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* **Article** Document 1

Bikopo, Deogratias Biembe; Van Bogaert, Louis-Jacques

Reflection on euthanasia: western and African Ntomba perspectives on the death of a chief.

Developing World Bioethics 2010 April; 10(1): 42-48

Abstract: Largely, the concept of energy or vital force, as first analysed by Placide Tempels in Bantu Philosophy, permeates most African ontology systems, worldviews and life views. The Ntomba Chief is chosen because of his above average vital force. This puts him in the position of intermediary between the Supreme Being, the ancestors, and his subordinates. The waning of his energy is incompatible with his position because his energy is that of his tribe. When installed, he takes an oath that, when this happens, he has to accept mohilo, the 'hastening of death'. In the Chief's case, the hastening of death is not intended to relieve his pain, as it would be with other creatures. The Chief's dying a natural death would result in the loss of the entire community's vital force. Therefore, he has to be killed ritually to avoid that risk. That the Chief agrees to be killed - via a form of advanced directive - poses an ethical dilemma for a Western observer. From the Ntomba perspective, however, where the energy is being, and being is energy, it is the only way to preserve and protect the community's raison d'être.



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* **Article** Document 2

Range, Lillian M.; Rotherham, Alicia L.

Moral distress among nursing and non-nursing students.

Nursing Ethics 2010 March;17(2): 225-232

Abstract: Their nursing experience and/or training may lead students preparing for the nursing profession to have less moral distress and more favorable attitudes towards a hastened death compared with those preparing for other fields of study. To ascertain if this was true, 66 undergraduates (54 women, 9 men, 3 not stated) in southeastern USA completed measures of moral distress and attitudes towards hastening death. Unexpectedly, the results from nursing and non-nursing majors were not significantly different. All the present students reported moderate moral distress and strong resistance to any efforts to hasten death but these factors were not significantly correlated. However, in the small sample of nurses in training, the results suggest that hastened death situations may not be a prime reason for moral distress.



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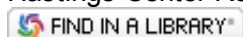


* **Article** Document 3

Rosenbaum, Julie Rothstein

When you least expect it [in practice]

Hastings Center Report 2010 January-February; 40(1): 7-8



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http://muse.jhu.edu/journals/hastings_center_report/toc/hcr.40.1.html (link may be outdated)

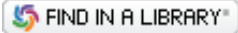


* Article Document 4

Naim, Thomas

Conversations at the end of life

Health Progress 2009 November-December; 90(6): 7-9



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<http://www.chausa.org> (link may be outdated)



* Article Document 5

Gielen, Joris; Van den Branden, Stef; Broeckaert, Bert

The operationalisation of religion and world view in surveys of nurses' attitudes toward euthanasia and assisted suicide.

Medicine, Health Care, and Philosophy 2009 November; 12(4): 423-431

Abstract: Most quantitative studies that survey nurses' attitudes toward euthanasia and/or assisted suicide, also attempt to assess the influence of religion on these attitudes. We wanted to evaluate the operationalisation of religion and world view in these surveys. In the Pubmed database we searched for relevant articles published before August 2008 using combinations of search terms. Twenty-eight relevant articles were found. In five surveys nurses were directly asked whether religious beliefs, religious practices and/or ideological convictions influenced their attitudes, or the respondents were requested to mention the decisional basis for their answers on questions concerning end-of-life issues. In other surveys the influence of religion and world view was assessed indirectly through a comparison of the attitudes of different types of believers and/or non-believers toward euthanasia or assisted suicide. In these surveys we find subjective religious or ideological questions (questions inquiring about the perceived importance of religion or world view in life, influence of religion or world view on life in general, or how religious the respondents consider themselves) and objective questions (questions inquiring about religious practice, acceptance of religious dogmas, and religious or ideological affiliation). Religious or ideological affiliation is the most frequently used operationalisation of religion and world view. In 16 surveys only one religious or ideological question was asked. In most articles the operationalisation of religion and world view is very limited and does not reflect the diversity and complexity of religion and world view in contemporary society. Future research should pay more attention to the different dimensions of religion and world view, the religious plurality of Western society and the particularities of religion in non-Western contexts.



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<http://www.springerlink.com/content/102960/> (link may be outdated)



* Article Document 6

Tomasini, Floris

Is post-mortem harm possible? Understanding death harm and grief.

