

## Advance Care Planning

### Do Not Resuscitate (DNR) Orders

Our goal is to help patients live longer and better; however, many treatments do not work as well as we wish. Some of our patients approach the end of their life while under our care.

The purpose of this document is to help you:

- Think about your wishes and preferences
- Understand your options
- Make health care and treatment decisions.



Talking about end-of-life issues can be hard. We value and respect your decisions. We want to make sure you are well informed and have the opportunity to discuss your wishes, questions and concerns with your family and health care team.

### Terms to Know

#### Cardiopulmonary Resuscitation (CPR)

Doctors and nurses do CPR when the heart stops working or when the heart and lungs stop working. They will:

- Push on the chest bone to pump on the heart in an effort to restart the heart and
- Apply a breathing bag and mask to force air into the lungs.

#### Do Not Resuscitate (DNR) or Allow Natural Death (AND)

This doctor's order tells the health care team not to perform CPR. In the hospital, a DNR/AND order lasts until a doctor cancels the order or the patient is discharged. In order for a patient not to receive CPR, an order must be written by the doctor on each admission.

For patients who wish to have an Out of Hospital DNR/AND order, the order is permanent unless the patient cancels the order. Patients with an Out of Hospital DNR/AND order still need an In Hospital DNR order, when admitted to the hospital.

#### Quality of Life

This is a person's overall well-being. A number of factors may affect quality of life, such as:

- Treatments and their side effects
- How well symptoms are controlled
- Time spent with loved ones at home or in the hospital
- Ability to engage in activities
- Social and spiritual issues

Each person has his or her own view of what is an acceptable quality of life based on his or her thoughts, feelings, values and goals.

## **Resuscitation Status (Code Status)**

An individual's resuscitation status tells us whether that person will receive medical treatment attempting to restart the heart or heart and lungs, if they stop working. Talk with your health care team to see if CPR would be appropriate for your situation.



## **Breathing Machines (Ventilation)**

A tube is placed through the patient's mouth into the windpipe and a machine breathes for them. This machine is called a ventilator.

People on ventilators are often heavily sedated, as if they are in a deep sleep.

“Making the decision about DNR eased my fear about what will happen.”  
– MD Anderson patient

## **Commonly Asked Questions**

### **Why do we have DNR orders?**

DNR orders exist so that the health care team can provide care that will help the patient. DNR orders give clear instructions on how to best care for the patient. The decision to have a DNR order depends on how likely CPR is to bring a patient back to life and on his or her values and goals.

### **What are the risks and benefits of CPR?**

The success of CPR can depend on the person's overall health before the heart or lungs stop working. CPR may work well to save the life of someone in a car accident or a victim of a gunshot wound. The chance of success is smaller for a person with advanced cancer or who has some other disease that is no longer responding to treatment.

It is important to know that when CPR is effective in restarting a person's heart or breathing, sometimes the person's condition worsens. For example, the person could:

- Have permanent injuries, such as brain damage, due to lack of blood flow and oxygen to the brain.
- Have damage to other organs, such as the kidneys.
- Be left on a ventilator for the rest of their life.
- Be left in a coma.

## What is a living will?

A living will is a legal document that lets health care providers know a person's health care wishes, in the event that person is unable to make choices for him or herself. It is part of a set of documents referred to as advance directives.

Living wills may address topics like:

- Medically provided nutrition and hydration
- Dialysis (a process to clean the blood when the kidneys are not working)
- The use of ventilators for breathing
- Where a person would like to spend their final days

## What is the difference between a DNR order, and a living will?

A DNR order is signed by a doctor and only addresses the use of CPR in the event that a person's heart stops working or the heart and lungs stop working, and the person is in the moments of dying. A living will is an expression of preferences in certain health conditions, but is not a doctor's order. A DNR order only addresses resuscitation status; it does not address preferences about other aspects of care. No matter what a person's resuscitation status is, efforts directed at comfort are always continued.

## What happens if my heart or heart and lungs stop working when I am not in the hospital?

If this happens as an outpatient, emergency personnel perform CPR unless an Out-of-Hospital DNR order is in effect. In the State of Florida, an Out-of-Hospital DNR order needs to be signed by the doctor and patient or his or her representative, if the patient is not able to participate in health care decision making. The patient needs to have the signed DNR form, printed on yellow paper, with them in order for emergency personnel to know your wishes and not initiate CPR.

## Can I request a DNR order?

Yes, conversations about DNR status are encouraged.

## If I become unable to decide for myself, who can request a DNR order for me?

A patient can designate someone to make medical decisions on their behalf should they become unable to do so. This can be done by completing a Designation of Health Care Surrogate, a Power of Attorney for Health Care, or another advance directive document. If a patient has not completed an advance directive, or the document is not available, the legal healthcare proxy (spouse, adult child(ren), parent, etc.) as determined by Florida Statute 765.401 is contacted for a decision.



“At first, my family didn't want to talk about the chance of me passing away, which made everything difficult to discuss. But then I explained to them what is important to me.”

– MD Anderson patient

## **What will happen if I have no loved ones to approve a DNR order for me?**

The state provides a legal hierarchy of individuals to participate in health care decision-making. In Florida, if no such individual is located a clinical social work proxy or legal guardian may be appointed to assist in making decisions on your behalf. A patient can complete a living will to help provide guidance to an alternate decision maker regarding their goals, values, and preferences.

## **What will happen if my loved ones disagree about a DNR order for me?**

You have the ultimate decision-making authority. However, when a loved one participates in a discussion with the patient about DNR choices, he or she is better able to understand. He or she is also more likely to support the patient's decision.



## **Does agreeing to a DNR order mean, “Do not treat?” Does agreeing to a DNR order mean that I will no longer receive chemotherapy?**

No. A DNR order only addresses the use of CPR. If a health care provider feels that chemotherapy or another form of medical care may help, the patient may still receive that treatment. You will always receive care directed at making you comfortable.

“Sometimes my patients are afraid to ask questions about DNR and end of life issues. To ease that process, I speak about it openly and honestly.” – MD Anderson doctor

## **Can I change my mind after agreeing to a DNR order?**

Yes. Conversations about DNR status are encouraged to allow care that is most helpful to the person in their particular health care situation.

Adapted from Do Not Resuscitate (DNR) Orders: Advance Care Planning. The University of Texas MD Anderson Cancer Center ©2014 Revised 09/2022, Patient Education. BMDA Reviewed and Revised 4/11/2025.