

Coercion when providing health care in nursing homes

Many patients in Norwegian nursing homes have dementia or other types of cognitive disorder. This may mean that they cannot manage to assess their own needs for health care, and they may refuse to accept health care. In many nursing homes, much is done to ensure that patients receive the care they need, but we have found that managers and staff lack basic knowledge about what they should do if patients refuse help.

In 2011 the Norwegian Board of Health Supervision carried out country-wide supervision of the use of coercion when providing health care for patients in nursing homes, in accordance with the Patients' and Consumers Rights Act, Chapter 4A. This provision gives rules for when coercion can be used to provide somatic health care, and how this can be done.

When patients in nursing homes refuse to accept health care, the staff must assess whether the patients understand the consequences. Many patients who live in nursing homes are not always able to understand this, and may not be capable of giving informed consent. Therefore, the nursing home staff must assess whether the regulations relating to the use of coercion apply for the residents. The aim of the legislation is to ensure that patients who are not capable of giving informed consent, and who refuse to accept health care, receive essential health care, and are not exposed to unlawful coercion.

The use of coercion to provide health care is an area of special risk, because the consequences of the assessment and the decisions that are taken are important for

each patient. Wrong decisions can have serious consequences: either that unlawful coercion is used, or that patients do not receive essential health care. The risk of taking wrong decisions can be reduced if the nursing home and health care personnel are prepared for different situations.

In 2011, we carried out supervision of nursing homes in 43 municipalities and urban districts throughout the whole country. We investigated whether the municipalities ensure that services in nursing homes are provided, managed and improved in accordance with the statutory requirements. Supervision was

not about how health care personnel carry out their work. Supervision will continue in 2012, and a national report will be published early in 2013.

” The risk of taking wrong decisions can be reduced ”

We investigated whether the municipalities ensure that the nursing homes:

- identify patients who refuse to accept health care, and assess their capability to give informed consent
- use measures to gain the patients' trust before they use coercion to provide health care
- assess whether appropriate health care can be provided using coercion.

The findings from supervision

We found that nearly all the managers and staff in the nursing homes lacked knowledge about the legislation. They thought that the legislation was complicated. They were also uncertain about what informed consent is, and whether the capability to give informed consent is permanent, or something that must be assessed all the time. In many nursing homes, the staff did not know how to assess capability to give informed consent, or who was responsible for doing this.



In nursing homes in which staff training was provided, the training was either not adequate, or was not carried out for all of the staff. In many cases, the managers did not have an overview of the knowledge and skills of the staff in this area, or whether information that they had been given had been understood. In some



nursing homes, necessary training had not been given. The theme coercion was rarely discussed in staff meetings or in other relevant meetings. In one nursing home, we were told that it was often up to each individual member of staff to find out how the regulations relating to use of coercion should be followed.

Staff in most of the nursing homes tried to avoid using coercion, and they spent a lot of time on measures to increase patients' confidence so that use of

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coercion should not be necessary. At the same time, not all the staff knew that essential health care must be provided if it is necessary to avoid damage to health, even if the patient resists treatment.

The result of lack of knowledge about the regulations was that in many nursing homes coercive measures were used even though an administrative decision had not been taken. In some nursing homes, alarm systems were used without consent, and without an administrative decision being taken. We found that pills were crushed up in food, sedatives were given to patients who resisted help with personal care, and bedrails were used, without checking whether these measures complied with the regulations. An important aim of this supervision was to find out whether the municipalities managed and controlled the services in such a way as to ensure that requirements for legal safeguards, patient safety and adequate services were met. Important

factors to prevent deficiencies in the services are: clear allocation of responsibility, adequate numbers of qualified staff, clear routines that are known by the staff, arrangements to detect vulnerable areas, and adequate follow-up by the management.

The Norwegian Board of Health Supervision in Rogaland summarized supervision in one of the municipalities in the county in the following way:

«In several cases, health care is provided despite resistance from the patient, without an administrative decision having been taken. Use of coercion is not always recorded in the patient records. Deficiencies are not detected by the municipality's quality control system or by other internal control measures. Therefore, measures to correct these deficiencies are not implemented.»

Supervision will continue in 2012

The area we investigated is an area in which there is a high risk of deficiencies occurring, as shown by the many breaches of the legislation that we detected. This is serious for patients who are in a vulnerable situation. The potential for improvement is therefore correspondingly high when the deficiencies are corrected. There is also potential for improvement in municipalities where supervision was not carried out, if they examine whether coercion is used and how it is done in their nursing homes. Supervision will continue in 2012. The Norwegian Board of Health Supervision encourages the municipalities to examine their services, and to be willing to learn from the mistakes of others.