



RATING SURVIVAL ON TV: A NEAR DEATH DRAMA

Picture this: a tearful mother heaps praise on rescue workers who successfully revived her nearly drowned son using CPR. If this is your mental picture of CPR, think again.

Doctors at Duke say that what the public sees on TV – and apparently believes – does not mesh with reality when it comes to administering cardiopulmonary resuscitation. In fact, the rift between TV drama and reality is so wide that it fosters unrealistic expectations of survival and recovery among patients and their families.

“If CPR was a benign and risk-free procedure that offered the hope of long-term survival in the face of otherwise certain death, few people would ever choose to withhold resuscitation,” said Dr. James Tulsky, co-director of the medical ethics program at Duke Medical center. “In reality, controversy surrounds the use of CPR precisely because it can lead to prolonged suffering, severe neurological damage, and an undignified death.”

“Tulsky isn't just spouting theory. In a Duke/Durham V.A. Medical Center study, published in the New England Journal of Medicine in June, researchers analyzed three popular television shows for their portrayals of CPR. Seventy-five percent of patients on “Rescue 911,” “ER” and “Chicago Hope” survived after CPR, and with no apparent disability.

In reality, survival ranges from zero to 30 percent, depending upon the patient's age, disability or disease, and whether he or she is already hospitalized at the time of cardiac arrest. And, contrary to television portrayals, real-life patients sometimes suffer permanent neurologic damage caused by their injury or disease, or the resuscitation efforts themselves.

Moreover, TV patients were overwhelmingly young and healthy trauma victims for whom CPR was a miraculous cure. Contrast that to real-life populations – elderly patients with a history of heart disease – and viewers are imbued with a false sense of hope regarding CPR's success rate, appropriate usage and risk factors.

These distinctions have serious implications for patients and families facing painful end-of-life decision, say Tulsky and co-authors Dr. Susan Diem and Dr. John Lantos. Since television producers are not likely to swap high drama for accuracy, researchers say that physicians must assume the roles of educator and communicator, helping patients plan for their deaths just as they would plan for their lives.

“The 85-year-old woman with metastatic breast cancer may believe that CPR works as well in her situation as it does for the 23-year-old trauma victim, and no one is telling her otherwise,” said Diem. “It’s our duty to convey the facts, explicitly and objectively but with compassion, so patients can make an informed choice.”

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