

Oral presentation

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Legislation and practice of coercive measures during in-patient treatment in 12 European countries: results of a case vignette study

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Background

Patients who exhibit violent behavior or refuse medication during in-patient treatment are a challenge for clinical management. The management of those clinical situations is different in European countries with respect to legislation and clinical routine.

Methods

We selected three case vignettes which were considered as most typical and relevant by a vote among members of the European Violence in Psychiatry Research Group (EViPRG). Case 1 represents a voluntary in-patient who assaults a staff member, case 2 an involuntary patient who does not behave violently but refuses medication. In all three case vignettes the respective patients were presented as suffering from schizophrenia. From each of the participating 12 European countries, two experts were interviewed by a questionnaire about the typical clinical management and its legal requirements in these cases. Consensus among the country experts was reached after further discussion, if necessary.

Results

Considerable differences were found with respect to involvement of jurisdiction and police, application of involuntary medication, requirements for a transfer to forensic psychiatry, and use of coercive measures. Physical restraint, seclusion, and mechanical restraint each are common in some countries and forbidden or definitely not used in others.

Conclusion

More evidence from sound studies is required regarding safety, outcomes and ethical aspects of coercive treatment.