

FAMILY WITNESSED CPR

Here is a real-life story of CPR written by a medicine resident Druv Khullar describing his first encounter with the procedure as medical student and published in the NY Times in 2014

“The first time I saw a patient who had received CPR, the experience wasn’t what I expected. Sure, I thought she wouldn’t look well. After all, her heart had just stopped beating. But I wasn’t prepared for the scene before me: a frail woman in her mid-80s, barely conscious, vomiting, with broken ribs and a bruised lung. Her stomach was bloated and her chest was bleeding. She looked more like a survivor of CPR than of cardiac arrest, I thought to myself. When she died a few days later, I couldn’t help wondering if she really knew what she was getting herself into.”

How TV dramas and movies shape the public’s perceptions of medicine and medical procedures, specifically the life-saving benefits of CPR:

- 1) 1996 article by Diem et al shows highly unrealistic portrayal of the life-saving benefits of CPR: That study noted several discrepancies with real life – a) majority of CPR was trauma-related, rather than as a consequence of primary cardiac causes resulting from illness (real-life – 75-95% related to underlying cardiac disease ; b) The significant majority of cardiac resuscitations occurred in children, teens, and young adults (real-life – most CPR in elderly); c) 75% survived; and 67% went on to apparently complete recovery (real-life, hospital based 6.5-15%, 2-30% outside hospital – more recent estimates 10/20% make it to discharge; d) CPR often described in miraculous terms
- 2) A study published last year by faculty at USC found that on tv, there is a very similar portrayal of survival (70%) (real-life survival estimated at 37%); half the characters who receive CPR on tv survive long-term, whereas in reality survival post hospital is about 13%; majority of tv CPR performed on patients 18-65, whereas in real life over 60% of CPR recipients are over 65; 40% of tv CPR attributable to trauma vs. 2% trauma-related in real life
- 3) What is the explanation for this persistence of misinformation? The answer may lie in what makes a good story
 - a) Trauma is dramatic and compelling; cardiac disease on the whole is not
 - b) Young and even middle-aged people are generally more attractive to young and middle-aged people who make up the majority of viewing audiences; an element of ageism as well – there is more drama in the idea of a life cut short than around a life well-lived
 - c) Survival is appealing – death is not; in our death-denying culture, we still do not want to accept death, but rather to overcome it
 1. We all construct elaborate set of defense mechanisms against death – we look for talismans whose purpose is to give us control over the things we are afraid of; we invest these talismans with a kind of magic – and one of those talismans is CPR the purpose of talismans is to give us control over the things we are afraid of
 2. It is a symbol of our pretending that doctors always have the power to keep us well

3. But does it matter how fictional shows portray a medical procedure?

a. Perhaps, because they play into our already existing fears and related defense mechanisms

b. 81% of older patients believe that their chances of leaving the hospital after CPR are around 50%; and a quarter believed their chances were over 90%

c. There is also research showing that 42% of older adults receive the majority of health-related information from television, including fictional dramas