

Policy on use of AED/CPR for people with a Do Not Resuscitate (DNR) Order or Medical Order on Scope of Treatment (MOST)

Introduction: Adults have the right to choose a natural and peaceful death, free of what they consider to be excessive medical interventions. This right is recognized in state and federal law.¹ Many people choose to sign living wills and health care powers of attorney to express these choices, although these documents are not required.

End-of-life planning often starts with a conversation between health care professionals and patients and may also include spiritual counseling and support from our church. These conversations allow the person to discuss his or her values, beliefs, and goals for care.

A person can ask his or her medical provider to sign a medical order to prevent or limit emergency medical intervention. Usually these medical orders are for people who are very ill. The medical orders come in two forms: a “Do Not Resuscitate” or DNR order and a “Medical Order for Scope of Treatment,” or MOST.² (Copies are attached.)

This policy aims to reconcile our congregation’s caring and appropriate rescue response with the right that each person has to refuse medical treatment. <<ABC CHURCH>> has an AED (automatic external defibrillator) for use if a person’s heart stops beating, and some members are trained to perform cardiopulmonary resuscitation (CPR) if a person’s breathing stops.

¹ N.C. General Statute 90-320(a), entitled “Right to Natural Death,” provides, in part:

The General Assembly recognizes as a matter of public policy that an individual's rights include the right to a peaceful and natural death and that a patient or the patient's representative has the fundamental right to control the decisions relating to the rendering of the patient's own medical care, including the decision to have life-prolonging measures withheld or withdrawn in instances of a terminal condition.

www.ncleg.net/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_90/Article_23.pdf

On the federal level, the U.S. Supreme Court ruled in Cruzan v Director, Missouri Dept. of Health, that a competent person has a "constitutionally protected liberty interest in refusing unwanted medical treatment." 497 U.S. 261 (1990).

² For a sample MOST see www.ncmedsoc.org/non_members/public_resources/MOSTform_sample.pdf and for a sample DNR see www2.ncdhhs.gov/dhsr/EMS/pdf/DNR.pdf. To be valid, these documents must be on original colored paper as shown. The MOST is on a hot pink paper and the DNR is on goldenrod paper.

Thankfully, AEDs and CPR save many lives, but not every person wants to have them used on himself or herself. This policy seeks to establish a clear process that respects the wishes of individuals who do not want the AED used or CPR administered.

Why not use CPR? A person may not want cardiopulmonary resuscitation (CPR) attempted when:

- There is no medical benefit expected. CPR wasn't meant for people who are terminally ill or have severe health problems. CPR is not likely to be successful for these people.
- Quality of life would suffer. Sometimes CPR is only partly successful. Though the patient survives, they may suffer damage to the brain or other organs or permanently may be dependent on a machine to breathe. This can be particularly true for the elderly and very frail.
- Death is expected soon. Persons with terminal illness may not want aggressive interventions but prefer a natural peaceful death.³

Policy: We believe that a person has the right to decide what medical treatment to accept or refuse, and that this recognizes the dignity of a person's life and of their death. For that reason, we have adopted a policy to inform the congregation about how to honor these important rights and values.

- Some persons attending <<ABC CHURCH>> services or events (referred to as "attendees") may have a DNR or MOST (referred to as "the document") signed by their medical provider.

³ "Understanding Do Not Resuscitate (DNR) Orders," Brigham and Women's Faulkner Hospital, www.brighamandwomensfaulkner.org/patients-and-families/advance-care-directives/dnr-orders.

See also, "A Word to the Church on End of Life Care: Theological, Spiritual and Ethical Reflections," United Church of Christ Science and Technology Taskforce, Rev. Dr. Bruce Epperly and Rev. John Mills, pgs. 7-10, <https://tinyurl.com/y2qgaqer> .

- If the attendees do not want CPR or the AED used on them while at a <<ABC CHUCH>> service or event, they should bring an original of the document with them to each and every service or event.⁴
- The attendee should also give the original document to an adult who is with them (“partner/helper”) and notify that person of its meaning and importance.
- The attendee is encouraged to discuss this with the <<ABC CHUCH>> minister in advance of the event/service, so that the minister is aware of the document.
- If the attendee stops breathing or his/her heart stops, the partner/helper should produce the document, in order to notify those offering first aid that the attendee refuses CPR and an AED.
- If the attendee clearly expresses refusal in some other way (besides by showing the DNR or MOST form), to the administration of CPR or the AED, that refusal should also be honored by those around the attendee.
- Those offering aid to the attendee and partner/helper should respect the attendee’s wishes and not begin CPR or use the AED.
- Those offering aid should immediately contact 911 for emergency medical attention and disclose to the emergency services that the attendee has with him/her a DNR and/or MOST, so CPR and the AED were not used.
- Following this event, church members are encouraged to seek professional and spiritual support, as needed.⁵

The church council will review this policy on a regular basis or as needed.

⁴ The statute authorizing these documents requires that normal **medical** providers may only honor an **original** of the MOST or DNR. [N.C. General Statute 90-21.17\(d\)](#). The first section of the MOST form has a “DNR” box to specify if the person does not want CPR. If that box is checked, the person is refusing CPR.

⁵ “Planning for Medical Emergencies: A Resource Guide for Congregations,” Good Samaritan Hospital, Spring 2008, pg. 29, www.goodsamdayton.org/uploadedFiles/gsh/Services/Spiritual_Care/PlanningForMedicalEmergenciesREV.pdf

FAQs and Resources

Q: Are the DNR and MOST forms the same thing as a living will?

