Introduction

The Hospice Palliative Care Act was passed in Taiwan since 2000. It is expected to enhance the quality of care, avoid futile therapy and unnecessary suffering for dying patients through the signature of do-not-resuscitate (DNR). The aim of this study was to investigate the characteristic of do-not-resuscitate (DNR) in Taiwan.

Methods

A retrospective study was conducted in the Taiwan Clinical Performance Indicator (TCP1) In-Hospital Cardiac Arrest (IHCA) Database from 2014 to 2016. Unadjusted analysis was used to identify the clinical characteristic and hospital characteristic of in-hospital cardiac arrest patients.

Results

This database comes from 20 hospitals, there were 3,445 IHCA patients who experiencing cardiopulmonary resuscitation (CPR). According to the reason for the termination of CPR, these IHCA patients could classify into 3 groups, including patients expired without DNR (n=1,314, 38.1%), with DNR permit (n=568, 16.5%), and return of spontaneous circulation (ROSC) (n=568, 16.5%). Characteristic such as age, sex, IHCA site of these 3 groups patients were analyzed. The mean age of patients expired without DNR was 66.2 (SD = 20.0), with DNR permit was 69.5 (SD = 19.6) and ROSC was 65 years (SD = 21.5). Age were statistically significant differences among the 3 groups (p < 0.001). Among sexes, patients who expired without DNR, signing DNR, and ROSC were predominantly male (63.8%, n = 839; 58.1%, n = 530; 62.3%, n = 973), and there were no statistically significant p (p = .104). No matter which group, there was statistically significant differences in IHCA site (p < 0.001). The most often site was intensive care units (34%, n=1,104; 38.8%, n=210; 36.2%, n=568, respectively), followed by general wards (31.2%, n=411; 37.7%, n = 214; 32.2%, n = 564).

While looking into the second group that stopped resuscitation because of DNR permit, hospital level and area differences in Taiwan were analyze further. At the hospital level, medical center had highest DNR rate (16.7%), followed by regional hospitals (16.1%). By regional differences, the DNR rate of the northern Taiwan hospitals decreased. While looking into the second group that stopped resuscitation because of DNR permit, hospital level and area differences in Taiwan were analyze further. At the hospital level, medical center had highest DNR rate (16.7%), followed by regional hospitals (16.1%). By regional differences, the DNR rate of the northern Taiwan hospitals decreased.

Conclusion

The most reason for the termination of CPR was ROSC. The prevalence of DNR rate seems to be rising in generally, but prevalence of DNR rate among the southern Taiwan hospitals decreased. It still need further study to understand the factors influence the DNR rate.

Keywords: Do-not-resuscitate (DNR), in-hospital cardiac arrest (IHCA), cardiopulmonary resuscitation (CPR), Taiwan Clinical Performance indicator (TCP1), spontaneous circulation (ROSC)

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Overview the Reasons for Termination of CPR, and Prevalence of Do-Not-Resuscitate in Taiwan