

Knowledge and Attitude of ER and ICU Physicians towards DNR in a Tertiary Care Center in Saudi Arabia: A Survey Study

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-b`h`f`c`X`i`W`h`]`c`b. Only a few studies from Arab Muslim countries address DNR practice. Our institute has a clear DNR policy. The knowledge of the existing policy and the attitude towards DNR of emergency room (ER) and intensive care unit (ICU) physicians were studied through this survey.

C`V`Y`W`h`]`j`Y. To identify the knowledge of the participants of the local DNR policy and guidelines and to summarize the possible barriers of addressing DNR including religious background.

A`Y`h`\`c`X. A questionnaire has been distributed to ER and ICU physicians. The answers to the questions were tabulated and analyzed using frequencies and percentage.

F`Y`g`i`h`g. Total of 112 physicians with majority (97.3%) are from a Muslim religion. Among the participants 108 (96.4%) were aware about the existence of DNR policy in our institute. 107 (95.5%) stated that DNR is not against Islamic rules. Only (13.4%) of the physicians have advance directives and (90.2%) answered they will request to be placed as DNR if they have terminal illness. Lack of patients and families understanding (51.8%) and inadequate training (35.7%) were the 2 most important barriers for effective DNR discussion. Patients and Families level of education (58.0%) and cultural factors (52.7%) were the main obstacles in initiating a DNR order. Only (1.8%) of the participants stated that DNR is against their religious belief.

7`c`b`W`i`g`]`c`b`g. There is a lack of knowledge about DNR policy which make the optimization of DNR process difficult. Most physicians wish DNR for themselves and their patients at end of life but only a few of them have advance directives. The most important barriers for initializing and discussing DNR were lack of patient understanding, level of education, and the culture of patients. Most of the Muslim physicians believe that DNR is not against Islamic rules. We suggest that the DNR concept should be part of any training program.

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themselves and with the family or patients regarding DNR order initiation, discussion, documentation and post DNR measures.

This questionnaire is meant to identify the knowledge of the participating physicians about the existing local policy and guidelines of DNR order as part of the medical practice.

We are also aiming to identify possible barriers and obstacles for practicing DNR concept which might improve the process of initiating DNR order and managing patients who were labelled as DNR.

The impact of Islamic religion and personal belief on the attitude of physicians towards DNR order were also included together with the advance directives of the participating physicians.

Methods and Design

Settings and statistical analysis

King Abdulaziz Medical City (KAMC) KAMC is a 1200-bed tertiary care center and teaching hospital located in Riyadh, Kingdom of Saudi Arabia and affiliated with King Saud Bin Abdulaziz University for Health Sciences.

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Admission to ICU	56			

of a DNR order which will improve the physicians-patients communication about such extremely critical issues

Conclusion

DNR practice is a very important part of medical practice, currently the knowledge of the physicians about an existing DNR local policy and guideline is not up to the optimum. Most of the physicians do want DNR for themselves in case of terminal illness. The main barriers for initializing and discussing DNR were patient culture and lack of understanding, but Islam as a Religion was not a barrier in addressing DNR.

The awareness about the policy, utilization of the ethics committee, training for junior physicians, national programs for the public, and defining the goals of care post DNR are principal factors for improvement.

Further studies should be multi-centered involving physicians from all different specialties, nationalities, and religions from different Arab countries. Variation will highlight the barriers for DNR practice and help in better implementation of DNR orders in this region of the world.

Limitations of the study

1. Small sample size, single center including only ICU and ER physicians and no comparison made for some concern of tagging one specialty for the knowledge of DNR policy.

2. The study does not highlight the DNR practice in other centers that lack DNR policy.

Strength

The current study has elucidated the state of awareness regarding the DNR order among the physicians in training in our hospital.

Disclosure

Authors have no conflict of interests.

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