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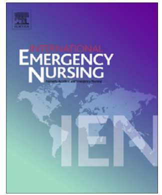

Review

A literature review examining the barriers to the implementation of family witnessed resuscitation in the Emergency Department

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ABSTRACT

Background: Caring for people near death in the Emergency Department (ED) is challenging for professionals, duty bound to respond to the needs of the dying. Family witnessed resuscitation (FWR) is practiced internationally, allowing relatives to be present at the time of a patient's death, offering comfort to the dying and aiding the bereaved along a healthy grief trajectory.

Aim: The literature review elicits barriers to the implementation of FWR in the ED, examining why practice is sporadic despite numerous professional bodies calling for implementation. FWR is often met with opposition from staff, subsequently largely dependent upon who is on duty as opposed to adherence with best practice guidelines, risking inconsistent idiosyncratic practice.

Findings: Barriers include; a lack of organisational support; shortage of manpower for provision of a family support person; absence of champions for the concept; willful non-adherence due to personal beliefs; restriction on coping strategies reliant upon the ability to emotionally detach, enhancing staff resilience facing repeated exposure to emotionally labile events.

Conclusion: All resuscitation efforts can be successful, whether the patient lives or dies, if practice supports healthy grieving. The challenge remains with such divided, entrenched and passionate views, how FWR can be adopted as accepted practice.

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1. Introduction

Caring for patients in the Emergency Department (ED) who are near death, often in tragic circumstances, is challenging for all concerned where difficult ethical decisions are required regarding cardiopulmonary resuscitation (CPR). The care of bereaved relatives is equally as important as that of the dying patient, with the care provided during this time significantly impacting the family's grieving process [34]. Since the 1980s the concept of family witnessed resuscitation (FWR) has been practiced internationally within healthcare settings, prior to which families were usually prevented from being present during CPR [4].

Nurses are duty bound to compassionately recognise and respond to the needs of people in their last hours of life, ensuring confidentiality and dignity is maintained [35]. Jordahl et al. [15] argue that all resuscitation efforts can be a success, whether the patient lives or dies, if the resuscitation teams' practice cultural and ethical humility, promoting a healthy grieving process.

An emotional letter from a bereaved relative catalysed UK debate in the British Medical Journal surrounding FWR in the ED, culminating in guidelines promulgated by many professional bodies calling for FWR [33]. This included a report from The UK Resuscitation Council [28] recommending that family, supported by a

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dedicated member of staff, should be given the opportunity to witness CPR if desired [20] which lead to further supporting guidance from The Royal College of Nursing [30].

Despite substantial evidence supporting the phenomenon, FWR remains highly controversial among healthcare professionals (HCPs) and consequently is rarely adopted in practice [36,12]. The following review examines the current body of literature, analysing why, despite guidelines promulgated by a number of healthcare organizations supporting FWR, significant opposition remains from practitioners [33].

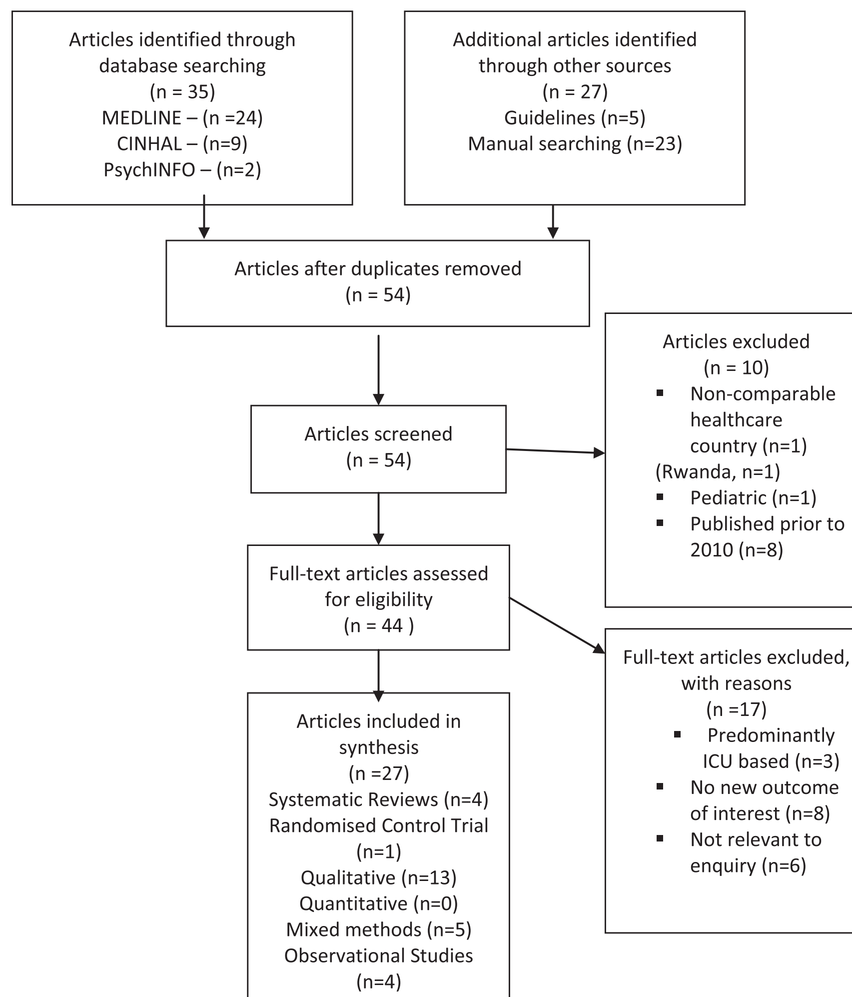
FWR can be defined as offering the patient's family the choice to be present during a resuscitation event, affording relatives the opportunity to be in the patient care area with visual and/or physical contact with the patient [33,32]. For the purpose of this analysis, FWR will refer to CPR and family will be considered as direct family members or significant others identified as family.

2. Literature search

A literature review was conducted employing a systematic approach. Sackett et al. [31] framework; Population, Intervention, Comparison and Outcome (PICO) was utilised to elicit insight into the current body of evidence. Findings specific to the enquiry were interpreted through analysis and synthesis of the literature [1]. The PICO framework was employed to improve the precision of the literature search, defining the question in terms of PICO in order to improve article retrieval [11]. The rigor of research is facilitated by standardised search strategies [6]. The following framework was used in the literature search; Population: the dying patient and their relatives, Intervention: relatives witnessing resuscitation attempts, Comparison: the practice of FWR within the ED setting, Outcome: impacts upon the patient and the relatives, an examination of the barriers and facilitators to staff practicing FWR.

A literature search was conducted using MEDLINE, psychINFO and CINAHL. Preliminary searches returned sufficient articles demonstrating a viable proposal. Local and national guidelines were also consulted, with consideration given to the accepted hierarchy of evidence. This ensured that the best available information was taken from a range of sources [26].

The search parameters employed were: Keywords; family witnessed resuscitation, Witnessed Resuscitation, Emergency Department and Accident and Emergency, focusing FWR within the ED. Inclusions; English language articles, peer reviewed journals, adult age. Exclusions; foreign language articles and work published before 2010. This allowed a manageable volume of current evidence with the latest research, data and findings to be appraised. Articles from comparable healthcare countries were included and the limits allowed further refinement, supporting the acquisition of relevant literature. Additional references were gained from the examination of papers and included if accessible in full text and pertinent to the question. Articles returned by the search were critically analysed using the Caldwell et al. [3] framework. Initially the



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