CORRESPONDENCE

Deaths Due to Physical Restraint

by Prof. Dr. med. Andrea M. Berzlanovich, Dr. med. Jutta Schöpfer, Prof. Dr. med. Wolfgang Keil in volume 3/2012

Almost Free From Restraints

Doctors participating in the delivery of healthcare services in care homes have an important role with regard to defining the indication for protective measures, in the sense of freedom-restraining measures (FRM), not only in the context of urgent cases or the emergency setting.

Those who know the legal strategies known as the Werdenfelser Weg (Werdenfels care pathway) may from a forensic-psychiatric perspective arrive at the hypothesis that shared responsibility with doctors is considered increasingly less important. The Bochum appeal to avoid FRM, launched on the 24th mental health court west, contains the following: "Freedom restraining measures are not unavoidable. Thanks to a joint initiative of the responsible court and authorities in the rural district Garmisch-Partenkirchen, the local care facility has become almost entirely free from using restraints within two years."

A publication by the Freiburg Institute for Applied Social Sciences (AGP (Alter, Gesellschaft, Partizipation. Institut für angewandte Sozialforschung, Freiburg) provides the information that a study project entitled "Reducing freedom restraining measures," funded by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (German: Bundesministerium für Familie, Senioren, Frauen und Jugend), showed that during the study period, FRM were either not used at all in up to 20% of affected care home residents, or the duration of their use was restricted. Effective alternatives were developed and tested.

However, even if in one in five care home residents, FRM can be avoided and substituted with alternative solutions, numerous care home residents will still require such measures for their own protection.

It is therefore of the utmost importance to conduct these measures in a technically correct way, and that the treating physicians retain a technically advisory, evaluating function.

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The author declares that no conflict of interest exists.

Self Harm Is not a Reason to Impose Restraints

The authors deserve thanks for their clear explanation from a forensic medical perspective. The article refers primarily to patients in homes for elderly people and nursing homes. With regard to the authors' observations relating to psychiatry, however, I wish to raise several objections. It is not the case that restraints in psychiatry are used primarily to prevent patients from self harm and attempted suicide. The articles cited by the authors in support of their statement—including one of mine—do not show this. Restraints to prevent self harm and suicide are regarded as inappropriate in the psychiatric setting, with the exception of extreme cases. Such problems need to be approached by means of qualified, intensive, interpersonal therapy. In the psychiatric setting, those most affected by restraining measures are patients with dementia—for the same reasons that are mentioned in the article itself, mostly to prevent (primarily nocturnal) falls with severe injuries. In other diagnostic groups, the most common reasons are threatening and manifestly aggressive behaviors, such as has been described in the article by Kallert et al (2007), which the authors cite. With regard to the legal regulations mentioned in the article, clarification is required: freedom restraining measures (FRM) because of aggressive behavior are permitted only in the acute emergency setting (according to paragraphs 34/35 of the German Penal Code, justifiable emergency) or, under German public law, in the context of admission to psychiatric hospitals according to state law. According to the guardianship law, which applies exclusively in nursing homes and non-psychiatric hospitals, freedom restraining measures are allowed only for the benefit of the affected patient, but not to avert danger to third parties.

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Important Topic, Unsatisfactorily Reported

The article by Berzlanovich et al. (1) has been widely reported in Germany. The media rightly focus on the reported fatal consequences of using physical restraints (PR). Unfortunately, reporting in the article does not

reflect current scientific standards and ignores the current state of research.

The appropriateness and validity of the study cannot be assessed; a methods section and critique of methods are lacking, although the limitations of a retrospective analysis of postmortem reports are obvious. Recent research literature is not included. The given prevalence data, for example, are based on outdated or inappropriate sources. The statement that the authors' own survey study was the first to assess data on type and prevalence of PR is incorrect. Among others, our own observational study with 2367 nursing home residents in Hamburg provides reliable data on prevalence and type of PR, and the characteristics associated with their use (2).

The authors also omit the latest developments regarding PR prevention strategies. The recent Cochrane review on the topic (3) is not included. After publication of the review, further randomized trials have been published, evaluating intervention programs to reduce PR—for example, Redufix (www.redufix.com) or a PR guideline (www.leitlinie-fem.de). The authors mention merely a brochure and a DVD issued by the Bavarian State Ministry. These are certainly ambitious, but were not evaluated. This also applies to assumed alternatives to PR described by the authors, such as hip protectors or strength and balance training.

The concluding plea for the correct use of PR is counterproductive since the evidence implies that PR always do more harm than good.

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In Reply:

Freedom-restraining measures (FRM) are justified only when they are vital for the patient's welfare, after all other options have been exhausted. They are the last resort and therefore should be restricted to settings where they are absolutely essential. The more freedom-restraining they are, the stricter the standards that should be applied in the care of those affected. For this reason, shared medical responsibility is of enormous importance when defining the indication. Attentiveness on the part of the medical staff and nursing/caregiving staff is the only means by which to recognize and rule out health related and injury related risks. We therefore wholly support Endrikat's sentiment.

Steinert rightly mentions the lack of precision in our reporting of the use of FRM in the psychiatric setting. In actual fact, restraints to prevent self harming and suicides are used in exceptional cases, but more often in patients at high risk of falls or those who display aggressive behavior. We thank our correspondent for his comments on the supplemental legal requirements for the use of FRM.

With regard to the correspondence by Köpke and Meyer we wish to point out that forensic medicine does not set out any scientific standards regarding our topic. Since all that has been published thus far are individual case reports, we cannot support our results by citing comparable literature.

The main focus of our study was to determine the prevalence of deaths after FRM in the area covered by the Institute of Forensic Medicine in Munich. Further to noting the causes of death we analyzed the respective causes for accidents by means of elaborate reconstructions. Our data can only serve as the basis for improvements in existing prevention strategies. Setting out scientific standards for nursing care exceeds the remit of the specialty that is forensic medicine.

With our discussion section we primarily aimed to raise awareness among medical personnel for the problems associated with FRM, as a form of violence against people in need of care, and to promote awareness about non-violent alternatives. As the extensive media reports have shown, we have even succeeded in creating awareness of the problem among the public. The alternative measures mentioned in our article have been tried and tested in clinical practice, but—as our correspondents correctly say—they have not been evaluated.

We are aware of the cited observational study, but it is restricted to nursing home residents in Hamburg. Nationwide comprehensive studies of the numbers of people put under restraint and of the type of restraints used are thus far lacking. For this reason we conducted a questionnaire survey study on the use of FRM in all homes for the elderly in Bavaria. Because of the high response rate we conducted more extensive surveys in 2009 and 2010. As far as the use of FRM is concerned, Bavaria has seen a re-think: in the past, one in four nursing home residents were restrained, whereas today, that proportion has fallen to "only" one in five, and the trend is downwards. The reasons include varied, targeted activities and the responsible cooperation of all involved parties. These "ambitious" activities have not been "evaluated," but not everything that is effective is supported by evidence (1). We thank the correspondents for their constructive letters and the appreciative personal correspondence, which have underlined the topicality of our article.

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