

CHEMICAL RESTRAINT IN NURSING HOMES

As the population continues to grow and to get older, the number of residents in nursing homes is on the rise, and more and more for-profit nursing homes are opening. Although some of these facilities are very good, some of them put profits ahead of patient care. A recent study shows that the average for-profit nursing home has 30% fewer nurses and 45% more problems than its nonprofit counterpart.

One of the unfortunate side effects of this lower level of staffing is a rise in the “chemical restraint” of elderly nursing home residents. Increasingly, nursing homes are using drugs (usually some kind of antipsychotic medication) on their residents. These drugs, which are intended to be prescribed to people suffering from psychoses or other mental illnesses, also cause patients to become drowsy, docile, inactive, or confused. This allows a larger number of residents to be watched by a smaller number of staff members.

The degree to which chemical restraints are being used is staggering. Research done in one state shows that more than 70% of new nursing home residents were put on some kind of psychoactive drug within three months of moving into the nursing home and that many residents were placed on a cocktail of different drugs. The overwhelming majority of these patients had not been diagnosed before they moved into a nursing home with a mental illness that required such treatment.

In many cases, these drugs are being given to nursing home residents without a doctor’s prescription, and some who refuse are forced to take the drugs.

Not only is it unethical to sedate the elderly with drugs that they do not need just to keep them quiet, but the practice can also have serious effects on the physical health of the person taking the pills. Patients who have been drugged are less active and can lose muscle mass and develop bedsores. The depressive effect that these drugs have on patient behavior may cause other injuries, such as fainting or falls. They may also react with other drugs that the nursing home residents are legitimately taking, such as blood pressure medication. Finally, these drugs have been linked to an increased risk of death when they are given to people suffering from

dementia, a common problem among the elderly.

Reaction to the growth of this problem of chemical restraint has been slow in coming. Some laws have been passed that are intended to crack down on the improper use of antipsychotic drugs in nursing homes, but these laws are so filled with gray areas and loopholes that the use of these medications has actually increased since the laws were passed.

<p>SIGNS OF ABUSE AND NEGLECT</p> <p>Although a number of things might indicate that there are problems, common signs of possible trouble include:</p> <ul style="list-style-type: none">• bedsores;• soiled bed linen or the smell of feces or urine;• unexplained bruises or cuts;• use of physical or chemical restraints;• changes in mood or disorientation;• weight loss; and• unexplained fear or anxiety

Additionally, nursing homes that are found to violate these laws (and others) are usually given a chance to come into compliance with the rules within a certain period of time. If they do so, they are not fined for the violations found. This leads to sketchy nursing home operators “yo-yoing” in and out of compliance, fixing problems only when forced to by regulators.

The best defense against a loved one’s being mistreated in a nursing home is a family that is involved and not afraid to ask questions. Nursing homes are less likely to drug a resident if they know the family might drop in at any time.

Nothing in this article should be construed as legal advice. You must consult with an attorney for the application of the law to your specific circumstances.

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