ANDY DUFRAYNE

ABSTRACT

Andy Dufrayne is an older man with a long term respiratory condition, admitted to hospital with an acute illness. He is looked after by two members of staff: a young house doctor and a more senior consultant.
They focus on the aspect of his care to do with cardio-respiratory resuscitation and the need [or otherwise] for advance planning should the need arise with Mr Dufrayne. Their dealings with the patient's relatives are also described

The case allows for examination of the whole area of when and how DNAR decisions should be made

KEY WORDS Do Not Attempt Resuscitation (DNAR), Assessing Capacity, relative, medical law

IDEAL TARGETS MBBS (Yr1 and 2), Postgraduate Medical Ethics Courses

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THE INTERACTIVE ONLINE CASE FOR PROBLEM-BASED LEARNING

There are optional routes through this case. Before any decision, you will see the usual 'continue' prompt. Encourage the students to consider their options and brainstorm **before** the choices are shown.

The tutor notes generally follow the optimal path. However, there are additional notes to indicate what will happen if the students choose other options, but these variants still ensure that students cover the same objectives so you will not find yourselves 'caught out' if students do not follow the optimal path.

In some instances if students select the correct path, there is also value in examining one or two of the poorer options, which can emphasise learning objectives.

OBJECTIVES

After this case students should be able to:

1. Describe a Do Not Attempt Resuscitation [DNAR] decision and the circumstances in which it is written
2. Appreciate who takes responsibility for a DNAR decision
3. Discuss the role of consent to a DNAR decision
4. Describe the aspects needed to write an appropriate DNAR statement
5. Define an advanced statement
6. Define the elements of consent
7. Describe how capacity [competence] is assessed
8. Note where a DNAR decision is not needed
9. Describe how relatives are involved in treatment decisions in seriously ill patients
10. Outline the limits of relatives' decision making for the patient

START

Introduction to Andy Dufrayne Case

Tutor prompts include:

Are the students happy with their understanding of the following medical terms?

- COPD [Chronic Obstructive Pulmonary Disease]
- Dementia
- Spirometry
- Right mid zone shadow
- Sats
- CPR status
- DNAR status
    - What is a DNAR status?
    - When is it applied?
    - What sources do you know to find out?
    - What comes to mind when you think of 'DNAR'?

Supporting Resources

DNAR definition:
http://www.resus.org.uk/pages/DNAR.htm

Discuss DNAR status with next of kin and explore son's wishes

Tutor prompts include:

- When may doctors talk to relatives of patients?
- Does it depend on how ill the patient is?
- Is it important to involve relatives in decisions about patient care? If so, why?
- Can they tell doctors what to do in terms of patient treatment or decisions?

This area is not as clear as might be thought. Strictly speaking, clinicians may not discuss a patient's medical care with relatives without express permission. Most of the time, this is given verbally by the patient. However where the patient is not capacitous generally doctors do discuss illness and treatment with relatives for several reasons. The overarching requirement is that such discussions should be in the best interests of the patient. That should include knowing what the patient would have wanted had he been capacitous. There is also an opportunity here to discuss the issue of confidentiality.

Supporting Resources

UK guidance about role of relatives [see paras 7 and 11]
http://www.resus.org.uk/pages/dnar.pdf

Discuss DNAR with patient

Tutor prompts include:

- When might this be appropriate?
- Should it be done with all patients, including children?
- Should it be done by doctors as soon as patients are admitted?
- Consider whether discussions with patients about DNAR are different to other decisions patients are asked to make during their admissions to hospital?

DNAR decisions could be considered as more important as they affect life sustaining situations, but it is difficult to argue that they are qualitatively different to any other medical decision. Thus the role of the patient's autonomous decision making is clear to all medical decisions.

In serious illnesses the DNAR status should be clarified at admission

Supporting Resources

Discussing resuscitation with elderly patients Fernando P and D'Costa DF *Geriatric Medicine* May 2010 pp268-272 www.gerimed.co.uk

Write DNAR now

Tutor prompts include:

- Who should write it: Dr Eccles or Dr Gandhi? Or someone else?
- How might you do that as a clinician?
- How do you know if a patient is 'not for resuscitation '?

UK Resuscitation guidelines require the senior clinician to write DNAR statements. Note Dr Eccles makes a fairly value laden statement as to her motivation for writing the DNAR now. Is this valid?

Supporting Resources

UK example of a DNAR form
http://www.resus.org.uk/pages/DNARfma1.rtf

Postpone DNAR decision

Tutor prompts include:

- What are the arguments in favour of <u>not</u> issuing a DNAR order?

Should clinical staff consider potential distress to the patient, or lack of understanding of the complexity of the decision, or possibly argue that relatives should be the decision takers here?

In some parts of the world it is considered normal practice for ‘difficult’ clinical decisions to be referred to the relatives of the patient. How does this relate to respecting personal autonomy in decision making?

Assess the patient's capacity

Tutor prompts include:

- What does it mean to assess someone's capacity?
- Why is assessing capacity important from an ethical and legal perspective?
- Is assessing capacity the same as assessing the mental state?
- Is it the same as assessing the cognitive function?

A difference should be noted between the legal test of capacity [relevant to the jurisdiction concerned] and any medical test of cognitive function such as the Mini Mental State.

Mental state examination in a psychiatric sense is yet another [much fuller] formalized assessment of function focusing on mood, psychotic symptoms and cognition.

