Paramedic CAT (Critically Appraised Topic)

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Title: The influence of personal and professional biases and opinions in deciding to allow or deny family presence during resuscitation.

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Clinical Scenario: Paramedics arrive on scene for a 40 year old male patient laying prone on his bathroom floor, with his wife and two young children nearby. The man had complained of severe chest pain before he collapsed on his way to get a glass of water. What would prevent the paramedics from giving the family the choice to watch them try to resuscitate the father, and what would prevent the family from choosing to witness it?

PICO (Population – Intervention – Comparison – Outcome) Question: In individuals involved in cardiac arrest calls, do personal opinions/judgements compared to unbiased procedures result in less family presence during resuscitation?

Search Strategy 1 (Omni): Family AND Resuscitation AND Witnessed AND Choice AND Reason
Limits: Last five years, English, Articles

Search Outcome: 139 results

Search Strategy 2 (Medline): Family AND Resuscitation AND Witnessed AND Choice

Search Outcome: 12 results

Relevant Papers:

Author, Date	**Population: Sample Characteristics**	**Design (LOE)**	**Outcomes**	**Results**	**Strengths and Weaknesses**
Tracey Giles, Sheryl de Lacey, and Eimear Muir-Cochrane, 2016	25 people who had been involved in family presence during resuscitation either as a patient, a family member, a doctor, a paramedic, or a nurse in South Australia.	Constructivist grounded theory design (qualitative research) LOE 6	- Personal Bias prevented health care providers from allowing family presence during resuscitation - Personal Bias did not prevent health care providers from allowing family presence during resuscitation	Health care providers were hesitant to allow family presence during resuscitation due to having a sense of ownership over the patient, the situation was not determined to be suitable, the age of the patient was higher, the need to protect themselves was felt, and the lack of boundaries or resources. A mediator between the family and the health care providers is needed to help facilitate family presence during resuscitation.	Weaknesses • Used a variety of health care providers, but the majority were nurses • Limited sample size • Many of the family members interviewed were also health care providers so they were not able to speak from a strictly family member point of view • Not a strong research design • Limited to a small geographic area Strengths • Gave suggestions on how to reduce health care provider bias and increase the likelihood of family members being allowed to stay during the resuscitation • Listed a variety of factors why health care providers do not allow the family to watch

Author, Date	Population: Sample Characteristics	Design (LOE)	Outcomes	Results	Strengths and Weaknesses
De Stefano et al. (2016)	Using the PRESENCE trial, 570 family members who had been present during a family member resuscitation were chosen. Half were given the choice to watch, half were not. 75 of those were randomly selected to be a part of the qualitative study. 30 of those people were contacted and used for the study. Interviews were conducted by telephone	Qualitative analysis, with a sequential explanatory design (LOE 6)	- Family members given the choice to witness resuscitation accepted the invitation - Family members given the choice to witness resuscitation denied the invitation - Family members were not given the choice to witness resuscitation and accepted that decision - Family members were not given the choice to witness resuscitation and wished they had been permitted to watch	For the family members who were asked to be present during resuscitation, they chose to do so because they felt they could help in some way, felt obligated to be present for the family members sake, to see the efforts of the resuscitation team, and to help them cope with the reality of the patients death. For the family members who chose not to be present, they did so to protect themselves, to stay out of the way of the responders, or because they felt like they were being given enough information by the team without being present. Those who were not asked to watch had more negative experiences, and had a harder time coping with the experience	Strengths • Used a large sample size • Used randomized sampling • Used a wide range of ages (50± 15 years old) • Used people from different employment and religions • The person who conducted the interviews had no experience with CPR Weaknesses • Was not an equal split of male and female participants (much more females) • Claims that the findings may be limited because of country-specific medical systems, but does not state what country this applies to • Does not discuss paediatric populations in the study

Author, Date	Population: Sample Characteristics	Design (LOE)	Outcomes	Results	Strengths and Weaknesses
Dwyer 2015	Telephone calls to randomly selected household landline phones in Queensland Australia, one person over the age of 18 from each household was invited to participate. A total of 1208 people agreed to participate.	Cross sectional population based study (LOE 6)	- Public in favour of having family present with a child receiving CPR - Public in favour of having family present with a family member receiving CPR - Public in favour of having family present if they received CPR - Public not in favor of having family present during resuscitation	52.5% of participants were in favour of being present if a family member was in hospital, 47.5% of participants were not. Support for presence during resuscitation was increased when that family member was their child (75.2%), especially in women. Those with prior experience witnessing resuscitation were more likely to want to be present. 45% of those who wanted to be present, did so because they wanted to support the family member. Of those who did not want to witness resuscitation, 30.4% did not want to be a distraction to the medical team, 30% thought it would be too distressing for them (more prevalent in females), and 10% did not know they were allowed to be present.	Strengths • Equal representation of males and females • Large sample size • Randomized sampling • Listed factors for or against public support of family presence during resuscitation • Captured a wide range of ages in the participants Weaknesses • Participants limited to those with landline phones • Results limited to Australia

Comments:
This PICO question is not specific to paramedics, or those interacting with paramedics, so it may be difficult to relate back to paramedic beleifs specifically. These studies were all examples of qualitative research that used interviews to gather personal opinions and beliefs for situations that occurred, or thinking forward to possible situations. These studies explored the opinions of health care providers, people who witnessed or were involved in resuscitation, and the general public. Overall, both health care providers and family members had reasons they would choose to participate or not participate in family presence during resuscitation. Resuscitation, cardiopulmonary resuscitation, and CPR were used interchangeably throughout this search. LOE was based off of the *Evidence Pyramid - Levels of Evidence* from the University of New Mexico.

Consider: Why would you not change practice based on these articles?

While many studies have been conducted on the benefits of family presence during resuscitation, there are few studies conducted on peoples reasoning behind choosing to allow or deny a family member to be present for the resuscitation. While there are many benefits for the family members when they are allowed to witness resuscitation (Dwyer, 2015), the impact their presence has on health care providers or the overall success of the resuscitation, has not been documented.

Clinical Bottom Line:
Previous studies have established that allowing a family member to be present during resuscitation is beneficial to the family to reduce post-traumatic stress, as well as helping the family come to terms with the individuals death (Dwyer, 2015). When given the choice, the majority of people choose to be a part of the resuscitation, or would like to have the choice to be part of the resuscitation (Dwyer, 2015., Giles et al., 2016). When deciding to allow or deny family presence during resuscitation, steps need to be put in place to reduce personal and professional bias in order to act in the best interest of the family and the patient.

References:

Dwyer, T. A. (2015). Predictors of public support for family presence during cardiopulmonary resuscitation: A population based study. International Journal of Nursing Studies, 52(6), 1064–1070. doi: 10.1016/j.ijnurstu.2015.03.004

Giles, T., Lacey, S. D., & Muir-Cochrane, E. (2016). Factors influencing decision-making around family presence during resuscitation: a grounded theory study. Journal of Advanced Nursing, 72(11), 2706–2717. doi: 10.1111/jan.13046

Stefano, C. D., Normand, D., Jabre, P., Azoulay, E., Kentish-Barnes, N., Lapostolle, F., … Adnet, F. (2016). Family Presence during Resuscitation: A Qualitative Analysis from a National Multicenter Randomized Clinical Trial. Plos One, 11(6), 1–12. doi: 10.1371/journal.pone.0156100

University of New Mexico. Evidence Pyramid - Levels of Evidence. http://www.unm.edu/~unmvclib/cascade/handouts/PICOTpyramidofevidence.pdf