"Do Not Resuscitate" (DNR) Orders

Archdiocese of San Francisco

August 17, 2021

1. A DNR is a medical order signed by a physician or other legally authorized clinician (nurse practitioner, physician assistant, etc.) stating that medical personnel, including emergency medical technicians (EMTs), will not perform cardio-pulmonary resuscitation (CPR) on a patient who experiences a cardiac arrest (heart stops beating).
    - In many states, the DNR Order has been incorporated into the POLST (Physician Orders for Life Sustaining Care) form. See "Section A" of the POLST form
2. With a DNR Order, health care personnel will <u>not</u> perform the following (not comprehensive):
    a. Administer chest compressions
    b. Defibrillate or cardiovert
    c. Insert airway/intubate
    d. Administer resuscitative drugs
3. Who decides to implement a DNR?
    a. Patient, assuming he/she has decision-making capacity
    b. Patient's proxy or surrogate
        - Court-appointed guardian
        - Patient's health care power of attorney (legally designated decision-maker), also known as a proxy or surrogate
        - Patient family member (if no power-of attorney)
        - <u>Not</u> a physician (generally)
4. Criteria for implementing a DNR order (or "situations to consider a DNR") => Case-by-case basis.
    a. The patient suffers from a very serious, advanced (or terminal) medical condition, and death is reasonably imminent in all medical probability.
    b. A life-threatening condition exists in which resuscitation would not be expected to render substantial improvement in the patient's ultimate outcome. Stated differently, CPR would not be beneficial for the patient.
    c. Given one's medical condition or advanced age, CPR itself would impose an extraordinary burden on the patient (broken bones, internal bleeding, etc.)
5. Activating a DNR
    a. In principle, the patient or the patient's proxy or surrogate must consent to the DNR order.
    b. DNRs become active when the order is signed by a physician or legally authorized clinician and entered into the patient's medical record
        - Code status change – "Full code" to DNR
    c. DNRs can be revoked at any time to meet changing medical conditions and/or patient preferences.
6. A DNR order <u>does not</u> mean "Do not treat"
    a. Unless and until a patient experiences a cardiac arrest, he/she continues to receive medical interventions (treatments) that are indicated (and appropriate) for his/her medical condition(s).
    b. The DNR only takes effect where a patient experiences a cardiac arrest.

        - Note: DNRs are generally suspended during a surgical procedure
    c. Comfort care is always provided, regardless of code status ("full code" or DNR)
7. Catholic teaching
    a. There is no formal Catholic teaching regarding DNRs. The patient or the patient's legally designated decision-maker (proxy or surrogate) determines the ordinary or extraordinary nature of a DNR order in light of the patient's medical condition(s) and life circumstances (ERDs nos. 56 and 57).
        - "Does CPR offer a reasonable hope or expectation of benefit to the patient?"
        - "Will the benefit(s) of CPR outweigh its burden(s), or will the burden(s) outweigh its benefit(s)?"
    b. *Ethical and Religious Directives*, no. 59 – "The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching."
    c. Before consenting to (and activating) a DNR, the patient should have fulfilled any temporal obligations or duties (as possible). He/she should be at peace with family members and friends as well as with God, particularly through reception of the sacraments (confession, Anointing of the Sick, Eucharist/Viaticum)