

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



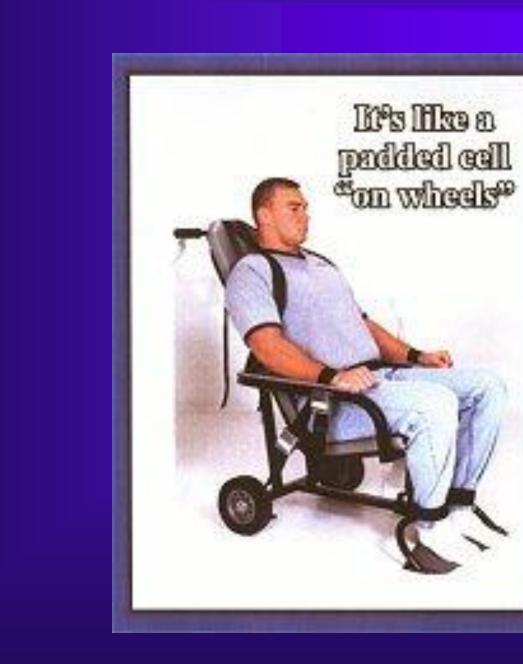








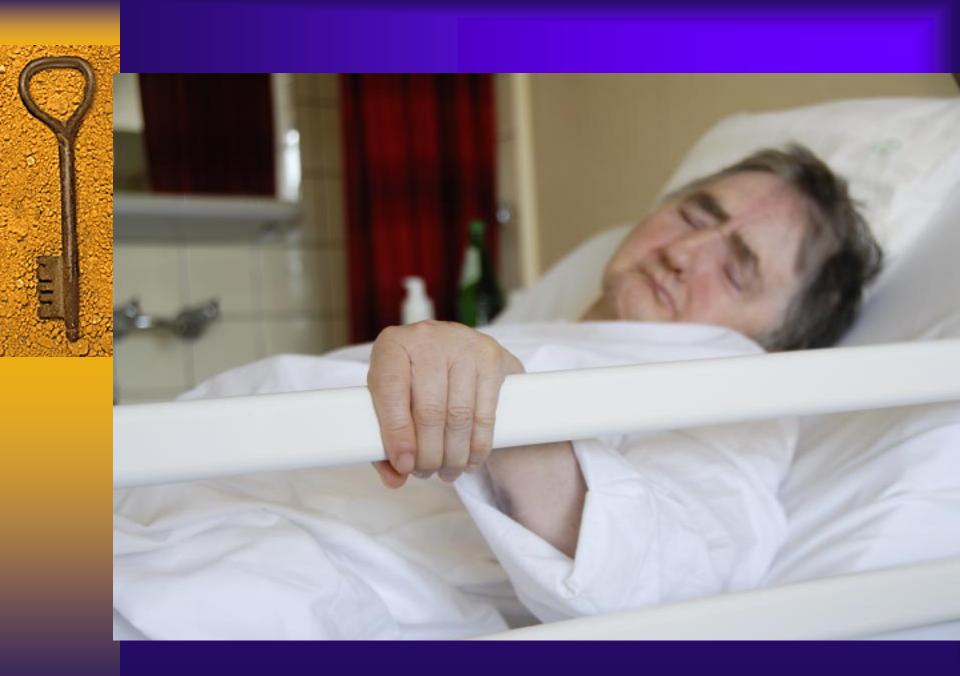
























Some ethical questions..

- 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



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