Decision Making in CPR

Fenner PJ, Leahy S.
Med J Aust 1999; 170: 454.

To the Editor:

Contrary to Mackay,' Surf Life Saving Australia (SLSA) is of the opinion that cardiopulmonary resuscitation (CPR) is the greatest advance in first aid in 50 years. It is now even more successful with the recent use of defibrillators - particularly the semi-automatic type that are now used by the ambulance service and trained first aiders in SLSA and other first aid organisations, such as St John Ambulance and the Red Cross.

Mackay's view on CPR is narrow and he quotes the poor results of only one end of a broad spectrum of success with CPR: the patients who have an unwitnessed collapse, who may have been clinically dead for some time and who have little chance of resuscitation, or those who may have a terminal illness and for whom resuscitation may simply prolong a poor-quality life with pain and suffering.

We believe that Mackay needs to refresh his view on the benefits of CPR, and suggest that he join and bring his skills to such great volunteer organisations as SLSA, St John Ambulance or the Red Cross, or even to professional bodies such as the ambulance service. There he will find dedicated people who have saved many lives with simple barehanded CPR. Early CPR has been proven on many occasions to keep a person alive until further help arrives, even in the apparently drowned if cardiac arrest is caused by a heart attack and defibrillation is needed.2

Statistics from SLSA show the success of both CPR and expired-air resuscitation, with up to 75% of "collapse" victims (ie, acute events such as myocardial infarction) being successfully resuscitated.' Although our results confirm Mackay's observations that longer periods without effective CPR reduce the chances of successful resuscitation, with success rates dropping the further the victim was from the patrolled area where trained lifesavers were present, our results are well above those Mackay quotes. We accept that CPR in certain cases is probably futile, but the only people able to pronounce a person clinically dead are doctors. First aiders, rescuers and ambulance personnel are duty bound to attempt CPR until a doctor assesses the victim and further resuscitative efforts are declared not worthwhile.

In an age dominated by increasingly complex medical and paramedical equipment, nothing has replaced simple barehanded CPR when' and where, it counts - immediately at the scene of the accident. While CPR in an accident and emergency department or hospital needs special consideration, we do not agree with Mackay's generalised view that CPR results are "poor", nor his wish that "the technique had never been introduced".

1 Mackay M. Decision making in CPR [letter]. Med J Aust 1 999; 170: 46.

2. Fenner PJ, Leahy S. Successful defibrillation on a beach by volunteer surf lifesavers [letter]. Med J Aust 1998; 1 68 1 69

3. Fenner PJ, Harrison SL, Williamson JA, Williamson BD. Success of surf lifesaving resuscitations in Queensland 1973-1992. Med J Aust 1995 163: 580-583.