

What Does Helping Hand Think About:

The Use of Medications in Aged Care to Control Older People?

The Issue

The Aged Care Royal Commission and the media has reported on the overuse of medications in residential aged care. Specifically, many concerns have been raised about the use of medications to sedate older people as way of controlling them. The public perception is that this is done to make life easier for staff and that it is unnecessary.

In aged care, the practice of using medications to restrict a person's movements or ability to make decisions is often referred to as "restrictive practices" or "chemical restraint".

Helping Hand's Position

Helping Hand believes that the use of any restrictive practices, including chemical restraint, should be only be used as a last resort after all other options have been exhausted.

Specifically, chemical restraint should only be used:

- under strict supervision by an approved health practitioner, such as a doctor;
- with the consent of the older person themselves or, where necessary, the person/people who have the authority to make decisions on behalf of an older person.

In accordance with the law, family members or legal representatives do not have the power to require that restrictive practices (including chemical restraint) are used.

Chemical restraint is monitored and reviewed regularly, in accordance with our policies and procedures and includes on-going communication with the older person and family/friends at all times.

Why we think this

We believe it is a person's right to live life in the least restrictive environment possible. This includes the right to be free from unnecessary or unwanted use of medications.

We also recognise that many of the medications used to treat dementia related psychological symptoms such as paranoia, anxiety and delusions, are the same as those used for chemical restraint. The legitimate use of these medications can relieve the symptoms and stress being experienced by an older person and improve their overall quality of life.

In these situations, there needs to be a process to weigh up the potential benefits of the use of these medications with the undesirable side effect of restraint. Making these decisions requires consultation and discussion with all involved to avoid the potential for misunderstandings, inappropriate use of medications or withholding of treatment which may have been beneficial

To achieve good decision making in these situations, we have a range of strategies and practices in place, including:

- Involvement with the older person, their family and friends, and/or their advocates in all decisions, using a supported decision-making approach;
- General practitioners and other medical practitioners are critical to these situations, in their roles of diagnosis, treatment planning and prescription of medications. We work alongside them to support decision making, including monitoring the effectiveness of an agreed approach and identifying when an individual's needs change, including when medication may no longer be required.
- Robust guidelines and procedures around the use of restrictive practices, which aim to minimise the use of any form of restraint and govern how it is used when assessed as being necessary;
- Qualified staff, including registered nurses, to monitor medication use;



- Adherence to reporting requirements as specified by federal health reporting agencies;
- Everyday practices which reduce or remove the things which make a person sad, angry or distressed, which can lead to behaviour or incidents which are harmful to themselves or others;
- Working collaboratively with organisations such as Dementia Behaviour Management Advisory Service, Severe Behaviour Response Team and mental health services, to ensure we are providing the right responses.

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