

# The presence of family members during cardiopulmonary resuscitation: Position statement

In 2007 the European federation of Critical Care Nursing Associations (EfCCNa), the European Society of Paediatric and Neonatal Intensive Care (ESPNIC) and the European Society of Cardiology Council on Cardiovascular Nursing and Allied Professions (CCNAP), jointly formulated a position statement regarding the presence of family members during resuscitation of their adult, paediatric or neonatal relatives. The full text of this position statement was originally published in *Connect: The World of Critical Care Nursing*<sup>1</sup>. An abbreviated version as it relates to infants is shown below.

Where possible this position statement is based on research evidence and expert opinion as expressed in the nursing and medical literature, although there is a lack of high quality research evidence on the subject of family witnessed resuscitation and research on this topic is particularly scarce within Europe.

## Background

The European resuscitation guidelines<sup>2</sup> are supportive of family presence during cardiopulmonary resuscitation (CPR). However, this practice is often discouraged based upon paternalistic attitudes and conjecture, as opposed to empirical evidence<sup>3,4</sup>. Twenty years ago family members' presence during resuscitation was confined mainly to emergency departments. However, in recent years healthcare professionals are increasingly offering family members the opportunity to remain present during CPR<sup>5,6</sup>. Furthermore, the public demands more and more that family members should be able to remain with their loved ones during CPR, regardless of the predicted outcome of the patient<sup>7</sup>.

Despite changing trends, family-witnessed resuscitation is a controversial issue that is still debated widely<sup>3,8</sup>. Concerns in the literature are centred on three areas:

- the potential for family members' presence to affect the performance of resuscitation staff and increase their anxiety, or that a distressed relative might disrupt the process<sup>9,10</sup>. As yet there is little evidence, other than isolated anecdotal reports to support these contentions.
- when witnessing a traumatic event, family members may experience negative emotional and psychological consequences<sup>11</sup> – this is unconfirmed by existing evidence<sup>10,12</sup>. Furthermore, Boyd<sup>13</sup> observed that many of the presumed obstacles to family members' presence, such as infringements of patient confidentiality, are theoretical debates as no such concerns have been expressed to professional regulating bodies.
- the need for relatives to be offered the choice whether or not to be present<sup>5,14</sup>. The positive benefits of having family members present during CPR include the development of a bond with the resuscitation team, the provision of a more humane atmosphere that allows for closure<sup>15</sup> and the satisfaction of knowing that their family member is in safe hands<sup>16</sup>.

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The Presence of Family Members During Cardiopulmonary Resuscitation Working Group

Two European surveys, undertaken in collaboration with EfCCNa and ESPNIC (Nursing), of adult, paediatric and neonatal critical care nurses investigated their experiences and views of family members' presence during CPR<sup>17,18</sup>. These studies indicated that most European critical care nurses were supportive of family-witnessed CPR. However, only a small number of intensive care units had resuscitation policies that included guidance about family members' presence. As a result a major recommendation from both surveys was for this lack of directive to be addressed at a Europe-wide level.

## Position statement

- 1 All patients have the right to have family members present during resuscitation.
- 2 The patient's family members should be offered the opportunity to be present during resuscitation of a relative.
- 3 Support should be provided by an appropriately qualified healthcare professional whose responsibility is to care for family members witnessing cardiopulmonary resuscitation.
- 4 Professional counselling should be offered to family members who have witnessed a resuscitation event.
- 5 All members of the resuscitation team who were involved in a resuscitation attempt when family members were present should participate in team debriefing.
- 6 Family presence during resuscitation should be incorporated into the curricula of cardiopulmonary resuscitation training programmes.
- 7 All intensive and critical care units should have multi-disciplinary written guidelines on the presence of family members during cardiopulmonary resuscitation.

### Notes relating to resuscitation of an infant

The decision about who should be present during resuscitation should be made jointly by the members of the resuscitation team and family members, without coercion or pressure.

Family members should be warned that on occasions they may be asked to leave the cotside if at any time it is thought to be in their or their baby's best interests.

The resuscitation team should take the individual family's cultural background, beliefs, values and rituals into account.

Whilst it may not always be possible to provide a healthcare professional whose sole responsibility is to care for the family member, this should not mean the exclusion of the family member from the resuscitation. Rather, an experienced member of the resuscitation team, who is not undertaking a lead role, should be designated primary responsibility for the continued care of the family member.

With respect to family members, the role of the designated healthcare professional is to:

- brief them about what to expect prior to entering the resuscitation area
- provide a running commentary with appropriate explanations
- help them to communicate their presence to their baby
- respond truthfully and realistically to questions
- maintain a safe environment
- assess continually their emotional and physical status
- if possible, accompany the family member if he or she wishes to leave the scene, continuing to liaise with the resuscitation team on their behalf
- provide an opportunity for them to reflect on the resuscitation process after the event, participate in resuscitation team debriefing, providing feedback with respect to the needs and concerns expressed by them.

### References

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