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WHY DOES THE HEART STOP? BETWEEN PHYSIOLOGY AND ETERNITY: A QUESTION BEYOND CLINICAL PROTOCOLS

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Introduction: Cardiac arrest is a time-critical emergency characterized by the sudden loss of effective circulation. Beyond its pathophysiological mechanisms, it raises ethical and existential questions about human vulnerability, survival, and the responsibility of healthcare professionals.
Objective: To present an interdisciplinary perspective on cardiac arrest that integrates contemporary resuscitation principles with ethical reflection and the human significance of survival.
Materials and Methods: This narrative educational overview synthesizes the clinical themes presented in the accompanying lecture, including cardiac arrest rhythms, reversible causes, resuscitation priorities, bedside assessment, post-resuscitation care, and philosophical and ethical considerations. It is not an original clinical study or systematic review.
Results: The presentation distinguishes shockable rhythms (ventricular fibrillation and pulseless ventricular tachycardia) from non-shockable rhythms (pulseless electrical activity and asystole). It emphasizes early recognition, high-quality cardiopulmonary resuscitation, timely defibrillation when indicated, and concurrent investigation of reversible causes. Blood gas analysis, electrolytes, targeted toxicology, point-of-care ultrasonography, and capnography may inform clinical decisions without delaying chest compressions. Following return of spontaneous circulation, priorities include hemodynamic stabilization, appropriate oxygenation and ventilation, neurological assessment, and individualized care. The discussion further distinguishes restoration of circulation from meaningful recovery, highlighting neurological function, quality of life, patient dignity, and communication with families. Philosophical and theological interpretations are considered as perspectives on mortality rather than scientific explanations of cardiac arrest.

Conclusion: Effective cardiac arrest care requires both technical excellence and ethical judgment. A patient-centered approach recognizes that successful resuscitation cannot be reduced to restoration of a pulse: neurological and functional outcomes, compassion, and respect for human dignity remain central. Scientific evidence and existential reflection can inform the same clinical conversation while retaining their distinct boundaries.

Keywords: Cardiac arrest; Resuscitation; Intensive care; Medical ethics; Human dignity.