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## Letter to the Editor

# Re: Family presence during resuscitation in paediatric cardiac arrest: A systematic review. Offering parents the choice to view resuscitation of their child in case of sudden cardiac arrest



To the Editor,

We read Dainty et al.'s<sup>1</sup> article with great interest. The authors focused on the insufficient body of evidence available to make any recommendation for a change in practice or policy either for or against families being present during pediatric cardiopulmonary resuscitation. We thank the authors for their remarkable systematic review.

We strongly believe that awaiting new guidelines, health care professionals (HCPs) involved in taking care of children should have a checklist. This could help HCPs more accurately assess the tragic situation of sudden cardiac arrest (SCA) and make decisions in the best interest of the child. This checklist, in three key points, could be useful before the acute event (staff simulation training). It could be useful at the time of SCA occurrence, as well, particularly for teams not specialized in pediatrics.

First, the checklist would allow HCPs to appreciate the SCA situation in three time-dependent dimensions. The three dimensions are at once involved, intertwined, and nested. The objective is to place the parents or family in the intrinsic rapidity of the emergency. The first dimension is a pathophysiological time of uncertainty in terms of survival and substantial neurological deficit outcomes.<sup>2</sup> The second dimension concerns socio-organizational time in terms of emergency medical response.<sup>2</sup> The last dimension is the familial decision-making time required to involve parents in the appropriate levels of invasive therapy. As a result, parents become actors in the rescue chain, not simple spectators. Both relatives and HCPs must be in the same established reality.

Then, the checklist would encourage HCPs to determine parents' knowledge of technical gestures briefly, medical devices, and medical terms. Indeed, television series and media increasingly influence people's outlooks on medical practice.<sup>3</sup> This brief effort may also provide some clarity to HCPs on their fear of judicialization. As a result, the decision-making process is without ambiguity.

Last, this checklist would report the importance of not restoring hope by initiating invasive technical gestures to parents who have already understood that their child is dead. Refusal of a child's death

and belief in the technical progress of medical science can induce disproportionate gestures.<sup>4</sup> A French medical practice survey reported that physicians systematically resuscitated sudden unexpected infant deaths in more than half of cases.<sup>5</sup>

Despite SCA being an uncommon situation, HCPs need to be adequately ready for it.

## Conflicts of interest

None of the author of this manuscript have any conflicts of interest

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