

# Living wills have an impact on pre-hospital lifesaving care

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A new study conducted at the Hamot Medical Center in Erie, Pennsylvania, and published by Elsevier in the February 2009 issue of *The Journal of Emergency Medicine* shows that there is a lack of education and understanding in what sets a living will in motion in a pre-hospital setting. Education and implementation of code status designations can clarify this confusion.

The use of living wills and their impact on patient care had not been adequately studied. Living wills have the potential to impact patient care for patients who call 911 in a medical emergency. The study aimed to determine how a living will is interpreted and assess how interpretation impacted lifesaving care.

Researchers Mirarchi, et.al., found that significant confusion and concern for patient safety exists in the pre-hospital setting due to the understanding and implementation of living wills and DNR (do not resuscitate) orders. When a living will is present with the patient experiencing a critical illness, it has the potential to limit or delay lifesaving care. This confusion can be mitigated by implementing clearly defined code status into the living will.

"The results of the study are important because they provide clarification as to when a living will is enacted and promotes patient care and safety. It ensures the provision of lifesaving care for those who call 911 for a medical emergency," according to lead researcher Ferdinando L. Mirarchi, DO, FAAEM, FACEP.

The results of this study suggest that the current structure of the living will leads the majority of pre-hospital health care providers to incorrectly assume a patient is a DNR. Living wills should not be considered synonymous with DNR orders.

DNR is misunderstood to define comfort care/end-of-life care, a confusion that can compromise lifesaving care. This confusion and concern for patient safety can be rectified by incorporating a clearly defined code status designation within the living will. Educational efforts and provider protocols must be reevaluated and implemented to ensure patient safety.

More information: <http://www.elsevier.com/locate/jemermed>

Source: Elsevier

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