



CENTRUM PODPŮRNÉ  
A PALIATIVNÍ PÉČE



# To be or not to be... resuscitated

Ondřej Kopecký

General Teaching Hospital Prague  
Department of Intensive Care Medicine  
Center for Palliative and Supportive Care  
1st Medical Faculty, Charles University Prague  
Institute for Medical Humanities, Center for Bioethics



# Resuscitation – an ethical problem?

- only indicated method for cardiac and respiratory arrest
- death as medical problem
- low effectivity
- potential big harm



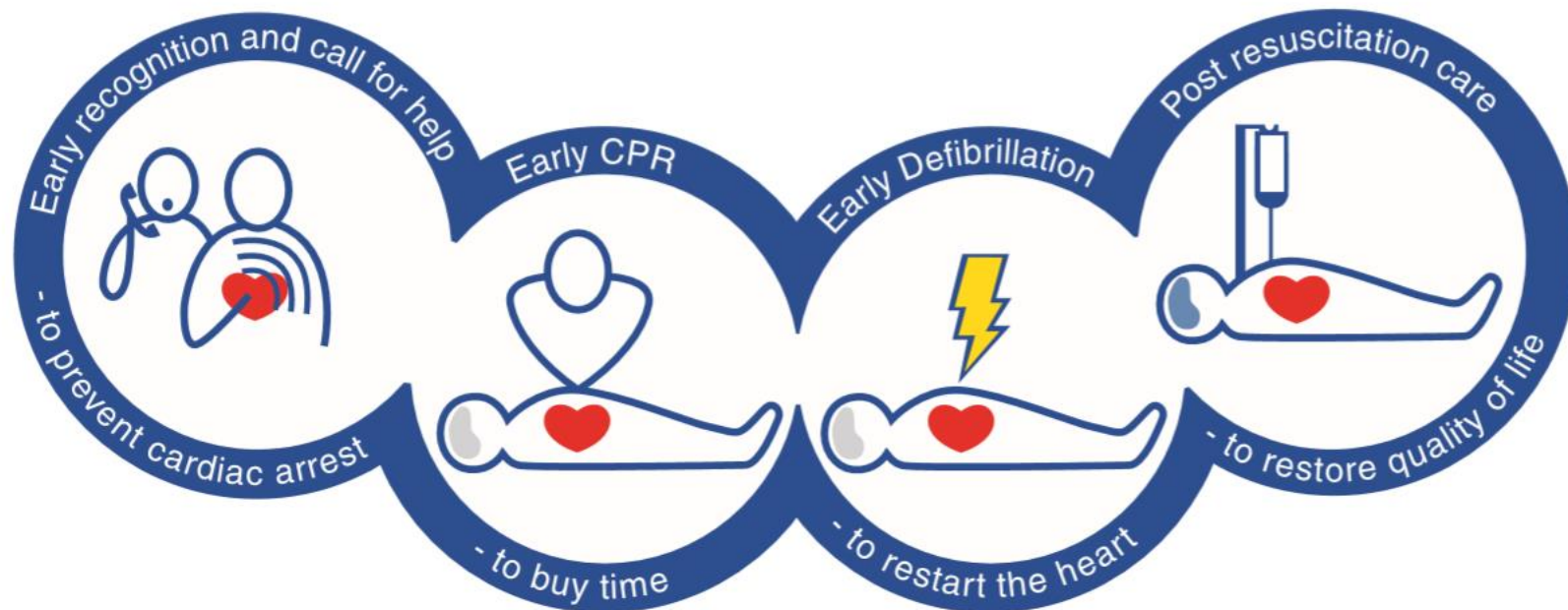
# Resuscitation – a medical problem?

