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Letter to the Editor

Reply letter to: Offering parents the choice to view resuscitation of their child in case of sudden cardiac arrest

To the Editor,

Thank you very much for the opportunity to reply to the excellent letter submitted by Drs. Lemoine, Chabernaud, Jost and Prunet.

The authors articulate a thought-provoking idea about the utility of a checklist approach to family presence during resuscitation (FPDR). We particularly appreciate the way they discussed the unique time-dependent dimensions of the resuscitation scenario; we would in fact add a fourth dimension ahead of the first which involves the time to determine whether or not family members wish to be present. Our review¹ of the literature from the family perspective indicated families highly valued simply being offered the opportunity.

A paediatric or neonatal resuscitation is always a stressful and frenzied situation. Checklists have been proven helpful in other intensive medical situations (i.e. surgery)² to ensure safety and a standardized and evidence-based approach to care, so it would make sense that they could be helpful here to guide the process. In addition, based on the qualitative data we reviewed, we would suggest that having a ‘chaperone’ or a health care professional (HCP) who is trained and tasked with taking care of the family throughout the resuscitation is viewed as a key component of a successful experience. Bundling these two approaches together could yield very positive results.

Having said that, our review results would also suggest that a checklist (or any intervention for that matter) would need to be part of a much larger cultural approach to the true integration of family presence policies in an organization. The concept of non-medical staff being present during any type of invasive treatment situation requires a permanent shift in philosophy about how care is delivered and framed. The patient and family-centred care movement has certainly made great strides in this area. However, the variability that still appears to exist in HCP attitudes towards FPDR indicates that this is far from something that is commonly accepted as a worthwhile endeavour in all settings and cultures. We only mention this to draw attention to the fact that checklists, etc. alone will not be successful without the right organizational culture and with account for local cultural differences.

Given the complexity and ethics of these situations, we may never be able to conduct a large randomized control trial of family presence vs. no presence with typical clinical outcome measures. But then

again, perhaps the impact on clinical outcomes is not really the point as long as there is no detriment. Understanding what drives a family’s desire to be with their child, despite the strong potential for negative outcomes and working towards creating a system that allows for that to happen in a safe and organized way (and with tools such as a checklist), is probably the best use of future research endeavours. Thank you again to Drs. Lemoine, Chabernaud, Jost and Prunet for sharing their expertise and ideas on this complex topic.

Conflicts of interest

Ian Maconochie is the Task Force Chair Paediatric Life Support Group ILCOR; Hon Secretary for the Resuscitation Council UK; Co-Chair of the European Resuscitation Council Paediatric Scientific Advisory Group

The remaining authors have no conflicts of interest to disclose.

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REFERENCES

1. Dainty KN, Atkins DL, Breckwoldt J, et al. Family presence during resuscitation in paediatric and neonatal cardiac arrest: a systematic review. *Resuscitation* 2021;162:20–34, doi:<http://dx.doi.org/10.1016/j.resuscitation.2021.01.017>.
2. Bergs J, Hellings J, Cleemput I, et al. Systematic review and meta-analysis of the effect of the World Health Organization surgical safety

checklist on postoperative complications. *Br J Surg* 2014;101:150–8.
doi:<http://dx.doi.org/10.1002/bjs.9381>.

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