Bioethics 2009 October; 23(8): 441-449

Abstract: The purpose of this article is not to affirm or deny particular philosophical positions, but to explore the limits of intelligibility about what post-mortem harm means, especially in the light of improper post-mortem procedures at Bristol and Alder Hey hospitals in the late 1990s. The parental claims of post-mortem harm to dead children at Alder Hey Hospital are reviewed from five different philosophical perspectives, eventually settling on a crucial difference of perspective about how we understand harm to the dead. On the one hand there is the broadly 'analytical' tradition(1) of thinking that predicates the notion of harm on the basis of an existing subject. Since the dead are non-existent persons, it makes little sense to view the dead as being harmed. On the other hand, there is a phenomenological perspective, where the dead, in respect to the experience of grief, are existentially absent. This forms the basis that it is possible to harm grieving parent's experiences of how their dead are treated. The article ends with a short examination of what harming the dead implies for traditional bioethical concerns, namely, obtaining informed consent from significant others when planning medical research on the newly dead.



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* Article Document 7

Hardwig, John

Going to meet death: the art of dying in the early part of the twenty-first century

Hastings Center Report 2009 July-August; 39(4): 37-45



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* Article Document 8

Kaldjian, L.C.; Erekson, Z.D.; Haberle, T.H.; Curtis, A.E.; Shinkunas, L.A.; Cannon, K.T.; Forman-Hoffman, V.L.

Code status discussions and goals of care among hospitalised adults

Journal of Medical Ethics 2009 June; 35(6): 338-342

Abstract: BACKGROUND AND OBJECTIVE: Code status discussions may fail to address patients' treatment-related goals and their knowledge of cardiopulmonary resuscitation (CPR). This study aimed to investigate patients' resuscitation preferences, knowledge of CPR and goals of care. Design, setting, patients and measurements: 135 adults were interviewed within 48 h of admission to a general medical service in an academic medical centre, querying code status preferences, knowledge about CPR and its outcome probabilities and goals of care. Medical records were reviewed for clinical information and code status documentation. RESULTS: 41 (30.4%) patients had discussed CPR with their doctor, 116 (85.9%) patients preferred full code status and 11 (8.1%) patients expressed code status preferences different from the code status documented in their medical record. When queried about seven possible goals of care, patients affirmed an average of 4.9 goals; their single most important goals were broadly distributed, ranging from being cured (n = 36; 26.7%) to being comfortable (n = 8; 5.9%). Patients' mean estimate of survival to discharge after CPR was 60.4%. Most patients believed it was helpful to discuss goals of care (n = 95; 70.4%) and the chances of surviving in hospital CPR (n = 112; 83.0%). Some patients expressed a desire to change their code status after receiving information about survival following in hospital CPR (n = 11; 8.1%) or after discussing goals of care (n = 2; 1.5%). CONCLUSIONS: Doctors need to address patients' knowledge about CPR and take steps to avoid discrepancies between treatment orders and patients' preferences. Addressing CPR outcome probabilities and goals of care during code status discussions may improve patients' knowledge and influence their preferences.



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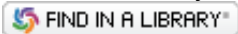


* Article Document 9

Stewart, Bradley Ernest

Lessons in dying.

Canadian Family Physician = Médecin de famille canadien 2009 May; 55(5): 555-556



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* Article Document 10

Inghelbrecht, Els; Bilsen, Johan; Pereth, Heidi; Ramet, José; Deliens, Luc

Medical end-of-life decisions: experiences and attitudes of Belgian pediatric intensive care nurses.

American Journal of Critical Care 2009 March; 18(2): 160-168



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* **Article** Document 11

Giese, Constanze

German nurses, euthanasia and terminal care: a personal perspective.

Nursing Ethics 2009 March; 16(2): 231-237

Abstract: The nursing profession in Germany is facing a public debate on legal and ethical questions concerning euthanasia on request and physician-assisted suicide. However, it seems questionable if the profession itself, individual nurses or the professional associations are prepared to be involved in such a public debate. To understand this hesitation, the present situation is considered in the light of the tradition and history of professional care in Germany. Obedience to medical as well as to religious authorities was long part of nurses' professional identity, but is no longer relevant. The lack of reflection and discussion on how to take a balanced view of ethical and political questions concerning nursing, and the role and responsibility of nurses in end-of-life decisions and situations of caring for dying people are discussed using the situation of nurses in the Netherlands as a comparison.



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* **Article** Document 12

Caplan, Authur

The sad case of Motl Brody

Free Inquiry 2009 February-March; 29(2): 18-19



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* **Chapter** Document 13

Acolatse, Esther E.

