key points

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After acute severe brain damage, many people are rendered unconscious or comatose for more than 24 hours. Although a significant number can still recover fully, some will not and a substantial minority remain unconscious for days, weeks or longer. These patients have a prolonged disorder of consciousness.

A patient in a coma is not only unaware, but also does not have a sleep-wake cycle. As the patient recovers, one of the first physiological functions to return is a normal sleep-wake cycle. If the patient remains otherwise unconscious, they are then described as being in a vegetative state. If recovery continues, the patient may well then pass through a stage when they are aware for short periods of time at a relatively low level, a minimally conscious state. At a later stage, the patient will emerge into a higher level of awareness, being aware most of the time that they are awake.

If recovery of awareness has not occurred by six months after hypoxic or hypoglycaemic brain damage and 12 months after most other causes of brain damage, then the patient is very unlikely to recover any awareness and is described as being in a permanent vegetative state.

Assessment of a patient's level of awareness is not straightforward, and requires a team with suitable experience and expertise. The underlying neurological damage, whether or not there is an intact primary sensory input and motor output, and if there are reversible causes such as a high level of a sedating drug, or a subdural haematoma have to be established.

A specialist multidisciplinary team should be closely involved in the management of every patient from the outset. This must include a consultant in neurological rehabilitation or other doctor with appropriate expertise and the full range of specialists in physiotherapy, nursing, occupational therapy, speech and language therapy, clinical psychology and ideally social work.

The family must be closely and fully involved from the outset. Families legally cannot, and should not be asked to, make decisions concerning healthcare, unless a family member is a legally appointed deputy or has been given power of attorney in relation to healthcare matters. Family members can, and should be asked to, give information about the patient's wishes, life choices etc as part of the best interests decision-making process, and they should be involved in best interests meetings.