

Family Presence During Resuscitation in Adult Patients

David R. Tafreshi

Legal/Ethical Foundations for Professional Nursing Practice

University of Kansas School of Nursing

A native of Overland Park, Kansas, David expects to start his nursing career as a member of the Neurological Intensive Care Unit at the University of Kansas Hospital after graduation. His future plans include pursuing graduate work in nursing and eventually becoming involved in community education and health promotion. "Too many health programs are being cut in grade schools and it is our responsibility to get out and help the community." David follows his two sisters Azita and Paresa as KU School of Nursing graduates. He wishes to acknowledge the support and love of his mother Sharon Tafreshi. "Without her constant presence we could never have made it through the grueling program at the KU School of Nursing."

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Introduction

In the hospital setting, there are few moments that are as intense as the events that take place when trying to save an arresting patient's life. Physicians and nurses are working briskly - if not frantically - shouting orders, performing rib-cracking compressions on the patient's chest, administering life-saving medications, and jolting hundreds of joules of electricity into the patient's body. Yet family presence during resuscitation efforts has become an important and controversial ethical issue in health care settings. Families are requesting permission to witness such events. Members of the health care team are split on this issue, noting benefits but also potentially adverse consequences to family presence during resuscitation efforts. As nurses, it is our responsibility to find the delicate balance between what is best for the patient, the family, and the institution. The purpose of this paper is to present an objective exploration of the ethical dilemma of family presence during resuscitation in adult patients from the perspectives of each of the key players — the family, the patient, and members of the health care team.

Literature Review

Family Perspective

Evidence currently indicates that family members would prefer to be present during cardiopulmonary resuscitation (Benjamin, Holger, & Carr, 2004). In 1998, Barratt & Wallis administered a 6-question survey to family members who lost a loved one after cardiopulmonary resuscitation. Four of the 35 (11%) respondents were actually offered the opportunity to be present during the resuscitation effort; 24 of 35 (69%) indicated they would have liked the opportunity to be present, and 15 of 29 (62%) indicated they would have preferred to be present during resuscitation. In a similar study by Meyers, Eichhorn, & Guzzetta (1998), nurses

conducted interviews with families who had recently had a family member die in the emergency department. When asked if they would have liked to have been “brought into the room during CPR”, 20 of 25 (80%) said “yes”. In response to whether or not they would have liked the opportunity to be present, 24 of 25 (96%) said “yes”. Finally, when asked whether the family thought presence during resuscitation would have helped with the grief from the death, 16 of 25 (68%) said “yes”. During the interview a number of family members also voiced that they thought it was their right to be present and that the option should have been offered.

The above studies also attempted to investigate what family members believed happened during resuscitation. The responses were mixed and perceptions of resuscitation were often inaccurate. In the study by Barratt & Wallis (1998), family members were offered space on the survey in which to write what they believed occurs when the healthcare team tries to save someone’s life during a code. Responses ranged from “electric shocks” to “no idea” (Barratt & Wallis, 1998, p. 110). Meyers et al (1998) during the phone interviews, one family member indicated that TV programs had shown her what cardiopulmonary resuscitation was like, and she “did not think it would be too much to handle” (p. 403).

An investigation to examine the effect on families who had been present during a loved one’s resuscitation in which the family member died revealed that every participant would, given a second chance, choose to witness the resuscitation effort again (Robinson, Mackenzie-Ross, Hewson, Egleston, & Prevost, 1998). The benefits from witnessing the emergency procedure included an opportunity to see the family member a final time, the ability to see that efforts were made to save the loved one’s life, and a feeling of closure. This investigation also addressed the possibility of negative, long-term psychological effects. The findings revealed that none of the

participants had any significant results, such as increased anxiety or depression, as a result of witnessing the resuscitation effort (Robinson et al., 1998).

Health Care Staff Perspective

Despite a lack of evidence of psychological trauma from families witnessing resuscitation efforts, members of the health care team have certain misgivings regarding family presence. In a study conducted by Helmer, Smith, Dort, Shapiro, & Katan (2000), members of the Emergency Nurses Association (ENA) and the American Association for Surgery and Trauma (AAST) were surveyed to gauge nurses' and physicians' beliefs regarding family presence during resuscitation. When asked whether or not family presence was a patient right, ENA members were significantly more likely to respond "yes" than were AAST members. Additionally, there were significantly more AAST members who believed family presence would cause interference with procedures. Even though the groups differed on a number of subjects, both agreed that family presence would increase stress during a resuscitation effort. Members who had actually been present during a resuscitation effort with family present were asked to rate the overall experience as positive or negative. The majority of the AAST respondents (75%) classified the experience as negative; on the other hand, 64% of ENA members found it to be positive (Helmer et al., 2000).

