

DNR LAWS AND EFFECTIVENESS OF RESUSCITATION

DO NOT RESUSCITATE FACTS

OVER HALF

Of surrogate decision makers for critically ill patients in intensive care units believe that survival after CPR is highly likely (at least a 75% success rate). People often cite medical TV shows and movies, especially dramas, as a reason for believing in a positive success rate (Benner et al., 2020). A majority of these surrogate decision makers were unable to identify 2 of 3 main components of CPR, indicating they are not adequately prepared to make an informed decision regarding the health of their loved one (Shif et al., 2015).

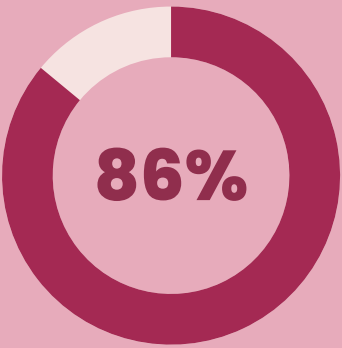
In a study of older individuals, of those who initially said they would opt for CPR, half of them changed their minds after learning about the probability of survival (Burrows et al., 1994).

Many also change their minds after watching a video depicting resuscitation being performed on a body. One can determine from this information that education is the biggest barrier keeping people from signing DNRs.

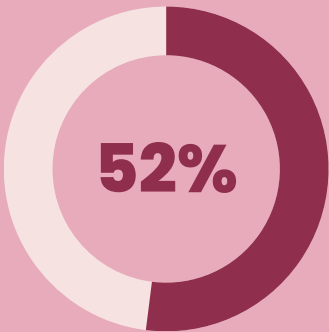


Top 5 states where it is most difficult to obtain a DNR

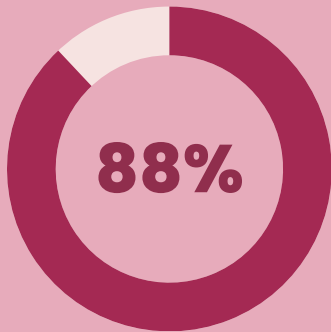
MOST PEOPLE ARE DNR NAIVE



Percentage of people who said they would prefer to speak with a family physician / primary care provider to discuss the pros, cons, and considerations of a DNR order while healthy, before a medical emergency. Unfortunately, only <10% have actually had this discussion with a healthcare professional (Robinson, 2012).



Of those who said they would choose to forgo CPR if their condition were to worsen, 52% of hospitalized people did not actually have a DNR order written, meaning healthcare professionals would be forced both legally and by hospital policy to attempt to save them with resuscitation (Colburn, 1996).



Percentage of doctors who would forgo intensive "life saving" care such as CPR if they were dying (Walsh, 2014). Even doctors who perform these actions on others would opt out. Many average people outside of the medical field are unaware of this, making them inclined to avoid using DNRs on themselves or others (as medical proxy).

Majority age of DNR holders

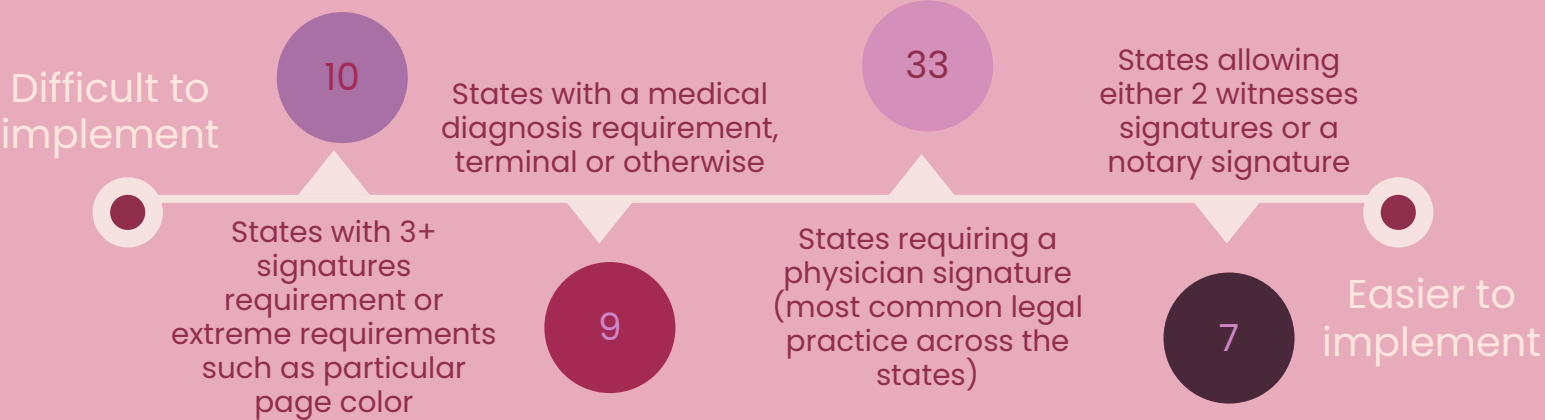
75+

Older people are seen as frail and thus more likely to need to implement end-of-life directives. This misconception leaves out many chronically ill and otherwise vulnerable individuals who would not survive CPR, and thus benefit from having a DNR directive (Cook et al., 2017). Younger people just as easily get into car crashes or other bodily traumas, at which point CPR directives would become relevant. Yet, doctors, especially surgeons and cardiologists, do not implement or mention the possibility of a DNR order to their patients until they are quite literally about to die (Colburn, 1996). Doctors are more likely to withhold physically intensive care (such as CPR) for older people (Boyd et al., 1996).

What A DNR Order Really Means

- Resuscitation involves everything from chest compressions, AED (shocks to the chest / heart), and intubation to artificial nutrition (Walsh, 2014).
- The rate of CPR success is slim. For in hospital CPR recipients, the rate of survival is only 17%. Flipping that number around shows over 80% of patients die. Survival rates dwindle to under 10% if the patient is older, chronically ill, or if the CPR was initiated by a bystander (Dalton, 2023).
- Of those who do manage to survive, over half wish they hadn't. This is because chest compressions often cause broken or fractured ribs, permanent neurological disorders, and other injuries (Dalton, 2023).
- A Do Not Resuscitate order can usually be modified to include CPR, intubation, and / or artificial nutrition, but options vary by state. Whatever directive is specified in the order is legally binding and must be honored by EMTs and hospitals (Walsh, 2014).

STATE LAWS



*Based on publicly available information on state legislator or Department of Health websites

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