Call for Papers

Revisiting the Slow Code

Bioethics Special Issue

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Slow codes (i.e., insincere, fake, or merely performative attempts at resuscitation) have been nearly universally decried as unethical in the literature, at least over the last three decades. The general public would likely be aghast to hear of the practice. After all, a slow code is fundamentally dishonest. Most ethicists appear to oppose the practice, with arguments in the literature noting that slow codes are deceitful, paternalistic, and potentially damaging to public trust. These admonishments often come with the claim that better communication with patients and families and better policies surrounding the withholding or withdrawing of futile or inappropriate care will obviate these sham resuscitations.

The chorus of opposition to slow codes rests on noble intentions to promote patient autonomy and preserve public trust. But this opposition is in conflict with the clinical realities. While there has been almost no ethical defense of slow codes in the last 30 years, a recent study of clinicians who care for critically ill patients found that 69% had witnessed the practice and the study participants estimated on average that they saw over one slow code per year.[1] The fact that over half of the participants in this study believed slow codes to be ethical in some cases further underscores the incongruence between clinical practice and ethical canon.

Even granting that slow codes are dishonest, other moral values may nonetheless support their use. A slow code may promote the well-being of family, especially if the patient is a child. Or it may prevent the unnecessary harm that non-beneficial but sincere CPR inflicts on the patient. Alternatively, there are under-examined reasons to continue to oppose slow codes. They may, for example, undermine trust among the team coding the patient. If members of this team include physicians in training, slow codes may foster greater acceptance of deceptive practices, leading to any number of unpredictable future harms.

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[1] Piscitello, G. M., Kapania, E. M., Kanelidis, A., Siegler, M., & Parker, W. F. (2021). The use of slow codes and medically futile codes in practice. Journal of pain and symptom management, 62(2), 326-335.

While slow codes continue to occur with striking regularity on the floors of hospitals, none of the important ethical dimensions of slow codes has been explored in the bioethics literature. It appears that more than three decades of admonishment about the permissibility of slow codes in the pages of journals continues to run up against a more complicated clinical reality.

The many variations of practices that fall under the auspices of the “slow code” further highlight the disconnect between scholarship and practice. If these practices are likely to continue, there is both the need as well as the opportunity for scholars and practitioners to develop rigorous accounts of them. These accounts may include addressing questions such as:

- What are the morally relevant differences, if any, between a “slow code” (where a code team intentionally takes longer to respond) and “show code” (where insincere code attempts are designed to intentionally deceive families)?
- Does it matter whether the intent of a slow code is to prevent harm rather than to promote others’ (i.e. families) well-being?
- Are slow codes compatible with deontology by way of the doctrine of double effect?
- When faced with the choice between crushing a dying child’s ribs with chest compressions or withholding those compressions and consequently angering the child’s parents—perhaps forever—what would the virtuous physician do?

This special issue will solicit articles and commentaries that offer fresh and considerate approaches to the ethics of slow codes. As a result, the issue will advance the academic ethics discourse around a common practice that is highly ethically charged. Perhaps the canon is correct; perhaps it’s not. This special issue aims to find out. Specifically, it invites contributions which may include, but are not limited to, the following:

- Original articles that aim to establish the obligations, permissions, and/or prohibitions related to slow codes;
- Articles that taxonomize kinds of slow codes or other related deceptive CPR;
- Short commentaries on original articles;
- Reflections on personal experiences of slow codes, which, given the sensitive nature and overwhelming professional opprobrium of the practice, may be published anonymously.

The Guest Editors welcome early inquires or brief proposals and/or abstracts by email to parker.crutchfield@wmed.edu and wasserman@oakland.edu.

Manuscripts should be submitted online http://mc.manuscriptcentral.com/biot

Please ensure that when submitting “Special Issue: Revisiting the Slow Code” is selected.