



Resuscitation Council (UK)



Should Relatives Witness Resuscitation?

A report from a Project Team
of the Resuscitation Council (UK)

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The Resuscitation Council (UK) was formed in 1981 by a group of general practitioners and hospital consultants from different specialties. Its aim is to improve patient outcome after cardiac arrest both in and out of hospital. To achieve this, the Council has set the standard for resuscitation training for both the general public (basic life support) and healthcare professionals (advanced life support). Special courses have been developed for adult and paediatric resuscitation. The Council also encourages and supports research programmes in all aspects of resuscitation.

The UK Council was a founder member of the European Resuscitation Council, and together they review and publish protocols for basic, advanced and paediatric life support. It is an integral member of the International Liaison Committee for Resuscitation operating at a global level.

Project teams of the Resuscitation Council (UK) regularly review different aspects of resuscitation. Guidelines are produced to encourage debate and help maintain and improve the practice of resuscitation.

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■ Contents

Introduction	5
The Relative's View	6
The Patient's View	7
The View of the Health Care Staff	7
Guidelines	9
Specific Sites and Situations	10
Recommendations	11
Summary	12
References	13
Bibliography	13
Appendix	14



■ Introduction

The presence of relatives during attempted resuscitation is a controversial issue. Recent trends towards greater autonomy for patients and their relatives originated in the care of children in the 1980s. Parents became increasingly involved during the treatment of critical illness, induction of anaesthesia and resuscitation, with parallel developments also occurring in obstetrics. Traditionally relatives have been kept away when resuscitation involves adults, but with the increased coverage of these events by the media relatives are more aware of what to expect. This has led to an increasing number of requests by relatives to be present during resuscitation and resulted in a change in policy in some hospitals. However, the management of both sudden death and relatives who have witnessed events during attempted resuscitation is not easy for any group of health care providers. The aims of this document are to provide guidelines on how this difficult situation may be handled, taking into account the interests of both the patient and relatives. It does not provide all of the answers, but simply an attempt to enable a balanced decision to be made.

Background

Currently, the majority of adult hospital departments in the UK do not routinely offer relatives the chance to witness attempts at resuscitation of their loved ones¹, and 65% of Accident & Emergency Departments have no written policy on the care of bereaved relatives (BAEM/RCN working group survey, 1994). Of these departments, less than one-quarter of respondents ever allowed relatives access to the resuscitation room and less than one-third of parents were allowed access to their child during resuscitation, despite the fact that the BAEM/RCN working group recommend that staff should ask if a relative wishes to be present^{2,3}.

The literature shows that there is a difference of opinion between the public and health professionals. Some relatives have expressed strong feelings about wanting to be present during resuscitation^{4,6}, one major concern being that they have failed their 'loved ones' by not being with them at their death. Of those who have been present, many believe that the experience helped with their bereavement and the resumption of a normal life⁷. However, the views of doctors and nurses are often opposite to the views held by the relatives¹. Opinions vary between medical specialties⁹, and in one study the majority of carers felt that the presence of relatives would do more harm than good⁸. These issues are further discussed from different perspectives.



■ The Relative's View

Many relatives, if given the choice would prefer to be present during attempts at resuscitation, but currently it would be unusual for them to be offered the opportunity^{1,4,6,10}. Of relatives who have witnessed resuscitation, over 90% stated that they would do so again⁷. Even those who have experienced resuscitation in the face of 'official resistance', have indicated that despite the distress caused, they would not have been anywhere else⁴. Further studies currently in progress will help clarify the situation, but clearly, the preferences of patients and relatives should be taken into account by professions moving towards an ethic of more open medicine.

Relatives perceive a number of advantages at being present during resuscitation^{4,5,10}

- It helps them come to terms with the reality of death, avoiding prolonged denial and contributing to a healthier bereavement
- They can speak to their relative whilst they may still be able to hear them
- Some believe that their presence was important both to the dying person and themselves
- They are not distressed by being separated from a loved one when they feel the need to be present
- They can see that everything possible was done for the dying person
- They can touch and speak with the deceased whilst the body is warm
- May help each other by the process of shared grieving

There are potential disadvantages of relatives being present, for instance, the reality of resuscitation may prove distressing, particularly if the relatives are uninformed⁸, and furthermore they may physically or emotionally hinder the staff involved in the resuscitation attempt¹¹. Subsequently relatives may be disturbed by the memory of events, although evidence suggests that fantasy is worse than fact¹². The staff should take into account the bereaved's expectations and cultural background during and following death. Some cultures may demonstrate their emotions vocally or physically whilst Muslims may wish to sit and read holy verses. It is important therefore that the staff faced with this situation have sufficient knowledge and skills to anticipate these needs and identify potential problems¹³.

Current evidence suggests that for many relatives it is more distressing to be separated from their family member during these critical moments than to witness attempts at resuscitation.



