Family presence during CPR: Who Benefits?

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Clinical practice guidelines for support of the family in the patient-centered ICU

- Shared decision-making model
- Early and frequent meetings
  - To reduce family stress
  - To improve consistency in communication
- Open flexible visitation
- Family presence at rounds and resuscitation
- Family support before, during, after a death

ACCM and SCCM, following up on IOM recommendations
Crit Care Med 2007
Family Presence During CPR

- ~40 Studies from 1987-2015
  - Primarily surveys with little if any standardization or consistency of the survey instruments
  - Two RCTs (1998 n=25; 2013 n=570)
  - Focus on families (~25%), families and clinicians (~60%), with less emphasis on seeking the patient’s views.
Views from the Families

- 38 of 39 relatives thought they had a “right” to be present

- 24 of 25 relatives of patients who died in the ED thought they should have been allowed to be present

“I wouldn’t want my loved one to die with strangers”

Potential Benefits for Families

• Bereavement literature suggests that viewing and touching the body after sudden death is helpful for the grieving process.

• Presence during CPR allows one to say final goodbyes, know everything was done.

• Facilitate future interactions with the family in CPR survivors.

“Seeing them work on him was painful is also helped me accept what was going to happen to him.”

“It has been my experience that families deal better with the ‘knowns’ than the ‘unknowns.’ I find that what families actually see is invariably better that their fantasies.”

Post, Nursing 1989; Osuagwa, J Emerg Nurs. 1991
Clinician’s Views on Family Presence during CPR

- Wide variation in survey findings
- % Favoring family presence
  - 20-90% of RNs
  - 2-79% of Staff MDs
  - 28% of Resident trainees

Concerns of Clinicians

- Interruptions during codes
- Emotional trauma to the family
- Risk of Litigation
- Loss of patient confidentiality
- Increased stress of the code team

The presence of a family witness impacts physician performance during simulated medical codes

Rosemarie Fernandez, MD; Scott Compton, PhD; Kerin A. Jones, MD; Marc Anthony Velilla, MD

• 2nd and 3rd yr EM Residents in simulated cardiac arrest
• Randomized to:
  ➢ no family
  ➢ quiet family
  ➢ “family member” displaying overt grief reaction

• Results:
  • Time to initiation/intubation/ending CPR similar
  • Longer time to first shock longer (~45 seconds) and fewer shocks (4 vs 6 and 6.5) in the overt grieving arm
Family Presence during Cardiopulmonary Resuscitation

Patricia Jabre, M.D., Ph.D., Vanessa Belpomme, M.D., Elie Azoulay, M.D., Ph.D.,

- 15 ERs randomized to offer family presence
- Relatives present during CPR
  - 211/216 relatives (79%) in intervention
  - 131/304 relatives (43%) in control
- PTSD in 27% vs. 37% in control @ 3m (p=0.01)
  - OR 1.7 (1.2 - 3.5; p=0.004) vs. intervention (ITT)
  - OR 1.6 (1.1 - 2.5; p=0.02) vs. witnessed
- No affect on resuscitation or patient survival

Family Presence during Cardiopulmonary Resuscitation

Patricia Jabre, M.D., Ph.D., Vanessa Belpomme, M.D., Elie Azoulay, M.D., Ph.D.,

<table>
<thead>
<tr>
<th>Variable</th>
<th>Family Member Present (N = 342)</th>
<th>Family Member Absent (N = 228)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score for stress on VAS — median (interquartile range)</td>
<td></td>
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<tr>
<td>Emergency physician</td>
<td>8.5 (0–20)</td>
<td>10 (0–20)</td>
<td>0.38</td>
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<tr>
<td>Nurse</td>
<td>5 (0–15)</td>
<td>5 (0–15)</td>
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<td>0 (0–10)</td>
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<td>Questionnaire responses — % answering true/false/ I don’t know</td>
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<tr>
<td>----------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td><strong>I felt stressed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency physician</td>
<td>10/87/3</td>
<td>9/88/3</td>
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<td>Nurse</td>
<td>7/86/7</td>
<td>7/88/5</td>
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<td>Ambulance driver</td>
<td>8/86/6</td>
<td>5/87/8</td>
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<tr>
<td><strong>I was able to easily communicate with my colleagues</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Emergency physician</td>
<td>97/2/1</td>
<td>98/1/1</td>
<td>0.64</td>
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<tr>
<td>Nurse</td>
<td>95/2/3</td>
<td>96/1/3</td>
<td>0.63</td>
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<tr>
<td>Ambulance driver</td>
<td>92/2/6</td>
<td>93/1/6</td>
<td>0.54</td>
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<tr>
<td><strong>I felt the way I usually do</strong></td>
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<tr>
<td>Emergency physician</td>
<td>90/7/3</td>
<td>90/6/4</td>
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<td>Nurse</td>
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<td>Ambulance driver</td>
<td>85/6/9</td>
<td>90/3/7</td>
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<td><strong>I was disturbed by my thoughts about the distress of the patient’s relative</strong></td>
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<tr>
<td>Emergency physician</td>
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<td>0.66</td>
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<tr>
<td>Nurse</td>
<td>12/81/7</td>
<td>16/74/10</td>
<td>0.13</td>
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<tr>
<td>Ambulance driver</td>
<td>16/75/9</td>
<td>10/78/12</td>
<td>0.10</td>
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</table>
Additional Support….

