

# Study reviews use of physical restraints on people of color in emergency departments

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Physical restraints in emergency departments (EDs) are used to keep staff and patients safe, but may lead to adverse physical consequences, such as aspiration, physical trauma and psychological harm of the

patient. A team of researchers has observed that patients of color, specifically Black patients, seemed to be physically restrained in the clinical setting more than other patients. As a result, the team conducted a study, published in [JAMA Internal Medicine](#), that reveals adult Black patients were significantly more likely to be restrained in EDs compared with all other ED patients.

The team conducted a systematic review of articles published up to February 2022 that reported use of [physical restraints](#) in the ED by race and/or ethnicity. In their search, all studies that reported restraint by race found that Black patients had higher prevalence of restraint use than white patients and compared with all other racial groups.

"The absolute event rate for restraint use was relatively low, less than 1%, but our results suggest that Black patients have a higher risk of restraint than [patients](#) of other [racial groups](#)," said Dr. Vidya Eswaran, corresponding author of the paper and assistant professor of emergency medicine at Baylor. "The small number of studies included in this review are of mixed quality and reveal that the assessment of race-based disparities in physical restraint use in the ED is understudied."

There were several limitations to the analysis. First, only 10 pieces of text fit the teams' parameters and were used in the review. The definition and categorization of racial and ethnic identities varied across studies, as well as whether hospital staff identified the race or ethnicity of the patient or if the patient self-identified. The team also chose to use completed studies or abstracts that were available in English. Researchers also were unable to account for factors such as mental health stigma, access to care or prehospital interactions.

More effort is being put into collecting data on this subject, and scholars with expertise in systemic racism and health equity have developed guidelines for reporting and investigating racism in health care settings.

However, Eswaran said more studies on this topic are needed.

"Showing that differences in restraint use exist is not enough. We must now further assess the mechanism for why these differences occur and what can be done to prevent them from persisting," Eswaran said.

**More information:** Vidya Eswaran et al, Racial Disparities in Emergency Department Physical Restraint Use, *JAMA Internal Medicine* (2023). [DOI: 10.1001/jamainternmed.2023.4832](https://doi.org/10.1001/jamainternmed.2023.4832)

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