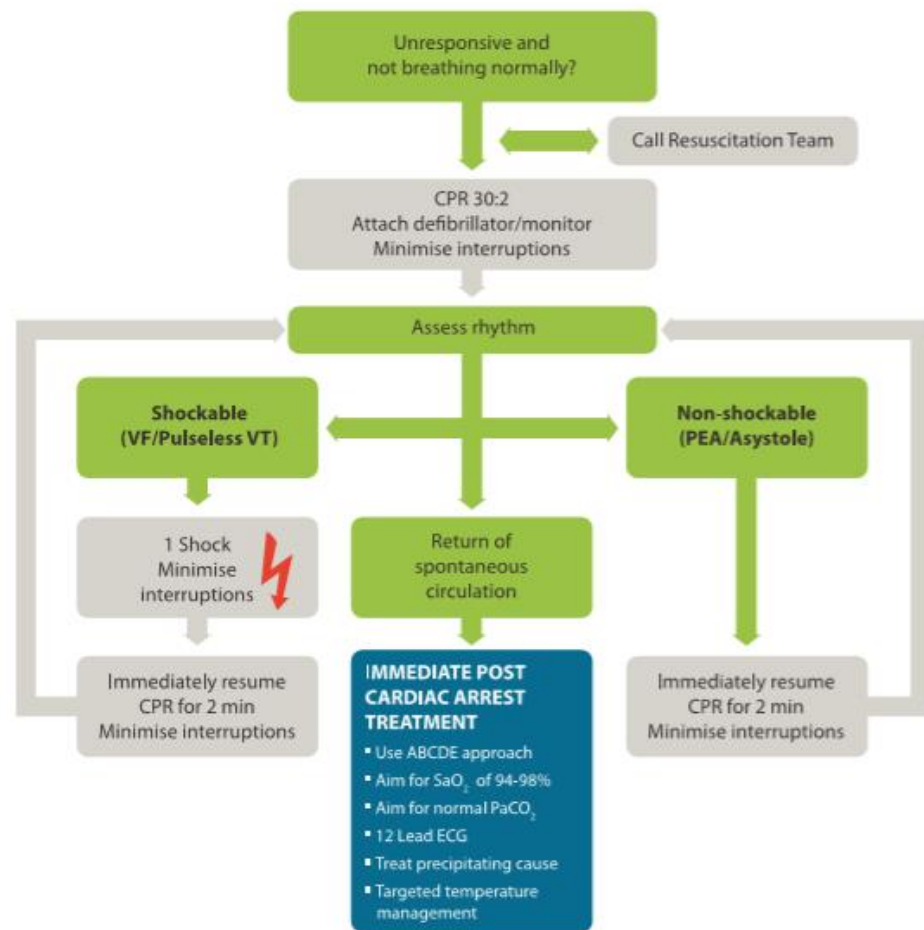
- What is cardiopulmonary resuscitation?



# Resuscitation - a medical problem

- Chain of survival
  - Prehospital care, basic life support
  - Advanced life support
  - Post resuscitation care (coronarography, targeted temperature





#### DURING CPR

- Ensure high quality chest compressions
- Minimise interruptions to compressions
- Give oxygen
- Use waveform capnography
- Continuous compressions when advanced airway in place
- Vascular access (intravenous or intraosseous)
- Give adrenaline every 3-5 min
- Give amiodarone after 3 shocks

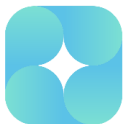
#### TREAT REVERSIBLE CAUSES

- |                               |                                    |
|-------------------------------|------------------------------------|
| Hypoxia                       | Thrombosis – coronary or pulmonary |
| Hypovolaemia                  | Tension pneumothorax               |
| Hypo-/hyperkalaemia/metabolic | Tamponade – cardiac                |
| Hypothermia/hyperthermia      | Toxins                             |

#### CONSIDER

- Ultrasound imaging
- Mechanical chest compressions to facilitate transfer/treatment
- Coronary angiography and percutaneous coronary intervention
- Extracorporeal CPR

Fig. 1.7. Advanced Life Support algorithm. CPR – cardiopulmonary resuscitation; VF/Pulseless VT – ventricular fibrillation/pulseless ventricular tachycardia; PEA – pulseless electrical activity; ABCDE – Airway, Breathing Circulation, Disability, Exposure; SaO<sub>2</sub> – oxygen saturation; PaCO<sub>2</sub> – partial pressure carbon dioxide in arterial blood; ECG – electrocardiogram.



# Resuscitation – guidelines

- Ethics of resuscitation
  - Paediatric resuscitation
  - Organ donation
  - Suicide attempts
  - Slow code
- Withholding therapy
- Withdrawing therapy
- Advance directives / advanced care planning
- Four principles



# Resuscitation - a medical problem

- Who is resuscitated
- How long
- When to start
- When to stop
- What care after restoring circulation



# Resuscitation - a legal problem?

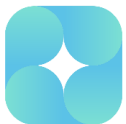
- Informed consent
- Advance directives
- Medical futility
- Best interest
- Appropriate care





# Resuscitation – a cultural problem?

- Death as failure
- Death as door
- Death as fear
- Death as release from suffering



# Resuscitation – an ethical problem

- Facts
  - Medical and care dimension
  - Psychological dimension
  - Organisational dimension
  - Legal dimension
- Moral values
  - Welfare of patient
  - Autonomy
  - Justice
- Responsibilities
  - Professionals
  - Limits
- Decision making
  - Conflicting values and principles
  - Important details unknown?
  - Alternatives
  - Obligations
  - Revision of decision



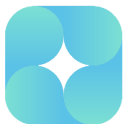
# Resuscitation – clinical scenario 1

- Woman, 70 years
- Lung carcinoma, stadium IV, multiple metastatic process, palliative radiotherapy last month for stenosis of trachea, tracheal stent
- Hypoxemia and cardiac arrest – rapid response team called
- What to do?



# Resuscitation – clinical scenario 2

- Man, 50 years
- Hypothermia – body temperature 26°C, reheated to 31°C
- Patient stable, fully conscious, communicating, eating, reffers being to hot
- 2 days later cardiac arrest
- What to do?



# Resuscitation – clinical scenario 3

- Woman, 26 years
- Severe pain in pregnancy, diagnosis of probably pancreas cancer
- Induced delivery in week 32
- 2 days after delivery respiratory failure due to multiple metastatic proces in the lung, hypoxemia
- What to do?
- What to do in case cardiac arrest?



