Do Not Resuscitate: What Young Doctors Would Choose

By Paula Span

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The researcher was presenting her findings to a room full of geriatricians, at the American Geriatrics Society annual scientific meeting last week in Orlando, Fla. So a slide revealing one particular statistic didn't cause an audible gasp or murmur. Talking to geriatricians about end-of-life treatment practically defines preaching to the choir, as a member of the audience told me later.

Among other kinds of doctors, or the public, this number might be more surprising. Dr. V.J. Periyakoil, a geriatrics and palliative care specialist at Stanford University, was talking about her survey of nearly 1,100 physicians who were completing clinical training at two university-affiliated medical centers.

She and her colleagues wanted to learn more about the attitudes of young doctors towards advance directives. So the researchers asked what choices they would make for themselves if they were terminally ill.

Their reply: 88.3 percent would choose a do-not-resuscitate or "no code" status. An allow-me-to-die status, in other words.

"Doctors see a lot," Dr. Periyakoil told me later that day. Resuscitation attempts are so aggressive — likely to break ar older patient's ribs but unlikely to restore them to their previous state of health or function —that after witnessing several, "you know too much and you're much more wary," she said.

Perhaps readers here remember a much-circulated web essay by Dr. Ken Murray, a retired family practitioner, called "How Doctors Die." He claimed that his fellow physicians largely reject the sort of high-tech care they routinely dispense to their patients.

Dr. Murray wrote persuasively about the attitudes of people he knew, but he had no data demonstrating that these opinions were widely held. Only later did a reader point him to a survey of older doctors, all Johns Hopkins graduates who had reached their late 60s or 70s, who felt similarly.

But here is evidence, from the Stanford study, that even at the beginnings of their careers, doctors in many medical specialties resist the common "do everything" end-of-life attitude.

In some ways, this group doesn't precisely mirror American physicians in training as a whole. It included more women, for instance: 51.4 percent, compared to 46.1 percent of doctors in training nationally. This sample was more ethnically diverse, too: Only about half Caucasian (compared to 65 percent nationally) and more heavily Asian, with fewer African-Americans and Latinos.

And the doctors' thinking did vary by ethnicity and gender, the study showed. Over all, they had favorable attitudes toward advance directives, but women were significantly more favorable than men. Doctors who were white or African-American were more in support of advance directives than were Asians or Hispanics.

Medical specialties mattered, too. Emergency physicians, pediatricians, obstetrician-gynecologists and those in physical medicine and rehab had more favorable attitudes toward advance directives. Radiologists, surgeons, orthopedists and radiation oncologists were less favorably inclined.

Yet for their own future care, they achieved striking near unanimity with that a 88.3 percent preference for avoiding resuscitation and associated heroics if they had an illness that would soon kill them.

Dr. Periyakoil, who called her presentation “Do Unto Others,” concluded with a slide that read: “Why do doctors continue to provide high-intensity care for terminal patients but may personally forgo such care themselves at the end of life?”

It’s a really good question.

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