

16 November, 2018 (Please see below for a Japanese Translation)

An open letter to the Japanese Prime Minister, Shinzō Abe, and the Minister of Health, Labour and Welfare, Takumi Nemoto:

As psychiatric professionals, we are deeply concerned at learning of the current situation of patient care in Japanese psychiatric hospitals, especially the lengthy period in mechanical restraints. Long restraint times led to the death of a Japanese patient in 2016 by pulmonary embolism<sup>1</sup> after three weeks in continuous restraints and may have led to the untimely death of Kagoshima Japanese Assistant Language teacher and New Zealand/US citizen Kelly Savage in May 2017 after ten days in continuous restraints<sup>2</sup>. We urge you to convene an international review panel to study the use of restraints in Japan and to provide advice on how to best bring Japan's psychiatric care in line with the best practices of the rest of the world.

Psychiatric care in most of the developed world has moved in the past decades to minimize the use of mechanical restraints<sup>3</sup>. Recent peer-reviewed studies show that Japanese hospitals' average restraint times are many times longer than those of other developed countries, which have either no restraints, or up to only a few hours<sup>4,5</sup>. Other countries' inpatient psychiatric units have moved to minimize restraints due to well-known and documented increased risk of harm and injury to patients, even death, and harm to staff that can occur. Also, the use of restraints can contribute to violence on the psychiatric unit.

Thank you for considering this important matter and helping to ensure the optimal care for individuals with mental illness in Japan.

安倍晋三 内閣総理大臣殿、  
根本匠 厚生労働大臣殿への公開書簡

我々は精神医療の専門家として日本の精神病院の現状、特に長期にわたる身体拘束が行われていることについて非常に懸念しております。日本の長期にわたる身体拘束は、2016年に3週間の拘束で肺血栓塞栓症による日本人男性の死を引き起こし<sup>1</sup>、また2017年5月には10日間の拘束で鹿児島で英語補助教員を勤めていたニュージーランド・米国籍のケリー・サベジの突然死を引き起こした疑いがあります<sup>2</sup>。

身体拘束具の使用に関して、我々は厚生労働省が国際委員会を組織し、日本の精神医療の質を世界水準に見合うよう改善すべく、委員会の助言を仰ぐべきだと考えています。他の先進国では身体拘束具の使用を減らす傾向へと移行しています<sup>3</sup>。最新の調査において日本の身体拘束の平均期間は他の先進国に比べて非常に長いと報告されています<sup>3,4</sup>。他の先進国では全く拘束具を使用しないか、最高でも2、3時間であることを考えると日本の精神医療が著しく逸脱していることが明らかかと思えます。身体拘束は患者本人に危害を及ぼし死に至る可能性を高め、また職員の怪我に繋がったり院内での暴力行為に寄与するとし、他の先進国でそういった事例は記録に残った形で広く認知されております。それ故に身体拘束が最小限に抑えられているのが現状です。

身体拘束を極めて重大な懸案として受け止め、日本の精神疾患の方々が最良のケアを受けられるようご検討していただきますよう、何卒よろしくごお願い申し上げます。

Cc: American Psychiatric Association, World Psychiatric Association, **Japan Association of Psychiatry and Neurology.**

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<sup>1</sup> Japan Medical Safety Research Organization. *Analysis of Case Studies of Deaths Related to Venous Thromboembolism*; 2017. [in Japanese].

<https://www.medsafe.or.jp/uploads/uploads/files/teigen-02.pdf>

<sup>2</sup> Reuters. New Zealander's death puts mental patients' restraint in Japan under spotlight. *New York Times*. Published July 19, 2017. Currently available over Reuters online:

<https://www.reuters.com/article/us-japan-newzealand-death/new-zealanders-death-puts-mental-patients-restraint-in-japan-under-spotlight-idUSKBN1A41JV>.

<sup>3</sup> Masters, K J. Physical restraint: A historical review and current practice, *Psychiatr Ann*. 2017;47(1):52-55. <http://doi.org/10.3928/00485713-20161129-01>

<sup>4</sup> Noda T, Sugiyama N, Sato M, Ito H, Sailas E, Putkonen H, Kontio R, Grigori J, Influence of patient characteristics on duration of seclusion and restraint in acute psychiatric settings in Japan, *Psychiatry Clin Neurosci*. 2013; 67: 405-411, <http://doi.org/10.1111/pcn.12078>

<sup>5</sup> Steinert T, Lepping P, Bernhardsgrütter R, et al. Incidence of seclusion and restraint in psychiatric hospitals: A literature review and survey of international trends. *Soc Psychiat Epidemiol*. 2010;45:889-897. <http://doi.org/10.1007/s00127-009-0132-3>