# Resuscitation – indication

## Criteria of indication

- Effectivity
- Availability
- Patients preference



# Modern ethics

- Basic principals (beneficiency, non-maleficiency, autonomy, justice)
- Microethics, View from inside / from outside – Paul Komessaroff
- View from nowhere – Thomas Nagel
- Moral imagination – Robert Truog
- Ethics of communication



# Medical conflict

- Sophisticated technologies
- Aged population with chronic illnesses
- Life prolonging possibilities
- Dysthanasia
- Changing goals of care
  
- End of life decision making



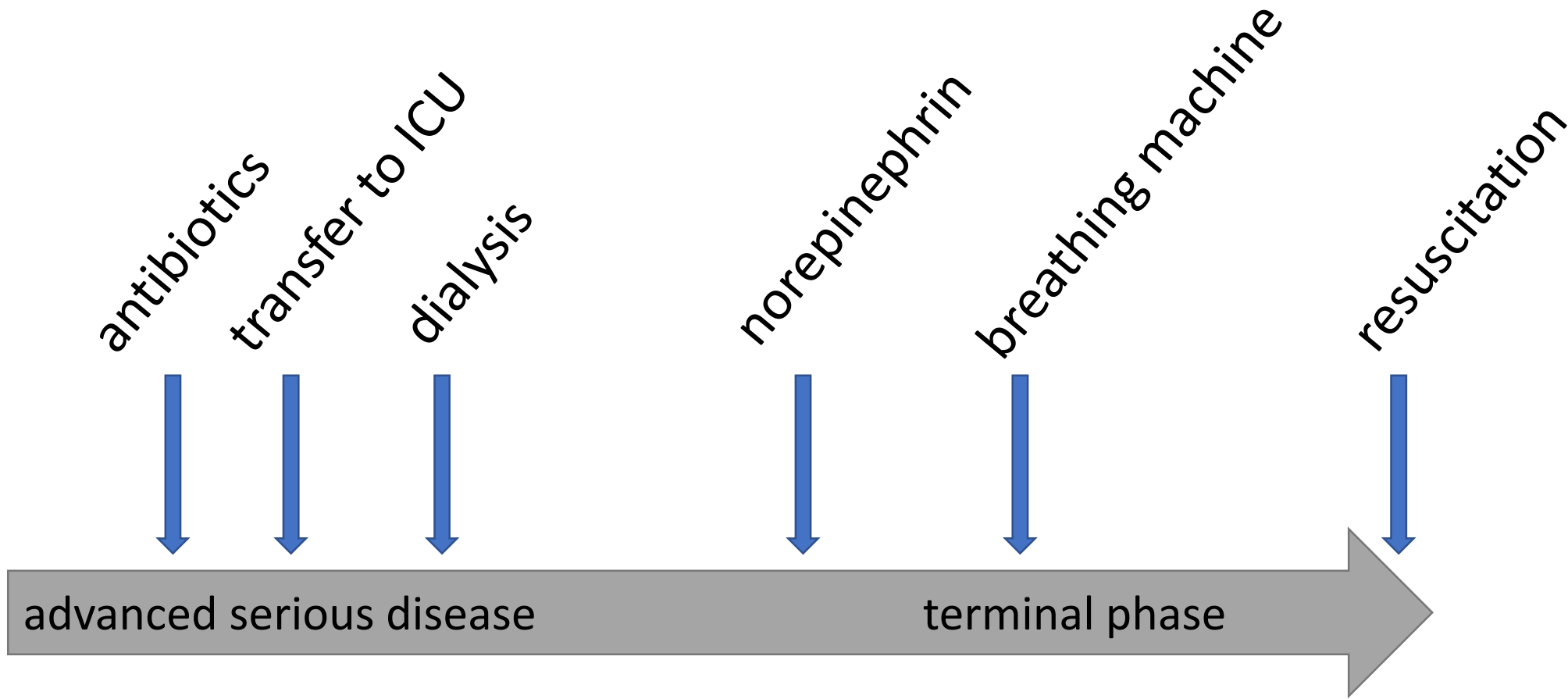


# Appropriate treatment / limitation - concepts

- Therapy withholding
- Therapy withdrawal
- Futile medicine
  
- Goals of care



# Treatment limitation





# Treatment limitation – how does it look like?

indicated    x    not indicated methods

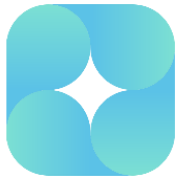
Treatment limitation

- Advance directive
- Futile medicine
- Therapeutic goal and goal concordant therapy



# Conclusion - Ethical analysis in intensiv medicine?

- Medical indication
- Potential benefit in quality of care
- Patient preference and autonomy
- Context – social, cultural, care



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Ondřej Kopecký  
Centrum podpůrné a paliativní péče  
VFN a 1.LF UK Praha

[www.paliace.cz](http://www.paliace.cz)

[paliativni.pece@vfn.cz](mailto:paliativni.pece@vfn.cz)

 Nemocniční paliativní péče