

Unilateral Do Not Resuscitate (DNR) Orders Among The Undocumented in Sabah - Where Have We Gone Wrong?

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Unilateral Do Not Resuscitate (DNR) is an order placed using clinician judgment which does not require consent from a patient or surrogate, often involving terminally ill undocumented (illegal immigrants or stateless) patients in Sabah which often present ethical, legal, and professional challenges. These decisions often arise in high-acuity settings, placing significant moral strain on healthcare providers.

INTRODUCTION

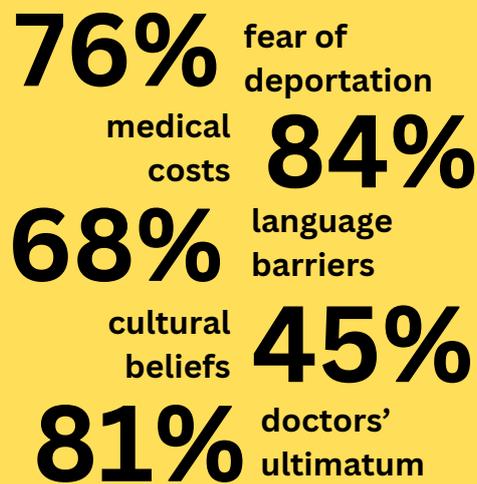
A cross-sectional multi-center survey involving 137 healthcare personnel (52 from emergency departments and 85 from other departments) was conducted using a 30-item KAP questionnaire, demonstrated strong content validity (CVI = 0.91), construct validity (62.5% variance explained), and high reliability (Cronbach's α = 0.82–0.87).

METHODOLOGY

Survey shows:

RESULTS

From the HCWs perspective, reasons that contribute to unilateral DNR decisions:



“The elephant in the room is that we do care - but we didn't try so hard. We need to do better, as humans, as a society.”

DISCUSSION

Emergency and ICU staff tend to support unilateral decisions under pressure, while other departments prefer patient-centered care. The absence of clear guidelines leads to inconsistent practices. Providing healthcare to undocumented patients faces legal, political, and resource-related challenges. Despite this, it benefits public health and drives ethical reforms. Ultimately, it shows a society's commitment to compassion, equity, and human dignity.

CONCLUSION

The study highlights significant ethical challenges that calls for reformed inclusive policies, staff training on ethics and communication, and improved patient support services to ensure ethical and equitable healthcare delivery to all walks of life.

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ABSTRACT
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