



Commentary and Concepts

Two decades of British newspaper coverage regarding do not attempt cardiopulmonary resuscitation decisions: Lessons for clinicians



Martin Beed^{a,*}, Thearina de Beer^a, Peter G. Brindley^b

^a Intensive Care and Anaesthesia, Nottingham University Hospital, Nottingham NG5 1PB, UK

^b Critical Care Medicine, Dossater Ethics Centre, Anaesthesiology and Pain Medicine, University of Alberta, Edmonton, Canada, T6G2B7

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ABSTRACT

Objective: To review UK newspaper reports relating to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions in order to identify common themes and encourage dialogue.

Methods: An online media database (LexisNexis®) was searched for UK Newspaper articles between 1993 and 2013 that referenced DNACPR decisions. Legal cases, concerning resuscitation decisions, were identified using two case law databases (Lexis Law® and Westlaw®), and referenced back to newspaper publications. All articles were fully reviewed.

Results: Three hundred and thirty one articles were identified, resulting from 77 identifiable incidents. The periods 2000–01 and 2011–13 encompassed the majority of articles. There were 16 high-profile legal cases, nine of which resulted in newspaper articles. Approximately 35 percent of newspaper reports referred to DNACPR decisions apparently made without adequate patient and/or family consultation. “Ageism” was referred to in 9 percent of articles (mostly printed 2000–02); and “discrimination against the disabled” in 8 percent (mostly from 2010–12). Only five newspaper articles (2 percent) discussed patients receiving CPR against their wishes. Eighteen newspaper reports (5 percent) associated DNACPR decisions with active euthanasia.

Conclusions: Regarding DNACPR decision-making, the predominant theme was perceived lack of patient involvement, and, more recently, lack of surrogate involvement. Negative language was common, especially when decisions were presumed unilateral. Increased dialogue, and shared decision-making, is recommended.

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1. Introduction

Cardiopulmonary resuscitation (CPR) can prevent premature death or prolong inevitable death. Accordingly, CPR decision-making has been widely written about by medical professionals and ethicists.¹ Guidance from the UK and elsewhere recommends that resuscitation decisions should be shared; should include the probable risks and benefits; and should allow for advanced refusal.^{2,3} However, recent emphasis on patient autonomy, and family-centred care, may also affect how decisions are made and interpreted. There may be a growing public expectation that all Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions mandate detailed pre-emptive discussion, and explicit agreement from both patients and families.^{4,5} Where there is conflict between

doctors, patients and surrogates, it can result in media coverage and legal action.⁴ Examining these cases offers a novel way to examine contemporary resuscitation decision-making, and the physician–patient relationship.

Attitudes are likely influenced by the prevailing culture.⁶ The Media both informs, and is informed by, that culture. Understanding how the Media portrays medical decision-making could enhance communication, and how practitioners engage with society-at-large. Media coverage, and legal sanctions, may also influence national DNACPR decision-making guidelines.^{7–9} This manuscript explores how this topic has been covered in UK newspapers over two decades, as well as in associated legal cases. The goal is to identify common themes and narratives, and to enhance dialogue. The Media has long tried to understand Medicine; Medicine should strive to understand the Media.

2. Method

LexisNexis® (Reed Elsevier, London, UK), is an extensive online media database covering UK newspapers (since 1990). It includes

* Corresponding author.

E-mail addresses: martin.beed@nottingham.ac.uk (M. Beed), thearina.debeer@nuh.nhs.uk (T. de Beer), peter.brindley@albertahealthservices.ca (P.G. Brindley).

