Considerations for development of an anesthesia department policy on do-not-resuscitate orders

The presence of a do-not-resuscitate (DNR) order can pose moral and ethical dilemmas for both the perioperative patient and the CRNA. Surgical intervention requiring an anesthetic may be medically indicated for a patient with a DNR order. The Patient Self Determination Act and the principle of patient autonomy establish the ethical right of a patient to make decisions about his or her medical care.

Strict adherence to patient directives in support of the right to choose medical care can ignore the principle of professional autonomy and the integrity of the CRNA. CRNAs have obligations under the principles of beneficence and nonmaleficence which may conflict with the autonomous decisions of their patients.

The rationale for DNR orders is to acknowledge the patient's right to choose to die with dignity without prolonging his or her life by artificial means. In recognition of the fact that therapeutic interventions germane to the practice of anesthesia (i.e., endotracheal intubation, controlled ventilation, administration of fluids, and vasodilative drugs) might be deemed inappropriate interventions for a patient with a DNR order, the policy for a patient with a DNR order should be one of "required reconsideration."

The DNR order should be discussed with the patient or, in the case of a patient no longer capable of independent decision making, his or her proxy. The conversation should be documented in the patient's chart. Documentation should include a summary of the agreed plan of care, the parties involved in the discussion, and the circumstances under which the DNR order is to be restored, if suspended during the perioperative period. If the decision is made to retain the DNR order during surgery, the specific therapeutic anesthetic interventions that are to be withheld must be understood and documented in the patient's chart.

Background

Since December 1, 1992, hospitals that receive Medicare or Medicaid funds must advise patients of their right to execute advanced directives. In addition, hospitals seeking accreditation from the Joint Commission on Accreditation of Healthcare Organizations are required to have DNR policies. At one time it was deemed inappropriate for a patient with a DNR order to undergo surgery; today more and more patients present for palliative surgical procedures with DNR orders.

In many institutions the standard policy for patients undergoing surgical intervention and anesthesia in the operating room is to automatically suspend the DNR order. Automatic suspension of the DNR order during the perioperative period fails to comply with the principle of patient autonomy and the patient's ethical right to make decisions about his or her medical care. In addition, if the patient or proxy is not informed of the automatic DNR suspension during the process of informed consent to surgery and anesthesia, then the validity of the informed consent is in question and the potential for a "wrongful life" suit is raised.

If the DNR order is retained during the perioperative period, serious moral and ethical issues are raised on behalf of the CRNA and other members of the surgical team. Automatic retention of the DNR order during perioperative anesthesia care may negate the professional autonomy of the healthcare provider to act in a manner that is consistent with his or her moral, ethical, and professional values. The principle of beneficence requires healthcare providers to "do good," and the principle of nonmaleficence requires them to "do no harm." These principles are violated when a patient's physiological response to the anesthetic requires therapeutic intervention by the CRNA that cannot be rendered because of a DNR order.

Policy Reconsiderations

An either/or approach to the problem posed by a DNR order in the perioperative setting is ethically problematic. Adopting a policy statement that requires reconsideration of all DNR orders before patients undergo surgery and anesthesia demonstrates respect for patients' rights, as well as respect for the CRNAs moral, ethical, and professional values. Required reconsideration provides all parties the opportunity to share information and clarify any misunderstandings about the goals of palliative surgical procedures and anesthesia care.

Patients or their proxies may elect to suspend the DNR order once they realize that certain perioperative events require routine therapeutic anesthetic interventions that may be deemed inappropriate while a DNR order is in effect. Furthermore, if therapeutic anesthetic outcomes cannot be achieved or if the patient's condition deteriorates, the DNR order can be reinstated as agreed by all parties. The specific issues addressed during the conversation and the decisions reached must be documented in the patient's record.

If the patient or proxy decides to retain the DNR order, the CRNA and other healthcare providers should honor the request. If the CRNA is not morally or ethically willing to honor the patient's request, then the CRNA should facilitate the transfer of the patient's anesthesia care to a colleague who can abide by the patient's request.

REFERENCE


SUGGESTED READING


Adopted by AANA Board of Directors, June 1994.
Five Years of Service

Professional Liability Insurance Available Nationwide

Policies Available For:

- Students
- Employed CRNAs
- Self-Employed CRNAs
- Moonlighting CRNAs
- Locum Tenens CRNAs
- CRNA Groups
- MD/CRNA Groups
- Staffing Agencies

Toll-free Numbers and Insurance ID Cards

For More Information Call:
1-800-343-1368

Also available through A+ for $50.00 plus $2.50 shipping and handling

The Business of Anesthesia:
Practice Options for Nurse Anesthetists
Written and Edited by Mary Jeanette Mannino, CRNA, JD

- Anesthesia Reimbursement
- Billing and Collections
- Overcoming Roadblocks to Private Practice
- Contracts and Contract Negotiations
- Professional Corporations
- Financial Feasibility
- Worksheet
- Sample Contract
- Private Practice Resources

For more information call 1-800-343-1368
Prospect Travel can fulfill your business and personal travel needs by providing:

- Personalized service to AANA members
- Customized personal database to expedite travel arrangements (includes individual travel preferences)
- Full service includes air and ground transportation, lodging, cruises, and Amtrak
- Service on all major airlines
- Direct linkage to central reservations systems worldwide through United Airlines Apollo® equipment
- 24-hour on-line service

Randy Davidsen, director of Travel Services, and travel consultants Michael Anderson and Martin Crennan are eager to assist you with all your travel arrangements.

Prospect Travel
222 South Prospect Avenue
Park Ridge, IL 60048-4001
(located in the AANA Building)

800-222-4722 (toll-free)
708-692-4440 (local)
Fax: 708-692-4451

A Subsidiary of