Lavinia - ASISA Bioética
Comité de Bioética y Derecho Sanitario

SHOULD PALOMA BE LEFT ALONE?

CLINICAL CASE

Paloma, an 82-year-old patient, resides with one of her daughters and shares a room with her granddaughter due to frequent nighttime disorientation and distress, often not recognizing her surroundings. One morning, she fell down the stairs and was taken to the emergency room with a suspected hip fracture. Her medical history includes hypertension, dyslipidemia, bronchial asthma, osteoporosis, osteoarthritis, and moderate degenerative cognitive impairment. Paloma was admitted to the hospital, accompanied by her daughter and granddaughter, a nurse, and surgery was scheduled for the following day. On the ward, the attending nurse informed the family that hospital policy requires all visitors to leave the room by 10 p.m. to ensure patient rest. The granddaughter explained to her colleague that due to her grandmother's cognitive impairment she always sleeps accompanied at night, as she becomes disoriented if left alone. While the nurse expressed understanding, she emphasized that these floor rules could not be waived.

During the night, Paloma's roommate alerted the nurses when Paloma woke up. She was speaking incoherently, and attempted to get out of bed. The nurses arrived to reassure her, but she was highly agitated and distressed. Unable to calm her, they used therapeutic restraint and notified the on-call orthopedic surgeon, who prescribed a neuroleptic. In the morning, when Paloma's family arrived and heard about her night, they requested to speak with her attending physician, Dr. Suarez. They asked him to allow a family member to stay with Paloma overnight following her surgery. Although Dr. Suarez is aware of the hospital's strict rules on visitor hours, he is considering making an exception, given Paloma's difficult night.

ETHICAL ANALYSIS OF THE CASE

In this case, the family's wish to stay with Paloma for her well-being conflicts with the hospital's established rules. Sometimes, what is best for a patient may contradict the center's protocols. Here, the patient's welfare is at odds with hospital regulations, raising the additional concern that equitable care may be compromised if exceptions to the rules are made for some patients and not others.

Vulnerable patients require special consideration, as their needs may exceed those of others. In Paloma's case, the use of restraint could increase her distress, especially given that hospitalization alone heightens her usual disorientation. Furthermore, disorientation, agitation, and restraint may cause additional discomfort, raising the risk of medical complications. If inflexible rules and a lack of individualized

assessment lead to harm (such as worsening nocturnal disorientation due to restraint), it may be necessary to consider whether an exception to the policy should be made.

POSSIBLE COURSES OF ACTION

- Pharmacological and therapeutic management during the admission period.
- If agitation occurs, prioritize pharmacological interventions, resorting to physical measures only as a last resort.
- Ask the family for permission for mechanical restraint if necessary.
- Discharge the patient as soon as she has undergone surgery so that she can go home..
- Assign a nursing professional to closely monitor the patient at night to address any agitation or disorientation upon waking.
- Implement all necessary measures to prevent disorientation and agitation: encourage wakefulness during the day, engage her in conversation with reminders of the time, provide daytime companionship, and remove probes and devices as soon as possible.
- See if there is another service/unit in the hospital where the patient can be transferred where she could be accompanied at night.
- Consult with the other patient in the room to see if she would be comfortable with a relative of Paloma's staying overnight, given the circumstances. If she is not in agreement, seek an alternative room where a companion can stay.
- Find a single room and allow the patient to be accompanied by a family member during her admission.

RECOMMENDED COURSE OF ACTION

- All necessary measures should be taken to avoid disorientation and agitation of the patient.
- Consider having a family member stay overnight during admission to prevent the patient from standing up and becoming agitated.
- Consider transferring Paloma to another unit or discuss the situation with her roommate to determine if she is comfortable with Paloma having a companion.
- Therapeutic restraint should be avoided whenever possible. If necessary, pharmacological measures should be initiated. Mechanical restraint should only be used in exceptional cases and for the

shortest duration possible. If prescribed, it must be administered under supervision and with prior family authorization.

DISCUSSION

Therapeutic restraint, also known as mechanical or physical restraint, can cause significant distress in patients and may worsen their agitation and disorientation. Its use should be a last resort, justified only by the need to prevent further harm to the patient. In disoriented or highly agitated patients, attempting to escape from restraints can pose a risk to their safety, including the potential for asphyxiation. Therefore, this measure should be applied for the shortest time possible, with increased supervision to ensure the patient's safety. If mechanical restraint is prescribed, the authorization of the patient's representatives should be obtained.

In cases of agitation, if restraint is considered, the proportionality of this physical measure must be carefully evaluated due to the potential harm it may cause the patient. It is important to remember that this decision is being made without the patient's consent, as they may not be competent to decide at that moment. Before resorting to therapeutic restraint, it is essential to explore alternative approaches, such as general measures like promoting daytime wakefulness, orienting the patient to the time of day, avoiding invasive procedures, and ensuring companionship. In Paloma’s case, it is reasonable to consider relaxing the center's rules. If the presence of family members helps reduce disorientation and prevents the patient from attempting to stand or become agitated, efforts should be made to allow Paloma to be accompanied by her relatives..

Sgd.:ASISA-Lavinia Bioethics and Healthcare Law Committee

November, 2024