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Short Communication

Patient and Family in the Intensive Care Unit

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To evaluate the place of the family in the care of a patient in an emergency situation, it is first important to explore the place of the family in its current society. According to a recent study conducted by the National Union of Family Associations [1], based on a survey conducted among 1004 French, the importance of the family is underlined by the people interviewed. This study shows that the family is no longer considered as a "closed" circle, that is, counting only parents, brothers and sisters. The perception of the family seems to widen, and now counts, grandparents, uncles, cousins.

According to this study, the family occupies an important place for people. This may also be the case for an inpatient. Nevertheless, before anything else, it is important to remember what are the rights of the patient. The "Kouchner" law contains a number of important elements [2], including the respect for privacy and the secrecy of information relating to the patient. Medical and paramedical teams, particularly nurses, can be frequently called upon by families, especially for details on the state of their loved one, on the results of analyzes, examinations or other information. Professional secrecy must apply to all members of the family. It is therefore up to the doctor and the patient to decide who to reveal certain information about him. Some authors claim that the family of patients' needs to exteriorize their anxiety, to obtain accurate information on the state of their loved one, to be supported.

The world of urgency and resuscitation is noisy and stressful [3]. As patients are intubated, sedated, perfused and often dependent on important medical devices, visitors encounter communication difficulties with their loved ones. An emergency or a passage in intensive care causes the family a major anxiety. These situations, sometimes unsustainable for the family, even lead, in some cases, to symptoms of anxiety and depression. Families feel the undeniable need for quality communication with the medical and paramedical team.

Many resuscitation department has removed restrictions on visiting hours in order to facilitate the patient's and family's experience. In addition, visitors have a lounge in the unit. Each caregiver also has a badge, with photo, to identify it. A procedure of visit is explained, it brings together the main rules of hygiene, information on the various devices (invasive ventilation...) or on the precautions to be taken in the case of a patient carrying multidrug-resistant bacteria.

It is known that the presence of the family facilitates this "triangular" link between family, patient and caregivers. This is due to the time spent by loved ones with the patient. Indeed, it allows them to formulate their questions or their opinions more easily, they seem to feel more involved in the care. A prospective study was conducted with families of 209 patients. In terms of results, the families who answered the questionnaire (149 families) said 87.9% that it allowed them to know the health care team better. In addition, 61.7% saw their anguish diminish. Many authors concluded that the free visit is not a privilege, but a necessary component to the well-being of families; it does not alter the contribution of care. It is an emotionally charged moment as these people enter an environment totally unknown to them. That's why the author says it's important to educate family members about what they will see or hear. The fact of maintaining this proxemics with the family makes it possible to establish a relationship of trust throughout the hospitalization. The fact that the care of the family must, in all cases, be in parallel with that of the patient and that "when the patient is well families are OK. On the other hand, when one's state of health declines, it is important not to forget the families and their pain [4]. It is advisable to explain to them the recourse to the invasive technical means (intubation, ventilation, central catheters), in order to avoid any accentuation of the

anxiety when they enter the room of their close. The following interviews with the relatives must be much more formalized. Instead, they must make an appointment with the medical team in order to prepare the information that can be delivered. This information is discussed in a multidisciplinary meeting, so it is important for the paramedical team to participate, in order to be consistent about the nature of information to be provided to families. The family of a hospitalized patient in intensive care needs to be informed of the exact state of the patient. The family also needs to be able to help their loved ones, to be useful to them. In addition, she needs to be relieved of her anxiety, to exteriorize her emotions. Devoting herself to these three points would provide better support for the patient as well, since the less disturbed family will transmit less anxiety. This approach to family care considers the patient as a whole.

The presence of the family with their family member in intensive care is synonymous with support [5]. It allows him to stay in touch with the outside world and gives him the feeling of being understood and safe [6]. She is also a spokesperson for her loved one, because in her absence there is a risk of errors of judgment and underestimation of her needs on the part of the professionals [7]. Moreover, when the family is far from their loved one, the latter may feel loneliness and fear [6].

In addition, family members have needs, the most important of which are to stay close to the patient, to be informed and to be reassured about the quality of care provided to their loved one [8-10]. Failure to meet these needs facilitates the emergence of negative emotions such as anxiety and pain that can make the family unable to provide the support needed for their loved one [11]. However, the latter sometimes mentions that she suffers from the physical separation of her loved one, the lack of availability of caregivers and information gaps.

Some factors, such as the perception of nurses that the family is a burden [12] and the policy of intensive care units favoring restricted visits, seem to hinder the response to the needs mentioned above. This type of policy stems from traditional beliefs about the impact of the extended presence of visitors on the increase of physiological stress of the patient, the physical and mental exhaustion of visitors and the increased risk of infection [13]. However, the beneficial effects of the frequent presence of the family, on itself, as well as on patients, in reducing anxiety and depression have been demonstrated [14]. In addition, it was found that despite environmental contamination due to the adoption of an open-door policy, the risk of septic complications occurring in patients does not increase compared to where visits are restricted [15].

In summary, through the writings of different authors, we have found that the accompaniment of the family would be parallel to that of the patient. This would be part of a comprehensive care of the patient and his family. Expansion of visiting hours, interviews with the family, or information about emergency devices are all elements that would allow the family to alleviate their anxieties. It would also be an effective way to build a strong trusting relationship between the patient, the family and the health care team.

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