

Beyond the Walls of the ICU: A Story of Survival, Family Resilience, and Silent Struggles-Editorial

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“I can be changed by what happens to me. But I refuse to be reduced by it.” Maya Angelou

The impact of critical illness often extends beyond the patient, affecting their loved ones as well. In recent years, growing recognition has been given to the emotional and psychological strain experienced by the families of intensive care unit (ICU) patients. This condition, known as Post-Intensive Care Syndrome-Family (PICS-F), encompasses a range of lasting effects, including anxiety, depression, disrupted sleep, complicated grief, and symptoms of post-traumatic stress that can continue even after the patient has left the ICU or made a physical recovery. However, this issue receives relatively little attention in healthcare facilities [1-3].

Families of critically ill patients often find themselves in an incredibly difficult situation as they navigate overwhelming uncertainty, struggle to understand complex medical information, and cope with the emotional pain of seeing a loved one in a life-threatening condition. Their normal routines are turned upside down, and the pressure of staying strong, coping with limited information, and being constantly present at the bedside can push them to the brink of emotional and mental exhaustion [3-4]. Importantly, this burden is equally pronounced in all family members, and even patients' friends.

Despite the significant emotional burden they carry, families remain essential to the recovery process. Increasing research shows that active family involvement

in care leads to better ICU outcomes: patients are less likely to develop delirium, experience faster weaning from mechanical ventilation, have shorter ICU stays, and show improved emotional adjustment after discharge [5-8].

A recent case exemplifies this duality of suffering and strength. A 17-year-old male was emergently transferred to the ICU following a suicide attempt by jumping from a school rooftop. The fall resulted in multiple complex fractures in both upper and lower extremities, as well as a right-sided pulmonary contusion requiring chest tube placement and prolonged ventilatory support. His past medical history was notable for epilepsy and anti-epileptic drugs (AED) use. On ICU admission, he presented in status epilepticus, managed with several AEDs and continuous infusions of midazolam and ketamine. Over the next three months of his ICU stay, he underwent multiple orthopedic surgeries, serial bronchoscopies, and an extended course of rehabilitation.

Although his physical recovery was slow and required intensive medical care, the emotional aspect of his healing relied heavily on a constant source of support: his parents, who stayed by his side every single day. His mother played a crucial role, not only advocating for his treatment but also serving as a vital link between his confused state and the world beyond the ICU. Whenever the patient's mother was present at his bedside, the patient's Glasgow Coma Scale (GCS) scores improved significantly. His parents consistent and calm presence

The authors declare no conflicts of interest.

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DOI: [10.18502/aacc.v11i4.19352](https://doi.org/10.18502/aacc.v11i4.19352)

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offered one of the few anchors of psychological stability amid the surrounding chaos, ultimately contributing to a faster overall recovery.

As healthcare professionals, we must take a moment to reflect: who is healing the scars and caring for endurences of the family members during these social crises post intensive care? While it is well established that having family members at the bedside improves patient outcomes [7-8], the emotional and psychological needs of those family members are frequently neglected. Most intensive care units do not have structured systems in place to assess or support the mental well-being of families, and only a few offers ongoing care or grief counseling after discharge for those who may be at risk of developing PICS-F. This lack of support highlights a deeper shortcoming in our healthcare system that urgently needs to be addressed if we are to offer truly comprehensive critical care.

Identifying and managing PICS-F is not merely an act of empathy; it is a fundamental component of family-centered, evidence-based practice. Implementing strategies such as real-time counseling, ICU diaries, and dedicated post-ICU follow-up clinics can help transform the ICU experience from one of trauma into an opportunity for recovery [9].

This aforementioned young patient's recovery was made possible in part because his mother shared in his struggle throughout the ordeal. As we aim for better outcomes in critical care, we must acknowledge that healing is a shared process. Families are not passive observers; they are vital collaborators in the path back to health.

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