



PHENOMENOLOGICAL STUDY OF NURSES' EXPERIENCES IN PERFORMING BASIC LIFE SUPPORT ACTIONS FOR PALLIATIVE PATIENTS

Wijanarko Heru Pramono*, Emilia Puspitasari Sugiyanto, Chandra Hadi Prasetya, Evi Winda
Universitas Widya Husada Semarang, Jl. Subali Raya No.12 Krapyak, Semarang, Jawa Tengah 50146, Indonesia
[*Heru_dotuz@yahoo.com](mailto:Heru_dotuz@yahoo.com)

ABSTRACT

Patients who are in a state that cannot be cured due to the disease they suffer from (terminal state) and medical actions are futile (futile) can be stopped or postponed life support therapy, this term is often called Do Not Resuscitate (DNR). The purpose of this study was to determine the experience of nurses in carrying out DNR actions for palliative patients in the dahlia room of Adiyatma Hospital, MPH, Central Java Province. The qualitative research method, there were 4 respondents who had met the inclusion criteria, including this research method using the indep interview technique. The results of the study obtained 2 themes, including the legal aspect of DNR actions, and the Ethical Aspect of DNR actions consisting of 4 ethical standards of beneficence, maleficence, autonomy, and justice. The focus of care given to palliative patients with DNR status is to prepare patients to face death well, feel free from pain, die comfortably, feel valuable, respected, feel peaceful, calm. Further research suggestions are the factors underlying DNR decision making for palliative patients.

Keywords: do not resuscitate (DNR) action; nurse experience; palliative patients

INTRODUCTION

The dilemma in the code of ethics is often experienced by health workers in palliative care units. Basic life support is a competency that must be possessed by nurses in an effort to save the lives of patients, one of which is cardiopulmonary resuscitation. Palliative patients are one of the patients who tend to be threatened by the death of long-term treatment, poor prognosis makes this patient in a terminal condition. (...the Indonesian Ministry of Health, 2014) explains that in patients who are in a state that cannot be cured due to the disease they are suffering from (terminal state) and medical procedures are in vain (futile), life support therapy can be stopped or postponed, this term is often called *Do Not Resuscitate* (DNR). (Adriana, 2021) explains that DNR as an ethical issue is considered pseudo-euthanasia known as *Against Medical Advice*, namely the patient rejects the recommendation of health workers regarding the treatment plan for him. Patients have the right to receive services according to medical needs, but there is a conflict with the patient's right to refuse medical treatment. DVR management is often found in palliative care rooms. Adiyatma MPH Hospital, Central Java Province is one of the referral hospitals for palliative patients, one of which is cancer. The hospital has a special service unit for cancer patients. The results of a preliminary study showed that several nurses had experience in making DNR decisions. On this basis, this study aims to determine the experience of nurses in implementing DNR actions for palliative patients in the dahlia room of Adiyatma, MPH Hospital, Central Java Province.

METHOD

This study uses a qualitative research approach to describe the experience of nurses in implementing DNR. This study used 4 respondents who had met the inclusion criteria including palliative nurses who had a minimum of 5 years of experience. This research method used an indep interview technique.

RESULT AND DISCUSSION

This research was conducted in July 2024 in the Dahlia Room of Adiyatma Hospital, MPH, Central Java Province. The results of the study obtained 2 themes, including the legal aspects of DNR actions, and the Ethical Aspects of DNR actions consisting of 4 ethical standards of beneficence, maleficence, autonomy,

and justice. The following is a description of the research findings

Legal Aspects of DNR Actions

"The one who determines DNR is the doctor's authority, usually if we find a patient whose condition is declining we will contact the DPJP doctor or the doctor on duty, so we don't call code blue. Next, the doctor on duty will inform the patient's family and educate the family and then the family will be asked for a letter of consent to sign the DNR statement" R1

"There are still times when we educate patients, sometimes they are already conscious, we still try to follow the procedures in the palliative care room" R2

"If there is a DNR patient, we usually continue to monitor, so the monitoring is still there, for example, every 15 minutes we take turns to the oxygenation patient, we continue to facilitate it" R3

Ethical Aspects of DNR Actions

Beneficence

"Usually we still care for the patient, still consult with the doctor, monitor for example if suddenly the blood pressure is low we consult the doctor even though we don't use code blue, we still facilitate bedside monitoring, the doctor usually doesn't let go even though the patient is DNR, it is still the best effort for the patient" R2

"Usually, even though the patient's condition has been declared DNR, we still provide maximum care, for example, we continue to provide therapy, then if necessary, we install a monitoring device to monitor the patient." R1

Maleficence,

"If the condition worsens, I don't have the heart to have to perform CPR, for example, for a CA patient who has a large wound, usually the family is willing to accept it" R4

"..... The problem is that cancer patients are not prioritized in the intensive care unit.." R1

Autonomy

"Usually, if DNR is done here, there must be family approval and DNR education, DPJP authority, approval from the patient, when the patient comes, we educate them about DNR, we educate them if the condition is bad, whether to do DNR or not" R3

Justice.

