

«Zero Coercion» als Ziel

– warum das gegenwärtige Ausmass des medizinischen Zwangs nicht gerechtfertigt werden kann

Objectif «zero coercion»

– pourquoi l'ampleur actuelle des mesures de la contrainte médicale ne peut pas être justifiée

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Deutscher Ethikrat – Stellungnahme ‘Zwang in Sorgebeziehungen’ 2018, S. 80, 93

- ▶ Die jeweilige Zwangsmassnahme muss auf die Entwicklung, Förderung oder Wiederherstellung der selbstbestimmten Lebensführung der betroffenen Person im Rahmen der gegebenen Möglichkeiten und der hierfür elementaren leiblichen und psychischen Voraussetzungen abzielen. → Autonomie
- ▶ Die Zwangsmittel müssen zu diesen Zielen geeignet, erforderlich und angemessen (d. h. im Blick auf Eingriffstiefe und Eingriffsdauer verhältnismässig) sein. → Wirksamkeit, Verhältnismässigkeit, geringstmögliche Einschränkung
- ▶ Der Schaden darf sich nicht anders abwenden bzw. das Ziel nicht anders erreichen lassen → Ultima Ratio
- ▶ Die jeweilige Massnahme sollte auf die Zustimmung der adressierten Person stossen, wäre diese aktuell zu einer freiverantwortlichen Entscheidung fähig. → Benefizienz/Wohl der Person
- ▶ Die Abwehr eines primären Schadens darf nicht unangemessene andere womöglich irreversible Schäden erzeugen („sekundäre Vulnerabilität“). → Non-Malefizienz

Die konventionelle Rechtfertigung von Zwang in der Medizin

**Urteils-
unfähigkeit/
Psychische
Störung** + **Gefahr/
Risiko** =

Zwangsmassnahme

- Effektive Behandlung
- Geringstmögliche Einschränkung
- Ultima Ratio



Das Wohl der Person

- Positive/negative Outcomes
- Klinische Einschätzung
- Subjektive Bewertung

Methodische Aspekte

- ▶ Fragestellung: Kann sich Zwang in der Medizin (Akut-Somatik, Langzeitpflege und Psychiatrie) auf eine evidenzbasierte Legitimation stützen?
- ▶ Selektive Übersicht über die best-verfügbare Evidenz
 - ▶ Umbrella-Reviews
 - ▶ Systematische, narrative und Scoping-Übersichten
 - ▶ Komparative Beobachtungsstudie

Fixation in der Akut-Somatik

- ▶ “The figures showing the high incidence of self-extubation of patients who have been restrained is concerning as patient safety is compromised rather than enhanced despite its fundamental purpose of preventing treatment interference.”

Perez D et al: Physical restraints in intensive care: An integrative review. Australian Critical Care 32 (2019) 165-174

- ▶ “Agitation and delirium are common problems (...) on Critical Care, the aetiology of which could be numerous, but will be contributed to being the strange environment, need for intubation and vascular access; all necessary for the care of the patient. The commonly stated reasoning for physical restraint use is to maintain the integrity of a device and patient safety (e.g. nasogastric tube, endotracheal tube). However, the evidence shows that, in this respect, physical restraint does not work.”

Smithard D & Randhawa R (2022) Physical Restraint in the Critical Care Unit: A Narrative Review, The New Bioethics, 28:1, 68-82

Fixation zur Sturzprävention in Akut- und Langzeitpflege

“While restraints are less prevalent, their use in acute, critical, and long-term care environments continues into the 21st century. The historical rationale that restraints should be used to prevent falls, keep patients safe, and limit interference with medical treatment is not supported by the literature.”

Clearly KK & Prescott K: The Use of Physical Restraints in Acute and Long-term Care: An Updated Review of the Evidence, Regulations, Ethics, and Legality. Journal of Acute Care Physical Therapy 6 (2015), 8-15

“When falls reduction is the primary goal, there is the risk of taking a route to achieve this goal that includes restricting the level of activity and restraint use, thereby worsening physical function. Although restraint use has been shown to be ineffective at preventing falls, and the evidence supports restraint reduction or restraint-free environments, restraint use to prevent falls remains prevalent.”

Gulka HJ et al: Efficacy and Generalizability of Falls Prevention Interventions in Nursing Homes: A Systematic Review and Meta-analysis. JAMDA 21 (2020) 1024-1035

Subjektives Erleben von Zwang in der Intensiv-Behandlung

- ▶ “Restraining measures can cause a range of negative emotions. In addition to the experience of restricted physical movement that restraining measures cause, the perception of loss of control, loss of dignity, and loss of autonomy may lead to a broader perception of informal coercion. By withholding communication and information a situation may be experienced by the patient that can be classified as informal coercion. Health professionals may underestimate how deeply patients are affected by the perception of formal and informal coercion.”

