From the Editor

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2001;1:429–30

To resuscitate or not to resuscitate? DNR, DNAR or …?

Primum non nocere. (Hippocrates)

Many modern technologies offer wonderful powers of healing, but have also the potential to cause great harm to patients, especially when inappropriately applied. So it is with cardiopulmonary resuscitation (CPR) which can have spectacular successes or cause protracted misery as described in the hypothetical clinical scenario to be published in *Clinical Medicine*[1]. Thus while CPR may succeed in as many as half of the patients in a coronary care unit, it fails in 85–90% of patients in general medical wards[2], sometimes causing substantial damage.

Deciding when CPR is or is not appropriate is of course the key problem, and there are no simple answers except when a patient is known to be dying of their disease. In that situation, by establishing a diagnosis of dying, so well described by Professor Roger Higgs[3], CPR would be not only futile but also unethical[2]. It is surely unreasonable to attempt so-called 'resuscitation' on those who cannot be resuscitated either because they are dying or because of overwhelming often multi-organ disease. Yet the instruction not to 'resuscitate' (DNR) has serious emotional overtones. The British Medical Association have usefully attempted to modify the term by suggesting that the preferred instruction should be not to *attempt* resuscitation (DNAR)[4]. The problem is of course the use of the word 'resuscitate'. Success following the procedure of CPR is implied by the term itself, but in many situations that is grossly misleading. Another term is required. The emotive issue is then removed. Surely we should not be required to ask patients or their relatives permission not to apply a futile and risky treatment? There is no other area of medicine where such an absurdity would apply. Please read the brilliant analysis relating to the DNR order in the article by Dr John Saunders published in this issue of *Clinical Medicine*[2].

The first requirement of a hospital is that it should do the sick no harm. (Florence Nightingale)

References

1 McGouran RC. Best practice. *Clin Med JRCPL* (in press).
2 Saunders J. Perspectives on CPR. Resuscitation or resurrection? *Clin Med JRCPL* 2001;**1**(6):457–60.
3 Higgs R. The diagnosis of dying. *Clin Med JRCPL* 1999;**33**:110–12.
4 British Medical Association. *Decisions relating to cardiopulmonary resuscitation*. A joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing. London: British Medical Association, 2001.

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PETER WATKINS

Notice of duplicate publication

It has been brought to our attention that an article by Paul Corris, 'A practical approach to the diagnosis of venothromboembolism', published in the CME General Internal Medicine section of *Clinical Medicine*, 2001;**1**: 274–81, includes substantial duplication of paragraphs published in 'Suspected acute pulmonary embolism, a practical approach', *Thorax*, 1997; **52**:S1–24.

Professor Corris makes the following comment:

I fully acknowledge that my article published in the CME General Internal Medicine Section of *Clinical Medicine* was based on a previous article published in a supplement to *Thorax* and co-authored by David Ellis, Noeleen Foley, Andrew Miller and myself. An initial sentence acknowledging the *Thorax* supplement as the basis of the article and the contribution of my co-authors should have been included. This was a simple error of omission for which I apologise. I would, however, comment that the article published in *Clinical Medicine* was an invited review based on a talk given by myself at a conference organised by the Royal College of Physicians and that my talk was based on the *Thorax* supplement. Furthermore, both articles comprised clinical reviews and it was my prior understanding that duplicate publication was defined by the deliberate attempt by an author to publish the same research data as a novel paper in more than one journal. However, it would now appear that the same rules apply to those writing reviews. This is therefore an important message for all who accept invitations to write such articles.