■ The Patient's View

Patients who have had a cardiac arrest and are undergoing resuscitation may occasionally be more aware than previously thought. With fleeting consciousness, the patient may benefit from the chance to express a 'final' message before deteriorating or have the chance to be reassured before further treatment is instituted, for example ventilation. There is also anecdotal evidence that the presence of a loved one may be beneficial to the patient, increasing the will to live around the time of resuscitation. However, previously expressed wishes of the patient on the subject of relatives being present should be respected. Whilst the issue of consent for relatives to be present during resuscitation is at present largely theoretical in the context of a cardiac arrest, it may need to be reconsidered in the future.

■ The View of the Health Care Staff

Staff are well known to have fears and reservations about the presence of relatives during resuscitation for a variety of reasons¹. Medical opinions vary; the majority of Emergency physicians and Paediatricians are in favour, Physicians and Anaesthetists are against, often strongly so⁹.

The main concerns and fears expressed by staff, in order of importance include:

- The potential for increased stress to staff
- An increase in the relatives' distress
- The presence of the relatives may influence the decision to stop resuscitation
- The relatives may try and interfere
- Distressed relatives may affect the clinical performance of the staff involved

Many of these concerns are genuine, usually from a perceived need to protect the relative or patient, (but exactly who is being protected, and from what, must be considered). However at present there is little data available to demonstrate any detrimental effect to the patient, relative or staff.

Other important considerations include; inadequate team leadership and failure to follow resuscitation protocols, giving the impression of sub-optimal treatment with the potential for medico-legal repercussions.



This is not substantiated in practice, an open attitude probably reducing the risk¹⁴. Verbal or physical interference by a relative, with all the potential dangers of the latter e.g. during defibrillation, should be prevented by close supervision and restriction of numbers. Relatives unable to cope, or at risk of fainting, must again have sufficient dedicated support and the opportunity to leave with dignity. Finally the staff may have to find alternative ways to the 'black humour' which is often used to enable them to cope, for example by debriefing immediately afterwards.

Specific Areas of Concern

Much of the current literature looking at the presence of relatives during resuscitation is largely based upon work in the Emergency Department. In this situation, there may be time for staff to compose and prepare themselves, whilst in addition there is either more space or resuscitation takes place in a specifically identified area. In contrast, resuscitation on the ward is usually:

- Unexpected
- Cramped and exposed to the public
- Initiated by less experienced staff who may also be unfamiliar with equipment at their disposal
- Potentially hazardous to those in close proximity
- Unlikely to result in staff being available to specifically support any relatives

Despite these potential problems, many staff, particularly those regularly faced with resuscitation, are becoming more confident with the concept of relatives being present and competent at supporting them during this distressing period.



■ Guidelines on the principles enabling witnessed resuscitation

These guidelines are generalised but can be adapted to most circumstances. It is important to remember that every situation is unique and every person different. The carer must be able to:

- Acknowledge the difficulty of the situation. Ensure that the relative understands that they have a choice of whether or not to be present during resuscitation. Avoid provoking feelings of guilt whatever their decision.
- Explain that they will be accompanied by someone specifically to care for them, whether or not they enter the resuscitation room. Make sure introductions are made and names are known.
- Give a clear and honest explanation of what has happened in terms of the illness or injury and warn them of what they can expect to see when they enter the room, particularly the procedures they may witness.
- Ensure that they understand that they will be able to leave and return at any time, and will always be accompanied.
- Ask the relative not to interfere for the good of the patient and their own safety. They will be allowed the opportunity to touch the patient when it is safe to do so.
- Explain the procedures as they occur in terms that the relative can understand. Ultimately this will mean being able to explain that the patient has failed to respond and has died and that resuscitation is to be abandoned.
- Advise that once the relative has died, there may be a brief interval while equipment is removed after which they can return to be with the deceased in private. Under some circumstances, the Coroner may require certain tubes to be left in place.
- Offer the relatives time to think about what has happened and give them the opportunity for further questions.

Stopping Resuscitation

If a relative objects to the resuscitation attempt being abandoned, it should be continued while the team leader reviews the situation, involving those participating, and explaining the reasons for his/her decision to the relative. Alternatively, a relative may voice objections to continued resuscitation. The team leader must make a decision in a similar manner. The final decision to stop resuscitation must always be made by the team leader. It is important to realise that despite their expressed opinions, the relative may later have guilt feelings if they feel that the decision was theirs.



Finally, all the staff involved must be given the opportunity to debrief after a resuscitation, particularly when relatives have been present.