"Usually we still care for the patient, still consult with the doctor, monitor for example if suddenly the blood pressure is low we consult the doctor even though we don't use code blue, we still facilitate bedside monitoring, the doctor usually doesn't let go even though the patient is DNR, it is still the best effort for the patient" R2

"If there is a DNR patient, we usually continue to monitor them, so the monitoring is constant, for example, every 15 minutes we take turns to oxygenate patients, we continue to facilitate them." R3

DNR is the action of not giving resuscitation during cardiac arrest. ("DNR Guidel. Resusc.," 2019) (Name et al., 2022) DNR is an action that must obtain approval from the family or patient before the action is given. (Seal, nd) explained the criteria that can provide consent include being old enough if not

then it can be done by a guardian. DNR can be given in palliative conditions. (CaliforniaMedicalAssociation, 2010) (Pham, 2008) can be given one of them in palliative conditions. WHO in (Suhamdani et al., 2019) palliative is a disease that has a poor prognosis and tends to lead to death.

The results of this study obtained findings of nurses' experiences in implementing DNR including the Legal Aspect of DNR Actions. (Larenggam, 2013) legality is the authority granted by law, in other words, DNR actions are regulated by the Law regarding the authority to implement them. The experience gained by nurses illustrates that the authority to make DNR decisions is determined by doctors or medical personnel after a discussion from the team, one of which is the nurse in charge. The client's worsening condition can usually be seen from the EWS assessment by evaluating vital signs that are starting to decline. (Pujiastuti et al., 2021) EWS is a tool used to identify changes in a patient's condition, EWS can be used as a basis for requesting assistance for life-threatening conditions. EWS is a physiological assessment system based on rapid and quantitative assessment of changes in vital signs. (RSI, 2022) if a Score > 7 is obtained, the Emergency response is to motivate the Intensive Care room to provide basic life support, but in palliative patient conditions it is not carried out. (Astuti et al., 2023) explained that in cases of COPD, EWS is not recommended, because in patients with COPD who generally have oxygen saturation and normal ranges in COPD patients are different from those embedded in the EWS score algorithm. Said in (Adriana, 2021) explained that DNR is said to be legal, the American Heart Association (AHA) recommendation states that CPR is not indicated in all patients, patients with terminal conditions, irreversible diseases, and diseases with a prognosis of death that is almost certain, do not need to be CPR.

(....Indonesian Ministry of Health, 2014) explains. Delaying life support therapy (*with-holding life supports*) is delaying the provision of new or advanced life support therapy without stopping ongoing life support therapy. In patients who are in a state that cannot be cured due to their illness (*terminal state*) and medical procedures are futile (*futile*), life support therapy can be stopped or postponed. Respondents' statements explain that continuing to meet needs such as reducing pain or oxygenation is done to reduce patient suffering. (....Indonesian Ministry of Health, 2014) Life support therapy that cannot be stopped or postponed includes oxygen, enteral nutrition and crystalloid fluids. (....Indonesian Ministry of Health, 2016) dose increases can be given in the terminal phase to increase comfort. DNR orders must be based on the consent of the patient and family. The consent given by the patient must be in a state of full consciousness and in conditions of decreased consciousness, DNR consent can be given by the family. Education on the implementation of DNR is carried out before decision making. (Wijilestari et al., 2022) in their study explained that DNR requests were submitted by different parties in each case, such as their own request, their husband's request, or considerations of DPJP and PPA.

The basis for the request varies, including the patient's condition has a poor prognosis (night) or tends to be poor (dubia ad night), or the patient's disease condition which causes vital organ failure either acutely/quickly or chronically/slowly and is irreversible or cannot be restored to its original state. (Wijaya et al., 2022) explains that CPR is not performed on patients with cardiac arrest caused by other factors such as kidney failure, cancer, or other chronic conditions, because there is rarely improvement in patients after CPR. (Septiana et al., 2017) when the patient is incompetent to make medical decisions such as in patients in a permanent vegetative state or patients in a coma, then in cases like this the decision is generally made by the patient's family or guardian. Ethical aspects in DNR actions include 4 ethical standards of *beneficence, maleficence, autonomy, and justice* .

