AMA Journal of Ethics®

April 2021, Volume 23, Number 4: E289-291

FROM THE EDITOR

Force and Compassion in Health Care

Arya Shah, MD

I began synthesizing this theme issue and writing this letter amidst the reality of mandatory physical distancing, enforced mask wearing, and required sheltering in place. *Force* as a topic in health care took on new meanings during the 2020 COVID-19 pandemic, with society trying to balance public health obligations against individual liberties. Force in health care and public health is not new. Although public health measures apply and exert force differently than bodily applications of force through physical, chemical, or legal restraints on a patient's liberty, both public and personal applications of force can be understood in terms of our intentions, our responsibilities as citizens and professionals to motivate common good, and our interest in protecting the most vulnerable among us.

Restraint use began hundreds of years ago to give officials legal authority to contain individuals thought to be disturbing the peace. Since then, policies and procedures have evolved; by the 1960s, movies like *One Flew Over the Cuckoo's Nest* were bringing public attention to the use of physical and chemical restraints—specifically, in mental health care. The Joint Commission and the Centers for Medicare and Medicaid Services have since established guidelines for using restraints in clinical settings, which emphasize patients' rights to be free from restraint or seclusion except in cases of endangerment to the patients themselves or to others.[1,2]

Using force is frequently justified in health care when the risk of harm is thought to be outweighed by potential benefits. Obtaining court approval (a legal means of force) for emergency electroconvulsive therapy in a psychotic patient with catatonia, for example, might be lifesaving. The hope that force of any kind might save patients' lives, spare them injury, or spare them anguish is one reason why we even consider force as ethically justifiable and may be even the most compassionate thing professionals can do for patients in some circumstances. However, maximizing the chances for an intervention's benefit while simultaneously minimizing the risk of adverse consequences isn't easy and, in some cases, might not even be possible.

Clinicians are faced daily with situations like these, which necessitate rigorous contemplation of how best to balance patient and staff safety with patients' human rights and dignity. Given that physical, pharmaceutical, or other means of force, even when justifiable, can undermine the therapeutic alliance in patient-clinician relationships,[3,4] erode trust among patients,[5,6] or exacerbate moral distress among staff,[7,8,9] the clinical and ethical stakes are high.

Because of these stakes and the extreme vulnerability of patients with mental illnesses, this issue of the *AMA Journal of Ethics* critically investigates what it means to execute force in the most compassionate ways possible when, indeed, force is necessary. This issue brackets questions about when reasonable people disagree about the necessity of force and considers (1) the nature and scope of force's utility in practice when force is generally agreed upon as justifiable and clinically necessary, (2) models for reducing iatrogenic trauma from justifiable and clinically indicated force in health care, and (3) what might constitute compassionate implementation of force protocols when force is justifiable and clinically necessary. Exploring ethical questions about events that necessitate using force might well prove invaluable not only for recognizing weakness in current force protocols and guidelines but also for gleaning further insights into how our actions can express compassion, even when they must be forceful.

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Arya Shah, MD is a third-year psychiatry resident at Brigham and Women's Hospital in Boston, Massachusetts. She earned a BA degree in neuroscience from the University of Southern California and an MD degree from the Mayo Clinic School of Medicine. Her professional interests include the intersection of mental health, law, and society in addition to the medical humanities.

Citation
AMA J Ethics. 2021;23(4):E289-291.

DOI
10.1001/amajethics.2021.289.

Conflict of Interest Disclosure
The author(s) had no conflicts of interest to disclose.

The viewpoints expressed in this article are those of the author(s) and do not necessarily reflect the views and policies of the AMA.

ISSN 2376-6980