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Coercive measures in general hospitals on non mentally-ill patients

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Background

To gain knowledge on the existence or not of protocols for the application of coercive measures in Spanish general hospitals, and to gain knowledge of the measures that are actually applied in practice and to analyze ethical, medico-legal and legal problems generated, especially in relation to the rights of the ill citizen.

Methods

An exhaustive revision of the effective legal norms and specialized literature has been done. A naturalistic and prospective observation has been carried out at chosen services of five big general hospitals. Two complementary methods were used: quantitative and qualitative.

Results

Nihil volitum quem prae cognitum. Information on intrinsic elements of the consent of the patient for the medical act showed the physician's high importance in the definition of lex artis ad hoc. According to the High Court, other actions not specified habitually in texts should be considered as coercive measures (e.g. no information to patients from health staff). The catalogue should be opened to: involuntary admission, non-wished stay, non-wished medication or treatment, seclusion, chemical coercion and no information. The profile of the patient subject to coercion has been studied previously. We developed a complementary profile: age 71–80, lives alone, confused state, with neurological or respiratory disease, applied in the first 48 hours, by nursing staff, with a low perception of coercion, during the night, without patients' and/or relatives' opinion, without information to doctors or directors, without information to Court, without previous training, without taking care of the frequency whereupon they take place.

Conclusion

Ethical and legal problems considered seem to be independent of the number of cases. It is evident that there is a population sector that based on its age and its pathology is a candidate for coercion.