



“Between Care and Control: Ethical, Legal, and Nursing Dimensions of Restraint and Seclusion in Contemporary Healthcare”

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Abstract: Restraint and seclusion remain highly controversial practices in healthcare settings, particularly within mental health, emergency, geriatric, and intensive care units. Although sometimes implemented to prevent harm to patients or others, these interventions raise significant ethical, legal, and professional concerns. Nurses, who are often the primary decision-makers and implementers of restraint and seclusion, face complex challenges in balancing patient safety with respect for autonomy, dignity, and human rights. This review article critically examines the ethical principles, legal frameworks, clinical indications, and nursing responsibilities associated with restraint and seclusion. Emphasis is placed on patient-centered care, ethical decision-making, trauma-informed practice, and evidence-based alternatives. By synthesizing contemporary literature, this article aims to guide nurses toward minimizing the use of restraint and seclusion while promoting safe, ethical, and compassionate care.

Keywords: Restraint, Seclusion, Nursing Ethics, Patient Rights, Mental Health Nursing, Ethical Decision-Making, Trauma-Informed Care, Patient Safety

Introduction

The use of restraint and seclusion in healthcare has long been a subject of ethical debate and professional scrutiny. Historically justified as necessary measures to control aggressive or unsafe behavior, these interventions are now increasingly recognized as practices that may cause physical harm, psychological trauma, and violations of human rights if misused or overused. In modern healthcare systems, particularly within psychiatric and acute care settings, the focus has shifted toward reducing coercive practices and promoting patient-centered, least-restrictive approaches to care.

Nurses play a pivotal role in the assessment, initiation, monitoring, and termination of restraint and seclusion. Their ethical obligations extend beyond ensuring safety to safeguarding patient dignity, autonomy, and well-being. With growing global emphasis on ethical nursing practice, mental health reform, and trauma-informed care, it is essential to critically examine the implications of restraint and seclusion from a nursing perspective. This review explores the definitions, ethical principles, legal considerations, clinical

applications, risks, nursing roles, and alternatives related to restraint and seclusion in healthcare.

Conceptual Understanding of Restraint and Seclusion

Restraint refers to any method, physical or chemical, that restricts a patient's freedom of movement or access to their body and cannot be easily removed by the individual. Physical restraints may include belts, straps, bed rails, or limb ties, while chemical restraints involve the use of medications primarily to control behavior rather than to treat an underlying medical or psychiatric condition. Seclusion, on the other hand, involves the involuntary confinement of a patient alone in a room or area from which they are physically prevented from leaving.

Although restraint and seclusion are distinct interventions, they are often discussed together due to their coercive nature and similar ethical implications. These measures are typically employed in situations involving severe agitation, aggression, risk of self-harm, or danger to others. However, contemporary nursing practice emphasizes that restraint and seclusion should be used only as a last resort, after all less restrictive alternatives have been exhausted.



Ethical Principles Governing Restraint and Seclusion

Ethical nursing practice is grounded in core principles that guide clinical decision-making. The application of restraint and seclusion directly challenges these principles, making ethical reflection essential.

The principle of autonomy emphasizes the patient's right to make informed decisions about their care. Restraint and seclusion inherently limit autonomy, as they are usually imposed without the patient's consent. Nurses must therefore justify their use based on immediate safety concerns and ensure that restrictions are temporary and proportionate.

Beneficence requires nurses to act in the best interest of the patient. While restraint may be intended to prevent harm, its benefits must be carefully weighed against potential physical injury, emotional distress, and long-term psychological consequences. Non-maleficence, the obligation to do no harm, is particularly relevant, as restraint and seclusion are associated with risks such as asphyxia, falls, trauma, and even death.

Justice demands fair and equitable treatment of all patients. Evidence suggests that vulnerable populations, including individuals with mental illness, cognitive impairment, or developmental disabilities, are disproportionately subjected to restraint and seclusion. Ethical nursing practice requires vigilance against discrimination and bias in decision-making. Respect for human dignity underpins all ethical care. Even in situations where restraint or seclusion is unavoidable, nurses have a responsibility to preserve the patient's dignity through respectful communication, privacy, and compassionate care.

Legal and Regulatory Frameworks

The use of restraint and seclusion is governed by national and international laws, professional guidelines, and institutional policies. Legal frameworks emphasize patient rights, safety standards, documentation, and accountability. In many countries, healthcare regulations mandate that restraint and seclusion be used only when there is an imminent risk of harm and when less restrictive interventions have failed.

Nurses must adhere to strict procedural requirements, including obtaining appropriate authorization, continuous monitoring, timely reassessment, and thorough documentation. Failure to comply with legal standards may result in professional misconduct, legal liability, and violations of patient rights. International human rights instruments increasingly advocate for the reduction or elimination of coercive practices, particularly in mental health care, reinforcing the ethical responsibility of nurses to seek alternatives.

