



Restraint in Health Care settings

Why on earth....??



The task

- ◆ Look at each of the following ten slides
 - ◆ Assuming you have the skills & abilities to do so;
 - ◆ Ask yourself if you would use this form of restraint, in what circumstances?
 - ◆ Rank your response on the scale from 0 to 5
- 0 = no, never
- 5 = yes, quite comfortable
- ◆ Do not share your responses with other people yet











It's like a
padded cell
"on wheels"















Some ethical questions..

- ◆ What is nursing about?
 - Care/control/comfort/autonomy.....
- ◆ Is restraining an OK thing to do? Ever?
- ◆ What does using restraint say about the person being restrained?
- ◆ What makes restraint unacceptable?



Restraint in New Zealand

- ◆ Recognised in Mental Health, ID services, and aged care(to some extent) for a long time
- ◆ Poorly regulated or overseen
- ◆ Unsystematised approaches
- ◆ Abuse and injury occurring
- ◆ Not recognised in general health services
- ◆ MOH sought greater regulation and standardisation of use



Restraint in New Zealand

- ◆ Standards New Zealand asked to develop a standard for the use of restraint in Health and Disability services
- ◆ Produced NZS8141:2001, Restraint Minimisation and Safe Practice
- ◆ Despite committee membership applies to all H&D services that provide inpatient services
- ◆ Now incorporated into H&D sector standards as one of the mandatory standards for accreditation & certification



Restraint research

- ◆ Identifies inconsistencies in what people say they do and what actually happens
- ◆ A lot of research (particularly US) in the aged care sector
- ◆ Claims are that restraint is always used for safety reasons

BUT

- ◆ Research exists that shows significant risks associated with use of restraint



What is restraint?

- ◆ NZS definition:
- ◆ The implementation of any forcible control that limits the physical actions of a consumer or removes their normal right to freedom

Defines personal, physical and environmental forms

- ◆ IS THAT ENOUGH???



Chemical restraint

- ◆ Is modifying someone's behaviour with medication chemical restraint?
- ◆ Or is it symptom targeted treatment?
- ◆ Are behaviours symptoms as such, and what does that mean about controlling behaviour?



Subtle forms of restraint

- ◆ Inability to choose life patterns
 - Eating, activity, routines
- ◆ Choosing who we live with, associate with
- ◆ Losing decisional capacity for many decisions
- ◆ Bureaucracy forces early decisions that are life changing
- ◆ Medicating for “problem” behaviours
- ◆ Dependency on others



Conflicts and complications

- ◆ Duty of care concepts and associated responsibilities
- ◆ Needs of others
- ◆ Impact of behaviour on relationships with others
 - Should nurses take a protective role
- ◆ **RESOURCE CONSTRAINTS!**
 - Time, money, staff, energy, initiative, motivation



Some personal views

- ◆ Fear of consequences if restraint is used
- ◆ Fear of being seen as negligent if restraint is not used
- ◆ Nurses are traditionally “doers” and are often driven to “do something”
- ◆ Habit and tradition play a big part in our behaviours
- ◆ Research is very ethically difficult in the area

Eg bedrails



So how might we address this?

- ◆ A philosophy of care that underpins service delivery is vital
- ◆ What are we aiming for?
 - Safety
 - Autonomy
 - Financial viability
 - Convenience
- ◆ Identify your bottom line, but..
- ◆ Being ideologically pure can be risky
- ◆ Negotiate with key players about where a comfortable position for all can exist



- ◆ Key players are numerous

- The person in care
- The family
- People providing care
- The organisation
- The funders
- The community

- ◆ The person in care is our primary focus, but they can't be seen in isolation

- ◆ Burnt bridges, damaged reputations, and withdrawal of support are potentially dangerous to everyone



In an emergency

- ◆ People in the role of providing for others have responsibilities
- ◆ Section 151 of the Crimes Act
 - Failure to provide the necessaries of life
- ◆ Section 42 of the Crimes Act
 - Prevention of suicide and certain other offences
- ◆ These legal mandates allow us to use restraint and provide our justification should we be challenged about use of force



What does this mean for Services?

- ◆ Services need to identify whether or not they practice restraint
- ◆ Whatever the case they need to meet the requirements of the Standard
- ◆ Need to demonstrate an approval process
- ◆ Need to have risk assessment



- ◆ Monitoring of people in restraint
- ◆ Authorisation process
- ◆ Review process
- ◆ Remember that Restraint is a Clinical Intervention to optimise safety



Conclusion

- ◆ There are more questions than answers (just get over it!)
- ◆ The answers we arrive at are never absolutes
- ◆ Attitudes, understandings, and values that underpin our decision making processes must be recognised