

From the desk of:

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On a monthly basis I am sending out a brief newsletter from Hospice of Wake County with information pertinent to end-of-life care.

***CPR AS FUTILE TREATMENT
IN END-OF-LIFE CARE***

Cardiopulmonary resuscitation (CPR) dates back almost 50 years and to this day has saved many lives, particularly those who are < 70, in otherwise good health, and hospitalized at the time of cardiac arrest.

Much research has been done and a review of this data recently published in the AAHPM Bulletin revealed a 7% hospital discharge rate for cancer patients undergoing CPR. The survival rate to discharge for previously deemed terminal patients was 0%. Nursing home and LTAC survival rate to discharge was 0%. Unexpected arrest vs. the endpoint of a relentless downhill course was 21.9% vs. 0%.

These statistics raise ethical concerns over offering a futile treatment at the end of life where it has no chance of offering survival. Do we as physicians offer other treatments with no chance of helping, in fact only harming? There is a growing movement for Allow Natural Death (AND) orders to alleviate patients and families of the burden of authorizing a Do Not Resuscitate (DNR) order. The American Medical Association also believes that physicians should not have to do anything they feel is unethical, and we are not obligated to perform futile CPR but it is sometimes done out of fear of litigation. The optimal time to have a discussion about CPR is in the office before a crisis occurs to protect patients from futile brutality at the end of life.

For referrals or any questions, please call 919-828-0890.

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Heart Failure Patients Overestimate Survival Time

‘End-of-Life Issues Should Be at the Forefront of Heart Failure’

Patients with chronic heart failure — particularly those who are younger or have more advanced disease — tend to substantially overestimate their life expectancy as compared with predictions of a well-validated tool. This has implications for decision making regarding appropriate therapies and end-of-life planning, according to the authors of a report published in a recent issue of the *Journal of the American Medical Association*.

“Given the progressive nature of heart failure, its high mortality rate, and its predilection for affecting elderly persons, end-of-life issues should be at the forefront of heart failure management,” state the authors, adding, “Understanding patient perceptions of prognosis is vital for making appropriate care decisions.”

Researchers analyzed survey responses of 122 ambulatory heart failure patients [mean age, 61 years; New York Heart Association (NYHA) functional class I/II, 58%; NYHA III/IV, 42%]. Patient predictions were compared with those from the Seattle Heart Failure Model (SHFM), actuarial tables of life expectancy without disease, and observed survival over a median follow-up period of 3.1 years.

“Patient predictions of life expectancy were more similar to those predicted by empirically derived actuarial life tables based on age and sex alone, without regard for the presence

of heart failure,” the authors report. “The implication is that even when patients have a good understanding of prognosis, they may choose not to apply that information to themselves.”

FACTORS INDEPENDENTLY ASSOCIATED WITH PATIENT OVERESTIMATION OF SURVIVAL INCLUDE:

- Younger age
- Higher NYHA class
- Lower ejection fraction
- Measures of less depression

“These data suggest that many patients with heart failure have survival expectations that differ markedly from the anticipated natural history of their disease,” write the authors. “Efforts to better integrate palliative care into the treatment of selected patients with heart failure will require a more sophisticated appreciation of patient perceptions of prognosis.”

FINDINGS INCLUDE:

- 63% of patients overestimated their life expectancy compared with SHFM predictions.
- At one year and three years, observed survival among cohort patients was similar to that predicted by SHFM.
- 51% of patients predicted a normal lifespan for themselves while living with heart failure; only 36% thought heart failure was likely to shorten their lives.
- Patient predictions were not associated with symptom severity.
- Among those patients who died, there was no relationship between patient-predicted optimistic life expectancy and observed survival.

Source: “Discordance between Patient-Predicted and Model-Predicted Life Expectancy among Ambulatory Patients with Heart Failure,” *Journal of the American Medical Association*; 299(21) 2533-2542. Allen LA, Yager JE, Funk MJ, Levy WC, Tulsy JA, Bowers MT, Dodson GC, O’Connor CM, Felker GM; Duke Clinical Research Institute and Division of Cardiology and Center for Palliative Care and Division of General Internal Medicine, Duke University Medical Center, Durham, North Carolina; Cardiac Care Associates, Fairfax, Virginia; Department of Epidemiology, University of North Carolina, Chapel Hill; and Division of Cardiology, University of Washington, Seattle.

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