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Should Family be presence during resuscitation (FPDR)?

Nurul 'Inayati Abdul Rahman [1*]Khin Thandar Aung[2], Mohd Said Nurumal[3]
Nurul'AinAhayalimudin[4]

[1](Critical Care Nursing Department, Faculty of Nursing, International Islamic University, Malaysia)
[2](Critical Care Nursing Department, Faculty of Nursing, International Islamic University, Malaysia)
[3](Critical Care Nursing Department, Faculty of Nursing, International Islamic University, Malaysia)
[4](Critical Care Nursing Department, Faculty of Nursing, International Islamic University, Malaysia)

Corresponding Author: Khin Thandar Aung

Abstract
Background: *Nowadays, families expect that they should participate in their own care and decision in health care management. Traditionally, resuscitation is done by health care personnel where family members are excluded from witnessing of this procedure. However, in the last few decades, this idea has been changed into an offering support by allowing family members to be present during resuscitation. The presence of the family members during resuscitation remain controversial. Therefore, there is needed to analysis and argue that some opinions which are associated with the effects of family allowance during resuscitation.*
Purpose: *The purpose of this paper is to discuss the current evidence that the systematic offering of family presence during resuscitation (FPDR) is an ethically sound practice, with minimal demonstrable harms to patients and family members.*
Methods*: By reviewing the related data sources of family presence during resuscitation(FPDR), extensive review of the opinion of family as well as health care providers regarding (FPDR) in CINAL plus, Crossref, Google scholar and research gate.*
Discussions*: This paper will discuss about* roles and situation of family during resuscitation, roles and situation of health care providers during resuscitation.
Conclusion: *FPDR is also a supportive approach to achieve the autonomy of patient and family and reduction the inequalities in health care management.*
Keywords: *Evidence, Family presence during resuscitation (FPDR), Opinion, Resuscitation*

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I. Introduction

Annually, the records of cardiac arrest are 600,000 deaths in industrialized countries[1]. In that situation, family members who are present at the time of attempted resuscitation are at high risk for emotional and physical burdens[14]. On the other hand, being family present during resuscitation may help the family members understand that everything possible to bring the patient back to life has been implemented[14]. In addition to quelling suspicion about behind-closed-doors resuscitation efforts and unrealistic expectations of such efforts, the family member's presence may offer the opportunity for a last goodbye and help that person grasp the reality of death, with the hope that the bereavement process will not be prolonged or post-traumatic stress disorder (PTSD). Although, the benefits and drawbacks of family presence during resuscitation have been argued since 1987, the potential benefits must be weighed against the possibility of stress induced in health care providers and an increase in the emotional burden on family members, as well as the risk of legal claims indeed [14].

II. Material And Method

By reviewing the related data sources of family presence during resuscitation(FPDR), extensive review of the opinion of family as well as health care providers regarding (FPDR) in CINAL plus, Crossref, Google scholar and research gate.

III. Discussion

Roles and situation of family during resuscitation

Family presence during resuscitation (FPDR) is a natural outgrowth of family-centered care, which regards the family as the primary source of strength and support to the patient. The family-centered approach moves towards care that is driven by the needs of the patient and the family rather than controlled by health care

providers(HCPs). Family needs more focus on maintaining the relationship with their loved one and being with him or her at the time of death during medical crises. Slightly more than half of the sample agreed or strongly agreed that family presence was a "right" of both patients and families. Integrating family presence during resuscitation supports both families and patients. G. Santos González et al (2010) in their study identified that family members not only emphatically emphasized that it was their right to be present, but also relayed that family presence during resuscitation was important and helpful to both patients and families[4].

Robinson, Mackenzi, Hewson, Campbell and Prevost (1998) who conducted a pilot study, discovered that family members wished to be present during resuscitation. They felt that their last moment with the client during resuscitation aid to ease their grieving process and found out that resuscitation room was less distressing than anything they might have imagined[16]. Furthermore, clients, themselves agreed that they feel supported and none of them believed that their confidentiality or dignity had been compromised when their family members were present during their resuscitation.

