Lauren Condom

05/03/2020

Do-Not-Resuscitate (DNR) Orders OUTLINE

1. Introduction
   1. DNR is a written decision by a patient to avoid aggressive and futile cardiopulmonary resuscitation in the event that the patient collapses (Mostafa & El-Din, 2019). Nurses spend the greatest time with patients and must participate in planning and implementation of DNR decisions.
2. DNR is not a new term in the medical world yet it is highly controversial.
   1. Differences in opinion and practice still remain since the emergence of the Do-Not-Resuscitate order in the healthcare system.
      1. There is discord among healthcare professionals, patients and the society at large on the need for DNR near the end of life (Searight, 2019).
      2. Most healthcare professionals avoid the DNR discussion hence worsening the situation
      3. Administering DNR orders is largely dependent on the healthcare professional’s background, beliefs and values rather than a universal medical practice (Mostafa & El-Din, 2019).
3. The American Nurses Association (ANA) advocate patients’ rights to self-determination including the writing and implementation of advance directives
   1. Despite being a common term in the medical field, a serious conversation must be held about DNR.
   2. The increasing need for people to have advance directives raises the need to address the issue of DNR.
      1. DNR is an essential component of advance directives which dictates what care a patient desire to have when they cannot communicate the same (Putman, D’Alessandro, Curlin & Yoon, 2017).
      2. Advance directives make decision making easier among healthcare professionals, patients and their families.
      3. Nurses are bound by the law to administer DNR if included in the patient’s advance directives.
4. Ethics related arguments in support of DNR.
   1. As a result of the policy recommendations on advance directives and DNR, some healthcare professionals are in support of DNR.
   2. DNR is seen as a pathway to achieve the goal of healthcare and medicine which is to meet the best interest of the patient (Chow & DBioethics, 2017).
      1. Patient’s autonomy has been greatly strengthened in the modern world to make decisions on their care.
      2. DNR prevents needless suffering and promotes death with dignity near the end of life.
      3. DNR orders increase focus on the quality rather than quantity of life.
5. Ethics related arguments against DNR.
   1. However, various reasons have been given against the implementation of DNR orders.
   2. The healthcare system has a responsibility to preserve and safeguard the life of patient’s rather than destroy it hence DNR orders should not be implemented (Putman et al., 2017).
      1. DNR evokes a practice of coldness and hardness which is against the caring and compassionate care in nursing practice.
      2. Most religions regard life as sacred which impacts the nurse’s stand on Do-Not-Resuscitate orders.
      3. It is not clear whether patents who have signed a DNR order would choose the same given an opportunity to make a choice before it is implemented.
6. Opinion and Conclusion
   1. Various arguments in support and against DNR exist and nurses must be prepared to handle the situation appropriately whenever it emerges.
   2. Statement of Opinion: The Do-Not-Resuscitate order should be incorporated at a policy level to eliminate divergent practice across professionals and healthcare settings.
7. References

Mostafa, H. E. S., & El-Din, E. A. A. (2019). Ethical implications of terminally ill and the current state of Do Not Resuscitate orders.

Searight, H. R. (2019). Advance Directives, Do Not Resuscitate Orders, Hospice, Organ Transplantation and Physician Assisted Suicide. In *Ethical Challenges in Multi-Cultural Patient Care* (pp. 65-83). Springer, Cham.

Putman, M. S., D’Alessandro, A., Curlin, F. A., & Yoon, J. D. (2017). Unilateral do not resuscitate orders: Physician attitudes and practices. *Chest*, *152*(1), 224-225. Putman, M. S., D’Alessandro, A., Curlin, F. A., & Yoon, J. D. (2017). Unilateral do not resuscitate orders: Physician attitudes and practices. *Chest*, *152*(1), 224-225.

Chow, M. L. E., & DBioethics, B. H. (2017). A review on the impact of" do-not-resuscitate" orders on mortality and quality of care. *Journal of Pain Management*, *10*(1), 79.