

## Ethical Consideration of Physical Restraint Use in Critically Ill Patients

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### Editorial

Critically ill patients are unable to provide self-care for themselves and take decisions concerning their own needs, desires, and values due to their illness. Most of critically ill patients show struggling to all health care providers while providing care with verbal and nonverbal communication, loss of memory, restricted movement, and social isolation. Misinterpretation of this role advocacy can lead the nurses' to undertake unsuitable behavior that result in an ethical dilemma in nursing field [1-7]. Physical restraining removes from the nurses special human qualities of independent feeling for their patients which has a profound impact on the whole process of caring [7-9]. Although the patient is powerless and being controlled irrespective of his/her will, values needs; the patient has the right to autonomy whereas the health care providers have the right to work on the safe environment as well. When performing the physical restraining, nurses are challenged with the ethical conflicts concerned with autonomy and patient safety. Despite this argument, physical restraining is still present in critical care settings [8]. Restraining of patients makes them feel guilty, embarrassed and are not worthy of respect [10-12]. However, all the health care providers' ethics assert respect for the patient's autonomy and dignity. It can be made better by yielding a trust relationship between health care staff and their patients. The same way, improper and unnecessary use of physical restraints exposes the patients to injury and other potential hazards. Therefore, the critical care nurse takes into consideration when applying to restrain the rule of patient's right to take a decision and avoiding harming [6,10,13-14]. It is mainly the responsibility of the nurses to respect the patient's autonomy but the decision to use physical restraint interrupts the rule of informed consent [13]. It is deduced that nurses and other care providers should search for other choices, predicting the ethical problems that emerge while deciding restraint. In such cases, the main aim for nurses is ensuring patient's

safety and maintaining it without interfering with patient's autonomy [2]. However, when a patient look for treatment, it is wise to consider obvious and direct consent when patient/patient's representative can't able to give consent, the health care providers might conduct restraint management in an appropriate situation. Furthermore, the patient's unsafe actions that violated patient might execute unintentionally an ethical issue is very important than anything to protect the care providers and the patient equally. On the other hand, confused but conscious patients are having the knowledge and awareness of restraint and find them uncomfortable. In this situation, the ethical dilemma may evolve as a result of balancing the patient's discomfort vs. unavoidable medical requirements. The health team members usually meet such situation that is ethically arguable as well as psychologically shocking and unacceptable. Even though the reason to apply physical restraining is often to protect the patients from their destructive actions, the studies reveal that restraint is more harmful than beneficial.

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