A randomized control study conducted by Fernandez, Compton, Jones, & Velilla (2009), examined the effect of family member presence on physician performance during a code. The study design used simulated medical codes and three different "family member" scenarios — no family member present, quiet family member present, or hysterical family member present. The amount of time it took the physician to start CPR, intubate, and announce a time of death were similar in each of the scenarios. However, when the hysterical family member was present, it

took longer for the physician to defibrillate the patient, and fewer shocks were administered once defibrillation occurred. Upon completion of the simulation, physicians were asked what concerns they had when the family members were present during resuscitation. Common responses included worries about an increased amount of time to complete a procedure due to family interference, family well-being, and apprehension about an increased potential for litigation (Fernandez et al., 2009).

Patient Perspective

At times during the course of these debates, it seems that the perspectives of the people at the center of the issue — the patients themselves — are overlooked. One investigation by Benjamin, Holger, & Carr (2004), attempted to understand what a sample of emergency department patients felt would be appropriate if they were ever to require cardiopulmonary resuscitation. The investigation began by educating the 200 study participants about what exactly happens during cardiopulmonary resuscitation. The ED patients were then asked if they would like to have a family member present during resuscitation. The majority (72%) indicated they would like to have a family member present during resuscitation. Those who did not want family present cited a fear of family members interfering with the procedure or that it may leave a negative final memory of them (Benjamin et al., 2004).

Conclusion

The literature indicates that there is quite a difference in opinion among family, health care staff, and patients when it comes to whether or not families should be present during resuscitation. Most family members not only want to be present but believe it is their right, and the right of the patient, to decide. Physicians believe that family presence may interfere with the procedure itself, that it could increase the chance of a lawsuit, and that it certainly increases

stress during a code. They also believe that because of the intensity of the event that it may be traumatic for family members to witness. Although nurses seem to be more receptive to the idea of family members being present during resuscitation, this group has misgivings about how witnessing this process may lead to an increased level of personal and family stress.

Part of what makes this issue an ethical dilemma is that there are both potential benefits and potential consequences to family presence during a code. Additional research needs to be conducted regarding the perspectives of the members of the health care team in order to either validate their concerns or to emphasize the need for educational efforts aimed at discrediting inaccurate assumptions. Either way, nurses have an obligation to treat both the patient and the family; thus, it is especially important for them to be receptive to, and advocate for, the family's desires. If family presence ultimately is found to have negative outcomes for the patient, then the family may need to be excluded. However, denying family members access to a resuscitation effort simply because of health care staff opinion is a paternalistic idea that needs to be abandoned. Upon completion of necessary research, institutional policies may have to change to give family members the choice on whether or not they want to be present. However, due to the virtues of autonomy and confidentiality, it should ultimately be the patient's decision.

As a nursing student, formulating a concrete opinion on this issue is somewhat difficult because I have yet to experience a resuscitation effort in practice. Nevertheless, as I continue to accrue new clinical experiences, and especially after conducting this literature review, I am able to thoughtfully consider and acknowledge the valid perspectives of each of the parties involved. This insight will be crucial because I plan to work in an ICU, where encountering this exact ethical dilemma is inevitable.

References

- Barratt, F., & Wallis, D. (1998). Relatives in the resuscitation room: their point of view. *Journal of Accident & Emergency Medicine*, 15(2), 109-111.
- Benjamin, M., Holger, J., & Carr, M. (2004). Personal preferences regarding family member presence during resuscitation. *Academic Emergency Medicine*, 11(7), 750-753.
- Fernandez, R., Compton, S., Jones, K., & Velilla, M. (2009). The presence of a family witness impacts physician performance during simulated medical codes. *Critical Care Medicine*, 37(6), 1956-1960.
- Helmer, S., Smith, R., Dort, J., Shapiro, W., & Katan, B. (2000). Family presence during trauma resuscitation: a survey of AAST and ENA members... including commentary by Britt LD, Oller DW, Reath DB, Wachtel TL and Mattox KL with author response. *Journal of Trauma*, 48(6), 1015-1024.
- Meyers, T., Eichhorn, D., & Guzzetta, C. (1998). Do families want to be present during CPR? A retrospective survey. *JEN: Journal of Emergency Nursing*, 24(5), 400-405.
- Robinson, S., Mackenzie-Ross, S., Hewson, G., Egleston, C., & Prevost, A. (1998). Psychological effect of witnessed resuscitation on bereaved relatives. *Lancet*, 352(9128), 614-617.