## Family Presence During Resuscitation – audio transcript

What would you do if your loved one was dying behind the glass of a hospital room? One moment you're having a conversation, laughing, planning out what you're going to do when they're out of the hospital. All of a sudden, they lose all consciousness. You hear the scream of machines. You run outside and call for help, but then you hear nothing from the person you love most. Do you stay and watch?

Welcome to this podcast called Critical Conversations. I'm your host, Paul Wong, and today we'll be taking a look into family presence during resuscitation, otherwise known as FPDR, in the critical care setting. A code is in progress, CPR, medications. The team is focused and relentless. But outside the glass, a mother stands frozen. Do you tell her to come in, or do you close the curtains shut? This moment, intense and ethically charged, raises one of critical care's most difficult questions. Should families witness resuscitation? And more importantly, how do nurses feel about it? How do we prepare everyone for these moments?

Let's talk evidence. From the family's perspective, studies in the US, France, the UK, and beyond say one thing loud and clear about family presence during resuscitation. Families want the choice. They want to be present. And when they are, they often experience less trauma, fewer regrets, and healthier grieving. It's about having that closure, connection, and knowing that everything that could be done was done. However, for nurses, it's complicated.

According to research published in the American Journal of Critical Care, only 30-40% of nurses support FPDR treatment. even though most physicians and families do. Why? Many nurses fear judgment, disruption, or litigation. And yet, nurses with FPDR experience are more likely to support it later. Why? Experience builds confidence and exposure creates empathy. This isn't just science, it's culture. It's about preparation and it's about comfort.

Dr. Isabella Charway, an ICU nurse practitioner and doctor of nursing practice, has lived both sides of this issue. I had the opportunity to sit down with Dr. Charway to hear her thoughts on FPDR. Let's take a listen.

Dr. Charway: Family presence during resuscitation in the ICU is a topic that's really complex, especially coming from my background as an ICU nurse for about eight years and nurse practitioner for the last two years. It is something that's really emotional both for us as healthcare providers and for the family as well. I would say that the benefits to having family be present is that it can sometimes kind of help build trust between healthcare providers and family members in a way that families are there to kind of see the resuscitation efforts being made to their loved ones from healthcare providers and in that way, they can kind of see that we are doing everything possible to kind of help save their family member.

There's no easy answer, but here's what we do know. Families benefit from FPDR. The research supports it, and nurses can be empowered to support it too. So what's next? Establishing clear protocols? You shouldn't leave it to chance. Designating dedicated family support. This is having a person to explain guide and provide comfort. Providing training and debriefing to help build skills and process the emotions of FPDR and resuscitation in general. And providing support to nurses. This work is incredibly difficult. Nurses deserve the space to feel, reflect, and grow. In critical care, decisions aren't just clinical. They're deeply human and every voice Nurse, patient, family matters. You've been listening to Critical Conversations. I'm Paul Wu. Thanks for joining.