

Publication

"Do-not-resuscitate" preferences of the general Swiss population: Results from a national survey.

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To assess the do-not-resuscitate preferences of the general Swiss population and to identify predictors influencing decision-making.; A nationwide web-based survey was conducted in Switzerland on a representative sample of the adult population. The primary endpoint was the preference for a "Do Not Resuscitate" order (DNR Code Status) vs. cardiopulmonary resuscitation (CPR Code Status) in a clinical case vignette of an out-of-hospital cardiac arrest. Secondary endpoint were participants' own personal preferences for DNR.; 1138 subjects participated in the web-based survey, 1044 were included in the final analysis. Preference for DNR code status was found in 40.5% (; n; =423) in the case vignette and in 20.3% (; n; =209) when making a personal decision for themselves. Independent predictors for DNR Code Status for the case vignette were: Personal preferences for their own DNR Code Status (adjusted OR 2.44, 95%CI 1.67 to 3.55;; p; <0.001), intubation following respiratory failure (adjusted OR 1.95, 95%CI 1.20 to 3.18;; p; =0.007), time-period after which resuscitation should not be attempted (adjusted OR 0.91, 95%CI 0.89 to 0.93;; p; <0.001), and estimated chance of survival in case of a cardiac arrest (adjusted OR per decile 0.91, 95%CI 0.84 to 0.99;; p; =0.02; which was overestimated by all participants.; Main predictors for a DNR Code Status were personal preferences and the overestimation of good neurological outcome after cardiac arrest. Overestimation of positive outcomes after cardiac arrest seems to influence patient opinion and should thus be addressed during code status discussions.

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