

A person’s sudden collapse is potentially one of the most traumatic events that a family can experience, particularly when unexpected and if the resuscitation is not successful. Supporting and communicating with families will involve the whole team, but will specifically require an experienced member of staff dedicated to the task.

Initial Communication with the Family

Before talking to the family, make sure you know the patient’s name and familiarise yourself with their care so far. Begin by explaining that their relative has deteriorated, avoiding the use of medical terminology. You could say,

“Brian has become very unwell. The doctors and nurses are treating him now. His heart has stopped beating and he is not breathing. The team are breathing for him and are trying to restart his heart.”

It is important to be honest rather than overly optimistic.

Patient Wishes

Some people may have wishes on the level of care that they would want in the event of a sudden collapse. This information might not be available in their inpatient medical notes and so it may be appropriate to ask the family:

“Has Brian ever discussed and documented what he would want to happen in this situation?”

It is important to ensure that the patient is at the centre of your care, and that both their wishes and the family’s concerns are heard. Be clear that you are not asking the family to make this decision.

Family Witnessed Resuscitation

If they are at the bedside when the patient deteriorates, relatives are often asked to step out of the room; however, it can be beneficial for families to witness resuscitation, if this is practical. While staff may be apprehensive about this, family-witnessed resuscitation is recognised as having potential benefits, and should be considered if clinically appropriate. It has also been shown to focus the team on patient dignity without adversely affecting clinical care.

Prepare relatives for what they will see, perhaps by saying:

“There are a lot of people treating Brian and it may be very noisy in the room. The team are using equipment to breathe for him and they are doing chest compressions to pump blood around his body. Brian is attached to lots of monitoring and a drip to give him medicines”.

Let the family know that they can choose to leave at any time. If possible, and when appropriate, encourage family members to sit close enough to touch and talk to the patient. Continue to provide support and explanations about what the team are doing.

In some cases, despite all best efforts, resuscitation is unsuccessful. The decision to stop should not be hidden from the family, nor should it be announced with no regard for their presence. Inform them prior to ceasing cardiopulmonary resuscitation. Be clear that the clinical team has made the decision and that you are not asking the family for permission. Members of the team who do not have an ongoing role can then leave quietly. Being at the bedside even if the resuscitation is not successful allows families to see that everything possible has been done. It can also help with the grieving process.

Breaking Bad News

Breaking the news of a death is never easy, but it should always be done with compassion and sensitivity. This conversation will be remembered by families for a long time to come. First establish what they already know. Then, clearly and without using euphemisms, tell the family that their relative has died. You could say;

“I’m very sorry but Brian’s heart stopped beating and we’ve been unable to restart it. Brian has died.”

Be prepared for many possible reactions or emotions, including extreme sadness or anger. Provide information in small chunks, giving the family time to process what you are saying. Don’t try to fill any silences. Invite the family to spend time together, supported by staff. Ensure any cultural, spiritual or faith practices are respected. Consider the possibility of tissue donation and involve the specialist donation teams when appropriate.

If the police or Procurator Fiscal need to be involved, certain restrictions on what happens to the body and belongings after a death may be imposed - take instruction in these circumstances. Provide families with practical information, verbally and in writing, about next steps and contact details including those for bereavement support.

When the resuscitation has ended, try to make time for a debrief, remembering that this may be the first time that some of the team have been involved in a situation like this. You will likely all have to return to your separate clinical duties soon, but by creating a safe and supportive environment with the opportunity for discussion, teams can ensure that no-one focuses on feelings of blame. The care we provide is enhanced when we are confident in knowing how to effectively support and communicate with families, and when we feel our work as a team is valued.

The film was produced in October 2018 and can be found at www.sad.scot.nhs.uk or <https://vimeo.com/296607890>

For more information visit www.sad.scot.nhs.uk or contact supportarounddeath@nes.scot.nhs.uk