The Use of Restraints in Mental Health

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To restrain means to limit, restrict, confine or deprive someone of their freedom, movement or personal liberty (Keski-Valkama, 2010, p. 3). The history of restraints dates back to the natural response of primal societies in reaction to the dangers of a mentally deranged individual. These individuals were tied down, caged or banished from their communities. Thankfully, over the years since then, moral progress, reform and humanitarianism have changed from the primal ways. Now potentially dangerous mentally ill people are being admitted to a hospital (Moosa & Jeenah, 2009, p. 72).

There are five different types of restraints, chemical, physical, technological, mechanical and psychological (Gallagher, 2011, p. 18). A chemical restraint is when a restless patient is unwillingly given a sedative. Physical restraint is when a patient is held down or prevented from leaving an area by physical intervention. Technological restraints are a more sophisticated type of restraint such as door alarm which controls patients movements by preventing them from accessing or leaving certain areas. Mechanical restraints are a form of movement restriction by the use of bedrails, or positioned furniture. Psychological restraints are used to deprive patients and sets limits on their choices, such as set bed times or withholding outside clothing (Gallagher, 2011, p. 18).

Restraint of a patient means to place them under necessary control with minimal use of force. Mechanical or chemical means may be used to protect the patient from seriously harming themselves or another person (Moosa & Jeenah, 2009, p. 72). Serious risk of harm towards self or others must be apparent before using restraints on the patient. Restraints should only be used for patient protection after medication and verbal therapies fail to control a violent patient (Moosa & Jeenah, 2009, p. 72). The use of restraints can have negative reactions on the patient

and staff causing physical and psychological responses. There is huge controversy over the topic of restraint use on psychiatric patients; some see it as a breach of patient's basic human rights, whereas others see it as a therapeutic modality or a way of limiting violence and aggression (Moosa & Jeenah, 2009, p. 72). Restraints may also be used as punishment or a time saver for understaffed hospitals; this represents significant ethical, moral and social issues with connections to increased morbidity and mortality rates (Moosa & Jeenah, 2009, p. 72). Physical and behavioral indications for the use of restraints would be, patients at risk for falls, those showing signs of agitation and unrest, and those with intention to harm themselves or others. Using restraints can be seen as an intrusion of not only the patient's basic human rights but also as a violent act against the patient (Berzlanovich, Schöpfer, & Keil, 2012, p. 1). The BC Ministry of Health, (2005, p. 19) section 12 (1) of the Health Care and Care Facility Act gives authority to provide emergency care when the patient's life is as risk without consent; this includes the restraint of an individual who is attempting to harm themselves or others. The purpose of this essay is to describe, explore, and argue the use of restraints in mental health listed above by explaining and applying bioethical principlism.

Bio-ethical principles help public policy makers and health professionals to recognize and research moral and ethical dilemmas within the health care field (Kass, 2001, p. 2). The Hastings Center was developed in 1969 to address the questions related to bioethics and provided a base to analyze moral dilemmas found in science and medicine. However after several reports funded by the US government supporting research in 1974 that compromised welfare and rights of patient participants, a new commission was issued called the Belmont Report. This report focused on ethical principles of beneficence, justice and respect for individuals (Kass, 2001, p.

3). The Belmont report became the hallmark of bioethics applying patient autonomy and code of ethics while emphasizing to "do no harm" to the patient (Kass, 2001, p. 3).

A framework known as principlism is one of the more commonly used ethical theories in nursing from bioethical principles (Koutoukidis, Stainton, & Hughson, 2013). Ethical principlism is the assessment of decision making and problem solving through sound moral principles such as autonomy, beneficence, non-maleficence and justice. These four moral principles analyze ethical dilemmas in health care by providing an accessible, simple, and culturally neutral structure (Sen, Gordon, & Irons, 2007, p. 1).

The first moral principle mentioned above is autonomy. Autonomy refers to a person's right to control whatever happens to their body. A competent informed adult can accept or refuse drugs, treatments and surgeries as they wish. When applied to nursing, the theory of autonomy imposes a moral obligation in respecting a patient's choice considering recommended care and treatment (Koutoukidis et al., 2013). When relating autonomy to the use of restraints in mental health patients it can be looked at in a few different ways.

In defense of restraints and autonomy the patient may not be in a proper mental state to make a decision for themselves. Legal, clinical and ethical considerations with a patient suffering temporary mental incapacity are complex when the restraint is being used to restore autonomy (Singh, 2008, p. 4). When considering patients who lack the capacity to give consent and ability to make decisions for themselves autonomy must be expanded and redefined. Protecting the patient from themselves or from harming others by the use of restraints in the face of their refusal temporarily breaches their autonomy but may eventually restore their mental capacity (Sen et al., 2007, p. 3).

