The MET Team Should Be Separate from the Cardiac Arrest Team

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The Cardiac Arrest Team Model
- Wait until death occurs (heartbeat stops)
- ER style melodrama (makes great TV)
- Ignore all evidence that the outcome of in-hospital CA has not changed in the last 40 years (bad evidence-based approach)
- Pretend that in-hospital cardiac arrests are “sudden” and unpredictable (a lie)

The CA team’s physiological approach

"I think we should call the doctor. This doesn’t look good!"

The self-advertising and pretence

Diem S. Cardiopulmonary resuscitation on television: miracles and misinformation NEJM 1996;334:1578-82
70% survival (real data: 15% for the last 50 years!)
The CA model

The MET model
- Preventive approach
- Identify patients at risk
- See them before they have a cardiac arrest in order to prevent it
- Preferably see patients before they get really sick

The disadvantages of mixing models
- Ward staff do not cognitively separate processes
- They see the same people for both events
- The team and ward staff do not clearly see a cardiac arrest as a "system failure"
- Documentation of cardiac arrests is not clear and separate
- How is a MET call which turns into a CA classified?

The advantages of separation
- Cardiac arrests team calls are an outcome measure for MET system performance
- Cardiac arrests proper are also a key indicator of MET system performance
- Staff know and see the difference
- Staff understand that one represents an appropriate response, the other a system failure

"The most sophisticated intensive care often becomes unnecessarily expensive terminal care when the pre-ICU system fails"

Peter Safar 1974
The MET Team Should Be Separate from the Cardiac Arrest Team

The MET changes terminal care
The CAT often adds insult to injury

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<thead>
<tr>
<th>The MET acts as an NFR team</th>
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<td>- Intervenes early</td>
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<td>- Makes the diagnosis of “dying”</td>
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<td>- Changes the focus from “cure” to “comfort”</td>
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<td>- Communicates with patient</td>
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<td>- Communicates with family</td>
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<td>- Communicates with staff</td>
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<td>- Staff need to see this as a separate process with separate people from the cardiac arrest team</td>
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What do all people want?
- Little or no pain
- Little or no distress
- Loved ones near
- Peace
- Dignity
- The dying made as brief as possible

What do we give them?
- Painful procedures
- Tubes everywhere to ensure distress
- Drugs that make it impossible to communicate with families
- Multiple intervention to eliminate peace
- Rectal tubes, bladder tubes, mouth and nose tubes to diminish dignity
- Make the dying as long as possible
- The CAT is part of this paradigm

Why do we do all this to patients?
- Because we mistake dying for another condition (cerebral hemorrhage, post-cardiac arrest hypoxic brain injury, code blue in setting of with metastatic cholangiocarcinoma, etc.)!
- Because we do not formally consider “dying” in our differential diagnosis
- The CAT never does – it just intervenes
Why do we not consider dying as a differential diagnosis?
- Because we feel uncomfortable with our impotence to "treat" it
- Because we do not value comfort and compassion as much as "cure"
- Because talking about dying is seen as a failure
- Because discussion with the family and palliation are outside our comfort zone
- Because there is no "action" we can offer
- The CAT always offers "action" first and thinks later

Why calling early is important: The Difference Between MET and Cardiac Arrest Calls
- Cardiac arrest: no time
- Cardiac arrest: intervene first and ask questions later
- Cardiac arrest: pandemonium
- MET call: there is time
- MET call: ask questions first
- MET: thoughtful, planned approach
- How can a team serve "two masters" and maintain integrity and credibility?

Conclusions
- A group of people can be made to be both MET and CAT if no other resources are available......but......
- In a teaching hospital, this makes no sense
- They represent two paradigms and two very different levels of expertise, aims, value systems
- They provide quality checks on each other
- They are best kept separate