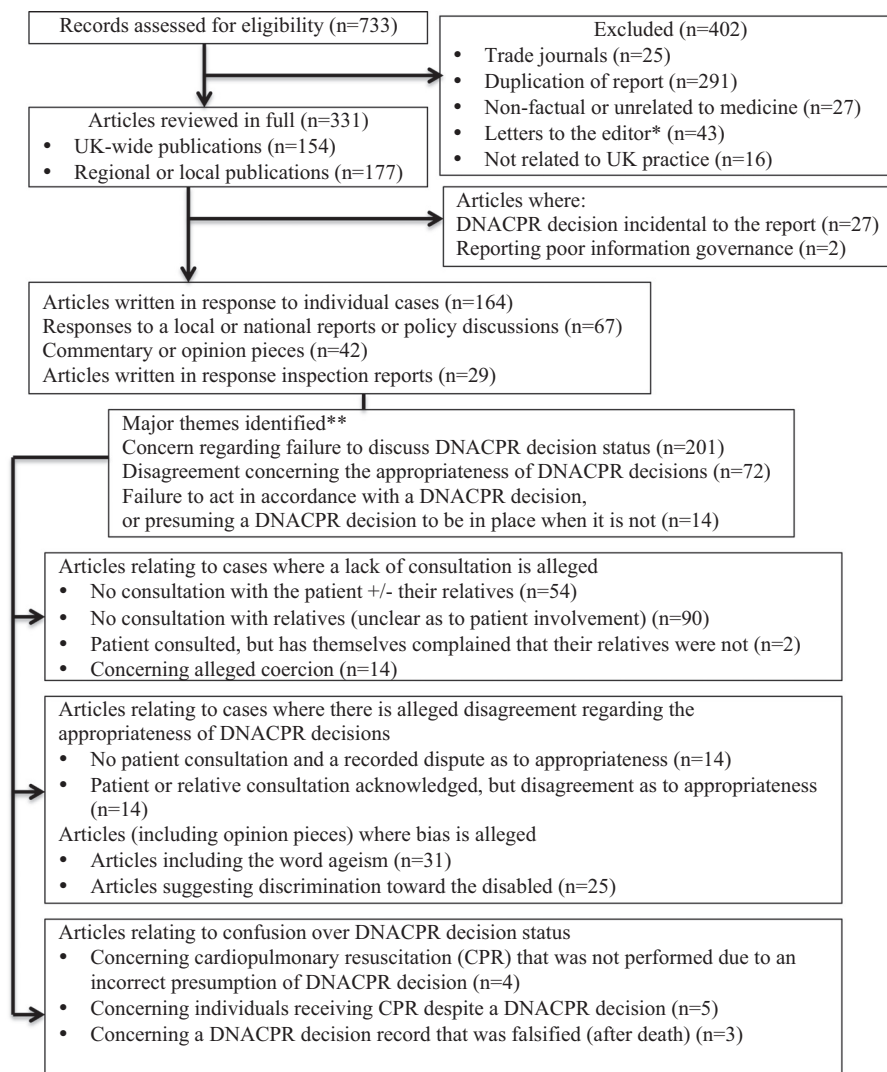


Fig. 1. Diagram detailing analysis of UK newspaper articles concerning Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions. * Letters to the editor were often grouped together in “articles”. ** Some articles involved more than one theme.

all major national titles (except the Financial Times), and many regional publications. Using LexisNexus, we searched all UK written media articles between 1993 and October 2013 containing the following words or abbreviations: “resuscitation”; “not for resuscitation”; “do not resuscitate”, (DNR); “do not attempt resuscitation”, (DNAR); or “do not attempt cardiopulmonary resuscitation, (DNACPR).

All references were reviewed in full. Trade publications were excluded (e.g. legal/medical journals). Duplicate stories were counted as one entry (i.e. identical stories in early and late editions of the same publication, or near duplicates in both print and online editions). Re-edited articles in different publications were counted as two separate entries (i.e. stories transferred from regional to national newspapers). Letters-to-the-editor were excluded, as were nonfactual articles (e.g. those referring to medical dramas). Only UK articles relating to UK practice were included.

All remaining newspaper articles were read in full by author MB and classified (where possible) as associated with (i) individual cases or complaints, (ii) national reports/guidelines, (iii) reports from inspecting bodies and (iv) opinion or discussion pieces. The other authors (PB, TDB) each reviewed half the publications, and

any difference of opinion (there were none), would have been resolved through discussion.

Similarly, using two law databases (Lexis Law® and Westlaw®), cases relating to resuscitation decisions were identified using the search terminology above: to ascertain which resulted in Media coverage. Appeals were examined as part of the original case. We also searched for resuscitation related events from 2009 onwards that led to an inquest report “on action to prevent other deaths” (under regulation 28 of The Coroners [Investigations] Regulations 2013, or section 43 of the Coroners and Justice Act 2009). These were identified using Ministry of Justice reports from 2008 to 2013. All legal and coronial reports were read in full, and compared with related newspaper reports. The goal was to provide greater insight into the reporting of legal rulings related to DNACPR decisions.

3. Results

We identified 331 references to resuscitation decision-making from 1993 to 2013 in national and local UK newspaper articles (Fig. 1). The periods 2000–01 and 2011–13 encompassed the majority of cases (Fig. 2). The number of events or incidents giving rise to

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