

Coercive measures in Europe

Prof. Jiri Raboch, M.D.

Psychiatric Department, Charles University in Prague, 1st. School of Medicine

Coercive treatment in European inpatient psychiatric facilities remains to be used in daily practice with high variety of its frequency, type and legal background. Use of coercive measures is sometimes sharply criticized by various bodies. It was proclaimed that these procedures are regarded as signaling failures in care. Others are of that opinion, that even if elimination of restraint and seclusion should be a goal, it may be difficult to accomplish it if we endeavor to treat individuals with acute psychosis who have a history of violence and whose recent violent behavior led to hospitalization.

In last decade in many countries several programs minimizing use of coercive measure during psychiatric treatment were launched and published to be successful. However, the ideal of avoiding all coercive measures in facilities hospitalizing all acute patients from defined catchment area seems to be an unrealistic goal for the time being. Country socio-cultural traditions as well as treatment habits in individual psychiatric facilities play decisive role in this very sensitive area. Future research projects should identify those factors in legislation and clinical practice that could be specifically relevant for achieving more constructive cooperation of all engaged parties. But even at present time it is necessary to introduce programs and practice guidelines that would rationalize and minimize use of coercive measures in psychiatric facilities. In any case, patient's rights should be granted and interventions be provided according to the principle of the "least restrictive alternative".