There are a lot of benefits for family due to FPDR. Their presence at the bedside enables them to understand the severity of their loved one's condition and helps in removing doubt about the patient's condition by witnessing that everything possible is being done[13,18]. Being their presence decreases family members' anxiety and fear about what is happening to their loved one and provides the means to communicate an important information about the patient to the health care providers [9,10]. It facilitates their need to be together and the opportunity to advocate for comfort, protect, and support their loved one[2,8]. Patients' families believe that family presence is helpful to the patient and themselves. They believed that their presence provides spiritual comfort to the patient while they are there. They thought, it is better to know what is going on by standing in the room rather than waiting out in the hall imagining all that could go wrong[1,13]. Many people may have a false idea of what goes on in a code. The family being present during a code offers an opportunity for the family to say goodbye and gives them closer more so than being told later and saying goodbye after the patient has already passed.

FPDR helps the family to realize the seriousness of the patient's condition, facilitates the need to physically be with their loved one and strengthens a patient's will to live. It also sustains patient-family connectedness and bonding. Moreover, family members can observe the effort being made by the team, promotes trust by removing secrecy, families can provide support to each other, consistent with holistic family-centered approach. For those reasons, institutions need to provide a vision statement or guidelines on the area of family presence during resuscitations. These guidelines are going to serve as definite answers if a family requests to be present. This will decrease friction among healthcare personnel. If the family chooses to be present, the hospital has a support person who is not a part of the resuscitation team to be with family in the room during and after resuscitation.

Roles and situation of health care providers during resuscitation

Regarding the consideration for health care providers(HCPs), their opinions on FPDR vary according to their profession, specialty area and level of experiences. Several surveys have indicated that between 86% and 96% of nurses endorse FPDR, compared with 50% to 79% of physicians[19.] In a survey of 41 CPR team members at a rural community hospital, most physicians who were initially resistant had become strong proponents of FPDR. Many medical team members are reluctant to permit the presence of family members during resuscitation because of fear of medicolegal conflicts. In a survey of 592 health professionals, 24% of 432 respondents who disapproved of the presence of family members listed medico-legal concerns as an explanation[3].There are some problems for HCPs due to FPDR such as they fear that the CPR team will have difficulty controlling their own emotional response with the family presence and fear that family members who witness errors or misunderstand what they see or hear may be more likely to sue, especially if the patient dies. In addition, they have an anxiety about the loss of control of the environment and the possibility of disruptive behavior by the patient's family members and an overwrought family member might hurt himself. They also concern that the patient's confidentiality and right to privacy are compromised.

However, there are some benefits for HCPs due to FPDR. Family helps staff in providing more holistic care to the patient during the crisis. FPDR encourages more professional behavior among staff during the resuscitation. It also allows a patient's family members to recognize the staff's efforts to save the patient and reaffirms the role of the HCP as an advocate for patients. It also affords the HCP to get a chance to educate the family regarding patient's condition.

IV. Recommendation

Therefore, the systematic offering of FPDR is consistent with the principle of autonomy, and improves the equity of patient care by empowering family members to be present during a critical moment in the life of their loved one. Furthermore, there is a moderate quality evidence that is offering family presence results in no harm to patients undergoing resuscitation, and may result in a modest reduction of symptoms of anxiety and

post-traumatic stress disorder in family members. Research of an experimental design is needed to study the short- and long-term effects of family presence on health care providers, families and patients in both general acute care and intensive care settings. In addition, there is needed to identify the best practices, legal issues, helpful educational approaches, and an additional costs that family presence incurs.

V. Conclusion

Family presence can help to ameliorate the pain of the death, through the feeling of having helped to support the patient during the passage from life to death and of having participated in this important moment. The high percentage of family members surveyed desire to be present during resuscitation of a loved one. No research has shown that family presence is harmful, and evidence is growing that family presence is beneficial. In summary, FPDR may be used safely and effectively to provide family-centered care in the emergency room, ward or Intensive Care Unit (ICU).

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