A: These are related but not the same. The living will is just your expression of your preferences on end-of-life medical treatment. It is not effective – by itself - to prevent emergency medical providers from starting CPR and trying to revive you. Medical providers may only consider valid **medical** orders such as DNRs or MOST forms, in this type of emergency situation.⁶

Q: I'm confused. Are we talking about not helping someone who seems to be having a heart attack? (Please don't get too technical on me here!)

A: No, that's not what this policy would do. A heart attack is a condition in which the blood supply to the heart muscle is suddenly blocked. Heart attack victims usually (but not always) experience chest pain and usually remain **conscious**. The next FAQ addresses what to do.

Q: What if the attendee seems to be having a heart attack?

A: If the person is experiencing symptoms of heart attack, offer the person four low dose or one full dose aspirin (do this only if the person is not allergic to aspirin).

Call 911. If the patient has nitroglycerin, give her a dose. Try to keep the person calm until help arrives. Too much exertion puts strain on the heart. If the person uses an oxygen tank, make sure it is on and attached. A heart attack can turn into cardiac arrest if the heart becomes damaged.⁷

⁶ The N.C. Medical Society has information on “No Code and Do Not Resuscitate Orders”: www.ncmedsoc.org/about-ncms/partner-organizations/ncms-foundation/nc-partnership-for-compassionate-care/no-code-and-do-not-resuscitate-orders/

⁷ www.aclsmedicaltraining.com/is-it-a-heart-attack-or-cardiac-arrest/

If the person is not responsive when you yell at her, assume it is cardiac arrest. At this point, the DNR or MOST documents are important. They amount to the person's refusal of CPR and the AED. Our church policy should guide you. Without these documents being produced, you should try CPR and the AED.

Q: So, what does this policy apply to?

A: It applies to "sudden cardiac arrest" (SCA). That simply means that the heart unexpectedly and abruptly **stops** beating. This is usually caused by an abnormal heart rhythm called ventricular fibrillation (VF).

With a heart attack, on the other hand, the heart usually does not stop beating.⁸ This church policy does **not** apply to an attendee who appears to be having a heart attack. If possible, offer first aid to that person as described above.

Sudden cardiac arrest results in death if not treated immediately. This church policy is about people whose hearts suddenly stop and who have chosen to have medical orders **not** to have their hearts re-started.

Q: Do I have a legal obligation to start CPR or use the AED if someone's heart stops?

A: No. You do not have a legal duty to try to save another church member's life by starting CPR or by using the AED. Only certain types of relationships carry this duty, such as if you were the person's health care provider or an emergency medical professional called to the scene. (Again, the medical provider may not provide certain emergency care if there is an appropriate medical order saying not to.)

Nevertheless, most of us would feel a moral duty to attempt to save a life. In doing so, we must keep in mind that a basic element of offering first aid is to ask the injured or sick person if she wants your help.⁹ Some people will decline help and so first aid

⁸ For an explanatory graphic on "cardiac arrest vs. heart attack" go to https://cpr.heart.org/idc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_493943.pdf

⁹ "First Aid Steps," www.redcross.org/take-a-class/first-aid/performing-first-aid/first-aid-steps.

should not be forcibly administered to them. The DNR and MOST medical orders are another way for the person to refuse treatment. These are valid and legally accepted when the person cannot communicate him/herself.

Q: I have heard of “Good Samaritan laws.” Do these laws apply if I do step in and provide emergency care?

North Carolina, like other states, has a “Good Samaritan Law” that gives legal protection to bystanders who do offer first aid or emergency treatment, on a voluntary basis.¹⁰ However, even this broad legal protection has limits. The “necessity of immediate health care treatment” must be “reasonably apparent.”¹¹ If the victim has a medical order showing his refusal of life-sustaining measures, it would not be reasonable to forcibly apply CPR or an AED to that person. In summary, the Good Samaritan law is not a license to provide first aid without permission and contrary to what one knows to be the person’s expressed wishes and medical orders.

Q: What if the attendee and helper didn’t bring an original of the attendee’s DNR or MOST form and have only a copy or the helper claims that an original is at home or cannot be quickly found? If the helper says the attendee does not want CPR or the AED, should you nevertheless use attempt CPR or use the AED?

A: Keeping in mind that church members are not obligated to provide first aid, they would need to quickly assess the situation. A long-term spouse or adult caregiver child might reasonably be relied upon to know the attendee’s wishes (assuming that person cannot express them right then), so you could reasonably rely on that spouse/child to refuse the CPR efforts and the AED. However, if emergency medical care (EMTs) are called, they will be legally obligated to attempt resuscitation, in the absence of the original, signed DNR or MOST forms.

¹⁰ [N.C. Gen. Statute 90-21.14](#) and [90-21.15](#).

¹¹ N.C. Gen. Statute 90-21.14.

Q: Where can I get more information about advance directives (living wills and health care powers of attorney)?

A: The North Carolina Medical Society is a good place to start: www.ncmedsoc.org/wp-content/uploads/2014/02/MedicalCareDecisions-AdvanceDirectives.pdf. In this area, there are frequent and free information sessions to learn about and/or sign advance directives. They are sponsored by Trellis Supportive Care: (336) 768-6157, ext. 1622 or at www.trellissupport.org. Also, if you are covered by Medicare, it covers a visit with your doctor to discuss these advance health care planning concerns.

Want to Learn More?

- “Church adds defibrillators, DNR policy,” Arkansas Democrat Gazette, 6/19/10, www.arkansasonline.com/news/2010/jun/19/church-adds-defibrillators-dnr-policy-20100619/
- National POLST Paradigm: <https://polst.org> (POLST: Physician’s Orders for Life-Sustaining Treatment)