
DO NOT RESUSCITATE (DNR) ORDER FOR INCAPACITATED PATIENTS

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Abstract

A Do Not Resuscitate (DNR) order can be beneficial to a patient who may have a terminal disease or is of old age as it can reduce their pain and suffering during the end of their life. However, not many countries offer the option of having a DNR order. The laws on this order in the United States of America (USA), United Kingdom (UK) and Australia are similar while Thailand does not offer this decision. This is a comparison of medical laws regarding consent and the right to refusal in different countries.

Keywords: Do Not Resuscitate (DNR), Advance Directive (AD), Cardiopulmonary Resuscitation (CPR)

Introduction

Do-not-resuscitate (DNR) order, a type of an advance directive (AD), is a legal medical document which notifies healthcare providers to not attempt cardiopulmonary resuscitation (CPR) when breathing or heartbeat stops (Cleveland Clinic, 2023). Patients will continue to receive treatment including medications and other standard medical care. A person facing a terminal illness, end-stage disease or nearing the end of life may choose to obtain a DNR to prioritise quality of life and comfort over the longevity of life (Restivo, 2025). America was the first country to introduce DNR orders. In the late 1960s, shortly after CPR was developed, patients would request to not receive CPR and hospitals would have different methods of identifying which patient did not want CPR. In 1974, DNR orders were formally documented into medical records. New York was the first state to permit a statute governing DNR orders in 1988 (Burns, et al., 2003). Currently, there are only a few countries with DNR orders including the USA, Canada, Australia, Belgium, Denmark, Italy, the Netherlands, Sweden and Switzerland (van Delden, et al., 2006). However, most countries will respect the patient's autonomy if refused care, an oral statement is mostly provided instead of a full legal document. Some Islamic countries such as Iran do not have a formal DNR order due to cultural and religious aspects (Nabavi, et al., 2017). Although legal in some Islamic countries such as Saudi Arabia, most people have a limited knowledge about DNR orders and tend to disagree with it (Qutob, et al., 2023), Islamic laws allow DNR orders in the case of terminal disease while Jewish laws permit DNR order in case CPR is not possible or the patient will most likely die even with CPR (Burns, et al., 2003).

ADs are legal documents stating the medical care someone expects to receive when they are unable to communicate their desire during the course of their treatment. ADs can include instructions for emergency care, common treatment and medical procedures they wish to accept or decline. A power of attorney for healthcare can be appointed, they can make medical decisions for the patient if they are unable to make one themselves (National Institute

on Aging, 2022). A person is deemed as incapable of making medical decisions if they suffer from the following: dementia, severe learning disabilities, brain damage, mental health conditions, intoxication, or physical/mental condition that may impair their judgement (NHS, 2017).

CPR is an emergency procedure administered when someone's heart or breathing stops abruptly. It allows blood to flow through the organs, most importantly the brain. CPR can include chest compressions, artificial breathing, defibrillation and intubation (*What Is CPR?*, n.d.). Healthcare providers will immediately do CPR if a patient goes into cardiac arrest unless the patient has a DNR order. CPR has a high success rate with around 80% of people who survived CPR are able to recover well and live independently (Callaway, et al., 2017). However, survivors of CPR may also suffer broken ribs or a collapsed lung due to chest compressions. Some may survive but vital organs may be damaged which can lead to other complications, this can severely affect their quality of life. Some people may choose to establish a DNR order to avoid the potential risks of CPR.

Laws in the usa

In the United States of America, a DNR order is completed with a healthcare provider with the patient's informed consent, if capable of giving informed consent. Once all documents are filed, the DNR order will be in the patient's medical record to notify healthcare workers. Medical ID bracelets are also available to inform first responders of their DNR. There are multiple types of DNR orders such as Do Not Attempt Resuscitation order, Allow Natural Death order, or Do Not Intubate order and specified DNRs (Cleveland Clinic, 2023). The USA offers AD which is often referred to as a living will to inform healthcare providers of how they wish to be treated. A power of attorney for healthcare is someone with legal power to make decisions in place of the patients (National Institute on Aging, 2022). Each state has their own DNR laws.

Laws in the uk

In the United Kingdom, it is called Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). Similarly to the USA, the DNACPR form is kept in the patient's medical record where it is easily identified by doctors. Although DNACPR is not legally binding, an Advance Decision to Refuse Treatment (ADRT) is and a decision to not receive CPR can be written in the ADRT. A DNACPR decision can be made by the person themselves or by the patient's doctor without the patient's consent. In case of an emergency where the person is incapable of making a decision on receiving CPR, doctors will first search for an ADRT and a Lasting Power of Attorney (LPA). An LPA is a person who will make decisions on the medical care the patient will receive. If there is neither ADRT nor LPA, the decision will be made by the senior doctor with the patient's family and friends or an independent mental capacity advocate and the multidisciplinary team (NHS, 2021).

