Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Family presence during Cardiopulmonary Resuscitation in the Covid-19 Era

Family presence during adult resuscitation (FPDR) has been empirically shown to be beneficial for patients, families and healthcare workers,[1] and the bioethics literature normatively supports it.[2–7] But what about FPDR for patients sick with Covid-19?

The main two arguments supporting FPDR are the patients' autonomy and beneficence toward patients and relatives. Social media is replete with reports of persons lamenting that they could not be with their loved ones in their last moments.[1] Similarly, authors have emphasized the importance of palliative care during the outbreak,[8] and FPDR could be seen as palliative care in the ED[2] and other departments.

One common argument against FPDR is the risk to families, as witnessing CPR may be emotionally traumatic. This argument has scarce empirical support.[9] However, FPDR for patients sick with Covid-19 necessarily pose a greater risk to relatives, as they may become infected as well. Further, FPDR for patients with Covid-19 may pose an increase risk to public health, as relatives may become contagious and/or require additional public resources thus increasing the burden on healthcare systems.

How can we then balance the risks and benefits associated with FPDR in the era of Covid-19?

First, smart phones and mobile computers could substitute human touch.[2] This would allow some companion for the dying patient and some closure for relatives, while not exposing them to risk. This solution is obviously the easiest to justify and implement, requiring only the staff's collaboration and access to technology.

A second solution may be to allow relatives to be present in the same room, and even to touch their loved ones. This is more likely to optimize the beneficial aspects of FPDR for both families and patients. Conversely, this will clearly increase the risk for relatives who are not already immune to the virus as well for the public health. A policy could however be put in place to mitigate these risks. Until vaccines become available, relatives may be asked to self-quarantine as a condition be present during CPR. This would at least reduce the risk to public health. With a reduced risk and thus burden on public, relatives could then make a value judgment that they alone can and should make- do the potential benefits of accompanying their loved ones during the last moments of their lives justify the risk to their own health?

A third solution for loneliness at deathbed could be having the patients' pets to accompany the dying. Other than a few cases of Covid-19 infection in felines and canines in Hong Kong, Belgium and New York City, pet dogs and cats seem to be immune to the virus and to not shed it further. Unless we come to learn otherwise, they may provide the last warm touch for patients dying of Covid-19. Pets provide solace for loneliness among the living,[10] and there is no reason why they should not do so among the dying. These animals could be closely monitored and not be allowed to come in contact with other patients in case of any health concerns.

Conflicts of interest

The author declares no conflicts of interest.

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