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Letter to the Editor

Dear Editor:

I support Janice Morse's call for a healthy debate on the best methods of preventing falls in hospitals, although I fear describing the research of others as immoral and unethical may not be the best way to begin such a debate.

I was lead author of the RCT (Healey, Monro, Cockram, Adams, & Heseltine, 2004) described as immoral and unethical [Janice M. Morse, "Response," Vol. 38, N° 2, pp. 95–96]. The study asked that, in addition to normal practice, patients with a history of falls or near misses before admission or who had a fall or near miss after admission receive an approach targeted at reducing their risk factors. It involved a format where each risk factor was linked to an intervention, for example free access to replacement slippers. The expectation was that the interventions themselves would become embedded in everyday practice rather than reserved solely for specific patients with a history of falls. The significant reduction in falls found in the study was achieved over the whole patient cohort, not at a cost of favouring specific patients to the detriment of others.

The study did not involve expensive medical tests; it was unfunded, and took place in a setting where medical therapy and nurse staffing levels were unlikely to provoke envy in our peers. The patients, staff, and ethical committee consulted during preparation for the study believe focusing on reducing individual risk factors was ethically and morally justified, since the evidence gaps in hospital falls prevention centred not on predicting who will fall, but on how to stop them falling.

As most patients admitted do not fall, and most patients who fall are not injured, power calculations suggest very large studies are required to detect changes in injury rates. Our study of over 3,000 admissions would have had to be extended over several years to detect a 10% reduction in injury rate at statistically significant levels. I am sure Janice Morse did not mean to imply that a non-significant fluctuation in injury rates should be taken as evidence the study caused harm.

The issues relating to falls prediction tolls have already been articulately expressed by the earlier contributors. I would only wish to add that assessment is always a means to an end, and falls assessment and prediction formats should be judged not in isolation, but on whether they lead to effective interventions to reduce falls in vulnerable patients.

Frances Healey

Reference

Healey, F., Monro, A., Cockram, A., Adams, V., & Heseltine, D. (2004). Using targeted risk factor reduction to prevent falls in older in-patients: A randomized controlled trial. *Age and Ageing, 33*(4), 390–395.