Joebges S et al: Coercion in intensive care, an insufficiently explored issue—a scoping review of qualitative narratives of patient’s experiences. Journal of the Intensive Care Society. 2023, Vol. 24(1) 96–103

Konsequenzen unfreiwilliger Einweisungen in psychiatrische Kliniken

- ▶ “Involuntary admission can lead to significant improvement in symptoms of mental illness and function in the community, which can sometimes exceed that seen in voluntary controls. This may be because people admitted involuntarily displayed poorer function and worse symptoms at admission and so benefited to a greater degree than voluntary admissions as a result of regression to the mean. (...) However, this review has found that involuntary admission may in and of itself be associated with a number of harms.”

Corderoy, A. et al: (2024). The benefits and harms of inpatient involuntary psychiatric treatment: a scoping review. *Psychiatry, Psychology and Law*, 1–48. <https://doi.org/10.1080/13218719.2024.2346734>

Ist Isolation aus klinischer Sicht wirksam? IPTW-Propensity-Score-Emulationsstudie

Table 3. Estimation of the Effect of Seclusion on the HoNOS Score (n = 1164)

	Outcome: HoNOS Score		
	Coefficient	p	95% CI
Seclusion (ref. No)	1.49	.002	0.56; 2.41
Age	−0.01	.86	−0.04; 0.03
Gender (ref. Women)	0.73	.06	−0.03; 1.49
Nationality (ref. other than CH)	0.01	.98	−0.78; 0.80
Civil status (ref. Single, divorced, widower)	−0.39	.42	−1.32; 0.54
Previous hospitalizations in psychiatry	1.48	.001	0.65; 2.32
Unvoluntary admission	−0.16	.70	−0.96; 0.65
Psychiatric ward (ref. Adult)	0.23	.78	−1.33; 1.78
Duration of hospitalization (ref. Less than 3 weeks)	−0.57	.15	−1.32; 0.19
Primary psychiatric disorder (ref. other disorders)	−0.89	.03	−1.69; −0.10
HoNOS at admission	0.40	<.001	0.33; 0.47
Item 1 HoNOS at admission	−0.39	.01	−0.70; −0.09

Baggio S et al: Effect of Seclusion on Mental Health Status in Hospitalized Psychiatric Populations: A Trial Emulation using Observational Data. *Evaluation & the Health Professions*. 2024;47(1):3-10. doi:10.1177/01632787231164489

Können unfreiwillige Einweisungen Suizide verhindern?

- ▶ “...we found little evidence that involuntary admission was protective against suicide, and some evidence that it may in fact be a risk factor for inpatient suicide. This is in line with one meta-analysis of inpatient suicide, which reported an 87% increased risk of suicide among people admitted involuntarily. It has been proposed that psychiatric inpatient admission in and of itself may increase the likelihood of some people to attempt suicide, in a phenomenon termed ‘nosocomial suicide’. Nosocomial harms associated with involuntary admission should therefore be acknowledged in service planning and provision.”

Corderoy, A. et al: (2024). The benefits and harms of inpatient involuntary psychiatric treatment: a scoping review. *Psychiatry, Psychology and Law*, 1–48. <https://doi.org/10.1080/13218719.2024.2346734>

Ist psychiatrischer Zwang zum Wohl der betroffenen Person?

- ▶ “The identified literature strongly suggests that seclusion and restraint have deleterious physical or psychological consequences. (...) Subjective perception has high interindividual variability and can be positive, with feelings of safety, help, clinical improvement, or evaluation as necessary. However, seclusion and restraint are mostly associated with negative emotions, particularly feelings of punishment and distress. (...) “Conclusions on protective or therapeutic effects of seclusion and restraint are more difficult to draw. Our results provide little evidence for these outcomes, but further research is clearly necessary.”

Chieze M et al. Effects of Seclusion and Restraint in Adult Psychiatry: A Systematic Review. Frontiers in Psychiatry. 2019 Jul 16;10:491.

- ▶ “The results from this study indicate that the majority of patients in the reviewed studies associated the use of coercive measures with ‘negative perceived impact.’”

Tingleff EB et al: “Treat me with respect”. A systematic review and thematic analysis of psychiatric patients’ reported perceptions of the situations associated with the process of coercion. Journal of Psychiatric and Mental Health Nursing. 2017;24:681–698

Subjektives Erleben von Zwang in der psychiatrischen Behandlung

- ▶ Restrictive practices experienced during inpatient mental healthcare appear to be perceived as a negative experience for service users, who feel punished and powerless when the staff-service user relationship is weak, and communication is lacking. Despite this, service users acknowledged that restrictive practices are often necessary in providing physical safety in times of crisis but the ways in which this is communicated could be improved.

