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HISTORICAL RESEACH ARTICLE

A current dilemma: Does the use of restraints as a therapeutic technique guarantee the dignity of the human person?

Un dilema actual: ¿El uso de sujeciones como técnica terapéutica garantiza la dignidad de la persona?

Um dilema atual: O uso da contenção como técnica terapêutica garante a dignidade da pessoa?

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Abstract

Background: Restraint as a therapeutic technique has been controversial over time. It is currently limited to emergency situations involving risk to the patient's life or third parties.

Objective: To know therapeutic techniques for restraining the person, review their side effects, and promote good practice.

Methodology: Literature review related to the containment of people. Interpretative analysis of information gathered from documents, articles, books, and laws, using Gadamer's hermeneutics.

Results: We reflected on restraint use for containing patients as a therapeutic measure over time. We investigated the ethical aspects and examined the legislative framework in depth. The implications that this practice may have for health personnel were analyzed.

Conclusion: It is necessary to promote comfort care measures that mitigate and limit the use of restraint in the person with behavioral disorders and/or special needs, thus guaranteeing their rights and dignity.

Keywords: chemical and physical restraints; medicine; history; dignity; nursing

Resumen

Marco contextual: La sujeción como técnica terapéutica ha suscitado controversia a lo largo del tiempo. Actualmente, la contención se circunscribe a situaciones de emergencia que entrañen riesgo para la vida del paciente o para terceras personas**.**

Objetivo: Conocer las técnicas terapéuticas de sujeción de la persona, revisar sus efectos secundarios y promover su buena praxis.

Metodología: Revisión de la literatura relacionada con la contención de las personas. Análisis interpretativo de la información recopilada en documentos, artículos, libros y leyes, mediante la hermenéutica de Gadamer.

Resultados: A través del tiempo se reflexiona sobre la contención de las personas por medio de la sujeción como medida terapéutica. Se indagan los aspectos éticos y se profundiza en su marco legislativo. Se analizan las implicaciones que dicha práctica puede comportar para el personal sanitario.

Conclusión: Es necesario fomentar medidas terapéuticas de confort que mitiguen y limiten el uso de la sujeción de la persona con trastornos conductuales y/o necesidades especiales. Hecho que garantiza los derechos y la dignidad de la persona.

Palabras clave: sujeciones químicas y físicas; medicina; historia; dignidad; enfermería

Resumo

Enquadramento: A contenção como técnica terapêutica tem sido controversa ao longo do tempo. A contenção está atualmente limitada a situações de emergência que envolvem riscos para a vida do paciente ou para terceiros.

Objetivo: Conhecer as técnicas terapêuticas para conter a pessoa, rever os seus efeitos secundários e promover boas práticas.

Metodologia: Revisão bibliográfica, relacionada com a contenção de pessoas. Análise interpretativa da informação recolhida a partir de documentos, artigos, livros e leis, utilizando a hermenêutica de Gadamer.

Resultados: Ao longo do tempo, é possível refletir sobre a contenção das pessoas por meio de contenção como medida terapêutica. Os aspetos éticos são investigados e o quadro legislativo é examinado em profundidade. As implicações que esta prática pode ter para o pessoal de saúde são analisadas.

Conclusão: É necessário promover medidas de conforto terapêutico que atenuem e limitem o uso de restrições por parte da pessoa com perturbações comportamentais e/ou necessidades especiais. Isto garante os direitos e a dignidade da pessoa.

Palavras-chave: restrições químicas e físicas; medicina; história; dignidade; enfermagem

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Introduction

Since the dawn of humanity, restraint, mechanical or pharmacological, has been used as a therapeutic measure to contain or restrain people with behavioral disorders. However, society has been questioning this therapeutic measure, even though the systems of therapeutic restraint have been adapted to the canons required at each moment in history. The *Corpus Hippocraticum*, dating back to Ancient Greece, even speaks of chain therapy for patients dangerous to society (Fernández y Zabala, 2014).

In Ancient Rome, restraint was conceived as a humanistic and hygienic measure of patient management. Romans emphasized diet and physical exercise as a containment mechanism, without using restraints to hold the person. In this historical period, restraint was rejected as people claimed that its use induced anger in the person rather than achieving well-being or comfort (Urrutia-Beascoa, 2017).