In opposition of restraint use for psychiatric patients, it is not the nurses right to make a decision for the patient. Restricting the patient's autonomy impairs their rights to freedom of decision (Singh, 2008, p. 4). People who exercise the highest degree of individual autonomy have the best health whereas people will little autonomy have the poorest health and little control over their work or life circumstances. Promoting better health starts with finding ways to focus and expand on individual autonomy not continually restrict it (Buchanan, 2008, p. 4). One of the main ethical criteria for the use of restraint is to consider it only as a last resort, when less traumatic alternatives are no longer feasible. "Persons with mental disorder should have the right to be cared for in the least restrictive environment available and with the least restrictive or intrusive treatment available, taking into account their health needs and the need to protect the safety of others" (Petrini, 2013, p. 283)

The use of restraint use autonomy is in the case of elderly patients with dementia provides other dilemmas. Despite efforts to enhance patient autonomy in healthcare, the use of restraints on elderly dementia patients still continues in nursing homes and hospitals (Dodds, 1996, p. 160). Older adults are still considered responsible persons who are able to make conscious decisions and have the same freedoms and rights as anyone, but a dementia patients behavior may contradict this. The most common restraints used on older adults are physical restraints and chemical restraints (Gastmans & Milisen, 2006, p. 5). Physical restraint is any device, equipment or material attached or near a patient's body that prevents free movement. Chemical restraints can be sedatives or antipsychotics that are used for behavioral control in the cognitively impaired older adult (Gastmans & Milisen, 2006, p. 3). In some cases it is necessary to protect the dementia patient from harm by limiting their freedom and movement; in these cases the mentally

incompetent older adult and their family should be involved in the decision-making process to respect their autonomy (Gastmans & Milisen, 2006, p. 6).

The second moral principle is beneficence. The basis of beneficence is to promote patient wellbeing and welfare by acting in a manner that benefits the patient not the nurse (Koutoukidis et al., 2013). What is good for one patient may not necessarily be good for another, each case should be considered individually. Acts of beneficence include compassion, care, sympathy, kindness and empathy (Koutoukidis et al., 2013). In the case of restraint use and beneficence, a thorough assessment of individual cases is essential to good patient care. In order to establish between the application of or need for a restraint, all relevant circumstances such as mental capacity should be considered (Petrini, 2013, p. 283). One practice of beneficence is to seek the patient's willingness to accept treatment, by receiving consent before any coercive measures are undertaken, showing that the appropriate ethical concerns were approached (Sen et al., 2007, p. 3). Beneficence actions can be done to remove or prevent harm to the patient or improve the situation of other patients. Ethical problems may arise when patient beneficence conflicts with whether the restraints are used to help the patient feel better or to make them behave better (Sen et al., 2007, p. 3). Nurses have an obligation to their patient to act in a beneficent manner by removing and preventing harm, balancing and weighing the actions benefit against its risk, and protecting the rights of other patients (Pantilat, 2008).

The third moral principle is non-maleficence. This principle relates to the term "First, do no harm." The purpose behind non-maleficence in a nursing context is to avoid unintentional harm or hurt to a patient. The most pertinent ethical issue in regards to non-maleficence is whether the benefits outweigh the burdens or risks. This provides justification for allowing or

condemning an act that causes an individual to suffer avoidable harm or unjustly injures (Koutoukidis et al., 2013). When relating non-maleficence to the use of restraints in mental health the term "do no harm" can be justified by short-term breaches for long-term benefits. The patient's best interest would prevail from the long-term benefits outweighing the short-term autonomy damage (Sen et al., 2007, p. 3). "Where this principle is most helpful is when it is balanced against beneficence. In this context non-maleficence posits that the risks of treatment (harm) must be understood in light of the potential benefits. Ultimately, the patient must decide whether the potential benefits outweigh the potential harms." (Pantilat, 2008). One could argue that the use of restraints could cause short term harm to a patient but the long term benefits overshadow the short-term risks.

The final moral principle in regards to patient care is justice. This principle demands nurses to treat patients fair and equal while being able to justify any decisions made. "Justice can be conceptualized in many ways, such as mercy, harmony, equality and fairness. Of pertinence to healthcare is the conceptualization of justice as fairness and as an equal distribution of benefits and burdens" (Koutoukidis et al., 2013). Questioning the respect for justice can become harder with detained patients due to their risk to others. Justice in the case of safety and restraints is seen as fairness to not just the patient but also the public (Sen et al., 2007, p. 4).

The use of restraints on mentally ill patients has and will continue to be a topic of controversy. Restraining a patient, limits, restricts, confines and deprives them from their human rights and freedom (Keski-Valkama, 2010, p. 3). When assessing an intervention, such as restraints, for the action to be ethical the benefits must outweigh the risks. Patient safety to themselves and others is always first and foremost. Developing universal guidelines on how,

when and why to administer restraints to patients can help prevent violence and maintain patient dignity. The goal of mental health is to give care and treatment to patients without inflicting unnecessary pain (Moosa & Jeenah, 2009, p. 75). Using the four moral principles, autonomy, beneficence, non-maleficence and justice help analyze ethical dilemmas and ensure the nurse is acting in the best interest of the patient.

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