



Editorial

Performing or not performing cardio-pulmonary resuscitation in the COVID-19 pandemic: Which is the preference?

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Cardiac arrest is one of the most common worldwide death causes (1). Nurses are the largest part of the health care service providers (2), and they are usually the first group who are present at patients' bedsides during a cardiopulmonary arrest (3). The first strategy in such cases is performing cardiopulmonary resuscitation (CPR) (4). Nurses play an important role in CPR procedures (5). CPR is a complicated procedure that includes chest compression, defibrillation, and airway management, many of which can generate aerosols; thus, the world health organization (WHO) has listed CPR as an aerosol-generating procedure (6).

Since the COVID-19 outbreak in Wuhan, China, 542 million infected cases have been confirmed, and over 6 million deaths have also been reported (7). The disease has affected the health care system of many countries (8). Nurses are the first line of defense (9), and the risk of getting infected with COVID 19 during a CPR procedure is high among them (10). This procedure has a real risk of COVID-19 infection since CPR is an aerosol-generating procedure that may infect the performers (6). Although different approaches have been applied to stop getting infected or spreading COVID-19 in ACLS (11), there is important issues and ethical concerns about whether or not to perform cardiopulmonary resuscitation in patients with

Covid-19. From the management perspective, the risk of COVID-19 infection and personnel loss exists despite using personal protective equipment (PPE). Thus, some managers have asked not to resuscitate patients with poor prognoses (13). From a personal perspective, the potentially infected nurses may infect their family members. On the other hand, the nurses may not do their best in CPR while using PPE since PPE reduces their agility and maneuver power. Moreover, nurses face various challenges during CPR in the COVID-19 pandemic, including delayed CPR due to obtaining or wearing PPE or placing drugs and equipment out of patients' rooms (14).

Accordingly, the question arises of whether or not to perform CPR. Nursing is a sacred profession intended to maintain and improve society's health. Thus, experts believe ethics is embedded in providing nursing services, and it is vital to observe ethical codes in this profession (12).

From the management perspective, preserving human resources should be considered the most valuable part of the organization. Accordingly, it seems that the highest capacity and capabilities may not be used in the CPR of COVID-19 patients. In such situations, saving a human's life lacking decision-making power is opposed to saving the lives of human resources. In case of infection with COVID-19 and personnel loss,

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health care will be provided slowly and with deficiencies. Thus, managers try to preserve their personnel. The important point is that a lower survival in CPR has been reported at the beginning of the COVID-19 pandemic compared with the previous years (16). Considering the lack of human resources and many nurses being infected with COVID-19, many health care services were impaired. It seems that other patients will be deprived of health care services if they are not taken care of by human resources. Authors believe that ethical considerations are vital for providing health care to the patients, though the COVID-19 pandemic is a crisis similar to that of wars. In such situations, the protection of human resources should be prioritized to provide health care services to other people. It seems that the main question of whether or not to resuscitate COVID-19 patients in such a situation should be further investigated.

Conflicts of interest

There are no conflicts of interest.

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