Nevertheless, as asylums expanded and increased in the 13th and 14th centuries, restraint peaked as a therapeutic measure to contain and retain patients because the person was confined and isolated in these institutions (Corral-Cano, 2013).

In 15th- and 16th-century Spain, psychiatric patients, including older adults with mental illness, once again received attention similar to that promoted by Roman society concerning restraint as a therapeutic measure. Thus, it should be pointed out that Valencian psychiatrists promoted the suppression of restraints such as chains for people with psychopathologies (Barcia, 2004).

Three hundred years later, in the 19th century, English psychiatrists started a reformist movement relating to people's mental health. They looked at restraint differently and opted for other measures (work, play, and entertainment), which guaranteed patients' health and respect for them (Jones, 1972).

The World Health Organization (WHO) established in 1989 that restraint as a measure of containment or restraint of the person is a

extraordinary method for therapeutic purposes, which, according to all declarations on human rights relating to psychiatry, shall only be tolerated in emergency situations involving an urgent or immediate threat to the life and/or physical integrity of the patient himself/herself or of others, and which cannot be averted by other therapeutic means. (North Almeria Health Management Area, 2014, p. 1)

Since then, organizations and institutions such as the Commonwealth National Restraint Minimization Project have established criteria very similar to those already promulgated by WHO. Thus, in successive years, restraint as a therapeutic measure to contain and retain patients is assessed from an ethical perspective. In addition, its possible implications for human rights are analyzed, and care for the person without elements of restraint or restriction is promoted (Corral-Cano, 2013). However, there are still cases of people with disabilities or severe behavioral disorders whose rights have been violated by the use of restrictive restraints, whether physical (e.g., belts, straight jackets) or chemical (psychotropic drugs), without the existence of protocols that guarantee the adequate and regulated use of these therapeutic restraint measures.

Therefore, this study aims to learn about the therapeutic techniques for retaining the person, review the side effects of these techniques, and promote good practice among healthcare personnel.

Methodology

A review of the literature related to the research objectives was carried out. For this purpose, Gadamer's hermeneutics was applied to establish a series of phases that were developed between January and March 2021. In the first phase, a literature search was carried out in the following electronic databases: SciELO, Dialnet, CUIDEN, MEDLINE/PubMed, CINAHL (Cumulated Index of Nursing y Allied Health Literature), Science Direct, and Google Scholar. During the second phase, documentation was reviewed in the Library of the University of Castilla-La Mancha (Toledo Campus), in the Public Library of Castilla-La Mancha, in the archive of the Faculty of Medicine of the Complutense University of Madrid, as well as in the Municipal Archive of Toledo and the Provincial Historical Archive of Toledo. The documentation found was analyzed, and historical manuals were consulted in relation to the study's objective. In the third phase, official documents extracted from the Official State Gazettes (BOE), the Official Gazettes of the Autonomous Communities, the Ministry of Health and Social Welfare, as well as the Regional Departments of Health and Social Services of the Spanish autonomous communities were reviewed manually and/or electronically. Finally, in the fourth phase, documents extracted from journals related to the nursing profession and the act of caring were reviewed manually and electronically. Inclusion criteria were: 1) manuscripts written in Spanish, English, and Portuguese; 2) documentation related to the restraint of people with behavioral disorders; 3) studies related to restraint as a therapeutic measure; and 4) publications with social content related to restraint. The exclusion criteria were: 1) documentation that did not fit the topic; 2) duplicate materials; 3) publications whose text was incomplete; and 4) works that fit the topic studied but were not associated with the nursing profession and the act of caring. After applying the inclusion and exclusion criteria, 31 documents were obtained, of which 20 were selected for analysis (Table 1).

Table 1

Numbers of articles/documents reviewed and selected

Type of document	No. of reviewed documents	No. of selected documents
Journal articles	7	5
Book chapters	3	3
Official documents	10	5
Websites	3	2
Books	3	3
Thesis / monographs	5	2
TOTAL	31	20

Results and discussion

Since the beginning of time, humanity has found therapeutic techniques for restraining people to be controversial, to the point that today, through an incipient legislative framework and under an ethical analysis of these measures, therapeutic procedures that guarantee the integral and holistic care of the person are being applied (Barcia, 2004; Domínguez-Isabel et al., 2019).

