

Aligning Medical Interventions with Do-Not-Resuscitate Orders for Patients with End-of-Life Treatment

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Description

An essential part of end-of-life care is the Do-Not-Resuscitate (DNR) order, which is a patient's or family member's decision to refuse life-saving treatment in the case of cardiac or respiratory arrest. A DNR order is a medical directive that states no resuscitation procedures, including advanced cardiac life support, intubation, or Cardiopulmonary Resuscitation (CPR), shall be performed on a patient who has experienced cardiac or respiratory arrest. Usually, the patient makes this choice after consulting with their healthcare team, or in the case of a patient who is unable to express their preferences, a second decision-maker decides. A DNR order is intended to respect the patient's desires for their final care and to prevent actions that might conflict with their desires for a comfortable and respectful death. Palliative care is a comprehensive strategy to treating patients with life-threatening illnesses which focuses on symptom management, emotional and psychological support, and attending to the needs and preferences of patients and their families in order to maximize quality of life. The concepts of palliative care, which place a strong emphasis on respecting patient autonomy and making sure that medical interventions are in line with the patient's beliefs and goals, are intimately linked to DNR orders in this particular situation.

The basic principle of palliative care is acknowledging and accepting the things that are most important to patients. Many individuals with terminal or advanced illnesses may find that aggressive life-saving procedures conflict with their comfort and quality of life objectives. DNR orders help to achieve this alignment by giving patients the freedom to select a course of treatment that does not involve procedures they believe would only cause them further pain or harm. The objective of palliative care is to reduce suffering as much as possible while maximizing comfort. Resuscitation procedures sometimes cause physical distress and may not result in a better quality of life. By opting for a DNR order, patients and their families can keep their comfort and dignity intact while avoiding potentially unpleasant or painful interventions. This procedure guarantees that care is given in line with the patient's values and promotes transparency. Several ethical issues are brought up by the execution of DNR orders, especially when it comes to palliative care. An essential component of medical ethics is respecting the autonomy of the patient.

An expression of a patient's free will regarding their care at the end of life is a DNR order. Maintaining ethical standards necessitates

making sure patients are fully informed about the consequences of a DNR order and that their decision is made free from inappropriate influence or pressure. The essential principles of medical ethics are beneficence, or acting in the patient's best interest, and non-maleficence, or avoiding harm. A DNR order expresses the patient's wish to avoid treatments that might not be helpful and might even be harmful or upsetting. Healthcare professionals need to respect the patient's decision to refuse treatment and consider the advantages of doing so against the risks. Family members or legal caregivers are frequently involved with making decisions on behalf of patients who are incapable of doing it for themselves. This can create difficult ethical problems, especially if family members disagree about whether a DNR order is acceptable. In order to balance the needs and feelings of family members with the patient's preferences, palliative care professionals must carefully manage these relationships. In the DNR procedure, good communication is crucial between patients, relatives, and medical professionals. Discussing the patient's situation, prognosis, and available treatments in an honest and open manner is important. In addition, medical professionals need to address any queries the patient or family might have and outline the consequences of a DNR order. In order to guarantee that the patient's desires are carried out in various care settings, proper documenting of DNR orders is essential. DNR orders must be recorded in the patient's medical file, and copies must be given to all pertinent medical professionals. Certain forms or procedures must be followed in some jurisdictions in order to record and distribute DNR orders.

The healthcare staff as a group must coordinate in order to carry out a DNR order. This involves making certain that care plans are modified appropriately and that all providers are informed of the DNR status. Throughout the patient's care journey, palliative care teams are essential in organizing treatment and making sure that the patient's preferences are respected. Patients may feel more in control and at ease knowing that their final desires will be honored if they have a DNR order in place. The practical, ethical, and emotional aspects of DNR orders highlight how crucial it is to have open lines of communication, accurate records, and compassionate treatment in order to guarantee that patients' desires for their final stages of life are respected. Understanding the complicated procedures of DNR orders and palliative care will need continuing focus on patient-centered care and provide informed decision-making assistance as healthcare continues to change.