



Paul Fulbrook - Editor



EDITORIAL

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Families in intensive care

In this issue of *Connect*, several of the articles focus on aspects of family care. They highlight the importance of having family members present with the patient and emphasise their active participatory role. There is a huge amount of literature that supports the presence of family members in intensive care yet, in many units, families are treated unwelcomingly. Nancy McNamara's article demonstrates how little things said, as well as little things unsaid or done can have a huge impact on a relative. This, in turn, leads to speculation about the quality of care being received by the patient.

Why is it important to welcome relatives into our intensive care units? For one thing; isn't it what we would want for ourselves if we were in the same situation? For another, there is good evidence to support the patient's wish to have their relatives present, as well as the nurturing effect their presence has. So, why is it that relatives' visiting is restricted and, when they are present, why is it that they are asked to leave the bedside so often? I think it has a lot to do with our own convenience. Relatives get in the way, they ask awkward questions, and they watch what we do with a critical eye. What I think may really be happening, is that some nurses are threatened by the relatives' presence. They do not like to be watched and they do not like being asked questions that they might not know the answers to. This may be true of our medical colleagues also. As a defence mechanism, couched in arguments that it is in the patient's best interest or it is a matter of patient confidentiality, families are frequently excluded from important events and conversations. "That does not happen in my intensive care unit!" I can hear some of you saying - but I am sure it does. It might not be the norm, but I am certain it happens.

So, rather than having a 'knee-jerk' defensive reaction to my comments, why not challenge yourself and your unit to re-examine relatives' presence? Rather than asking questions such as, "When should relatives leave the unit?" turn the question around and focus on solution-seeking questions such

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as, "How can we improve and support relatives' presence in the unit, and how can we help them to participate actively in the patient's care?" The sooner we recognise that the family IS the patient, the sooner we will be able to deliver the holistic care upon which the nursing profession is said to be based.

Our role, as intensive care nurses, is critical. Although we may see many patients and relatives, for most relatives this will be their first and only time in intensive care, and everything we say or do will make a huge impression that is likely to stay with them for a very long time. As you go about your everyday work, remember what Nancy said: "Every welcoming smile, every thoughtful, considerate comment and every caring action made an unbearable experience bearable."

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