Restraint of the person as a therapeutic measure was applied during the 13th and 14th centuries to all patients with psychiatric pathology presenting a severe behavioral disorder (SBD; Corral-Cano, 2013). Today, this therapeutic measure of restraint is still applied in institutions caring for people with special needs (Domínguez-Isabel et al., 2019).

In the 21st century, the use of therapeutic restraint techniques, both in older adults and in patients with behavioral disorders and/or special needs, must be protocolized due to the patient's family's, the public's, and the health professionals' preconceptions about the use of these therapeutic techniques (Corral-Cano, 2013). Thus, recently in Spain, handbooks have been published that guide the use and classification of restraints, analyzing in depth the legal implications of their use, whether appropriate or inappropriate (Comité Interdisciplinar de Sujeciones, 2014; Corral-Cano, 2013).

Hence, a double classification is proposed for restraints according to their nature (physical or pharmacological) and the time of their application. With regard to the latter criterion, they are grouped as acute (less than 2-3 days) or chronic (more than de 2-3 days) (Comité Interdisciplinar de Sujeciones, 2014; Martínez-Sánchez, 2019).

Mechanical restraint constitutes

> any device, material, or equipment applied to, attached to, or near a person's body that cannot be easily controlled or removed by that person and deliberately prevents or attempts to prevent that person's freedom of movement and/or natural access to his or her body. (Fundación Cuidados Dignos, 2012, p. 4)

When limiting a person's mobility, it is necessary to assess which body regions are to be restrained, as various elements limit the movement of the different anatomical regions of the person. These include ankle braces, vests, mittens, harnesses, abdominal belts, and wristbands, among others. Depending on the purpose of the restraint, it can even be restrictive, preventing freedom of movement and even access to parts of the body. Restraint can also be non-restrictive, with elements that allow the person to maintain a correct body posture (Fundación Cuidados Dignos, 2012; Urrutia-Beascoa, 2017). Similarly, the Spanish Confederation of Organizations for the Elderly (CEOMA) establishes the administration of psychoactive drugs as chemical restraint, whose ultimate aim is to control disruptive, disordered, or risky behavior, both for the person and third parties involved (Burgueño-Torijano, 2005).