(....Ministry of Health of the Republic of Indonesia, 2016) There are 4 basic principles of palliative action, including *beneficence, maleficence, autonomy, and justice*. *Beneficence* or the principle of benefit

of CPR tends not to provide benefits or improvements in irreversible conditions or in palliative disease conditions, besides that DNR also aims to reduce patient suffering (Sediatmojo, 2021) The main motivation for Termination of Life Support Therapy is to relieve the patient's suffering at the end of his life, clearly very different from murder, the goal is to be oriented towards the patient's good. *Maleficence* refers to the negative impacts that occur in DNR actions which are more common (JARIAH, 2015) DNR is not an act of euthanasia where the decision-making is based on considerations. For example, a patient in a brain stem/vegetative state where the patient lives with supportive measures and there is no possibility of improvement, a condition where other conditions of the patient are considered with a higher chance of survival. The principle of justice or *Justice adil* does not have to be the same as that mentioned in the patient's *vegetative condition*, so it would be unfair if a patient with a better life expectancy died because of maintaining the patient's *vegetative condition* where the patient is in a terminal condition approaching death.

(Wijaya et al., 2022) To ensure fairness, health care practitioners must assess whether medical procedures: 1) treat, prevent, and prolong life; 2) have fewer side effects and pain; 3) provide benefits; and 4) have a true positive impact than a negative impact. *Autonomy* provides patient rights as previously explained that DNR is carried out based on the consent of the patient or family if the patient or family refuses, then maximum efforts are still given to terminal patients according to hospital standard procedures. (Ose, 2017) DNR is decided when the patient shows no improvement after resuscitation which is indicated by the patient's hemostatic and hemodynamic status which can be measured from vital signs, pulse, blood pressure, temperature, or patient saturation or from other monitoring. A history of chronic disease, terminal illness is also part of the consideration in decision making.

(RSUD M.Natsir, 2019) explains the SOP for DNR management. DNR approval or cancellation must be clearly documented. (Adhikary & Raviraj, 2006) explains that DNR action approval is important as a Legal Aspect of DNR implementation. (Anesthesiologists & Committee, nd) in pediatric cases, parents have an important role in deciding on DNR actions, informed consent is important in the DNR action implementation procedure. (Murphy, 2004) Documentation in the patient's medical record of the decision to DNR and not perform CPR should be included in both the physician's order and the patient's progress notes. (Snars, 2014) A DNR order can be revoked by the patient's own decision or the treating physician, or by a legal guardian. In this case, the DNR record should also be revoked and the DNR bracelet (if present) should be destroyed. Alligood and Tomey in (Ose, 2017) explain that the focus of care given to palliative patients with DNR status is to prepare the patient to face death well, feel free from pain, die comfortably, feel valuable, respected, feel peaceful, calm.

The DNR consent procedure should consider several things when explaining the DNR procedure. (Medical et al., 2018) Physicians should ensure that patients understand the meaning of resuscitation and "do not resuscitate," explain the benefits and risks of resuscitation efforts, and answer any questions the patient may have. In addition, physicians should explain the differences in care protocols between the statewide EMSA/CMA-approved Prehospital DNR, the EMSA-approved POLST Form (which includes care options for patients admitted to hospitals and other health care facilities), and the standard DNR order.

CONCLUSION

The results of the study obtained 2 themes including the legal aspect of DNR actions, and the Ethical Aspect of DNR actions consisting of 4 ethical standards of beneficence, maleficence, autonomy, and justice. The focus of care given to palliative patients with DNR status is to prepare patients to face death well, feel free from pain, die comfortably, feel valuable, respected, feel peaceful, calm. Further research suggestions are the factors underlying DNR decision making for palliative patients.