Summary

- Offer the relatives the opportunity to be present during resuscitation
- Allocate someone specifically to be with them at all times
- They must understand that if they interfere they may be asked to leave
- Explain what is happening in terms that they can understand
- Allow them to make physical contact with the patient when it is safe to do so

■ Specific Sites and Situations

Paramedics and pre-hospital care

- Relatives may already be present and if performing basic life support it becomes difficult to exclude them. They should be asked if they want to stay. They may also appreciate being given something helpful to do, such as holding an intravenous bag.
- One person should be given the opportunity to travel in the ambulance. If they accept ensure they are adequately restrained to travel safely.
- Paramedics may diagnose death in some circumstances, but not certify. Where this takes place it should be fully discussed with the relatives and they should be allowed time with the body while it is still warm. The general principles of bereavement care should then be followed.^{2, 3, 16, 17, 18}
- The relative should be referred to their own doctor, healthcare worker, or the appropriate hospital for further information, care and support.
- Involve the General Practitioner by informing him/her of the circumstances as this will open the path to cardiac rehabilitation, screening and bereavement counselling, where appropriate.

Spectator Events

- Before the event, the organisers should ensure that there is someone delegated to look after relatives.
- Facilities must be available to screen off the area where resuscitation takes place to allow privacy.
- The doctor should speak or write to the relatives afterwards offering to discuss the resuscitation or arrange appropriate referral.



A&E Departments

- On the arrival of the patient, the relatives should be greeted by a dedicated named experienced nurse (or other appropriate staff member) who is not actively involved in the resuscitation attempt.
- Patient details are usually obtained from a relative when they arrive. This gives the carer time to assess the situation and give an explanation of the situation to the relative before being offered the chance to enter the resuscitation room.

Hospital Wards, CCU, ITU

- General wards tend to have less staff, space and privacy. However this should not preclude the adoption of a flexible policy, balancing local difficulties against the relative's needs.
- In critical care settings such as CCU and ITU resuscitation attempts are generally more ordered, often more spacious and the nurse to patient ratio is higher. These factors may facilitate the presence of relatives more easily.

■ Recommendations

Training and Support

Other previously recommended aspects of bereavement care, including training, should be in place as suggested in the Advanced Life Support manual and other literature.^{2, 3, 16-18}

In recognition of the potential for increased initial stress in coping with the challenge of witnessed resuscitation, all staff will require additional support and training to explore:

- Standards and protocols of care
- Resource availability and organisational structure
- The concerns and resistance shown by some staff
- The use of interventional skills to support relatives before, during and after the event
- The problem of when to stop resuscitation
- The asking and answering of difficult questions

(for a suggested study day and training resource see Appendix)



Introducing the concept of relatives witnessing resuscitation

The following key points should be considered:

- Specific training for key staff in each area with involvement of the Resuscitation Training Officer
- The concept to be initiated by key staff in each area with local policies formed after discussion with the staff
- Cascade training and dissemination of information throughout departments and teams
- Introduce a scheme in stages:-
 - Facilitate progressively earlier access to the dying patient during resuscitation
 - Initially only respond to relatives' requests rather than being proactive

The aims should be to assist relatives to make their own decisions, support those that feel the need to be present in order to help with their grieving process, whilst at the same time ensuring proper preparation and training to overcome resistance or hesitancy by the staff involved.

■ Summary

Some relatives or friends are known to have been helped in their bereavement by being present during attempts to resuscitate their loved ones. The majority, on current evidence, would appear to prefer to be there, especially those under 40 years of age. Most professionals take the opposite view, preferring the relatives not to be present. However, notable exceptions are developing and attitudes are beginning to change. We believe that relatives should be given the opportunity to be with their loved ones at this time and proper provisions must be made for those who indicate that they wish to stay.

The needs of the relatives and the concerns of the staff have been highlighted and guidelines offered to try and alleviate these difficulties. If resuscitation is to be witnessed, it is essential that relatives be given a free choice, that they are supported throughout by appropriately trained staff and that the resuscitation team leader is prepared for and aware of the relatives' presence. Finally it must be the patient's welfare that remains the prime consideration.



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■ Appendix

Suggested Study Day Content

1. Underlying theory (to illustrate relatives'/patients' needs)
 - Dynamics of sudden death
 - Concept of healthy grief
 - Assumptive world
 - Worden's (1991) 4 tasks of mourning
2. Doing the groundwork (discussion of negative and positive implications)
 - Medical and nursing perceptions and needs
3. Dealing with the impact; Education, preparation and support for staff (extending practice)
 - An institutional assessment
 - Departmental philosophy and standards of care for bereaved relatives
 - Organisational structure and politics
 - Resources available/needed
 - Liability
 - Critical incident stress
4. Principles for facilitating presence
 - Supportive interventions to care for relatives prior, during and after the event
 - Enabling their transition time
 - Deciding to stop
 - Breaking the news
 - Answering difficult questions
 - Using a concluding process to help the family leave the department
 - Ensuring appropriate follow up care

More advice on training resources can be given by:

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