On 31 March 2008, the American Heart Association (AHA) published a statement entitled "Hands-only (compression-only) CPR: a call to action for bystander CPR response to adults who experience out-of-hospital sudden cardiac arrest". The statement emphasized that trained and untrained lay rescuers need only provide chest compressions at 100 per minute until the emergency ambulance team arrives, unless the rescuer was confident in his/her ability to provide mouth-to-mouth ventilation. The statement was made based on research that chest compression-only CPR was equivalent to the old CPR standards. This statement was made in the hope that more members of the public would willingly perform CPR if they need not perform mouth-to-mouth ventilation in the event they were bystanders to a cardiac arrest event. The call by AHA was made out of concern for the disturbingly low level of bystander CPR in the United States of America. AHA, however, acknowledged that “chest compression-only CPR may not be suitable for some cases of cardiac arrests such as those in infants, and those due to drug overdose, choking, drowning and respiratory arrest". The statement by the AHA is, apparently, being taken to mean that there is no more need for mouth-to-mouth ventilation during the performance of CPR.

On 31 March 2008, the European Resuscitation Council and on 2 April 2008, the UK Resuscitation Council released statements that reinforced the need to teach 30 chest compressions alternating with 2 ventilations to all members of the public. However, both Resuscitation Councils reiterated that in the event the lay rescuer is, for whatever reason, unwilling or unable to give mouth-to-mouth ventilation, then chest compression-only CPR is much more acceptable than performing no CPR at all.

The studies on which the AHA based their statement were all conducted in the days when the practice of CPR was as per old guidelines, viz. chest compressions at 80 per minute at a ratio of 15 compressions and 2 ventilations with long interruptions for ventilations and little emphasis on quality of compressions. Since November 2005, in the USA, and March 2006 in Singapore, the CPR guidelines have changed to performing chest compressions at 100/min at a ratio of 30 compressions and 2 ventilations with minimal interruptions for ventilation and significant emphasis on performing good quality chest compressions. The new CPR guidelines are generally felt to be superior to the old CPR guidelines. There is no evidence, to-date, that chest compression-only CPR is superior to or even equivalent to the new standard CPR.
The Singapore National Resuscitation Council (NRC) guidelines have, since March 2006, emphasized that the new CPR standards should be taught to members of the public and to health care workers. The Singapore NRC guidelines also state that in the event a lay rescuer is unable or unwilling to perform mouth-to-mouth ventilation, then, at least, good quality chest compressions should be provided at a rate of 100 per minute until the arrival of the emergency ambulance team. This guideline is consistent with the statements of the European Resuscitation Council and the UK Resuscitation Council.

Most persons who collapse out-of-hospital do so in the presence of family and relatives. For such persons, there are usually less misgivings and fears about performing mouth-to-mouth ventilation. The Singapore NRC encourages members of the public to come forward to learn the basic core-skills of CPR. Training in these core-skills, at any of the more than thirty NRC-accredited training centers in our country, ensures greater confidence in providing good CPR to any member of the community in need.

The practice of CPR in Singapore should be guided by good evidence, proper education and high standards of training of members of our community, rather than by ill-founded fears and less-than-optimal research. The Singapore NRC will continue to closely monitor the research that is being carried out in many parts of the world, including here, when recommending CPR guidelines for implementation in our country. Eventually, practices that are safest, cost-effective, easy to implement and that will best ensure survival of our community citizens, will be what we must promote.

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