

Colorado law provides for CPR directives

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When addressing the sensitive issues of cardiopulmonary resuscitation and “CPR directives” for gravely ill students, Colorado law recognizes that authority and responsibility rests with the student’s parents and physicians. Parents who have realized, with doctor’s counsel, that resuscitation attempts could not cure or benefit their child are legally entitled to obtain a “CPR directive” that informs all medical providers and other persons, including school personnel, that CPR should *not* be used for their child. Usually, children with CPR directives have suffered from very serious illnesses or developmental disabilities for a long time.

“The professional irony of trying to educate a terminally ill child is excruciating, unless the teacher is able to see that education in these cases is not aimed at achieving a long-term goal but to giving a dying student some sense of normalcy, contact with other children, and a taste of the joy of learning,” notes Peter Hulac, M.D. of the Colorado Permanente Medical Group. The presence of these students in classrooms can affect faculty and other pupils in a variety of ways, and planning for “crisis management” can be administratively challenging.

Pediatricians, emergency physicians and parents participated in the development of Colorado’s law on CPR directives for children, which passed in 1994 as an amendment to the 1992 Patient Autonomy Act. Implementation of CPR directives is overseen by the Emergency Medical Services Division of the Colorado Department of Public Health and Environment. Regulations issued by the Colorado Health Department regarding CPR directives contain guidelines about emergency medical personnel’s responsibilities to provide “appropriate comfort care and treatment” when a CPR directive is present, even though they *must not* perform CPR. According to Carla Murphy, physician at Lutheran Medical Center Emergency Department, “a CPR directive says to me that careful consideration has been given to the issue of resuscitation by medical decision-makers and the physician who knows the patient best. Further, no CPR does not mean no care. Comfort care should be given to these children by school personnel as well as medical providers who are summoned to the scene.”

The Colorado Patient Autonomy Act states, “any emergency medical service personnel, health care provider, health care facility, or any other person who, in good faith, complies with a CPR directive, shall not be subject to civil or criminal liability or regulatory sanction for such compliance”. In other words, legal immunity is provided to persons who honor CPR directives, so that they are insulated from any legal liability for refraining from CPR. “Fear of legal action should prompt the honoring, not the disregarding, of CPR directives. Unwanted resuscitation resulting in a comatose child on a ventilator is much more likely to

cause an expensive lawsuit for a school than honoring a valid legal document,” according to Dr. Murphy.

Former state senator Dottie Wham, who sponsored the Patient Autonomy Act, is sympathetic to teachers’ and school districts’ concerns. Senator Wham urges school districts to engage in parent-teacher-administrator dialogues to develop plans for honoring CPR directives until emergency medical professionals are on the scene. “I recognize the need for sensitivity when implementing CPR directives in school settings and I fully support the efforts of school districts to develop compassionate and effective plans,” said Senator Wham. “It is challenging,” she acknowledged, “but that is no excuse for disobeying the law and disregarding the instructions of parents and physicians.”

The basic human urge to “do something” to help a child in the final moments is powerful. Our challenge lies in realizing that CPR is extremely painful and *is not helpful* to the child with a CPR directive. Instead, what is needed is comfort care. Schools can provide some of this care and support. Schools should help by developing policies and procedures to aid them in honoring CPR directives for children.

Special thanks to the following contributors:

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