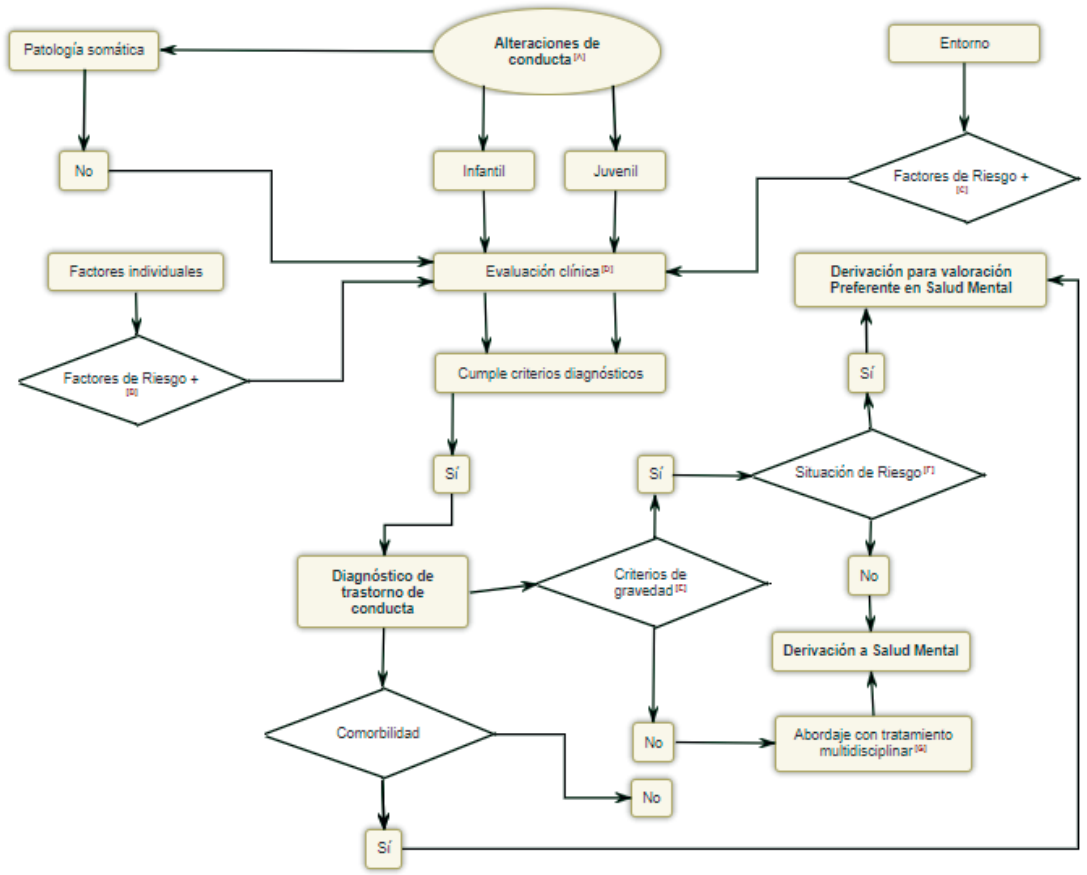
On the other hand, considering the social implications of restraint, using restraints as a therapeutic technique has decreased in Europe due to its prescription, which has not occurred in Spain, where prescribing this measure has increased without any solid scientific criterion (Rey, 2013). In this sense, the researcher Joan Rodríguez-Delgado emphasizes the guidelines on using restraints to prevent falls, regulate behavioral disorders, and manage unscheduled outings (Rodríguez-Delgado, 2013). However, the misuse of restraints has multiple risks, such as asphyxia due to strangulation, suffocation due to abdominal compression, and even sudden patient death. All pathologies are related to compression of the thorax or abdomen, which cause discomfort in the person and can lead to physical and psychological complications and consequences (Fariña-López, 2011). Therefore, in Spanish nursing homes and special education institutions, these measures are subject to protocols and action handbooks adapted to Organic Law 8/2013. In addition, these institutions must promote training activities among health professionals to seek the overall well-being of the person, which often implies additional supervision in those individuals with cognitive disorders (Regional Department of Education and Universities, 2016).

Thus, psychiatry professionals consider that a protocol should be implemented in nursing homes or special education institutions based on an algorithm that analyzes the vital condition of the person, considering their diagnosis of

mental illness, the existing risk factors, and the follow-up carried out by the multidisciplinary team (Martínez-Sánchez, 2019). For this purpose, the algorithm proposed by the Spanish Association of Primary Care Paediatrics can be used (Figure 1).

Figure 1

Algorithm proposed by the Spanish Association of Primary Care Paediatrics



Source: Pelaz-Antolín & Pérez-Sobrino, 2018.

Following a procedure pattern, it can be concluded that, after assessing the cognitive-behavioral situation of the person, it is necessary to set up an appropriate and safe space without any stimuli. Before using restraints, health professionals must use up all available resources, that is, establish a dialogue with the person, initiate verbal de-escalation to reduce the level of anxiety, limit the stimuli that increase anxiety, and, if these measures fail, apply pharmacological treatment to control the patient. In case this fails, it will be necessary to use physical restraint of the person as an extraordinary measure for a variable period, according to the duration and intensity of the aggression crisis presented by the person. This procedure will serve as a guide for developing the specific action protocol in the institution where it is to be carried out, which, in turn, will be subject to the legislative framework in force. The protocol will guide the actions of the health professionals who have to put it into practice (Domínguez-Isabel, 2019; Urrutia-Beascoa, 2017). Therefore, the configuration of such a care protocol must rely on the assessment, to a greater extent, of the implicit legal and ethical basis. A series of reflections can be drawn considering bioethical principles from the direct application of restraint as a therapeutic containment technique. The principles of justice and non-maleficence are affected when health professionals apply restraint as a therapeutic containment technique, which limits the person's will, decision-making capacity, and even freedom as long as the person has not been declared incapable through a psychiatric assessment (Martínez-Sánchez, 2019). There is still much controversy regarding the principles of beneficence and autonomy because the usefulness of the technique is subject to the subjectivity of each health professional (Rodríguez-Delgado, 2013). Nowadays, restraint as a therapeutic containment technique is internationally observed as a violation of the fundamental human rights. However, a legislative framework has been drawn to regulate its use in Spain. In this sense, it is worth highlighting the existence of laws that regulate the freedom of people, such as the Oviedo Convention, published in the Spanish Official State

