

Dialed In: Helping Veterans Take Control of Their Health Care

Would CPR Be Right for Me?

Narrator: Hi, and welcome to *Dialed In: Helping Veterans Take Control of Their Health Care*. I'm Ian Holk, a Veteran of the U.S. Army and a writer with the VA National Center for Ethics in Health Care. In this podcast, we'll be talking about cardiopulmonary resuscitation, also called CPR. Dr. Shaida Talebreza is a geriatrician and palliative care physician with the VA Salt Lake City Health Care System.

Talebreza: CPR is only used during cardiac arrest, which is when a person's heart and breathing stop. CPR involves forcefully pushing on the chest and pushing air through the mouth into the lungs to try to get the heart and breathing to start again. Sometimes CPR includes shocking the heart, and sometimes it involves putting a breathing tube down the throat to make sure air reaches the lungs. People have a choice about whether or not they would want CPR.

Narrator: Some people would want CPR, and some wouldn't – and that's completely their choice. Before making a decision, it can help to know more about it. When CPR is shown on TV, it *looks* like it works most of the time to restart the heart and breathing. But in real life, CPR does not work as often as that. Some adults survive after CPR, but most don't.

Talebreza: Most adults don't survive a cardiac arrest, even when they receive CPR. Young and otherwise healthy people have better chances of surviving with CPR, while people with serious health problems have lower chances of surviving.

Narrator: You might find it helpful to know how effective CPR is, and what the risks are, *before* deciding whether or not you would want it.

Talebreza: Out of 100 adults who get CPR after a cardiac arrest in the hospital, about 17 survive to leave the hospital. That means that about 83 out of 100 die after getting CPR for cardiac arrest in the hospital. Even fewer people survive when CPR is given outside of the hospital. Now, remember that these are averages. The chances of survival for a particular person may be higher or lower, depending on that person's health problems.

Narrator: When CPR *does* work to restart the heart and breathing, some people are able to recover back to where they were before. But not all do. CPR has a number of risks.

Talebrea: Many people have their ribs broken because of chest compressions. Some people have a collapsed lung, which could cause breathing problems and pain. If you didn't get enough blood to your vital organs before or during CPR, or if you have problems with weakness or with your breathing or memory before CPR, there is a high risk of having even more health problems after CPR. You may need a machine to help you breathe, you may have worsening memory or brain damage, and you may be dependent on others to care for you. Depending on the health problems you have after CPR, you might not be able to live at home.

Narrator: CPR will be attempted when someone has a cardiac arrest, unless that person has decided in advance that they *don't* want CPR, and has a medical order in place telling people not to attempt it.

Talebrea: Health care staff will automatically perform CPR if you have a cardiac arrest unless you have a Do Not Attempt Resuscitation, or DNAR, order. This order tells your health care team and emergency response teams that you don't want CPR. Your choice about CPR will not limit other medical treatments, though, it just limits CPR.

Narrator: CPR comes with trade-offs, and different people want different things. Whether or not *you* might want CPR depends on what's most important to *you*.

Talebrea: People should talk with their health care team about what matters most to them, especially if they have a serious health problem. Every person is different, and the best plan for one person might not be the best plan for someone else. Whether CPR is the right choice for you will depend on your goals and preferences, including whether there are any situations or problems you want to avoid. Your health care team can make a recommendation about CPR and other treatments that supports what matters most to you.

Narrator: To learn more about life-sustaining treatments such as CPR, or about setting health care goals when you have a serious health problem, visit www.ethics.va.gov/for_veterans.asp. *Dialed In* is produced by the Department of Veterans Affairs National Center for Ethics in Health Care.