

## Should relatives watch resuscitation?

### No room for spectators

EDITOR,—The article discussing whether relatives should be allowed to watch resuscitation raised some interesting points.<sup>1</sup> As a medical registrar I have several objections to relatives being allowed to watch resuscitation.

The atmosphere of a resuscitation in hospital is very different from that described by the authors. Far from being a calm, controlled environment, it often comprises five scared junior members of staff crowded around a hospital bed.

It is the job of the person leading the arrest team to instil confidence and prevent panic. I have found that one of the most effective ways of doing this is to appear detached about what is going on around me, and even to make occasional lighthearted comments. I believe that this slightly relaxed atmosphere helps people to concentrate on the priorities of the job in hand and avoid being distracted by unimportant details because of anxiety. The presence of a relative would inhibit this kind of reassurance. I also believe that many relatives would find it upsetting to see hospital staff working in this impersonal fashion.

Secondly, the resuscitation of patients in hospital is often much more invasive than that described by Michael Whitlock. I am sure that seeing defibrillation or a pericardial drainage would be unreasonably distressing for most people.

It is often difficult to fit even the most essential staff or equipment into the spaces around beds when resuscitating. This cramped environment would certainly not allow the presence of spectators.

It could be argued that relatives should be allowed to stay until one of the above situations arises and should then be taken away, but it is often the case that there is simply not time to monitor the condition of both the patient and relative.

I have witnessed a relative present during resuscitation only once. A mother, distressed at the sight of cardiac massage, tried to drag the doctor off her daughter. It took three nurses to remove and comfort her and delayed defibrillation by at least three minutes.

It is not always possible for relatives to know how they will react in such stressful and upsetting circumstances. It is the unpleasant task of doctors to sometimes call on greater experience to make decisions which go against the wishes of intelligent people. We should not shirk this duty, especially if it is to the detriment of the patient.

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<sup>1</sup> Adams S, Whitlock M, Higgs R, Bloomfield P, Baskett PJF. Should relatives be allowed to watch resuscitation? *BMJ* 1994;308:1687-9. (25 June.)

### Local factors may influence decision

EDITOR,—The debate on allowing relatives to watch resuscitation<sup>1</sup> has extensively addressed all the main points and leaves the impression of a consensus that relatives' wishes should be accommodated. This attitude is based on the idea that people will let doctors do their job and will cooperate with them. Unfortunately it is extremely

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rare, in my experience at least in southern Italy, to obtain a minimum of self control or cooperation from the relatives of a patient to be resuscitated.

The emotional distress and despair are always expressed by an aggressive attitude, even towards the doctors and the paramedics who are trying to reach the patient through a crowd of screaming or fainting relatives and spectators. Some colleagues have even been wounded as they tried to put a patient in the ambulance or to make some space to start resuscitation procedures. This is not just a matter of education, since this attitude is found in every social class.

In a country like Italy, in which charges of malpractice and misconduct have landed ministers and vice ministers for public health in jail, people prefer to rely on "magic thinking." This stems from the cultural attitude of the "Latin soul" towards tragedy and a deep mistrust of doctors who, while trying to resuscitate a patient, are often physically assaulted by relatives who get the feeling that "something" is going wrong. It may even happen that a dying patient would be carried into a church, rather than into a nearby hospital.

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<sup>1</sup> Adams S, Whitlock M, Higgs R, Bloomfield P, Baskett PJF. Should relatives be allowed to watch resuscitation? *BMJ* 1994;308:1687-9. (25 June.)

### Relatives can be helpful

EDITOR,—The question of whether relatives should be allowed to watch resuscitation was posed for me two weeks before I read Sarah Adams's article and the commentaries,<sup>1</sup> when a 3 year old child with a thermal injury to 55% of his body had a cardiac arrest while on a ventilator for treatment of a deteriorating pneumonia. I am happy to report that the resuscitation was successful, although the period of hypoxia was prolonged and brain damage was feared until his successful weaning 10 days later.

There is little time to think in such circumstances; reintubation (the tracheal tube was displaced more than once in this crisis) and giving drugs were the only thoughts in my mind. The man at the end of the bed was helpfulness itself, responding intelligently to my (fortunately calm) requests to hold this, hang on to that; my eyes were meanwhile fixed on the child and the monitors. It

was not until the heart rate was restored and there was time to relax a little that I realised that my helper had been the child's father. Furthermore, the nurses had sized up the situation a little more quickly than I, had instantly decided that any "damage" was already done, and had allowed him to continue his excellent work.

I asked him later, when his shock and worry had faded somewhat, how he had felt at the time. Like those mentioned in this series of papers, he had found it helpful to be involved. He had not considered it unusual, and had just reacted instinctively, knowing he was contributing to his son's welfare.

I am, however, left with one concern: what might I have said to him, in the heat of the moment, if, still mistaking him for a professional helper, I had found him less helpful? Would I have berated him for incompetence, and would he have understood or been deeply hurt? I am sure that, though like the authors I favour allowing relatives the choice of whether to remain for a resuscitation, I will henceforth always spare just two seconds to make myself aware whether they are present and think with just a small part of my brain of their wishes. I am also left with a strong feeling that asking this man to leave would have been a greater distraction to my work than allowing him to remain.

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<sup>1</sup> Adams S, Whitlock M, Higgs R, Bloomfield P, Baskett PJF. Should relatives be allowed to watch resuscitation? *BMJ* 1994;308:1687-9. (25 June.)

### May affect doctors' performance

EDITOR,—The major discussion about whether relatives should be allowed to watch resuscitation seemed to be in relation to a death in a public area.<sup>1</sup> We would like to report our experience of a hospital setting.

The philosophy of our department has facilitated exposure of relatives to the care being given to their family members in the resuscitation room. The relatives have been briefed by a senior member of nursing staff and then are brought into the resuscitation room by the nurse and given a continuous explanation of the procedures going on.

Records are not kept, but our impression is that some part of one in 20 adult resuscitations are watched by a relative, but over half of children's resuscitations are witnessed by the parents. All relatives are offered the opportunity to view the body after unsuccessful resuscitation.

The effect of observing relatives on the confidence of doctors is constantly borne in mind. We never allow relatives to stay unless all the staff present are comfortable with their presence.

Follow up of relatives, particularly parents, who have witnessed resuscitation attempts shows 100% to be appreciative of the experience, and they report benefits in terms of grieving and coming to terms with an unsuccessful resuscitation.

This is a routine service that we offer in our department, and we commend it to all other accident and emergency departments, although it must be recognised that it requires time and experience for everyone involved in the resuscitation team to become comfortable with the concept