

Ethical Insights & Lessons Learned during a Sustained Hospital Initiative

Barbara Russell, Ph.D. (Phil) M.B.A.

Bioethicist/Assistant Professor

University Health Network, U of T's Institute of Health Policy,
Management & Evaluation, U of T's Joint Centre for Bioethics

5th annual Ontario Shores Thought Leadership Forum
September 19, 2013

Objectives

1. Three consolidations of ethics-related insights and lessons learned over 4 years
2. Present different ethical 'frames'/concepts to help reveal and examine restraint and seclusion use in healthcare
3. Two group activities to energize and share your own ethics-related knowledge and skills

1. This is Real

www.youtube.com/watch?v=7vYIS2tfQ3Q

Nora Jacobson's Research on Dignity

human dignity: dignity-of-human nature

social dignity: dignity-of-self

and

dignity-in-relation

Your Group Work

Using the flip chart paper at your table, list real examples of:

- (1) dignity promoting actions, behaviours, responses, communications
- (2) dignity eroding actions, behaviours, responses, communications

when seclusion or physical / mechanical / environment restraints were used against the person's will

Dignity eroders: rudeness, indifference, condescension, dismissal, diminishment, disregard, contempt, dependence, intrusion, objectification, restriction, trickery, grouping, labeling, vilification, suspicion, discrimination, exploitation, exclusion, revulsion, deprivation, bullying, assault, abjection

Dignity promoters:

dignity-of-self: contribution, accomplishment, independence, authenticity, discipline, creativity, enrichment, transcendence, control, restraint, perseverance, avoidance, resistance, preparation, concealment

dignity-in-relation: recognition, acceptance, presence, leveling, advocacy, empowerment, courtesy, love

Dignity eroders: rudeness, indifference, condescension, dismissal, diminishment, disregard, contempt, dependence, intrusion, objectification, restriction, trickery, grouping, labeling, vilification, suspicion, discrimination, exploitation, exclusion, revulsion, deprivation, bullying, assault, abjection

Dignity promoters:

dignity-of-self: contribution, accomplishment, independence, authenticity, **discipline**, creativity, enrichment, transcendence, control, **restraint**, perseverance, **avoidance**, **resistance**, preparation, **concealment**

dignity-in-relation: recognition, acceptance, presence, leveling, advocacy, empowerment, courtesy, love

Discipline = “performing routine activities like cleaning and exercising that are seen as responsible and ‘normal’”

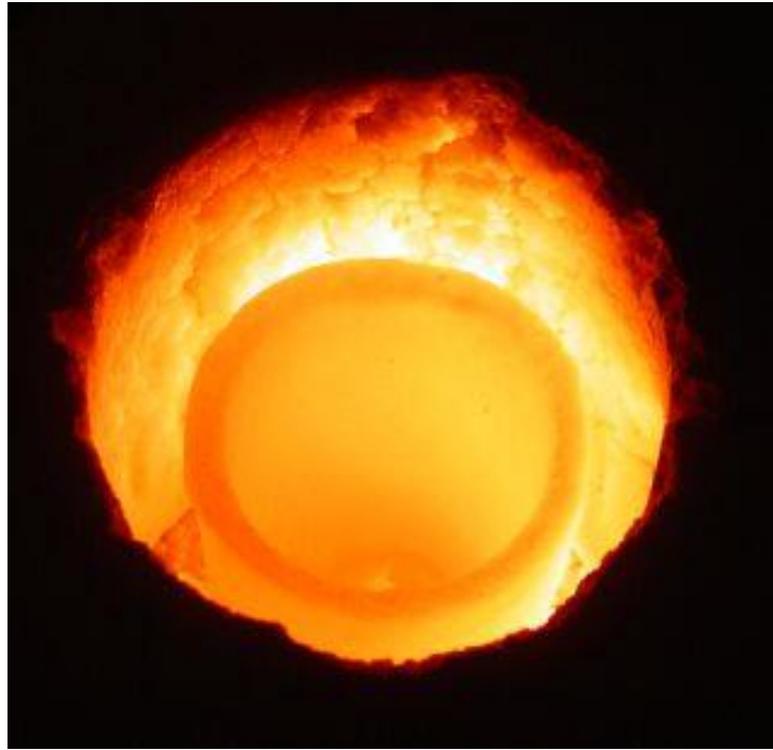
Restraint = “demonstrating emotional or behavioral reserve”

Avoidance = “steering clear of [people] or activities that have in the past led to dignity [erosion]”

Resistance = “asserting oneself in the face of threats to dignity”

Concealment = “‘covering up’ embarrassing markers or situations”

2. Restraints & Seclusion: an Ethical “Crucible”



a) safety versus therapeutic

- responses to characterizing use as professional, therapeutic, unit failure

- responses to interventional “creep”

- intervening to prevent/stop client from harming himself

“ “ “ “ co-clients

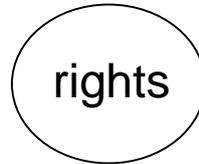
“ “ “ “ me

b) sorting out who

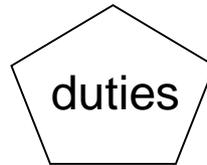
has

to or for what?

