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Have conversations about CPR with your loved ones

By Ellen Waldman
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A few years ago, I came across a book by Roz Chast. You might recognize her as a long-time cartoonist for the New York Times.

The book had a title and a cartoon drawing on the front page that I could not forget called “Can’t We Talk About Something More Pleasant?” (This book is available at the Ashland Library and Bloomsbury Books). Her book is a memoir addressing her parent’s aging process and the topic of death. This column might also have the same title as her book, as this topic is CPR for older adults.

This is a topic that’s been in the news lately.

Here’s an overview from the Journal of the American Geriatrics Society, 2019: “Our findings show that despite generally poor outcomes for older patients undergoing CPR, many emergency clinicians do not consider these attempts at resuscitation to be inappropriate. A professional and societal debate is urgently needed to ensure that first we do not harm older patients by futile CPR attempts.”

Some years back, I spoke with a woman who was considering her wishes for CPR, or “being resuscitated.” She was quite elderly, sick and weak, perhaps reaching the end of her life sooner than later.

Her wishes were clear. She wanted the EMTs to do everything to try to revive her, should she be found not breathing and with no pulse. And she wanted to not just go to the hospital, but wanted to be in the intensive care unit (ICU) as well.

Was this grand optimism, or a misunderstanding of what her choices might mean? And were her physicians on board with this? She was not sure, and didn’t even consider their advice relevant.

Here’s more on this topic with excerpts from the Jan. 31, 2020, New York Times article called “CPR, by Default” by Paula Span. The following question and comments refers to a patient for whom CPR was used.

“Should CPR even have been started for this patient? It’s a question arising with greater frequency as more people live to advanced ages, when the odds of surviving an out-of-hospital cardiac arrest after CPR are grim, and the chances of avoiding significant neurological disability are worse.” In this case, the patient might well have suffered permanent cognitive damage following CPR, even if she lived. In fact, she died within 24 hours after receiving CPR.

Here are some statistics on this procedure. For their patients older than 80 who had undergone CPR, only 2% survived long enough to leave the hospital. Yet more than half the health care professionals thought CPR was appropriate in those cases. Only 18.5% thought it inappropriate. Forty percent of these cases were “unwitnessed,” meaning that because no one saw the victims collapse, rescuers had no information about how long they had been in (cardiac) arrest — a crucial factor when the odds of successful resuscitation diminish by 10% with each minute.

I checked in with our retired cardiologist and end-of-life planning advocate and specialist, Dr. John Forsyth.

“Ever so slowly, the appropriate questions ARE being asked. There is so much misinformation. I suspect this is unlikely to be resolved by my profession or by our society anytime soon. Advance Directives and POLSTs help, but are seldom available at the time of sudden cardiac death,” he said.

Thank you, Dr. Forsyth.

Now it’s your turn to consider these statistics. Have conversations with those who need to know your wishes on this topic. This must include your physician as well as your family and friends. Fill out an Advance Directive and POLST form, if appropriate as well. And afterward, you can always talk about something more pleasant, if you like.

As the article cited above continues, “For now, CPR remains the default for almost everyone, including very sick and frail older patients with poor prognoses.” At some point, your decisions and preparations will make a big difference, so consider your choices carefully.

And finally, a doctor in this article said this: “In 20 years, people will say: “Why do we do this? It makes no sense. First, do no harm.”

Good advice to take into consideration.