



Dear Mr.

Chairman of the Board of Directors of
the *Barreiro Montijo* Hospital

Av. Movimento das Forças Armadas I
2834-003 *Barreiro*

Your Ref.

Your Communication

Our Ref.

Visit no. 43-2016

RECOMMENDATION NO. 1/2017/NPM

I

Under the provision enclosed in the article 19, paragraph b), of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, I recommend that the following measures be taken:

1

a) Appropriate drafting and dissemination of written instructions on the application of restrictive measures, according to the guidelines of the General-Directorate for Health¹, in this regard, in particular for the psychiatric service and for the emergency unit;

b) Adoption of an autonomous register of episodes of restrictive measures (using a pre-approved model);

c) Formalization of the list of therapeutic solutions that should be considered chemical restraint measures and, therefore, subject to a very specific standard procedure.

¹ See Guidance from the Directorate General of Health no. 21/2011, of June 6, 2011.



II

The present position is based on a visit to the Psychiatric Unit of *Barreiro-Montijo* Hospital Centre, by a team of the National Preventive Mechanism (NPM)², on December 15, 2016 in which I participated.

According to the scope of intervention of the NPM³, aspects related to the practice regarding the use of restriction measures and medication protocols in the absence of a clinician were specially assessed.

Subsequently, the medical and nursing staff of the unit and other nurses that were present during the visit to the facilities were also consulted. Afterwards, the clinical procedures regarding the last compulsively hospitalized patients were consulted and an exchange of impressions was promoted with the patients.

Regarding the use of restrictive measures against patients that jeopardize their safety or environment, it was concluded that the professionals involved know and respect the principle of the least possible restriction. As a corroborative evidence of this assertion, after consulting the clinical files on the last patients admitted under a compulsory detention order, it was found that in no case was the use of restrictive measures implemented. In some of them there was authorization of measures of physical restraint though in «SOS situations».

Nevertheless, in a conversation with some of the professionals, it was discovered that a patient who had been admitted to the unit during the night from the emergency service maintained the mechanical restriction applied to him at that service (he was tied to the bed) until his full awakening. This is a situation with a risk of aggression to the comfort and well-being of the patient. Without prejudice to the

² In Portugal, the quality of NPM was assigned to the Ombudsman, through the Resolution of the Council of Ministers no. 32/2013 of May 20.

³ The objective of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment is to establish a system of regular visits by independent international and national bodies to places where persons are deprived of their liberty in order to prevent Torture and other cruel, inhuman or degrading treatment or punishment, having been ratified by Portugal in 2012, through Decree no. 167/2012 of the President of the Republic of December 13.



clinical justification for this, its full scope (behavior that justified the measure, type of hazards involved, measures previously attempted to control behavior, recording complications during the performance of the procedure, medical confirmation) would be much more beneficial and with a more complete record, so that he could be transported from the emergency department.

In general, the lack of a specific and autonomous register which identifies and fits the measures applied makes it difficult to obtain data (quantitative and qualitative) in relation to the respective usage pattern.

More importantly, on a substantive and positive level, it should be noted that this autonomous register is a more adequate mechanism for the prevention of hypothetical abuses when compared to a mere enrollment in the individual clinical process.

In a different way, we are talking about an instrument that facilitates the fulfillment of all the guarantees that must unquestionably be associated with the use of physical and chemical coercion, as it serves as a checklist of support to the professionals. Therefore, it is an improvement break identified by the NPM, which can be overcome by organizing a specific, independent and cumulative register with the clinical process of the patients, as it was proposed.

Regarding the prescription and administration of medication in the absence of the physician (the so-called «SOS medication»), which is subject to prior general authorization, is part of the clinical process of the patients. It has been argued that the existence of protocols does not replace the need for individual prior authorization, a comforting circumstance. However, the administration of medication with a calming effect is not necessarily perceived or qualified by the professionals as a measure of containment.

Nonetheless, if a generic authorization for administering certain drugs is permitted, the rule is not universally valid for any medicine. Disclosure is not self-evident and it seems appropriate that in certain cases (sedatives, antipsychotics) its



administration should be framed by the same guarantees of other containment measures as it is understood by the professionals.

The clear definition of the drugs whose administration, combined with the other conditions, corresponds to a restriction measure would, in my point of view, reinforce the patients' guarantees, as well as the control and safety of the professionals who administer them, especially if they are not doctors.

Lastly, having been informed that the internal guidelines on the use of restrictive measures were in the process of being revised, I emphasize the need to conclude this document as soon as possible, underlining that its scope should cover other services, such as the emergency services.

To sum up, there is a positive appreciation concerning the professionals' perception that the restriction is necessarily a measure of exception, to be used only as a last resort. About improvement opportunities, they identified the most complete documentation of their use, through the adoption of an autonomous and cumulative registration to enroll in the clinical process, as well as the clarification of the scope of chemical containment, especially taking advantage of the ongoing review of the guidelines on this subject.

I conclude with the certainty of your efforts in these improvements, which I must emphasize, are not related to the quality of the clinical care provided but are directly related to the strengthening of the guarantees and the dignity of the persons deprived of their liberty in the *Barreiro-Montijo* Hospital Centre.

The Portuguese Ombudsman
National Preventive Mechanism

José de Faria Costa