliative-Care, Advance-Directives

How to cite the article: Gupta D. To be, or Not to be - Apt William Shakespeare HAMLET Words Define Cardiopulmonary Resuscitation - CPR - Scenarios in India. WebmedCentral CARDIOLOGY 2017;8(2):WMC005254

Source(s) of Funding:

NONE

Competing Interests:

NONE

To be, or Not to be - Apt William Shakespeare HAMLET Words Define Cardiopulmonary Resuscitation - CPR - Scenarios in India

Author(s): Gupta D

My Opinion

Joshi (2015) [1] prospectively investigated cardiopulmonary resuscitation (CPR) in an Indian hospital scenario. However, the paper did not provide the reasons why 153 out of 413 in-hospital â€œwitnessedâ€• arrests were not considered for resuscitation attempts (the numbers, who did not qualify for CPR after in-hospital arrest, seem quite significant). If this data is assumed generalizable to the in-hospital population in India, it may seem that 37% of all in-hospital arrests in India may not qualify (and hence may NOT be considered) as candidates for CPR. This may reflect the ethical dilemmas of the Indian hospitals when dealing with the problematic clinical scenarios requiring CPR and emergency cardiovascular care (ECC). Primarily, this may be secondary to the absence of legal guidelines (local or national) about the advance directives for do-not-attempt-resuscitation (DNAR) despite the position statements (2014) by the Indian Society of Critical Care Medicine (ISCCM) [2] and the Indian Association of Palliative Care (IAPC) [3]. Nevertheless, it is my humble understanding that Joshi (2015) [1] should provide the explanations: (a) Were 153 patients excluded according to the studyâ€™s exclusion criteria? Excluded patientsâ€™ distribution among the corresponding exclusion criteria would be helpful; and if NOT then, (b) Were the patientsâ€™ surrogates included in the decision-making at the critical time of â€œwitnessedâ€• arrests? The CPR-withheld patientsâ€™ distribution among the corresponding reasons for not-resuscitating would be helpful. The American Heart Association (AHA) [4] addresses the CPR/ECC ethics by preferring withdrawal of life-support (after attempting CPR) over withholding CPR (when â€œwitnessingâ€• cardiac arrests). Unless there are DNAR orders in-situ, or patients dead irreversibly (clinically), or risks of physical injury to the CPR performers, CPR should be attempted. However, per the AHA 2000 guidelines [4], it seems ethical to withheld CPR in the non-viable newborns, and the deteriorating patients going into cardiac arrest in spite of their maximal and exhaustive in-hospital treatments. In summary, it is my humble reiteration that Joshi (2015) [1] should publish erratum as to why 153 patients out of 413 in-hospital â€œwitnessedâ€• arrests were not considered for CPR.

References

1. Joshi M. A prospective study to determine the circumstances, incidence and outcome of cardiopulmonary resuscitation in a referral hospital in India, in relation to various factors. Indian J Anaesth 2015;59:31-6. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4322099/ Last Accessed on February 08, 2017.
2. Myatra SN, Salins N, Iyer S, Macaden SC, Divatia JV, Muckaden M, Kulkarni P, Simha S, Mani RK. End-of-life care policy: An integrated care plan for the dying: A Joint Position Statement of the Indian Society of Critical Care Medicine (ISCCM) and the Indian Association of Palliative Care (IAPC). Indian J Crit Care Med 2014;18:615-35. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4166879/ Last Accessed on February 08, 2017.
3. Macaden SC, Salins N, Muckaden M, Kulkarni P, Joad A, Nirabhawane V, Simha S. End of life care policy for the dying: consensus position statement of Indian association of palliative care. Indian J Palliat Care 2014;20:171-81. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4154162/ Last Accessed on February 08, 2017.
4. [No authors listed]. Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Part2: ethical aspects of CPR and ECC. Circulation 2000;102(8 Suppl):I12-21. Available at: http://circ.ahajournals.org/content/102/suppl_1/I-12.long Last Accessed on February 08, 2017.