Capacity assessment as applied to Andy Dufrayne here is directed to establishing whether he has legal capacity to consent. In the UK this is a 4 stage test:

- does the patient understand the nature of the treatment ?
- can he retain the information long enough to make the decision ?
- can he weigh up the aspects of the decision ?
- can he communicate the decision ?

There is no formalized method of clinically assessing legal capacity to consent though there are several sources of advice as to best practice.

Supporting Resources

General issues in assessment of capacity in UK
http://www.publicguardian.gov.uk/mca/assessing-capacity.htm

UK Mental Health Foundation materials on capacity assessment
http://www.amcat.org.uk/

Useful questions to ask in assessing mental capacity medically
http://www.aafp.org/afp/2001/0715/p299.html

Explore son's wishes of his father's treatment

Tutor prompts include:

- Mr Dufrayne's son is medically trained. What is the relevance of this? How might it affect the relationship between him and the medical staff?
- How much (or little) weight should one put on the son's story about watching the documentary on euthanasia with his father?
- What is meant by 'dignity'? How can illness and the hospital experience affect dignity?

One of the crucial issues when dealing with patients who are not capacitous is to identify their pre morbid wishes. Relatives can be valuable sources of information as to what patients values and choices may be. This is not the same as relatives' making decisions for their next of kin.

Relatives or indeed patients who have specialized clinical knowledge are is a different position to those who do not, and doctors must adjust their conversations accordingly. Such status does not affect the principles behind DNAR decision making.

Supporting Resources

Dignity is a useless concept Macklin R BMJ
http://www.bmj.com/cgi/content/full/327/7429/1419

Write DNAR order now

Tutor prompts include:

- What are the pros and cons of writing a DNAR order immediately?
- It might appear that practical issues predominate at this point. What would happen if the patient is to suffer cardiac or respiratory arrest?
- How would the team know what action to take in an urgent situation if a DNAR order was not written?

One way of resolving this point is to have a hospital policy requiring clarity of DNAR status at the patient's admission.

Contact patient's GP

Tutor prompts include:

- What similarities and differences are there between the GP-patient relationship and the hospital doctor-patient relationship?
- Why is it important for hospital doctors to contact GPs?

In the UK, primary care physicians [GPs] are responsible for the long term care of all patients. They refer them to hospital for specific secondary care interventions such as described in the video.

Thus the continuing nature of the GP-patient relationship distinguishes it from the specialist-patient relationship.

The academic literature in this field develops the theme of continuity of care, and also describes other features of primary care: the therapeutic alliance between doctor and patient, the role of uncertainty and the complexity of care.

GPs will often know of patients thinking about their preferences [and the values the wishes spring from]

Sometimes GPs will have formal statements of preference, such as Advance Statements, in their patients' records.

Supporting Resources

Continuity of care and the patient experience Freeman
http://www.kingsfund.org.uk/current_projects/gp_inquiry/dimensions_of_care/continuity_of_care.html

Contact hospital legal team

Tutor prompts include:

- How does the law affect this case?
- What are the sources of legal support available to doctors in your country?
- What is the legal framework for DNAR?
- What does 'best interests' mean here?

Dr Eccles is checking with her legal support team. [Legal support to UK doctors can come from their personal medical insurance service or a hospital associated firm]

In the UK, hospitals generally 'buy in' legal advice from specialist firms. However, there is some clerical support available in house.

On the video we see reference to acting in the patient's *best interests*: this needs discussion as it is a key point. Distinguish between medical best interests and 'global' or overall best interests.

There is also an opportunity to explore students' perception of the law. What is the function of the law? What are the benefits and 'disbenefits' of malpractice litigation? (e.g., doctors and hospitals are accountable for their actions, rise in standards, compensation for victims of negligence, defensive practice, etc.)

What is clinical negligence and why has there been an increase in the number of claims in recent years? (Change in doctor-patient relationship and public expectations, greater knowledge of legal rights by members of the public, growth in complexity of treatments, etc.).

Supporting Resources

UK guidance
http://www.resus.org.uk/pages/dnar.pdf

The Cardiopulmonary Resuscitation-Not-Indicated Order: Futility Revisited
http://www.annals.org/content/122/4/304.full

Patient arrests

Tutor prompts include:

- What is the vegetative state and what ethical challenges does it bring?

The vegetative state is a clinical condition of complete unawareness of the self and the environment, accompanied by sleep-wake cycles, with either complete or partial preservation of hypothalamic and brain-stem autonomic functions.

It has ethical significance as it is an altered state of being. Clearly consciousness is absent, but cardio respiratory function is generally maintained, though higher brain function is not. This has profound implications for issues in personal identity in these patients

Supporting Resources

Medical Aspects of the Persistent Vegetative State
http://content.nejm.org/cgi/content/full/330/21/1499

Withdrawal of tube feeding in a patient with persistent vegetative state where the patient's wishes are unclear and there is family dissension
http://www.biomedcentral.com/content/pdf/cc2451.pdf

DNARs and palliative care. Should hospices be exempt from following national cardiopulmonary resuscitation guidelines?
http://www.bmj.com/cgi/content/full/338/mar26_2/b965?maxtoshow=&hits=10&RESULTFORMAT=1&title=should+hospices+be&andorexacttitle=and&andorexacttitleabs=and&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=date&fdate=1/1/1981&resourcetype=HWCIT

DNARs in the perioperative period. 2 UK anaesthetists discuss the issues
http://www.youtube.com/watch?v=3_bimcl4Fgw