Introduction

We now have laws in Ontario that provide a framework for our decision-making related to restraint use. In addition to the new provincial laws, we are guided by the Consent to Treatment Act and the Sunnybrook & Women’s College Health Sciences Centre Least Restraint Policy.

Therefore it is everyone’s duty to understand whether there really are any benefits of restraining your loved one and to carefully consider the risks of using restraints.

What is a Restraint?

A restraint is any device that prevents or inhibits movement or normal access to one’s body.

Myth...

“Using physical restraints prevents elderly patients from falling and injuring themselves.”

Fact...

No scientific research supports the assumption that restraints protect the elderly from injury. On the contrary, research indicates that the risk of injury increases with restraint use. A few restrained patients have been accidentally strangled by their restraints.

Myth...

“Restraints, when properly applied, won’t harm the patient.”

Fact...

Even when properly applied, restraints can lead to serious problems. People who are restrained lose the ability to walk, their bones become thin and their muscles weak. Restraints also increase the likelihood of injury, infection, incontinence and skin breakdown.

Myth...

“Because the mental status of many restrained elderly patients is altered, they don’t suffer negative psychological effects from being restrained.”

Fact...

Many elderly patients report having felt fearful, demoralized, humiliated, angry, uncomfortable, and confused – feelings that in some cases persist for months or years after they were restrained.

Myth...

“Restraining an agitated elderly patient will decrease resistant behaviour.”

Fact...

Restraints can actually trigger resistance and agitation in the elderly. Attempting to restrain a disoriented, fearful patient may increase his panic and make him combative. It is important to understand why a person is fearful and agitated and meet his/her needs.

Risks of Restraints

- Weakness of muscles
- Loss of balance and mobility
- Contractures
- Pressure sores
- Incontinence
- Agitation
- Depression
- Falls and fractures
- Strangulation
- Death

Alternatives to Restraints

- Hip guards
- Helmets and other protective gear
- Low beds
- Recreation activities
- Proper positioning
- Regular accompanied walks and outings
- Companions / sitters
Some families tell us that they want their parent to be safe from falls 24 hours a day and that restraints must be used to keep them safe. But what if being restrained distresses the parent to the point that he/she pleads with those passing by to be released and attempts to tip their chair to get out?

Is the resident really safe and at what cost... their quality of life?

Patient Focused Care means looking at things from the person’s perspective. Sunnybrook & Women’s philosophy of care and our policy “Least Use of Restraints” are founded on the fundamental human rights of autonomy and self-determination, as well as the responsibility of professionals to provide care that is beneficial not harmful.

Restraints do not ensure safety and research suggests that they may actually be a cause of harm.

Therefore, our philosophy guides us to:

1) seek the meaning of the experience from the person’s perspective,
2) ensure people are involved in making decisions about their health care and quality of life,
3) act on their wishes without judging, and
4) evaluate care from the person’s perspective.

We must ensure that in our attempt to “protect” persons from risk that the protection itself does not become the source of harm.

Getting Consent to Use Restraints

Informed consent must be obtained from the person (if the person is capable of consenting) prior to the use of any type of restraint except in emergency situations.

The ability of substitute decision-makers to consent to the use of restraints for incapable people is limited by legislation. The legislation states that unless the restraint is essential to prevent serious bodily harm to the person or to others, or allows the person greater freedom or enjoyment, the substitute decision-maker may not authorize restraint use. The need for restraints will be assessed by the health care team and discussed with the substitute decision-maker.