

CLINICAL DECISIONS

INTERACTIVE AT NEJM.ORG

Family Presence during Cardiopulmonary Resuscitation — Polling Results

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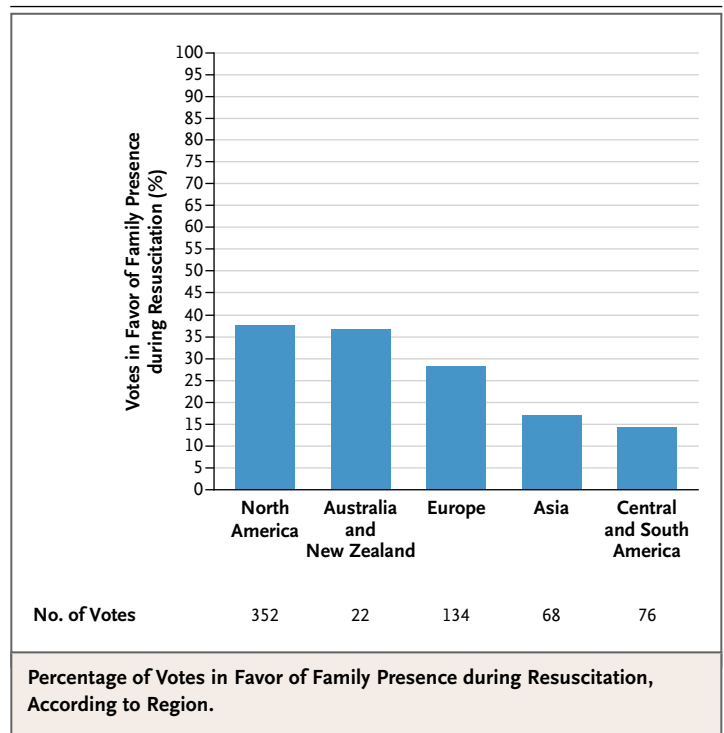
Recently, readers shared their opinions on family presence during cardiopulmonary resuscitation in Clinical Decisions, an interactive feature in which experts discuss a controversial topic and readers vote and post comments. The feature coincided with the publication of a study by Jabre et al.¹ involving patients who had an out-of-hospital cardiac arrest and underwent cardiopulmonary resuscitation (CPR). In that study, resuscitation units were randomly assigned to invite family members to witness the resuscitation of a loved one (intervention group) or to follow standard practice regarding family presence (control group). The study showed that family members in the intervention group were less likely to exhibit symptoms of post-traumatic stress disorder than were family members in the control group. The study also concluded that family presence did not interfere with medical resuscitation efforts, increase stress among members of the medical team, or result in additional medicolegal conflicts.

Our Clinical Decisions vignette presented the case of a woman who had an in-hospital cardiac arrest, and we invited two experts to share their opposing viewpoints on whether family members should be invited to the bedside during cardiac resuscitation efforts. Dr. James Downar, a critical care and palliative care physician at the University of Toronto, wrote that in his personal experience, the presence of family members has interfered with resuscitation efforts; in addition, he expressed the opinion that more research needed to be completed on the psychological effects on family members of witnessing CPR before he would be willing to endorse such a practice. Dr. Patricia Kritek, Associate Medical Director of Critical Care at the University of Washington, argued that families should be permitted to be present during CPR, since this can help provide

closure and allow for a last goodbye during what is often the final moments of a patient's life.

Of the 655 votes we received (Fig. 1) from readers in 62 countries and territories, only 31% were in favor of family presence during CPR. Among all countries with 10 or more respondents, only France — the country in which Jabre et al. completed their study — had a majority of votes (15 of 19) in favor of family presence during CPR. We do not know whether the votes in France in favor of family presence represent the opinions of respondents who were associated with the study by Jabre et al. or a more widespread cultural attitude within the medical community of France.

We received 94 comments from readers who



shared personal thoughts regarding this controversial topic. Readers opposed to family presence during CPR were not swayed by the findings of the study by Jabre et al. Those readers cited concern that family members would interfere with the medical team's efforts or that the family members would have difficulty coping with the trauma that often occurs during resuscitation and even expressed fears that family members might try to take photos or videos during the event that could be used later for litigation purposes. Many also remarked that in-hospital arrests are quite different from out-of-hospital arrests, and thus the results of the study by Jabre et al. are not generalizable to patients with in-hospital arrests. Readers writing in support of family presence cited respect for the patient and family autonomy in allowing family members to be with their loved one during such a critical time.

There is a growing movement in medicine to allow the family greater access to their loved one

in times of illness. Medical societies in the fields of cardiology and pediatrics have issued statements in support of family presence during resuscitation.^{2,3} Going forward, it will be important to craft institution-specific protocols for family presence during CPR that will allow providers to give the highest-quality medical care while also allowing family members appropriate access to their loved ones.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

1. Jabre P, Belpomme V, Azoulay E, et al. Family presence during cardiopulmonary resuscitation. *N Engl J Med* 2013;368:1008-18.
2. ECC Committee, Subcommittees and Task Forces of the American Heart Association. 2005 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation* 2005;112:Suppl:IV-1-IV-203.
3. Henderson DP, Knapp JF. Report of the National Consensus Conference on Family Presence During Pediatric Cardiopulmonary Resuscitation and Procedures. *Pediatr Emerg Care* 2005;21:787-91.

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