

## Partial Codes

### What is a partial code?

1. When a family/patient requests less than the BLS/ACLS protocol for a cardiopulmonary arrest.
2. Deviating from the established, researched, updated BLS/ACLS protocols and foregoing specific interventions: chest compressions, defibrillation, medications, intubation and/or mechanical ventilation.

### Pros/Cons

1. In a recent *JAMA Internal Medicine* article (Perspectives section), Drs Rousseau<sup>1</sup>, Zapata, and Widera<sup>2</sup> make a case that the effectiveness of partial codes (0% survival to discharge) does not support their use and that partial codes are traumatic interventions that offer no potential medical benefit and can cause significant harm.<sup>3</sup>
2. In the current medico-legal climate, it is paramount to share decision making, to listen to patients'/families' choices for care, and to understand their fears in the face of death while considering the importance of autonomy and patient-centered care.
3. A strong case can be made that a choice for a partial code, without full understanding of the lack of benefits and proven high risks, is neither patient-centered nor autonomous.

### What is the clinically responsible, compassionate and ethically correct position to the inevitable requests for partial codes?

1. Focus on actual achievable outcomes by finding out what really matters to the patient/family/caregivers.
2. Avoid focusing on the specific resuscitative interventions until their hopes and priorities are known.
3. Guide patients/families/caregivers about which procedures and interventions, including resuscitation, would help them achieve their goals<sup>4</sup>.

**Always feel free to contact any of our trained providers to support you in having these important yet difficult conversations with your patients and families.**

<sup>1</sup>Rousseau P. Partial codes – when “less” is not more. *JAMA Intern Med.* 2016;176(8):1057-1058.

<sup>2</sup>Zapata J, Widera E. Partial codes – a symptom of a larger problem. *JAMA Intern Med.* 2016;176(8):1058-1059.

<sup>3</sup>Dumot JA, Burval DJ, Sprung J, et al. Outcome of adult cardiopulmonary resuscitations at a tertiary referral center including results of “limited” resuscitations. *Arch Intern Med.* 2001;161(14):1751-1758.

<sup>4</sup>Gillick MR. Re-engineering shared decision-making. *J Med Ethics.* 2015;41(9):785-788.



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We appreciate and rely on you. Call us. We want to hear your concerns and do whatever it takes to give you the assurance that the care we provide to your patients is excellent, compassionate, and professional. Your patients matter. You matter.

*Thank you for joining us to make a difference – to affirm life in the midst of illness and grief.*

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