影響醫療人員不施行急救決策的因素探討

Factors Influencing the Decision-making of Health Care Professionals Regarding Do-Not-Resuscitate

中文摘要

背景：隨著醫療科技發展，人們對醫療結果的期待也隨之升高，往往在面對醫療行爲時，抱持著盡力救治總會有希望的態度，或是至少做到延長生命的期許，尤其近期一些醫療案件的新聞報導，導引人們越來越認爲即使心肺停止之後，仍有回復的希望。但醫療行爲與技術是否已經被人們過度期望與使用，同時在心肺停止後所使用的非常醫療，所衍生而來的法律、倫理與醫療資源等問題，將會是未來更須重視與討論之議題。其實心肺復甦術所帶來的後遺症及後續照顧的問題，徒然造成醫療體系及資源的龐大負擔。因此不予施行心肺復甦術(Do Not Resuscitation; DNR)或許應該是醫療行爲的選項之一。但在不同醫療院所、不同科別醫師以及不同病情變化下，對於不予施行心肺復甦術有著相當程度差異的見解。

目的：本研究的主要目的在探討醫療人員對不施行急救之認知與態度，以及探討本國醫療人員不施行急救決策之影響因素。

方法：本研究以自行研發之問卷爲研究工具，調查醫院包括醫學中心與區域教學醫院各一家，人員涵蓋此兩家醫院中所有急診、加護病房之醫師與護理人員，以及內外科醫師。問卷包含三大部份，首先，收集過去文獻上曾提出之影響醫療人員進行不施行急救之相關決策因素，設計出模擬之案例情境，同時進行我國專家的訪談，列出本國醫療人員可能會考慮之相關因素，結合階段性情境納入決策因素，之後納入認知與態度問題，讓受測者除針對情境提出他將進行之決策之行爲強度外，並測量其對此議題之認知與態度上與行爲是否有不同之處。進一步統計分析醫療人員間對 DNR 認知與態度之差異性，以及影響決策之相關因素。

結果：以 97 年 3 月份現職人數共發出 1086 份，回收 762 份，回收率 70.2%，調查對象中醫學中心發放問卷爲 839 人次，總共回收 624 份，回收率 74.4%。區域教學醫院發放問卷爲 247 人次，總共回收 138 份，回收率 55.9%。經刪除資料不完整之問卷後，有效問卷爲 673 份。研究發現隨著病人不同病情之變化下，醫療人員對於是否提出 DNR 的決策因素也隨之改變，但法律問題考量則是持續被注重的，而最重要的因素爲家屬意願，其他包括有病人清醒時意願、病人年齡等因素。而單看醫師部分其考量因素較全體人員不同之處爲爲考量病人有失智情形。家屬是否簽署 DNR 同意書對所有醫療人員所提供之醫療處置皆會有所影響（$p<0.01$），但對醫師而言並不會影響其是否會對病人提供靜脈輸液之治療。而 DNR 之認知部分，相關知識測驗全體醫療人員平均得分 64.48，醫師平均得分 65 分，且一致對於「醫師是否可依據病情不論病人與家屬之意願來判斷是否進行 DNR」、「DNR 一簽署後時效性問題」此兩觀點感到混淆不清。

結論：從本研究結果呈現影響醫療人員不施行急救之決策影響因素，最重要的爲家屬意願或共識以及法律因素，而有無同意書對醫療行爲有顯著影響，而對 DNR 認知部分已有相當水準，但測驗題整體得分不高，且一致針對某些議題仍有爭議，因此研究結果可當成未來進行教育或討論之議題參考。

英文摘要

Background: With development of medical technology, people's expectation from medical outcome is increased. They usually hold a last hope to help prolong lives. But there arise hot issues about over-expectation of medical outcomes or techniques and the sequential problems with respect to laws, ethics and medical resourses after fruitless cardiopulmonary resuscitation. In these circumstances, "DO-NOT-RESUSCITATE" (DNR) order may well be an option.

Purpose: The objective of this study is to investigate the knowledge and attitude of medical personnel regarding DNR. Also factors affecting the decision-making of medical personnel about DNR in our country are studied.

Methods: Self-made questionnaire was used to investigate medical personnel in two hospitals (one medical center and the other regional hospital). Participants were physicians and nurses at emergency room and intensive care unit and internists and surgeons. The questionnaire was divided into three parts and designed to simulate case scenarios. Participants were allowed to choose the response behavior and intensity as well as the affecting factors.

Results: One thousand and eighty six copies of questionnaire were issued. The response rate was 70.2%. With change of patient condition, medical personnel's decision-makings were also altered. The most important factors were family's will and laws. Other factors included patients' conscious will and patient age. The mean score about DNR knowledge was 64.48. Participants had uniformly confusions about the expiry after DNR orders were signed.

Conclusions: The most important factor affecting medical personnel's DNR was law sues and family's will. The study results could be for reference topics about medical education in the future.