

On doctor's orders

The editorial in the Jan. 25, 2000, issue of *CMAJ* accurately captures the concern that Wayne Gretzky's advertisement for an osteoarthritis medication legitimizes symptomatic treatment at the expense of primary prevention.¹

There is another significant issue that arises from this endorsement by Gretzky. The text of the advertisement has Gretzky stating that he is taking medication on "doctor's orders." This blanket assertion of subservience strikes at the heart of a healthy patient-doctor relationship based on partnership, information and trust. Gretzky does all of us, patients and doctors alike, a further grave disservice by acceding to "copywriters' orders" to perpetuate a stereotypical cliché.

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Reference

1. No pain, no gain? [editorial]. *CMAJ* 2000; 162(2):181.

Prenotification in cases of death at home

I appreciated the article by Veena Guru and colleagues on the response of paramedics to terminally ill patients experiencing cardiac arrest.¹ However, I am not convinced that the development of an out-of-hospital do-not-resuscitate (DNR) protocol for paramedics is the most effective way to address these challenging situations. Rather, provincial legislation regarding health care directives can provide a uniform approach for all health care providers and the general public.

In 1992 Manitoba adopted the Health Care Directives Act, which outlines the process of producing an advance health care directive and defines

the protection from liability that exists if treatment is withheld while acting "in good faith in accordance with the wishes expressed in a directive."² Such legislation obviates the need for separate policies for paramedics, nursing staff and others who must deal with a cardiopulmonary arrest in a patient for whom an advance directive outlining DNR wishes exists.

In Manitoba we also do not require a physician to pronounce death in a patient who has died at home when death was the expected outcome of an advanced terminal illness. A physician involved in caring for the patient must notify the chief medical examiner and the funeral home in writing about an anticipated death at home. When death occurs, the patient is taken to the funeral home and the physician can sign the death certificate in the office or hospital.

Together with an advance health care directive outlining a DNR request, this prenotification step effectively addresses the dilemma of resuscitation of the terminally ill patient at home, as long as supporting legislation exists. These very difficult circumstances need not be made more so by adherence to resuscitation policies in clearly inappropriate circumstances, against the wishes of patients and families.

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References

1. Guru V, Verbeek PR, Morrison LJ. Response of paramedics to terminally ill patients with cardiac arrest: an ethical dilemma. *CMAJ* 1999; 161(10):1251-4.
2. *Health Care Directives Act*. SM 1992 c 33 - Cap H27.

[Two of the authors respond:]

We appreciate and support the perspective offered by Mike Harlos. In addition to paramedics, others who may encounter this situation are firefighters and, in the near future, lay responders who are trained in pub-

lic-access defibrillation. "Good faith" liability protection that is broad in scope would better serve societal needs and permit a more uniform response to out-of-hospital expected deaths. The Manitoba solution may serve as a template for change in Ontario.

All out-of-hospital programs of which we are aware rely on the availability of a written DNR request, yet we found that 70% of DNR requests were verbally expressed. A recent survey of our basic life support paramedics suggests that only 44% were comfortable with a verbal DNR order.¹ Therefore, the success of such programs requires that physicians consistently engage patients and their caregivers in discussions about end-of-life issues, including advanced directives.

To complement the link between the treating physician and coroner's office, there should also be a link that is unique to emergency medical services (EMS). The responding paramedic should not have the responsibility of deciding the veracity of a DNR request if the EMS system is inadvertently activated. Instead, the patient's directive should be registered with the EMS system so that paramedics can receive notification of a verified DNR request prior to arriving at the patient's residence.

Society has determined that the autonomous individual (or the individual's advocate) has the sole right to make decisions regarding personal care. Ultimately, the out-of-hospital needs of the patient at the time of death should dictate the design of the system. Unfortunately, in Ontario, the converse is true today.

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Reference

1. Sherbino J, Guru V, Verbeek PR, Morrison LJ. Defining the paramedics' ethical dilemma with DNR orders in the prehospital setting [abstract]. *CJEM* 1999;1(3):171.