Gazette in 1999, which legislates on human rights and dignity of the human being with regard to the application of biology and medicine (Rodríguez-Delgado, 2013). The Spanish Constitution of 1978 legislates on liberty broadly in Article 14, personal freedom in Article 17, and privacy in Article 18. There seems to be a legal framework that can support the rejection of using restraints, capable of preventing the inappropriate use of this therapeutic technique for persons with behavioral disorders and/or special needs.

In addition, many institutions in the social area have drafted numerous decrees and laws to legislate the use of these measures. Such is the case of Law 12/2008 on Social Services of the Basque Country, which establishes, in Article 91.1.e), as a severe infringement

> subjecting persons to any form of immobilization or physical or pharmacological restraint without medical prescription and supervision, except in cases where there is imminent danger to the physical safety of the person or others, as well as silencing or covering up such actions. (Ley 12/2008, 2011, p. 56)

Another example is Decree 66/2016, of 31 May, of the Government of Aragon, approving the "Charter of rights and duties of the users of the Social Services of Aragon," in which Article 8 establishes the right to respect for freedom and individual autonomy (Gobierno de Aragón, 2016). The analysis of the information collected highlights the work carried out by the nursing staff when applying diagnostic and therapeutic procedures that ensure the comprehensive and holistic care of the person. On most occasions, using or not restraint is the nurse's decision since any side effects of restraining patients will be the direct responsibility of the person performing it. Therefore, an ethical dilemma remains within the practice of restraining a person because many health professionals consider restraint (especially physical restraint) to be an inhumane therapeutic measure, discourteous towards the subject, as it does not respect his or her dignity (Möhler & Meyer, 2014). Ancient Rome had already observed this, considering that the use of restraint only triggered anger in the subjected person and did not ensure well-being or health (Urrutia-Beascoa, 2017). The misuse of this therapeutic measure can only be tackled with the training and updating of health professionals in providing adequate care to people with special needs (Möhler & Meyer, 2014).

Nurses must be trained to adequately use this essential skill when caring for individuals with behavioral disorders, as they are responsible for ensuring dignity, comfort, and safety to patients, regardless of their special needs or behavioral disorders. Providing holistic care is essential, according to the teachings of Florence Nightingale (1820-1910). She pointed out the need to respect each person's preferences in terms of hydration, postural changes, and emotional control, among others, regardless of the effort that this would involve for the nursing professional. All of this without forgetting that it is essential to keep the person and their family informed about the therapeutic plan to be implemented, which may include the therapeutic technique of restraint (Nightingale, 1860).

Conclusion

The concept of restraint to contain and retain a person, whether physically or chemically, can violate holistic care. Before using restraints, health professionals must use up all available means of restraining the agitated person. However, the Spanish Association of Mental Health Nursing (AEESME) has stated that the suppression of these measures or alternatives to them, especially physical restraints, in mental health, cannot be achieved in the short term, as mechanical restraints are the primary preventive measure for aggressive, agitated behavior. This may be due to lack of knowledge, lack of specific training, and lack of resources among health workers. WHO restricts this therapeutic technique to emergency situations involving a threat to the life and/or physical integrity of the patient or others and that are unavoidable by other therapeutic means. Therefore, protocols and handbooks on restraining people in a state of anxiety must be promoted, which can be adapted to possible behavioral changes or the environment in which the person finds himself/herself.

The nurse theorist Florence Nightingale argued that illness acts as a healing process and that modifications to the environment can contribute to the health and well-being of the individual. Therefore, promoting adapted and safe spaces, where there is no disruptive stimulus saturation for people with behavioral disorders and/or special needs, is in line with Nightingale's teachings and the therapeutic measure defended by Ancient Rome, but from the perspective of a humane practice, respecting people's dignity.

Author contributions

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