

DOI: 10.4103/0971-5916.305171



Authors' response

We thank the authors of the letter for their appreciation of the published ICMR Consensus Guidelines on 'Do Not Attempt Resuscitation (DNAR)' and for highlighting certain pertinent points.

We would like to reiterate the importance of recognizing the local and contextual factors which govern the consenting process for DNAR, which have been highlighted in the guidelines. To facilitate the process, good communication between the treating physician and the patients or their surrogates is of paramount importance. There is a need for increasing awareness and sensitizing both the public and healthcare providers through various means including regular training programmes for the medical personnel involved in the care of such patients. The algorithm provided for considering DNAR starts with the treating physician assessing the possibility of success of cardiopulmonary resuscitation (CPR) for a given patient in the event it is required. Periodic evaluation of the patient's condition and need for CPR should be done. The discussion with the patient/family/surrogate regarding CPR and the decision about it should be properly recorded in the patient case records for implementation if and when the need arises. The final decision lies with the treating physician which must be taken in the best interests of the patient.

R. Mathur^{1,*}, P. Garg², V. Muthuswamy¹ & P. Mathur[†]
For Indian Council of Medical Research Expert Group on DNAR, ¹ICMR Bioethics Unit, [†]National Centre for Disease Informatics and Research, Nirmal Bhawan, Poojanhalli, Kannamangala Post, Bengaluru 562 110, Karnataka, ²All India Institute of Medical Sciences, Ansari Nagar, New Delhi 110 029, India

**For correspondence:*
rolimath@gmail.com