REFERENCES

-Ministry of Health of the Republic of Indonesia. (2014). *Regulation of the Minister of Health of the Republic of Indonesia Number 37 of 2014* .
-Ministry of Health of the Republic of Indonesia. (2016). *Palliative Cancer Tot Module for Health Workers* . Ministry of Health of the Republic of Indonesia, Directorate of Prevention and Control of Non-Communicable Diseases.
- Adhikary, S. Das, & Raviraj, R. (2006). Do Not Resuscitate Orders. *Indian Journal Of Medical Ethics* , 3 (3), 100–101. <https://Doi.Org/10.20529/Ijme.2006.039>
- Adriana, G. (2021). Do Not Resucitate (Dnr) In The Indonesian Legal System. *Cerdika: Indonesian Scientific Journal* , 1 (5), 515–523. <https://Doi.Org/10.59141/Cerdika.V1i5.82>
- Anesthesiologists, C., & Committee, S. (ND). Peri-Operative Status Of “Do Not Resuscitate” (Dnr)* Orders And Other Directives That Limit Interventions. In 2019 .
- Astuti, LP, Trisyani, Y., & Mirwanti, R. (2023). Implementation of Early Warning System (EWS) in Detecting Acute Deterioration in Adult Patients in Hospital Inpatient Rooms. *Journal Of Telenursing (Joting)* , 5 (2), 1590–1603. <https://Doi.Org/10.31539/Joting.V5i2.6356>
- Californiamedicalassociation. (2010). Emergency Medical Services Prehospital Do Not Resuscitate (Dnr) Form Emergency Medical Services Prehospital Do Not Resuscitate (Dnr) Form An Advance Request To Limit The Scope Of Emergency Medical Care. *Cma Publications* , 1 (800), 882–1262. www.Cmanet.Org Emergency
-(2019). In *Dnr Guideline Resuscitation* (Vol. 11, Issue 1, Pp. 1–14). http://Scioteca.Caf.Com/Bitstream/Handle/123456789/1091/Red2017-Eng-8ene.Pdf?Sequence=12&Isallowed=Y%0ahttp://Dx.DoI.Org/10.1016/J.Regsciurbeco.2008.06.005%0ahttps://Www.Researchgate.Net/Publication/305320484_Pembetulan_Tercentral_Strategi_Preservation
- Jariah, AA (2015). Euthanasia Acts Carried Out by: *Journal of Legal Studies*.
- Larenggam, DN (2013). *Legal Provision As A Reference In The* . 1–164.
- Authority, S., Health, C., & Agency, H.S. (2018). *Do Not Resuscitate (Dnr) And Other Patient-Designated Directives* . October .
- Murphy, T. F. (2004). Do-Not-Resuscitate (Dnr). *Jona's Healthcare Law, Ethics And Regulation* , 6 (1), 1–2; Author Reply 2. <https://Doi.Org/10.3126/Jkmc.V7i4.23327>
- (2022). *Emergency Care Do Not Resuscitate Order (Dnr) Only The Do Not Resuscitate (Dnr) Bracelet Identifies To The Emergency Medical Service Responders That You Are Dnr. This Form Cannot Be Used To Communicate Your Wishes To Responders. This Form Is A Legal* . 44763 .
- Ose, MI (2017). Experience of IGD Nurses Caring for Do Not Resuscitate Patients in the Near-Dying Care Phase. *Indonesian Nursing Journal* , 20 (1), 32–39. <https://Doi.Org/10.7454/Jki.V20i1.378>
- Pham, J. P. (2008). Do Not Resuscitate. *National Interest* , 94 .
- Pujiastuti, D., Purwaty, E., Janah, J., Yohanes Ngadhi, P., Surianto, P., Chrisna Dewi, R., & Talu, Y. (2021). Application of Early Warning System (EWS) as a Detection Early Mortality in Critical Care

- Area. *Journal of Nursing Research* , 7 (1), 1–9. <https://doi.org/10.32660/jpk.v7i1.552>
- Rsi, K. (2022). *Early Warning System (EWS) Guide* .
- RSUD M.Natsir. (2019). *Standard Operating Procedure Standard Operating Procedure* . 065 .
- Seal, N. (ND). *Out-Of-Hospital Do-Not-Resuscitate (Ooh-Dnr) Order* . 25 (2).
- Sediatmojo, A. Sediatmojo. (2021). Legal Study of Termination of Life Support Therapy (Withdrawing Of Life Support) in Palliative Care. *Yustisia Merdeka: Scientific Journal of Law* , 7 (1), 14–26. <https://doi.org/10.33319/yume.v7i1.76>
- Septiana, D., Sentot Sudarwanto, A., & Sulistiyono, A. (2017). Implementation of Termination of Life Support in Terminal Patients in the Perspective of Protection of the Right to Life of Masters Program Students of Health Law Faculty of Law, Sebelas Maret University. *Postgraduate Journal of Law Uns* , V (2), 19–28. <http://news.liputan6.com>
- Snars. (ND). *Definition of Dnr I. Understanding* (Pp. 1–3). <https://snars.web.id/rs/panduan-dnr-do-not-resuscitate/>
- Suhamdani, H., Permana, I., Wardaningsih, S., & Rahmah, R. (2019). Experience of Pediatric Palliative Nurses in Providing End of Life Care at Home. *Aisyiyah Journal of Midwifery and Nursing* , 15 (1), 10–21. <https://doi.org/10.31101/jkk.993>
- Wijaya, YA, Yudhawati, NL, & Andriana, F. (2022). Ethical Dilemmas in the Management of “Do Not Resuscitation” (Dnr) in Indonesia. *Nursing Ethics* , 20 , 1–10.
- Wijilestari, MI, Soeharso, YL, & Pudjo, H. (2022). *Factors Influencing the Do Not Decision* . 02 (01), 67–81.