Introduction:
Survival after out-of-hospital cardiac arrest (OHCA) varies widely between communities. The survival-to-hospital discharge rate ranges from 0% to 31.2%, in contrary to a mean estimate of survival rate of 54% from the general public. Studies showed that the knowledge of CPR was poor among the general public and their expectation on CPR outcome may not be realistic. Related information among local population is limited and therefore, this study was undertaken to determine the accuracy of knowledge in local population in Hong Kong, and establish opinions of the general public regarding CPR on OHCA patients.

Methods:
This was a cross-sectional questionnaire study administered in community settings to the volunteer respondents over January to December 2016. Descriptive statistics including public opinion on survival-to-discharge rate and duration of resuscitation were reported. Logistic regression and factor analysis were performed to identify factors that public opined a physician should consider to decide continuation of resuscitation.

Results:
Among 416 respondents, the mean estimate of predicted survival-to-discharge rate after cardiac arrest was 48.4% (median 50%; IQR 20-70%). Mean estimated duration of resuscitation to withdraw from CPR was 43 minutes (median 30min; IQR 20-60min). Physicians’ opinion and prediction of outcome, premorbid state and age of patient were the three factors that the survey respondents considered most important for decision making on resuscitation.

Conclusion:
The public had inaccurate perceptions regarding resuscitation time, procedures, interventions and survival rate. Unrealistic high survival rate was expected on the basis of limited acceptance of different resuscitation interventions. Better public education was necessary.