FROM THE INSIDE

Children under ... not admitted

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Within the walls of box 6, opposite the bed, there is a photo of a little girl. She is 3 or 4 years old, dressed in traditional Madrilenian-style clothing: a typical dress, a shawl, a headscarf and a carnation flower. She is posing amusingly for the camera, tilting to one side, hands on her hips. She meets the eyes of each person entering the box and we can only ask:

“Who is this cute girl?”

“She is my granddaughter!”; responds JM, and his look changes.

With a smile on his face, he tells us that she is his only granddaughter, the apple of his eye, the most beautiful girl in the world. He only wants to see and kiss her again.

JM is dying. He knows it, his family knows it and we, his doctors and nurses, know it too. We cannot save him. Respiratory failure is irreversible and terminal. The consensus decision of do not intubate is taken. We can only provide pain relief and company for comfort.

In each episode of fierce breathlessness and extreme desaturation, JM's eyes are focused in his small treasure. The force of that mischievous look seems to be the only thread that keeps him attached to life, as the hope to see her again. Only charitable morphine makes that connection numb.

JM died without apparently suffering.

I think “apparently” because there was suffering within—spiritual—that we did not alleviate. He died without fulfilling his last wish: to see and embrace his precious granddaughter for the last time.

It is true that we are opening the ICU doors, we are changing visiting policies and we encourage the

participation of the families in the care of patients. However, children are still being excluded from these advancements; hence the title “Children under ... not admitted”. We do, of course, think about them: we must move and protect them from suffering, pain, death...

“They have a greater length of time to suffer in this life!”

But death and suffering are as natural as life, and we cannot hide them. We have the task of explaining this to children as something natural, inherent in existence, without occult or drama. Children can be short people, but they are not fools.

Why are children not permitted to visit their parents, grandparents or siblings if their loved one has been admitted to an ICU? If we are able to clearly explain what is happening, how they will find their loved ones and how they should behave, we can lift the last barrier in our ICU.

This requires planning and consensus: health care providers, families and patients themselves must be engaged in this process. Each case deserves individual attention and thorough evaluation. Maybe, it should not be something routine or forbidden.

The question is when will we let the children come into our ICU?

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Compliance with ethical standards

Conflicts of interest

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