ALTHOUGH MANY nurses and doctors working in accident and emergency departments do not allow relatives to be present in the resuscitation room, the majority of relatives and close friends want to be there, says a report published last week.

The report, Should Relatives Witness Resuscitation?, from the UK Resuscitation Council, calls for relatives to be given the chance to witness resuscitation and says that proper provisions must be made for those who wish to stay.

'It is estimated that every year there are between 25,000 and 30,000 resuscitation attempts in A&E departments in the UK. So why is it that health professionals appear to want to separate people from those they are closest to during such a traumatic and potentially fatal time?'

The report says the main concerns of staff are that they fear relatives' distress will be increased, their presence may influence a decision to stop resuscitation, they may try and interfere, and distressed relatives may affect the clinical performance of the staff involved.

'However, at present there is very little data available to demonstrate any detrimental effect on the patient, relative or staff,' it adds.

Rosie Wilkinson, Royal College of Nursing adviser in nursing practice, said: 'Some healthcare staff have more hang-ups about it than the relatives - and the strongest objection is usually from doctors.

'On the whole relatives cope quite well with watching resuscitation, and if it is handled sensitively it can help the bereaved come to terms with their loss. But some health professionals don't like the thought of being watched, and find it uncomfortable.'

RELATIVES BENEFIT FROM SEEING THAT EVERYTHING POSSIBLE WAS DONE

'It if relatives want to be present we should be open minded so we can accommodate their wishes. Yes, it could be distressing, but at least they can say to themselves 'at least I was there, and all that could be done was done',' she said.

Rob Crouch, chair of the RCN A&E Nursing Association, says health professionals have been reluctant to involve relatives in resuscitation attempts because it is potentially very threatening, particularly in the case of a young person.

'The mental stress of the situation can put extra pressure on staff, but if they are adequately prepared and supported it shouldn't be a problem,' he said. 'We would certainly support relatives in the resuscitation room if they wanted to be there - and nurses are the best people to do that.'

But Mr Crouch warned that if a nurse was designated to look after and support relatives from the moment they arrive at the hospital until they leave, as should be the case, it would have 'tremendous' resource and training implications.

At Addenbrooke's Hospital, Cambridge, a trial is underway in which relatives are being allowed to witness resuscitation. Sue Robinson, A&E consultant at the hospital, does not believe the move should incur massive costs.

'Most A&E departments have introduced triage without extra cost,' she said, 'and nurses are assigned to relatives anyway.'

Neither is Ms Robinson convinced a nurse has to 'chaperone' the relatives during a resuscitation, or that the designated carer has to have gone on a bereavement course.

'The chaplain and, in one instance, a junior doctor have performed this role successfully, she said. An experienced nurse or chaplain will know what is expected, people who don't know what they're doing won't do it, she said.

'The majority of staff initially said they had anxieties about it and were worried about their performance. But the more we do it the easier it gets - and now the nurses want to ask everybody, not just those in the trial. Nurses get great satisfaction from extending their care to the relatives as well,' she said.

Early results indicate that relatives have 'unanimously' welcomed the chance to be with their loved one during resuscitation. 'And in no instance has care been compromised,' she said.

Veronica Brownbill, an A&E staff nurse at Addenbrooke's, added: 'I feel very positive about it. Relatives can see things for themselves, and if we fail, they know we couldn't do any more, which is much easier to understand than saying we did this, this and this but none of it worked'.

'The death of a loved one is never easy but it helps the relatives to know they were there when that person need them most,' she said.

For more information contact Resuscitation Council (UK), Fitzroy Square, London W1P 5AH or telephone 0171 388 4678.