- Nearly all surveys indicate that families would choose to be present again
  - Jabre et al: 9/289 (3%) regretted being present

- No evidence of increased risk of litigation
  - Jabre et al: No claims @ median 20 months

Robinson *Lancet* 1998; McClenathan, *CHEST* 2002
Davidson *CCM* 2007; Jabre NEJM 2013 and *ICM* 2014
Unanswered questions

• How best to screen families?
  • Some may be predisposed to PTSD
  • Jabre et al: All 5 suicides (3m) were in the intervention group

• What aspect of family presence accounts for the benefit?
  • Is there an alternative to witnessing?

Aidman *Psychol Rep* 2006; Jabre NEJM 2013
Witnessing or caring or both?

• Beneficial effects of witnessing a code may stem, in part, to the support given to families during and after the code and not witnessing the code *per se*

• With the invitation comes a “chaperone” and the responsibility for their well being (*active engagement, constant presence*) vs. family waiting outside (*passive engagement; and condolences when it’s over*)
Importance of the Chaperone

“The support person must remain with the family, providing constant information, explaining interventions, interpreting medical jargon, and discussing patient responses to treatment and expected outcome.”

Jabre ICM 2014
Caring for all families peri-CPR

• Until we know what mediates the beneficial effects of family presence, we should strive to provide the same level of support for families who chose not to attend codes as those who do.
What does the Patient Want?

- 72% of 200 ED patients wanted family present during CPR
  - 52% wanted only certain members present
- 70% of post-op patients would **NOT** want family members present
  - Embarrassment, mental anguish, fear family would interfere with care

Benjamin  *J Nurses Staff Review* 1999;
Grice  *Br J Anaesth*  2003
Summary: Family Presence During CPR; who benefits?

- Families, in general, want to be present and would choose to do so again
- Concerns that families will be psychologically traumatized have not been substantiated
- Clinicians report low levels of added stress
- Needs and wishes of the patients may be at odds with the wishes of family members
- Explicit protocol and training needed
- Do not forget families who opt out
Thank you

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Keeping relatives out of a patient’s room what may be the last minutes of life can be quite painful for doctors, nurses, and other allied health providers. Part of our job as physicians is to help patients and families establish goals of care, process life-threatening events, and, at times, orchestrate the best death possible. We need to embrace this role to the end, allowing relatives the chance to be with a loved one in the last minutes of life, if that is what they desire.
Code team performance and stress

- 33% reported activities hampered
- 15% reported they prolonged the code
- Increased emotional intensity reported in one study but not in a second

“I will not routinely invite family members to be present during resuscitation efforts.”
Patient Centeredness

“...refers to health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patient's wants, needs, and preferences and that patients have the education and support they require to make decisions and participate in their own care.”

National Health Care Quality Report
In the case of sudden cardiac arrest, offering the choice to families to witness resuscitative efforts may lessen their psychological burden, and this strategy warrants further consideration by clinicians, researchers, and policymakers. Future studies should aim to improve our understanding of why this choice may reduce the suffering of family members and whether such an approach could be implemented in practice in a safe and cost-effective manner.
Survey of 984 ICU and ED RNs

MacLean J Emerg Nursing 2003
Regional Differences in Preferences of 592 Critical Care Professionals

McClenathan Chest 2000
Cold Feet in New England?

Clinician’s Views After Experience with Family Presence

- 64% RNs and 18% MDs thought it was beneficial for the family
- 53% of RNs and 39% of MDs would do it again

Helmer J Trauma 2000; McClenatan Chest 2002