



Reply to the Letter to the Editor: “Cardiopulmonary resuscitation: an ethical concern or a matter of clinical judgment”[☆]

Réplica a la Carta al Editor: “Reanimación cardiopulmonar: cuestión de ética o inadecuado juicio clínico”

I fully share your views expressed in your Letter to the Editor,^{1,2} but it is important to clarify that ethics is not divorced from clinical practice and every medical action or clinical judgement should go hand-in-hand with an ethical perspective. Currently any medical decision should be the result of a dialogue between the patient and the medical team and never the result of a unilateral prerogative of the physician. In the case of cardiopulmonary resuscitation (CPR), it is the physician's duty to suspect when a patient is at risk of developing a cardiac arrest (CA), inform the patient and promote that dialogue in advance. Regardless of who makes the decision or the circumstances under which such decision is made, CPR should not be indicated as a routine treatment in the vent of a CA, considering the potential poor outcomes. Putting aside the autonomy issue and considering only the patient's well-being, (ethical principles of right-doing versus wrong-doing), one could ask then why CPR has been recommended for every CA patient, despite the awareness about the poor prognosis? One may argue that this is the only option in the face of death, but are we taking the patient and society's wellbeing into consideration? Or are we exclusively considering keeping the patient alive regardless of his/her quality of life further on. Humanization of medicine aims at respecting autonomy, constantly balancing what can be done against what should be done.

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REFERENCE

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