

Study shows decisions over life-sustaining treatment are likely to change

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Patients with chronic conditions are likely to change their preferences for receiving emergency procedures in the event of cardiac arrest, according to new findings.

The study, which will be presented at the European Respiratory Society Annual Congress in Amsterdam today (26 September 2011), suggests that different factors could influence patients' decisions to undergo life-sustaining treatments, but this will often go unnoticed by their healthcare provider.

Cardiopulmonary resuscitation (CPR) is an emergency procedure involving [chest compressions](#), which is used to restore [blood circulation](#) in a person having a cardiac arrest. Similarly, [mechanical ventilation](#) can also be used to help a patient to breathe when their spontaneous breathing function is not working.

When patients have been diagnosed with a potentially life-limiting illness, they are able to decide in advance, after a discussion with their doctor, whether they are happy for these procedures to be used in the event of a cardiac arrest.

The research analysed 206 patients who had [chronic obstructive pulmonary disease](#) (COPD), [chronic heart failure](#) or chronic renal failure but were in a stable condition when the study began. They monitored patients every four months for a year and assessed their preferences for CPR and mechanical ventilation.

The researchers also assessed a number of health and [lifestyle factors](#), including presence of other diseases, [hospital admission](#), health status, care dependency, mobility, depression and anxiety, in order to determine if these factors could be linked with changes in patients' preferences for life-sustaining treatments.

The results showed that 38% of people changed their preferences for CPR and / or mechanical ventilation over the year. This has significant implications for clinical care as healthcare providers need to be aware of the fact that these preferences should be evaluated regularly.

The results also showed that patients were more likely to change their preferences if they experienced a change in health status, mobility, symptoms of anxiety and depression or marital status.

Dr Daisy Janssen, lead author from the CIRO+, Centre of Expertise for Chronic Organ Failure, in the Netherlands, said: "Our findings have given us a key insight into how patients' preferences change regarding life-sustaining treatments. We suggest that regular re-evaluation of advance care planning is necessary when patients experience a change in health status, mobility, symptoms of anxiety and depression or marital status."

Provided by European Lung Foundation

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