

LETTERS TO THE EDITOR

**Comment on the article
“Should we allow relatives
into the cardiopulmonary
resuscitation room?”****Comentarios sobre el artículo:
¿Debemos dejar entrar a los familiares
a la sala de reanimación?****To the editor:**

We have read with interest the article entitled “Should we let family members into the resuscitation room”, which discusses the right of patients and their families to be present during invasive maneuvers (including cardiopulmonary resuscitation maneuvers). Dr. Yuguero analyzes on the one hand the benefits of family presence and on the other hand the reluctance of health professionals, and then suggests some solutions. We believe that the debate is timely and necessary, since, as the article points out, many scientific societies recognize this right of the patient beyond the reluctance of healthcare professionals.^{1,2}

In the pediatric world, children should be accompanied by their parents or relatives in any health care setting, as stated in the European Charter of the Rights of Hospitalized Children.³ Although pediatric care may differ in certain aspects from health care for the adult population, we would like to share our experience in the pediatric emergency department of the Hospital Sant Joan de Déu - Barcelona. In the critical care or resuscitation room, we routinely offer family members the possibility of staying in the room, and they often accept. In fact, in 2016, we conducted a study on their experience in the critical care ward⁴: we interviewed 50 parents who were present; most of them had a positive experience despite feeling nervous and scared and 100% wished to be present again in a similar situation.

During these years, in which the presence of family members has been habitual in our resuscitation room, there have been neither significant interferences in the care provided nor a greater number of complaints or demands. The experience of the professionals has been good, without interfering in their professional performance.

Based on our experience, we be-

lieve that change should occur progressively, first creating working groups to review the scientific evidence, holding discussion sessions in which professionals can express their doubts and concerns, and finally developing protocols on the presence of family members in critical care wards.⁵ This last point is of vital importance for success, since the existence of protocols will improve the experience of health care professionals and of patients and their families. By way of example, in our emergency department, we have a protocol defining the conditions necessary to offer this option to relatives (patient care should not be interfered with, even though, as mentioned above, the accompaniment of relatives is an indisputable right of the child, it is essential to have the complicity of the professionals, relatives should be accompanied at all times by a healthcare worker and can leave whenever they wish), number and location of relatives in the room, functions of the healthcare worker accompanying them, etc.

To conclude, our experience shows that the presence of family members is not only possible, but also positive and advisable, as long as certain conditions are met, and the professionals are convinced of this.

Cristina Parra Cotanda^{1,2},
Carles Luaces Cubells^{1,2}

¹Influence of the environment on child and adolescent well-being. Institut de Recerca Sant Joan de Déu, Esplugues de Llobregat, Spain.

²Pediatric Emergency Department, Hospital Sant Joan de Déu Barcelona, Esplugues de Llobregat, Barcelona, Spain.

cparra@sjdhospitalbarcelona.org

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