

CPR: Legal and Ethical Issues

Overview

This section reviews several ethical and legal topics about CPR. Taking a Heartsaver Course shows that you are a concerned citizen. You are someone willing to make the extra effort to be better prepared.

Learning Objectives

After reading this section you will be able to

- Discuss why there is a low risk of legal actions related to CPR by a lay rescuer
 - Explain the purpose of Good Samaritan laws
 - List conditions in which CPR can be stopped
 - Explain the purpose of advance directives
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Legal Aspects of CPR

The American Heart Association has supported community training in CPR for more than 3 decades. CPR responders have helped save thousands of lives.

You can give CPR without fear of legal action. When you do chest compressions and give breaths, you have to touch the victim, and the victim is often a stranger. Often the victim of cardiac arrest will die.

In the United States people may try to file a lawsuit when they think that one person has harmed another. It is important for lay rescuers to know that they do not have to fear a lawsuit if they give CPR. No lay rescuer has ever been successfully sued for performing CPR because lay rescuers are “Good Samaritans” and are protected by “Good Samaritan” laws. All 50 states have Good Samaritan laws or regulations. These laws and regulations grant limited immunity to anyone who tries to give CPR in an honest, “good faith” effort to save a life.

A person is considered a Good Samaritan if

- The person is trying to help.
- The rescuer’s actions are reasonable (you can’t engage in gross misconduct—for example, doing something that no reasonable person would do).

- The rescuer does not receive specific compensation for performing CPR.

Under most Good Samaritan laws, laypeople are protected if they give CPR even if they have had no formal training.

Is giving CPR part of your job duties? If it's part of your job, you have a duty to give CPR to a victim of cardiac arrest. If it's not part of your job, you have no *legal* duty to give CPR. But some people think you have an *ethical* duty to give CPR.

When to Stop CPR

Many people are troubled by the thought of giving CPR to someone who never responds to CPR. How long do you keep doing CPR in such a situation? Some airplane passengers have had a cardiac arrest when the plane was flying over the ocean. The nearest airport was hours away. How long should you give CPR to such a person? Use common sense. The following are acceptable reasons for stopping CPR:

- The victim starts to move.
 - An AED arrives.
 - Trained help arrives and takes over.
 - You are too exhausted to continue or it's dangerous for you to continue CPR. For example, if you're giving CPR on an airplane, stop during landings. Stop CPR, return to your seat, and fasten your seatbelt. Resume CPR as soon as possible after the plane lands.
 - Trained help tells you to stop.
 - Obvious signs of death become apparent.
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What About "Do Not Start" CPR?

Some people don't want CPR if they go into cardiac arrest. You may encounter such a person. Friends or relatives of the victim may tell you that the victim did not want CPR. Medical identification jewelry or wallet cards may say that the victim doesn't want CPR.

Many states have "Do Not Attempt Resuscitation" (DNAR) programs. You should always respect the victim's wishes. This is discussed in more detail below.

Living Wills and Advance Directives

A person has the right to make decisions about his medical care. This includes care at the end of life. The Patient Self-Determination Act of 1991 supports this right. A person may express his choices by preparing a "living will." The living will records the person's wishes. In a living will, a person instructs physicians and future caregivers about the medical care to be provided should the person become

terminally ill and unable to make decisions. Everyone should prepare a living will. This is especially important for senior citizens.

Advance directives differ from living wills. An advance directive is an expression of what a person thinks about, wishes for, or prefers for his or her end-of-life care. A written advance directive is superior to any other form, because it limits ambiguity. However, an advance directive can include serious conversations, living wills, and durable powers of attorney for health care.

Periodically people should review their living wills and written advance directives, to ensure that they accurately reflect their wishes for care. Physicians should talk with their patients about CPR. They should ask what the patient prefers. Families should talk with their loved ones about CPR. They should find out what the loved one prefers. For more information, talk with your physician or phone your local hospital. State-specific living wills and advance directives are available from the websites for the American Medical Association, the American Bar Association, and AARP (formerly the American Association of Retired Persons), among others.

EMS No-CPR Programs

In many states in the US, EMS rescuers are obligated to attempt resuscitation (ie, give CPR) if they are called to provide care to a victim of out-of-hospital respiratory or cardiac arrest, unless the victim has obvious signs of irreversible death (such as rigor mortis or decapitation) or a physician provides other orders for care.

A number of states have developed “EMS No-CPR” programs for patients who have an out-of-hospital “Do Not Attempt Resuscitation (DNAR)” order from a physician. With such an order, terminally ill patients and their families can phone 911 for end of life and comfort care, knowing that their wishes for “no CPR” will be honored. For example, terminally ill patients or the patients’ families can call the EMS system if the patient develops shortness of breath, bleeding, or uncontrolled pain, and be assured that the patient will receive supportive care without receiving unwanted attempts at resuscitation.

The patient in a no-CPR program usually has a terminal illness. The patient and physician sign a document requesting “no attempted resuscitation” if breathing or circulation stops. The physician orders must be specifically written for the out-of-hospital setting. In most states, hospital “no CPR” orders are only respected in the hospital, and separate “no CPR” orders must be written for the out-of-hospital setting. The EMS system should be aware of the “no CPR” order.

In some states the patient with a “no CPR” order wears “no-CPR” medical jewelry, such as a “no CPR” bracelet. In an emergency the jewelry tells the rescuers not to give CPR or use an AED. If you find a person in cardiac arrest and see that the person is wearing no-CPR medical jewelry, do not start CPR. Phone your emergency response number (or 911) and report the problem as a “collapsed person who is not responding and is wearing no-CPR medical jewelry.” Tell the dispatcher that you think you should not give CPR and that you will wait for the emergency personnel.

Summary

No lay rescuer has ever been successfully sued for attempting to perform CPR on a victim of cardiac arrest. Every state has Good Samaritan laws. These laws protect lay rescuers from lawsuits. Rescuers are protected if they act voluntarily (without specific compensation for the resuscitation itself) to try to help a person who is having a medical emergency. The rescuer also must make a *good faith* effort to help another person, and the rescuer’s efforts must make common sense and must be reasonable.

People can choose not to receive CPR or other rescue efforts. A number of states have established “Do Not Attempt Resuscitation,” or DNAR, programs. Patients may use medical jewelry or wallet cards as a means of communicating their wishes. You should look for this medical jewelry and not provide CPR if the victim of cardiac arrest is wearing “no CPR” jewelry.

For further information about state regulations and legislation, contact the American Heart Association (call 1-877-242-4277 or visit the AHA website at: <http://www.americanheart.org/cpr>).
