Chest-compression-only versus standard CPR

By contrast with the main message dominating the media, the meta-analysis by Michael Hüpfl and colleagues (Nov 6, p 1552) did not find any benefit of chest-compression-only cardiopulmonary resuscitation (CPR) compared with traditional CPR. The central evidence from this analysis is: it is simply not possible to teach untrained laypeople chest compressions in combination with ventilation via the telephone in an emergency.

This finding is no surprise: such attempts could just lead to markedly increased pauses between chest compressions, without generating sufficient ventilation. Moreover, dispatcher-assisted instructions that include ventilations take 1–2 min longer than those that merely include chest compressions, and each delay in starting CPR is detrimental. The new European Resuscitation Council Guidelines on CPR clearly state that any delay in starting CPR and any unnecessary pauses in chest compression must be avoided, dispatcher-assisted telephone CPR should focus on chest compression only, and CPR with ventilation is useful when a bystander has been trained in it previously.

Marketing of chest-compression-only CPR could decrease survival rates after cardiac arrest again. For regular lay instructions, teaching CPR including ventilations offers the best chance of survival for all cardiac arrest victims, especially those of asphyxial arrest and children. We definitely should rely on well-educated laypeople.

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Drowning is a global health problem with about 500 000 deaths every year. Rather than confining the kiss of life to history, we believe it should be resuscitated and retained as a key treatment for victims of cardiac arrest secondary to asphyxia.

We are medical advisers for the Royal Life Saving Society UK and coauthored the European Resuscitation Council Guidelines for Drowning.

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4 Smith R. Skip the ‘kiss’ when giving the kiss of life doctors recommend. Daily Telegraph 2010; Oct 30.