Nursing Care and Do Not Resuscitate (DNR) and Allow Natural Death (AND) Decisions
Position of the American Nurses Association (March 12, 2012)

“Nurses must advocate for and play an active role in initiating discussions about DNR with patients, families, and members of the health care team."

The responsibility of registered nurses to fully participate in end-of-life discussions with patients and families, including discussions surrounding DNR orders is grounded in the ANA’s Code of Ethics with Interpretive Statements (2015) under its first provision: “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.” This provision also stipulates patients have the moral and legal right to self-determination. The Code further guides nurses by addressing the importance of carefully considered decisions regarding resuscitation status, withholding and withdrawing life-sustaining therapies, foregoing nutrition and hydration, palliative care, and advance directives. It advises, “Nurses assist patients as necessary with these decisions. Nurses should promote advance care planning conversations and must be knowledgeable about the benefits and limitation of various advance directive documents.” In addition, nurses provide interventions to relieve pain and other symptoms that may lead to suffering in the dying patient; practice should be consistent with palliative care practice standards.

ANA also supports clarity in any Do Not Resuscitate order. Instead of partial orders, ANA supports the use of a care plan that addresses life-threatening conditions and intended care that is patient and family centered, is medically appropriate, and meets the patient’s goals. Other recommendations include assuring palliative care support for all patients, providing specialized education for nurses, physicians, and other members of the interprofessional healthcare team to explore allowing natural death as well as do not resuscitate orders, building the evidence-base to guide practice around DNR process, enabling a process for dispute resolution around DNR decisions among patient, families, and clinicians, and promoting the active participation by nurses in developing comprehensive DNR policies within the institutions where they work.

Summary: ANA supports the rights of patients for self-determination. This right includes the right to a natural death without resuscitative efforts. In addition, Nursing: Scope and Standards of Practice (2010) supports nursing care that protects patient autonomy, dignity, and rights, as well as nursing care that contributes to the resolution of ethical issues. Nurses have an ethical obligation to support patients in their choices, and, when needed, support surrogate decision-makers when they make decisions on patient’s behalf, when the decisions of the patient/surrogate do not violate the principle of nonmalfeasance. If such decisions pose special ethical conflicts for a patient’s nurse, mechanisms need to be in place for the transfer of care to another nurse who is competent to care for that patient. ANA supports mechanisms that encourage nurses to more fully participate in end-of-life discussions with patients and families.

The full text of the policy can be viewed on NursingWorld.org

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