Laws in australia

In Australia, a DNR order has different names but stands for the same order; to not perform CPR. The patient will be consulted to determine if they are capable of making the decision. A valid DNR order is legal binding, but there seems to be some knowledge gaps regarding this topic (*Do Not Resuscitate: Who Decides?*, n.d.). Australia offers AD which is an outline of what the patient would prefer as their future care, they can also appoint a substitute decision maker to make decisions in place of the patient if they are incapable to do so (Australian Government, 2025).

Laws in thailand

In Thailand, patients are allowed to refuse care as they have the right to self-determination providing that they are capable of making that decision. Healthcare providers require the patient's consent to treat them except during a life-threatening situation, when the patient is unconscious, when there is no one that is associated with the patient present or in cases where the law specifies. Although patients will have to sign a consent form in most situations, implied or verbal consent is also valid.

In Thailand, Section 8 paragraph one of National Health Act, B.E. 2550 (A.D. 2007) specifies that "In providing health service, a public health personnel shall provide health information in connection with the service to the service receiver as adequately as to decide the proper choice of service. In case he or she refuses to receive service, no person shall provide service to him or her." However, this is not applicable during an emergency where the patient needs urgent help or if the patient is incapable of acknowledging the information thus incapable of making a decision and there is no one who can make the decision in place of the patient.

Therefore, Thailand currently does not have a law that grants the representative of the patient the right to make decisions in place of the patient in case of an emergency. However representatives such as relatives commonly make decisions for the patient when the patient is incapable of making one. A court appointed curator, someone who is given the task to manage the incompetent's affairs, can make medical decisions in place of the patient when the patient is incapable of making one. One can apply to become a curator which is similar to becoming the power of attorney in other countries, though the process can take a long time so in most situations, the relatives will make the decision and provide consent.

Although patients have the right to refuse care, healthcare providers will continue to treat them during an emergency when the patient's life is threatened. Currently, there are no laws in Thailand granting patients the right to refuse these emergency treatments such as CPR, unlike the UK, USA and Australia.

Results and discussion

DNR orders are often made by people who are nearing the end of life whether by a terminal illness, end stage disease or nearing life expectancy. A person would choose to get a DNR order for various reasons such as limiting pain and suffering or to maintain dignity. It can also make someone feel like they have more control over their own life (Cleveland Clinic, 2023). CPR can save lives but it can also result in injuries which will add pain and suffering to someone who may already be reaching the end of their life. With a DNR, the goal is not to preserve life but to improve quality of life (Restivo, 2025).

Overall, a DNR order can reduce unnecessary suffering for patients who have been suffering with a terminal illness who may also have to recover from damages caused by CPR if it was administered. It allows patients to feel in control and provide peace of mind. On the other hand, DNR orders are not widely known and many healthcare providers do not fully understand them which can lead to patients' autonomy not being respected. Patients may still receive CPR due to the healthcare provider's negligence. Some people may obtain a DNR order while not fully understanding it due to not being informed properly by the healthcare provider, resulting in the patient not receiving the care they truly desire (Yuen, et al., 2011).

A DNR order is legal binding in some countries. Patients may only obtain them after being fully informed of the order and should be evaluated by a healthcare professional to determine that they are of sound mind to making this decision. A healthcare provider will not be able to administer CPR to someone with a DNR order, failure to comply with the order can result in legal repercussions.

Conclusion

Legal systems in countries such as the USA, UK, and Australia recognize and uphold patients' rights to decline life-saving procedures, including CPR, through legally enforceable advance directives or DNR orders. In Thailand, the knowledge on DNR orders is limited and there are no laws which give patients the right to refuse CPR. The patient's refusal to CPR may be expressed orally to the healthcare provider and relatives however this is not legally binding. This creates an ethical dilemma where the doctor will have to choose to respect the patient's autonomy or provide beneficial care to patients. Though, one can argue that the good thing to do is to not attempt CPR as it may result in injuries and more pain. The right to refuse emergency care, such as CPR is not outlined clearly as the law states that healthcare providers do not require consent to perform such procedure but it does not acknowledge the situation where the patient may refuse this medical care.

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