

ONE IN A BILLION CHANCE.

Mohamudally A¹, Davis JM¹

¹St. George Hospital, Sydney NSW.

End-of-life care in the context of advanced incurable malignancy involves the decision to withhold cardiopulmonary resuscitation (CPR). Under current guidelines¹ families and healthcare providers have an obligation to collaborate to make compassionate decisions for patients who lack decision-making capacity. What happens when there is disagreement between the family and treating team? Inappropriate requests by families that CPR not be withheld are, in our experience, becoming more common. This scenario can lead to poor outcomes for both patient and family.

We present the case of a 55 year-old lady, D.S., who is admitted with biliary sepsis shortly after the first cycle of chemotherapy for newly diagnosed pancreatic cancer. During the six-week admission, progression of the malignancy is proven, the diagnosis changes to gall bladder cancer, multisystem organ failure ensues and the patient loses decision-making capacity. Despite optimal therapeutic intervention D.S. develops complications that are becoming insurmountable. Her family repeatedly insist on CPR, negotiating that this is to be initiated and continued for five minutes in the event of a cardiorespiratory arrest.

We track the patient's clinical progress with relevant radiological and laboratory results, explore the family's reasoning and the impact on the healthcare providers. We review the literature on CPR in advanced cancer and the end-of-life care guidelines. We discuss why futility is not an ethically robust reason to withhold resuscitation, how "futility" and "harm" differ as concepts, and that application of the principle of non-maleficence is more appropriate. We discuss possible strategies for approaching patients and families struggling with this decision in the future.

Issues of Interest in the Case:

Family's rationale for not withholding CPR.

Evidence for outcomes following CPR in advanced cancer.

Impact on healthcare providers of performing CPR in this setting.

Reframing the ethical principles for withholding CPR.

References:

1. NSW Health Guidelines for end-of-life care and decision making. 2005.
www.health.nsw.gov.au/policies/