CPR in Hospice

Gerald Washington is a seventy-three-year-old male with end-stage pancreatic cancer. Ten years ago, he suffered severe cardiac problems and was resuscitated twice, but he has been in reasonably good health since then until his diagnosis of cancer. Increasingly weak and frail, Mr. Washington entered hospice care two months ago. Aside from other symptoms, he sometimes complains of mild chest pain.

The hospice team has a very good rapport with Mr. Washington, his wife, and his adult daughter, who is often present in her parents' home. Mrs. Washington and the hospice nurse, Julia Turner, have an especially strong relationship.

Mr. Washington understands that he will receive no life-prolonging measures for his cancer, but he has rejected a do-not-resuscitate order. He believes, citing his resuscitations, that dying of heart attack is not God's plan for him. An explanation of the difference between his condition now and a decade ago has not altered his stance. Neither has a discussion with his physician, who told him that CPR would probably not revive him, and that even if he survived, he would not have a good recovery.

Mrs. Washington is quietly very upset about his decision. She was traumatized by the resuscitations years ago, one of which she witnessed. She has told Nurse Turner that she will not call 911 if her husband has a crisis.

The hospice policy is to call 911 whenever a patient has rejected a DNR order. Nurse Turner urges Mrs. Washington to discuss CPR with her husband, but Mrs. Washington refuses and remains adamant about her decision. She is convinced that CPR will hurt her husband and that he will end up languishing in the hospital ICU, without adequate palliative care, unable to recognize her, for the remainder of his life.

Their daughter, Crystal, supports her mother's position and also refuses to discuss CPR with her father. Nurse Turner wonders whether to bring it up with Mr. Washington herself, but decides not to. She does not want to upset the family, upset Mr. Turner, or cross a boundary between her role as a hospice caregiver and the family's domain.

Two weeks later, Mr. Washington's angina has become increasingly severe. Nurse Turner, summoned by a hospice aide, assesses his condition and decides that a cardiac arrest may be imminent. She turns to leave the bedroom to call the EMS. Mrs. Washington stands in the doorway, with Crystal nearby. They entreat her not to make the call.

As she hesitates, the aide says they must call 911 right away. Nurse Turner turns to ask Mr. Washington what to do, but he is clutching his chest, unable to speak. As the family members join her by the bed and try to comfort Mr. Washington, the hospice aide appears at the doorway and announces, "I have called 911. EMS will be here in five minutes."

commentary

by Perry G. Fine

The need for control—or the belief that it is possible—can be exceedingly powerful, especially when it starts to slip away. Mr. Washington's directive seems a stark contrast to the need some have to control the timing and manner of death through suicide, but deep down, it is similar. It is expressed in spiritual beliefs, depersonalized as God's will, yet its underlying motivation is, "I will define my destiny."

A fundamental and painful truth has not been made apparent to Mr. Washington. CPR, and its effect on him and his family, will very likely be quite different now than when it was performed on him in the past. But his hospice caregivers also remain in the dark on some important matters. They need to know what occurred during his prior episodes of CPR (for example, what were his religious or spiritual experiences?) and what

is really driving his seemingly intransigent stance (for example, how does he think death from pancreatic cancer and death from cardiac arrest will differ?). From the case description, it appears doubtful that this type of inquiry has occurred. Yet good palliative care requires it. Someone who has Mr. Washington's trust, a fund of experience and clinical knowledge, and the capacity to enter into Mr. Washington's psychic and spiritual world must pursue it. Without resolution here, this case has all the features of a Greek tragedy—no one is