Embracing and resisting death: a theology of justice and hope for care at the end of life

In: Swinton, John; Payne, Richard, eds. Living Well and Dying Faithfully: Christian Practices for End-of-Life Care. Grand Rapids, MI: William B. Eerdmans Pub. Co., 2009: 246-271

Call number: [R726 .L556 2009](#)



* **Article** Document 14

Daugherty, Christopher K; Hlubocky, Fay J

What are terminally ill cancer patients told about their expected deaths? A study of cancer physicians' self-reports of prognosis disclosure.

Journal of Clinical Oncology 2008 December 20; 26(36): 5988-5993



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* **Article** Document 15

Catania, C.; Zagonel, V.; Fosser, V.; La Verde, N.; Bertetto, O.; Iacono, C.; Venturini, M.; Radice, D.; Adamoli, L.; Boccardo, F.

Opinions concerning euthanasia, life-sustaining treatment and acceleration of death: results of an Italian Association of Medical Oncology (AIOM) survey.

Annals of Oncology 2008 November; 19(11): 1947-1954



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* **Article** Document 16

Borreani, Claudia; Brunelli, Cinzia; Miccinesi, Guido; Morino, Piero; Piazza, Massimo; Piva, Laura; Tamburini, Marcello

Eliciting individual preferences about death: development of the end-of-life preferences interview.

Journal of Pain and Symptom Management 2008 October; 36(4): 335-350



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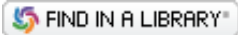


* **Article** Document 17

Nolan, Marie T.; Kub, Joan; Hughes, Mark T.; Terry, Peter B.; Astrow, Alan B.; Carbo, Cynthia A.; Thompson, Richard E.; Clawson, Lora; Texeira, Kenneth; Sulmasy, Daniel P.

Family health care decision making and self-efficacy with patients with ALS at the end of life

Palliative and Supportive Care 2008 September; 6(3): 273-280



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* **Article** Document 18

Evans, James

Beyond abortion: the looming battle over death in the 'culture wars'

Bioethics 2008 September; 22(7): 379-387

Abstract: By concentrating on abortion, the culture wars have avoided facing a crisis about the end of life. This paper explores four themes: (1) the technological transformation of birth and death into matters of decision, not matters of fact; (2) abortion as the nexus of Eros (sex) with Thanatos (death); (3) the real crisis, conveniently masked by our obsession with sex, looming at the end of life, not at its beginning; (4) the surplus-repression that protects us from assuming responsibility for choosing between life and death.



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* **Article** Document 19

Farsides, Bobby

I'm listening, Mr Johnson, now let's start talking [editorial]

Clinical Ethics 2008 September; 3(3): 105-106



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<http://ce.rsmjournals.com/> (link may be outdated)



* **Article** Document 20

Jacobs, Lenworth M.; Burns, Karyl; Jacobs, Barbara Bennett

Trauma death: views of the public and trauma professionals on death and dying from injuries

Archives of Surgery 2008 August; 143(8): 730-735



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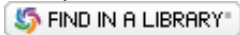
* **Article** Document 21

Ohnsorge, Kathrin; Guddat, Heike; Rehmann-Sutter, Christoph

Terminally ill patients' wish to die: the attitudes and concerns of patients with incurable cancer about the end

of life and dying

European Association of Centres of Medical Ethics Newsletter [electronic] 2008 July; (19): 4-6



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* **Article** Document 22

Bates, Stephen

Prenates, postmorts, and bell-curve dignity.

Hastings Center Report 2008 July-August; 38(4): 21-25



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* **Article** Document 23

Terry, Louise M.; Carroll, Jo

Dealing with death: first encounters for first-year nursing students

British Journal of Nursing 2008 June 26-July 9; 17(12): 760-765



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* **Article** Document 24

Lisker, Rubén; Alvarez Del Rio, Asunción; Villa, Antonio R.; Carnevale, Alessandra

Physician-assisted death. opinions of a sample of Mexican physicians.

Archives of Medical Research 2008 May; 39(4): 452-458



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* **Article** Document 25

Aita, Kaoruko; Miyata, Hiroaki; Takahashi, Miyako; Kai, Ichiro

Japanese physicians' practice of withholding and withdrawing mechanical ventilation and artificial nutrition and hydration from older adults with very severe stroke.