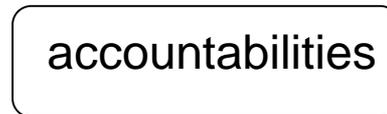
patients/clients



healthcare staff



the healthcare
organization



3. Margaret Walker's Work on Moral Repair

Moral repair:

the task of restoring or stabilizing... and in some cases, creating... the basic elements that sustain human beings in a *recognizably* moral relationship... governed by a particular scale of values, set of imperatives, or system of rule bound [moral] obligations” (23; italics added)

Walker's work focuses on people causing serious harm or wrongdoing

3. Margaret Walker's Work on Moral Repair

How to morally stabilize or restore relationships:

- first, take responsibility for causing the harm or the wrong
- make amends (or “setting things right”)
 - by figuring out what, at a minimum, it will take to stabilize,
and more importantly, to restore the relationship

Your Group Work

With colleagues at your table, discuss “making amends”:

- with an example of your own work in figuring out what you needed to do
- how challenging this was
- what you did do
- how it worked out in terms of stabilizing/restoring the relationship

Stephen Carter's Work on Integrity

Step 1. “discerning [your] deepest understanding of right and wrong”

Step 2. acting openly and “consistently with what [you’ve] learned,”
sometimes at risk to [your] own self-interests/welfare

Step 3. “be willing to say that [you’re] acting consistently with what
[you’ve] decided is right”

Concluding Points

1. Regarding restraint/seclusion prevention, reduction, and use, how do we intentionally promote dignity? What do we intentionally do to avoid 'dignity erosion'?
2. Examination and discussion about "crucible-like" healthcare practices become ethically framed when they're a shared inquiry, open, patient, and strive to understand this reality for all those involved/affected from their experiences and views
3. It's useful to clarify and distinguish rights, duties, responsibilities and accountabilities and who "has" them and "to whom" are they owed
4. Moral repair is "heavy," but necessary work, individually and collectively

References

- Professionals Attitudes After a Seclusion Reduction Program: anything changed? (2013). Mann-Poll, Smit, van Doeselaar & Hutschemaekers, *Psychiatric Quarterly* 84(1): 1-10.
- Physical Restraint in a Therapeutic Setting: a necessary evil? (2012). Perkins, Presser, Riley & Whittington, *International Journal of Law and Psychiatry* 35(1): 43-9.
- Moral Margins Concerning the Use of Coercion in Psychiatry (2011). Landeweer, Abma & Widdershoven, *Nursing Ethics* 18(3): 304-16.
- The Association for Behavior Analysis International Position Statement on Restraint and Seclusion (2011). Vollmer, Hagopian, Bailey, Dorsey, Hanley, Lennox, Riordan & Spreat, *Behavior Analyst* 34(1): 103-10.
- Feeling Trapped and Being Torn: physicians' narratives about ethical dilemmas in hemodialysis care that evoke a troubled conscience (2011). Grönlund, Dahlqvist & Söderberg, *BMC Medical Ethics* 12(8): online.

Post Seclusion Debriefing: a core nursing intervention (2010). Needham, Dip & Sands. *Perspectives in Psychiatric Care* 46(3): 221-33.

Restraints and the Code of Ethics: an uneasy fit (2010). Mohr, *Archives of Psychiatric Nursing* 24(1): 3-14.

A Taxonomy of Dignity: a grounded theory study. (2009). Jacobson, *BMC International Health and Human Rights* 9(3): online.

Can We Justify Eliminating Coercive Measures in Psychiatry? (2009). Prisen & van Delden, *Journal of Medical Ethics* 35(1): 69-73.

Nurses' and Physicians' Educational Needs in Seclusion and Restraint Practice (2009). Kontio, Valimaki, Putkonen, Cocoman, Turpeinen, Kuosmanen & Joffe, *Perspectives in Psychiatric Care* 45(3): 198-07.

Restraint and the Question of Validity (2007). Paterson & Duxbury, *Nursing Ethics* 14(4): 535-46.

Moral Repair: reconstructing moral relations after wrongdoing (2006). Walker, Cambridge UK: Cambridge University Press.

Reflecting on Tragedy: a commentary on deaths of children in restraints (2006). Mohr, *Child Abuse & Neglect* 30(12): 1329-31.

Psychiatric Inpatients' Perceptions of Positive and Negative Aspects of Physical Restraint (2005). Chien, Chan, Lam & Kam, *Patient Education & Counselling* 59(1): 80-6.

Integrity (1997). Carter, New York NY: Harper Perennial.

The Nature and Value of Rights (1970). Feinberg, *Journal of Value Inquiry* 4(4): 243-60.

Thank you

Questions?

Challenges?

Insights to Share?

barbara.russell@uhn.ca

barbara.russell@utoronto.ca