

**DO NOT RESUSCITATE: A COMPARATIVE STUDY BETWEEN THE
POSITION IN ENGLAND AND MALAYSIA IN RELATION TO
UNCONSCIOUS TERMINALLY ILL PATIENT.**

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ABSTRACT

The rising tide of litigation means that no doctor is immune from medico-legal liability for their actions. Clinical negligence claims may threaten the reputation and career of even the most eminent practitioner. Therefore this research aims to emphasize the need to have DNR Order and guidelines or policies for unconscious terminally ill patient in Malaysia. Briefly, the topic of Do Not Resuscitate has received a lot of criticism in the overseas and it is a sensitive issue to be discussed especially among doctors, patients and patients family. Therefore this research paper will first explore the application and controversy of cardiac arrest procedure (CPR) and the law of consent to medical treatment. The next chapter provides a research on the liability of doctor and an existing guideline in relation to unconscious terminally ill patient and DNR Order. Chapter four suggests the future recommendation of a having a DNR Order in Malaysia and introduce ways and regulations for unconscious terminally ill patient. This project is finally concluded by pointing out that there should be a set of guidelines or policy Do Not Resuscitate in. Since clinical decisions involve the assessment of facts and values, it is important that doctors, and indeed all health professionals, are able to give reasons for the decisions they make and the actions they take. The law demands such reasons.

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CHAPTER ONE

DO NOT RESUSCITATE: A COMPARATIVE STUDY BETWEEN THE POSITION IN ENGLAND AND MALAYSIA IN RELATION TO UNCONSCIOUS TERMINALLY ILL PATIENT.

INTRODUCTION

When a patient's heart stop beating (cardiac arrest), Cardiopulmonary Resuscitation (hereinafter referred to as "CPR") is initiated with hope to bring back life. It may varies, from simple mouth-to-mouth breathing and external chest compression (Basic Life Support) to combined with electrical shock, intubation, injection of medication into the heart and sometimes if necessary, open chest heart massage (Advanced LifeSupport).¹

Public in general tend to have an excessively optimistic view on the outcome of CPR. The reality is often less rosy in which on average, only less than half of patients whose heart stop beating, survive the initial event. A large proportion either die shortly afterward or left with disabling neurological deficiencies. Of those whose survive, only one third live and get discharged. The rest of two-thirds of the patients experience a lingering death in hospital.² This is where the decision not to resuscitate comes in. Do Not Resuscitate Orders (hereinafter referred to as DNR Order) is a directive whereby the patients ordered the doctor not to resuscitate the patient if he or she suffers cardiac arrest.

Based on years of clinical experience, doctors could usually predict which patient would have more chances to survive cardiac arrest. The ones who are young, without severe underlying diseases generally do better than severely compromised older patients due to their better physiological reserve and stamina to respond and recover.³

¹ Colquhoun, Handley, Evans, *ABC of Resuscitation* (BMJ Publishing Groups United Kingdom 5th Ed 2004) 105.

² Webb Peploe, "Do Not Resuscitate Dilemmas" <www.cmf.org.uk> 2 August 2007.

³ Ibid.