Archives of Gerontology and Geriatrics 2008 May-June; 46(3): 263-272



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* **Article** Document 26

Samaan, M.C.; Cuttini, M.; Casotto, V.; Ryan, C.A.

Doctors' and nurses' attitudes towards neonatal ethical decision making in Ireland.

Archives of Disease in Childhood. Fetal and Neonatal Edition 2008 May; 93(3): F217-F221



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* **Article** Document 27

Kassirer, Jerome P.

Are doctors heartless about death? [review of Final Exam: A Surgeon's Reflections on Mortality, by Pauline

Chen]

BMJ: British Medical Journal 2008 April 12; 336(7648): 835



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<http://www.bmj.com> (link may be outdated)



* Article Document 28

Curlin, Farr A.; Nwodim, Chinyere; Vance, Jennifer L.; Chin, Marshall H.; Lantos, John D.

To die, to sleep: US physicians' religious and other objections to physician-assisted suicide, terminal sedation, and withdrawal of life support.

American Journal of Hospice and Palliative Care 2008 April-May; 25(2): 112-120



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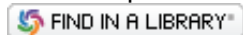


* Article Document 29

Borreani, Claudia; Miccinesi, Guido

End of life care preferences.

Current Opinion in Supportive and Palliative Care 2008 March; 2(1): 54-59



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* Article Document 30

Ganzini, Linda; Goy, Elizabeth R.; Dobscha, Steven K.

Why Oregon patients request assisted death: family members views

JGIM: Journal of General Internal Medicine 2008 February; 23(2): 154-157



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* Article Document 31

Kelly, Jacinta

Nurses' and doctors' perspectives on slow codes

Nursing Ethics 2008 January; 15(1): 110-120

Abstract: The aim of this study was to ascertain nurses' and doctors' perspectives on the practice of slow codes, which are cardiopulmonary resuscitative efforts that are intentionally performed too slowly for resuscitation to occur. A Heideggerian phenomenological study was conducted in 2005, during which data were gathered in the Republic of Ireland from three nurses and two doctors (via unstructured interviews) and analysed using Colaizzi's reductive procedure. Slow codes do occur in Ireland and are intended as beneficent acts. However, slow codes were identified as pointless and undignified when intrusive measures were employed. There is a need for discussion on the topic of slow codes in Ireland, and for aids to cardiopulmonary resuscitation decision making to be developed, such as advance directives, communication training, clinical guidelines and an explanatory leaflet for patients and families.



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* Article Document 32

Goldstein, Nathan E.; Mehta, Davendra; Siddiqui, Saima; Teitelbaum, Ezra; Zeidman, Jessica; Singson, Magdalena; Pe, Elena; Bradley, Elizabeth H.; Morrison, R. Sean

"That's like an act of suicide" patients' attitudes toward deactivation of implantable defibrillators



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* **Book** Document 33

Rosen, Steven J., ed.

ULTIMATE JOURNEY: DEATH AND DYING IN THE WORLD'S MAJOR RELIGIONS

Westport, CT: Praeger, 2008. 197 p.

Call number: [BL504 .U48 2008](#)



* **Book** Document 34

Green, James W.

BEYOND THE GOOD DEATH: THE ANTHROPOLOGY OF MODERN DYING

Philadelphia: University of Pennsylvania Press, 2008. 258 p.

Call number: [HQ1073.5 .U6 G74 2008](#)



Chapter Document 35

Timani, Hussam S.

Death and dying in Islam

In: Rosen, Steven J., ed. *Ultimate Journey: Death and Dying in the World's Major Religions*. Westport, CT: Praeger, 2008: 59-82

Call number: [BL504 .U48 2008](#)



* **Article** Document 36

Kopp, Steven W.

The influence of death attitudes and knowledge of end of life options on attitudes toward physician-assisted suicide.

Omega 2008-2009; 58(4): 299-311



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* **Article** Document 37

Williams, Beverly R.; Woodby, Lesa L.; Bailey, F. Amos; Burgio, Kathryn L.

Identifying and responding to ethical and methodological issues in after-death interviews with next-of-kin.

Death studies 2008; 32(3): 197-236



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* **Article** Document 38

Karadeniz, Gülten; Yanikkerem, Emre; Piriñçi, Edibe; Erdem, Ramazan; Esen, Aynur; Kitapçioğlu, Gül

Turkish health professional's attitude toward euthanasia.

