

Decisions on escalation and palliation: a randomised control trial among Geriatricians in Wales

YuenKang Tham; Antony Johansen; Dafydd Brooks
University Hospital of Wales and College of Medicine, Cardiff University



Introduction

Current authoritative medical organisations (including the Resuscitation Council UK, NHS and BMA) all state that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions should only be relevant and apply to CPR in a Cardiac Arrest situation.

It should not impact other decisions about care and treatment.

We set out to examine the reality of the decision making surrounding this in clinical practice.



Method

We created 2 almost identical clinical scenarios of a deteriorating patient with COVID-19 infection after hip fracture

Difference only in whether the words “She has a DNACPR in place” were included

Google Forms questionnaire format

The links were circulated via Whatsapp

128 Consultant, Specialists and Trainee (StR) geriatricians blindly randomised to one of two versions

Recipients unaware of survey’s purpose

Individuals responded with management decisions using a multiple-choice Likert scale questionnaire.

Results

47 (37%) clinicians responded (24 for DNAR scenario, 23 for No DNAR scenario)

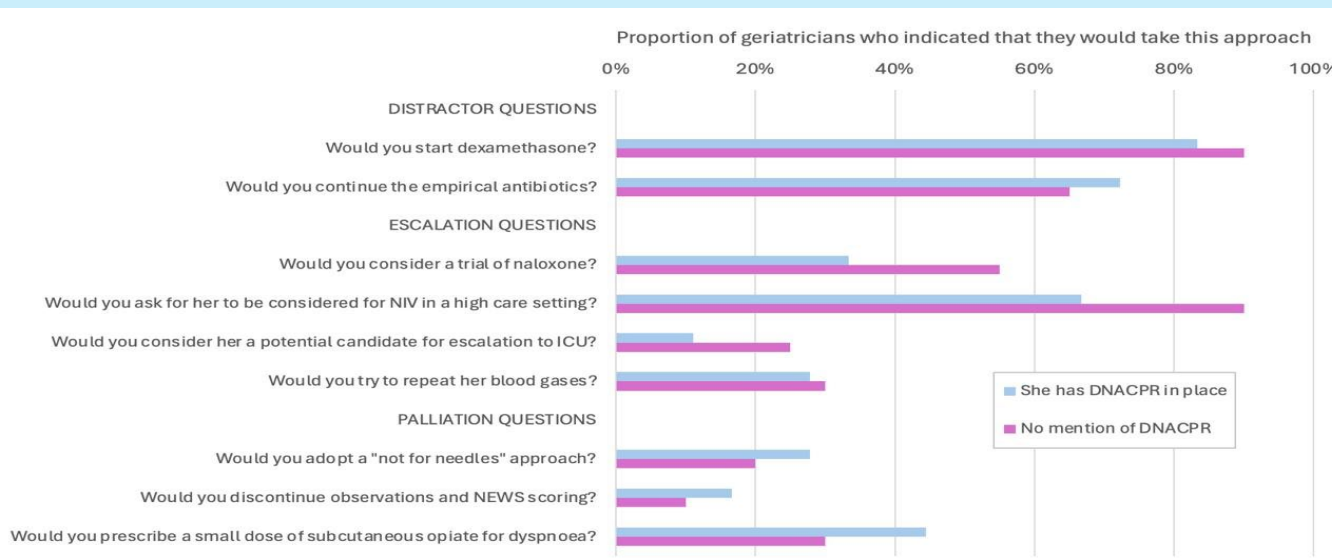
Highlights:

In a potential opiate toxicity with T2RF participants were much more likely to give Naloxone in the absence of a DNACPR (57% vs 29%)

Participants were significantly more likely to consider Non-Invasive Ventilation (Level 2 care) in the absence of a DNACPR (91% vs 67%, $P < 0.05$)

They were similarly more likely to consider escalation to intensive care (26% vs 21%)

Structure



Conclusion

Consistent difference in responses at all levels of care found

Concerns that DNACPR decision may reduce intensity of care received do not appear unfounded

This study demonstrates the reality of clinical decision making in acute patient care

Participants would have been aware DNACPR status should not influence on other clinical decision making, but unconscious bias clearly has substantial influence

It is unlikely that training to reinforce such knowledge can fully compensate for such bias

Clinicians need to be mindful how DNACPR decisions are made, recorded and communicated given this risk of unforeseen consequences for other aspects of care