Clinical Indications and Decision-Making in Nursing Practice

Clinical decision-making regarding restraint and seclusion requires comprehensive assessment and sound judgment. Nurses must evaluate the patient's physical condition, mental status, behavior, environmental triggers, and potential risks before considering restrictive interventions. Situations commonly associated with restraint and seclusion include acute psychosis, severe agitation, delirium, intoxication, and risk of violence or self-harm.

However, behavior that appears aggressive may be a response to fear, pain, unmet needs, or environmental stressors. Ethical nursing practice involves identifying and addressing underlying causes rather than merely controlling symptoms. Decision-making should be collaborative whenever possible, involving the patient, family, and interdisciplinary team.

Psychological and Physical Consequences

The adverse effects of restraint and seclusion are well-documented in the literature. Physically, patients may experience injuries such as bruises, fractures, pressure ulcers, and respiratory compromise. In extreme cases, restraint-related deaths have been reported, often due to positional asphyxia or cardiac events.

Psychologically, restraint and seclusion can be deeply traumatizing. Patients frequently report feelings of fear, humiliation, anger, and helplessness. For individuals with a history of trauma, these interventions may trigger re-traumatization, worsening mental health outcomes and



eroding trust in healthcare providers. Nurses must recognize these potential harms and incorporate them into ethical risk-benefit analyses.

Nursing Responsibilities During Restraint and Seclusion

When restraint or seclusion is deemed unavoidable, nurses have critical responsibilities to ensure patient safety and ethical care. Continuous monitoring of vital signs, circulation, respiratory status, and mental state is essential. Nurses must regularly assess the ongoing need for restriction and remove restraints as soon as the risk subsides.

Therapeutic communication remains vital, even during restrictive interventions. Explaining the reason for restraint, offering reassurance, and maintaining a calm, respectful demeanor can reduce distress and promote cooperation. Documentation must be accurate, detailed, and timely, reflecting the rationale, alternatives attempted, patient response, and reassessment findings.

Trauma-Informed and Patient-Centered Approaches

Trauma-informed care has emerged as a critical framework for reducing the use of restraint and seclusion. This approach recognizes that many patients have experienced trauma and that coercive practices may exacerbate psychological harm. Nurses trained in trauma-informed care prioritize safety, choice, collaboration, trustworthiness, and empowerment. Patient-centered care emphasizes understanding the individual's preferences, triggers, and coping strategies. Advance directives, behavioral care plans, and de-escalation techniques can significantly reduce the need for restraint and seclusion. Nurses play a key role in advocating for these approaches and fostering a therapeutic environment.

Alternatives to Restraint and Seclusion

Evidence-based alternatives focus on prevention, early intervention, and environmental modification. Verbal de-escalation, active listening, and empathy are foundational nursing skills that can defuse escalating situations. Creating a calm and structured environment, addressing basic needs, and involving patients in care decisions can reduce agitation.

Staff education and training are essential components of restraint reduction programs. Nurses who are skilled in conflict resolution, crisis intervention, and behavioral management are better equipped to manage challenging situations without resorting to coercion. Interdisciplinary collaboration further enhances the effectiveness of alternative strategies.

Ethical Challenges and Moral Distress Among Nurses

The use of restraint and seclusion can cause significant moral distress among nurses, particularly when they feel that these practices conflict with their professional values. Nurses may experience guilt, frustration, and emotional exhaustion, especially in settings with inadequate staffing or limited resources.

Addressing moral distress requires organizational support, ethical leadership, and open dialogue. Ethics committees, reflective practice, and supportive supervision can help nurses navigate ethical dilemmas and maintain professional integrity.

Future Directions and Implications for Nursing Practice

The global movement toward reducing restraint and seclusion calls for systemic change in healthcare delivery. Policy reforms, investment in mental health services, and ongoing research are essential to develop safer and more ethical care models. Nurses must be actively involved in quality improvement initiatives, policy development, and advocacy efforts.

Integrating ethics education, trauma-informed care principles, and patient-centered approaches into nursing curricula and continuing education will strengthen professional practice. By embracing these strategies, nurses can lead the transformation toward compassionate, ethical, and rights-based care.

Conclusion

Restraint and seclusion represent one of the most challenging ethical issues in nursing practice. While sometimes employed to ensure immediate safety, these interventions carry significant ethical, legal, and clinical



implications. Nurses, as patient advocates and ethical practitioners, have a responsibility to minimize the use of restraint and seclusion and to ensure that, when used, they are applied with the utmost care, respect, and accountability. Emphasizing ethical decision-making, trauma-informed care, and evidence-based alternatives can promote safer environments and uphold the dignity and rights of patients. Ultimately, the goal of nursing practice should be to move beyond control toward compassionate, collaborative, and ethical care.

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