Omega 2008; 57(1): 93-112



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* **Article** Document 39

Sorta-Bilajac, Iva; Brkanac, Domagoj; Brozovic, Boris; Bazdaric, Ksenija; Brkljacic, Morana; Pelcic, Gordana; Golubovic, Vesna; Segota, Ivan

Influence of the "Rijeka model" of bioethics education on attitudes of medical students towards death and dying -- a cross sectional study

Collegium Antropologicum 2007 December; 31(4): 1151-1157



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* **Article** Document 40

Garland, Allan; Connors, Alfred F.

Physicians' influence over decisions to forego life support

Journal of Palliative Medicine 2007 December; 10(6): 1298-1305



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* **Article** Document 41

Beck, Andrea M.; Konnert, Candace A.

Ethical issues in the study of bereavement: the opinions of bereaved adults.

Death Studies 2007 October; 31(9): 783-799



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* **Article** Document 42

Volker, Deborah L.; Limerick, Michael

What constitutes a dignified death? the voice of oncology advanced practice nurses.

Clinical Nurse Specialist 2007 September-October; 21(5): 241-247; quiz 248-249



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* **Article** Document 43

Caldwell, Patricia H.; Arthur, Heather M.; Demers, Catherine

Preferences of patients with heart failure for prognosis communication.

Canadian Journal of Cardiology 2007 August; 23(10): 791-796



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* **Article** Document 44

Lloyd-Williams, Mari; Kennedy, Vida; Sixsmith, Andrew; Sixsmith, Judith

The end of life: a qualitative study of the perceptions of people over the age of 80 on issues surrounding death and dying.

Journal of Pain and Symptom Management 2007 July; 34(1): 60-66



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* Article Document 45

de Vocht, Hilde; Nyatanga, Brian

Health professionals' resistance to euthanasia and assisted suicide: a personal view.

International Journal of Palliative Nursing 2007 July; 13(7): 351-355



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* Article Document 46

Bito, Seiji; Matsumura, Shinji; Singer, Marjorie Kagawa; Meredith, Lisa S.; Fukuhara; Shunichi; Wenger, Neil S.

Acculturation and end-of-life decision making: comparison of Japanese and Japanese-American focus groups

Bioethics 2007 June; 21(5): 251-262

Abstract: Variation in decision-making about end-of-life care among ethnic groups creates clinical conflicts. In order to understand changes in preferences for end-of-life care among Japanese who immigrate to the United States, we conducted 18 focus groups with 122 participants: 65 English-speaking Japanese Americans, 29 Japanese-speaking Japanese Americans and 28 Japanese living in Japan. Negative feelings toward living in adverse health states and receiving life-sustaining treatment in such states permeated all three groups. Fear of being meiwaku, a physical, psychological or financial caregiving burden on loved ones, was a prominent concern. They preferred to die pokkuri (popping off) before they become end stage or physically frail. All groups preferred group-oriented decision-making with family. Although advance directives were generally accepted, Japanese participants saw written directives as intrusive whereas Japanese Americans viewed them mainly as tools to reduce conflict created by dying person's wishes and a family's kazoku no jo--responsibility to sustain the dying patient. These findings suggest that in the United States Japanese cultural values concerning end-of-life care and decision-making process are largely preserved.



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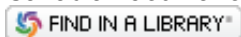


* Article Document 47

Marcoux, Isabelle; Mishara, Brian L.; Durand, Claire

Confusion between euthanasia and other end-of-life decisions: influences on public opinion poll results.

Canadian Journal of Public Health = Revue Canadienne de Santé Publique 2007 May-June ; 98(3): 235-239



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* Article Document 48

Wilson, Keith G.; Chochinov, Harvey Max; McPherson, Christine J.; Skirko, Merika Graham; Allard, Pierre; Chary, Srinii; Gagnon, Pierre R.; Macmillan, Karen; De Luca, Marina; O'Shea, Fiona; Kuhl, David; Fainsinger, Robin L.; Karam, Andrea M.; Clinch, Jennifer J.

Desire for euthanasia or physician-assisted suicide in palliative cancer care.

Health Psychology 2007 May; 26(3): 314-323



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* Article Document 49

Leung, Doris

Granting death with dignity: patient, family and professional perspectives.

International Journal of Palliative Nursing 2007 April; 13(4): 170-174



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* Article Document 50

Hone-Warren, Martha

Exploration of school administrator attitudes regarding do not resuscitate policies in the school setting
Journal of School Nursing 2007 April; 23(2): 98-103



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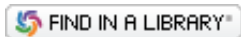


* Article Document 51

Song, John; Ratner, Edward R.; Bartels, Dianne M.; Alderton, Lucy; Hudson, Brenda; Ahluwalia, Jasjit S.