Griffin B et al: Service users' experiences of restrictive practices in adult inpatient mental health services. A systematic review and meta-ethnography of qualitative studies. Journal of Mental Health 2025, DOI: 10.1080/09638237.2025.2478372

Subjektives Erleben von Isolation in der Psychiatrie

- ▶ “The process of it is frightening for patients and leaves them in a vulnerable state with inadequate resources available to help them to cope with the distress. The sense of vulnerability is apparent for the duration of the experience, and in order to manage their distress, participants mentally disconnected from the experience. They desire care but instead are left feeling neglected and/or abused by staff and neglected by the seclusion room. A key finding of this review is that the overall seclusion experience develops from an amalgamation of the interpersonal experience of staff and the physical environment.”

Askew L et al: What are adult psychiatric inpatients' experience of seclusion: A systematic review of qualitative studies. Journal of Psychiatric and Mental Health Nursing 2019;26:274–285

Subjektives Erleben von Zwang in der Psychiatrie

- ▶ The experience of restriction and seclusion or isolation was frequently described by mental health service users in terms of feeling imprisoned, restricted and limited by regulations, abandoned and vulnerable, stripped of their rights and dehumanised by the lack of human interaction and isolation from the rest of the ward. However, the experiences of isolation were ambivalent; on the one hand, they felt closed in and abandoned, missing the support of family and staff and wishing for freedom, while on the other hand, they were grateful for the sense of safety and shelter. (...) Regarding involuntary admissions, mental health service users reported feeling marginalised due to the lack of communication and an imbalance of power with respect to the professionals and their caregivers, which impeded respect for their rights, wishes and preferences, having a direct impact on their dignity. Users usually opposed this measure and wanted to be listened to as part of the process of making decisions about their admission and not feel that it was an imposed measure.

Aragonez-Calleja M & Sanchez-Martinez V: Evidence synthesis on coercion in mental health: An umbrella review. International Journal of Mental Health Nursing. 2024;33:259-280

Ambulante Zwangsbehandlung/Community Treatment Orders

- ▶ “This shows that the evidence for the benefits of CTOs on subsequent health service use was mixed and showed a clear decline with increasing strength of study design. Whereas UBA evidence suggested that CTOs increased follow-up with mental health services and reduced inpatient admissions, more rigorous CBA [Controlled Before/After, DR] studies using matching or multivariate analysis reported mixed benefits, and RCTs no effect on inpatient service use. There were similar patterns for clinical, psychosocial and forensic outcomes. The only consistent benefit was an increase in community contacts. However, it could be argued that the latter is a process measure rather than a final result, since the hypothesised method of achieving the outcome is by requiring people to attend community or outpatient services.”

Kisely St et al: The benefits and harms of community treatment orders for people diagnosed with psychiatric illnesses: A rapid umbrella review of systematic reviews and meta-analyses. Australian & New Zealand Journal of Psychiatry 2024, Vol. 58(7) 555–570

Zusammenfassung

- ▶ Zwang in der Akut-Somatik und Langzeitpflege:
 - ▶ Das Ziel der Patientensicherheit wird überwiegend nicht erreicht
 - ▶ Subjektive Erfahrungen von Betroffenen sind häufig negativ
- ▶ Zwang in der Psychiatrie:
 - ▶ Geringe Evidenz zur Zielerreichung vorhanden
 - ▶ Das subjektive Wohl der Betroffenen wird überwiegend nicht erreicht
 - ▶ Negative Erfahrungen überwiegen deutlich die positiven Einschätzungen

Schlussfolgerungen

- ▶ Die ethischen Kriterien der Benefizienz und der Non-Malefizienz werden empirisch häufig nicht erreicht
- ▶ Die Medizin insgesamt, aber insbesondere die Psychiatrie, erfüllt die von der Disziplin selbst aufgestellten ethischen Kriterien für die Anwendung von Zwang im Sinne der Evidenzbasierung nicht
- ▶ Es handelt sich um ein systemisches Problem und ein Dilemma, da die beteiligten Fachpersonen den im Allgemeinen nicht legitimierbaren Zwang im Einzelfall mit guten Intentionen anwenden
- ▶ Wir befinden uns bei der Anwendung von Zwang in einer fachlichen und rechtlichen Pfadabhängigkeit; es fehlt an systematischer Forschung und Implementierung von Alternativen
- ▶ Die Verminderung von Zwang ist aus Evidenz-Sicht dringend geboten (Ziel: ‘Zero Coercion’)

Besten Dank für die Aufmerksamkeit

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