

Introduction

- There is no strong evidence to support the widespread implementation of TOR (termination of resuscitation) criteria in clinical practice.
- International guidelines recommend that the decision to discontinue cardiopulmonary resuscitation be made comprehensively, taking into account the patient's prior intention, comorbidities, quality of life, and the thoughts of the family.
- It is important to survey the general public to understand how they perceive the discontinuation of cardiopulmonary resuscitation, and to understand the difference in awareness between the general public and medical professionals, in order to consider the future of cardiopulmonary resuscitation.

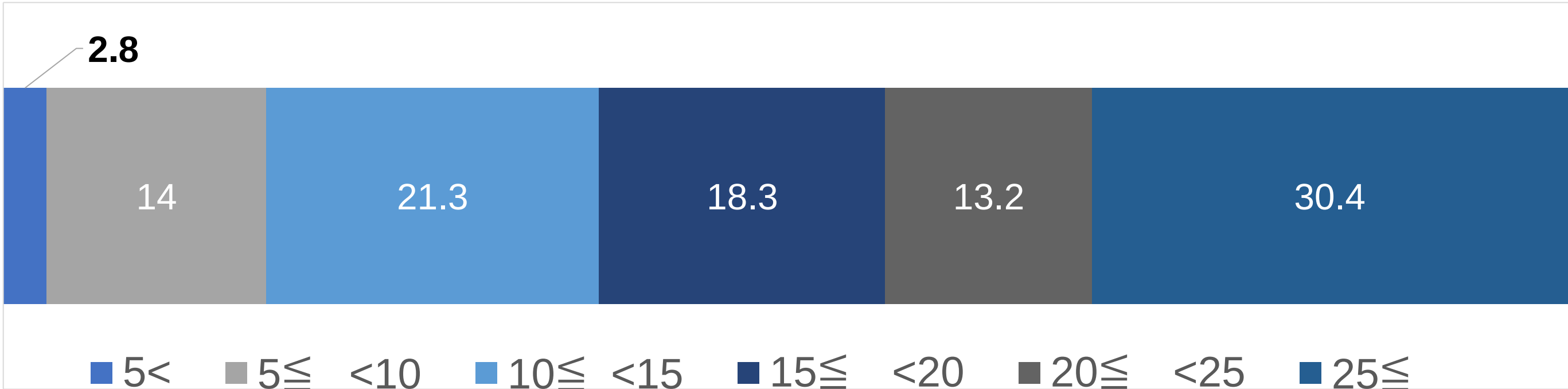
Methods

- A questionnaire survey was conducted among 323 physicians who are members of the Japanese Society of Intensive Care Medicine and 2656 members of the general public.
- The questionnaire was a self-administered, unmarked, web-based survey.
- Respondents were asked to indicate the amount of time they thought was appropriate for resuscitation according to the age of the patient.
- Physicians were also asked whether their facility had a policy regarding resuscitation time.

Results

Questions for Physicians

Q1. Years of clinical experience (%)



Q2. Does your facility have guidelines for resuscitation? (%)

For Cardiopulmonary Arrest Due to Exogenous Disease



For Cardiopulmonary Arrest Due to Endogenous Disease



Responses for time spent on resuscitation by patient age

		n (%)					
		Time spent on resuscitation (min)					
		<15	15≤	<30	30≤	<60	60≤
Physician	Patient age						
	0-6	6 (1.9)	44 (13.6)	181 (56.0)	92 (28.5)		
	7-17	7 (2.2)	46 (14.2)	186 (57.6)	84 (26.0)		
	18-34	6 (1.9)	69 (21.4)	196 (60.7)	52 (16.1)		
	35-64	8 (2.5)	94 (29.1)	194 (60.1)	27 (8.4)		
	65-74	27 (8.4)	143 (44.3)	146 (45.2)	7 (2.2)		
General public	75≤	50 (15.5)	163 (50.5)	108 (33.4)	2 (0.6)		
	0-6	899 (33.8)	1048 (39.5)	438 (16.5)	271 (10.2)		
	7-17	804 (30.3)	1075 (40.5)	500 (18.8)	277 (10.4)		
	18-34	682 (25.7)	1086 (40.9)	581 (21.9)	307 (11.6)		
	35-64	720 (27.1)	1102 (41.5)	569 (21.4)	265 (10.0)		
	65-74	1021 (38.4)	1014 (38.2)	438 (16.5)	183 (6.9)		
	75≤	1222 (46.0)	894 (33.7)	382 (14.4)	158 (5.9)		

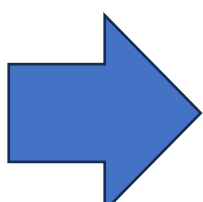
The time spent for resuscitation was classified into four levels: less than 15 minutes, 15 to 30 minutes, 15 to 60 minutes, and more than 60 minutes.

As for respondents from the general public, a total of 2656 respondents, equally divided between male and female age groups between 18 and 79 years old, responded to the survey.

Discussion

- In Japan, few facilities clearly state how long resuscitation takes, leaving it up to individual medical personnel¹⁾.
- Regarding the time spent for resuscitation, physicians were most likely to report that the time spent was between 30 and 60 minutes for patients 0 to 74 years of age with cardiopulmonary arrest, and more than half (50.5%) of physicians reported that the time spent was between 15 and 30 minutes for patients 75 years of age and older.

In contrast, the largest percentage of the general public responded that resuscitation took between 15 and 30 minutes for patients 0 to 64 years of age, and less than 15 minutes for patients 65 years of age and older.



The general public was more likely than physicians to perceive the time spent on resuscitation as shorter.

- Both physicians and the general public tended to spend less time resuscitating older patients. In a survey²⁾ conducted by the Japan Resuscitation Society(JRC) in 1998, the patient's condition, especially in terminally ill patients with reduced ADL, were considered important criteria for deciding to stop CPR. Resuscitation time tends to decrease with increasing age in surveys of the JRC, and the same was true in this study.

Conclusion

There is no clear policy on the amount of time spent on CPR, and it is left to individual discretion.

Time spent on resuscitation as imagined by the general public tended to be shorter than the resuscitation time performed by medical personnel.

1) Tatsuno J et al. Family care of terminally ill patients in intensive care unit. J Jpn Soc Intensive Care Med. 2011;18:337-45.
2) Akiyoshi Namiki et al. A questionnaire survey on the discontinuance of cardiopulmonary resuscitation. Japanese Journal of Reanimatology. 1998;17: 87-107