Experiences with and attitudes toward death and dying among homeless persons

Journal of General Internal Medicine 2007 April; 22(4): 427-434



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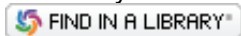


* Article Document 52

Werth, James L., Jr.

Some personal aspects of end-of-life decisionmaking

University of Miami Law Review 2007 April; 61(3): 847-861



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* Article Document 53

Dresser, Rebecca

Schiavo and contemporary myths about dying

University of Miami Law Review 2007 April; 61(3): 821-846



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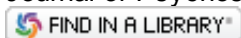


* Article Document 54

Heintz, A.P.M.

Quality of dying

Journal of Psychosomatic Obstetrics and Gynaecology 2007 March; 28(1): 1-2



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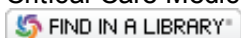


* Article Document 55

Hamric, Ann B.; Blackhall, Leslie, J.

Nurse-physician perspectives on the care of dying patients in intensive care units: collaboration, moral distress, and ethical climate

Critical Care Medicine 2007 February; 35(2): 422-429



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* Article Document 56

Sprung, Charles L.; Carmel, Sara; Sjokvist, Peter; Baras, Mario; Cohen, Simon L.; Maia, Paulo; Beishuizen, Albertus; Nalos, Daniel; Novak, Ivan; Svantesson, Mia; Benbenishty, Julie; Henderson, Beverly;
Attitudes of European physicians, nurses, patients, and families regarding end-of-life decisions: the ETHICATT study.

Intensive Care Medicine 2007 January; 33(1): 104-110



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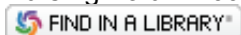


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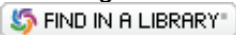
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Death and help expected from nurses when dying

Nursing Ethics 2006 July; 13(4): 360-375

Abstract: This project was undertaken to ascertain the perceptions of a group of Taiwan's fourth-year bachelor of science in nursing (BSN) students regarding death and help expected from nurses during the dying process. Within the Chinese culture, death is one of the most important life issues. However, in many Chinese societies it is difficult for people to reveal their deepest feelings to their significant others or loved ones. It was in this context that this project was developed because little is known about how Taiwan's nursing students perceive death and the dying process. Using an open-ended, self-report questionnaire, 110 senior BSN students recorded their thoughts on: (1) their fears before physical death; (2) afterlife destinations; and (3) the help they would expect from nurses when dying. The data were analyzed using a three-layer qualitative thematic analysis. The students' reported needs during the dying process were directed towards three main goals: (1) help in reaching the 'triple targets of individual life'; (2) help in facilitating in-depth support so that both the dying person and significant others can experience a blessed farewell; and (3) help in reaching a destination in the afterlife. The results support the belief of dying as a transition occurring when life weans itself from the mortal world and prepares for an afterlife.



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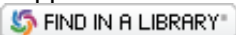


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Attitudes of medical practitioners towards "do not resuscitate" orders

Medicine and Law: World Association for Medical Law 2006 March; 25(1): 219-228

Abstract: When the desires of a patient are unknown or cannot be ascertained, cardio-pulmonary resuscitation (CPR) is the default procedure. Explicit, Do Not Resuscitate (DNR), orders are required to prevent implementation of CPR. We studied the response of general medical internists in specific clinical situations demanding consideration of DNR orders and respect for patient preferences; their current practice regarding slow codes and participation in CPR attempts considered futile provide information as to how often they discuss DNR issues with patients or families. Eighty-five internists attending the monthly meeting of the Internal Medicine Forum participated in the study. The physicians demonstrated their consent to participate by accepting a remote transmitter that elicited a response 2-3 minutes following the presentation of case vignettes or practice-related questions. The survey showed that 73% of the physicians agreed to assign a DNR order for a terminally ill patient unable to express her preferences. Only 55% agreed to do the same for a competent patient who specifically requested that CPR be withheld in the event of a cardiopulmonary arrest ($p < 0.05$). 77% reported to have performed CPR, at least three times, in situations where they expected no benefit. 59% affirmed that their team had performed a partial CPR (slow code) at least once. Only 28% discussed the subject of DNR with patients or family more than 5 times a year. Paternalism, disregard for patients' preferences and poor communication skills influence normative behaviour in end-of-life decision-making.



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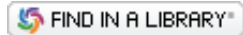


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