

FILLER

Next of kin

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Early in my medical career, I was caring for a middle aged man with a disabling chronic disease that had left him bedbound. While he could barely open his mouth to eat, he could open it enough to drink, as evidenced by his multiple admissions with acute alcohol withdrawal. On this occasion, he had been admitted with an exacerbation of his underlying illness, accompanied by alcohol withdrawal and aspiration pneumonia. This time he did not seem his usual self. He had lost a lot of weight and had the physiological reserve of a man in his 80s. He was no longer cantankerous with the physiotherapists and barely said a word to anybody. It was clear the situation was serious.

At 8 pm on a busy day, the call went out. Although I had finished all my jobs for the day, I knew I would regret it if I didn't attend the arrest. The curtains were parted to reveal my patient receiving cardiopulmonary resuscitation. As I took over compressions, I noticed the anaesthetist attempting in vain to intubate the patient. His dentition was extremely poor, and his mouth could not open enough to allow passage of the laryngoscope, let alone a successful intubation. It was then that the charge nurse asked a very sobering question (at least for me): "Has anybody contacted the next of kin?"

Although I was aware his mother was his named next of kin, none of the hospital staff had ever spoken to her. She may have

been as socially isolated as he was, and possibly he was the only companion she had. She would have had no idea he was seriously ill and most probably assumed this was another routine admission for an attempted alcohol detox and "social sort out."

A simple phone call could have made all the difference. Had someone touched base with her when he started to deteriorate he could have had a familiar face by his bedside at what would be the end of his life. Instead he would die alone in a hospital bed.

For a junior doctor, tasks such as discharging patients and arranging investigations can quickly trump contacting relatives, and on busy medical jobs it can be easy to forget that a patient even has any relatives. This experience served as a harrowing reminder of how important it is to contact family and next of kin early on, for their sake as well as the sake of the patient. Such a phone call takes only a few minutes and may be the most important call you make all week.

Patient consent not required (patient anonymised, dead, or hypothetical).

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