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**** Bedpans--Adding unnecessary insult to injury?

DALLAS--For more than a century, patients have regarded the bedpan with dread and loathing. As if being sick isn't enough, angling with an awkward receptacle for the undignified purpose of doing one's duty where one sleeps seems to add insult to injury.

Since the bedpan was patented in 1877, patients have protested to doctors that using a bedside commode isn't any more of a strain than using a bedpan. Now a study by Dallas researchers has added scientific support to those claims, challenging long-standing hospital tradition.

"We'd been working with cardiac patients a long time, and we've seen them struggle using a bedpan. It appeared physically harder than using a bedside commode," says Lynda Denton Lane, a clinical nurse specialist in cardiovascular physiology at The University of Texas Health Science Center at Dallas who co-authored the study.

"Historically the thinking was that we were doing the patient a favor by using a bedpan because he stayed in bed. But just observing the patients, it didn't seem to be the case."

In a study of 95 men and women, Lane and co-researcher Elizabeth Hahn Winslow, director of nursing education at Methodist Medical Center, found scientific evidence to support their observations. They concluded that, in many cases, there simply is no need to use a bedpan rather than a bedside commode.

The nurses measured the heart rate, oxygen consumption and blood pressure of the subjects -- 26 healthy volunteers, 16 cardiac outpatients, 27 medical inpatients and 26 acute post-myocardial infarction (heart attack) patients -- after using a bedpan and a bedside commode. The subjects also were asked to rate the stenuousness of each method.

The results indicated that using a bedside commode wasn't physically harder -- produced no more cardiovascular stress -- than using a bedpan, and the patients patently preferred it.

In fact, the nurses concluded that getting the patient out of bed might have certain health benefits, such as reducing bedrest-induced orthostatic intolerance, the pooling of blood in the lower legs evidenced by a fainting sensation when patients move from a horizontal to a vertical position. Orthostatic intolerance can develop after 24 hours of bedrest. It is a condition that should be prevented in acute heart attack patients because it can cause additional problems.

Of course, the bedside commode had other benefits, too. "There's that psychological thing about urinating in your bed that's so terrible with the bedpan," says Lane. "People just hate it. It's hard to get on and off. It feels bad. You get your entire rear wet. You have to sit in your own urine. It's plain disgusting, and it's not anatomically correct. You weren't made to do that."

In some cases, Lane says, bedpans aren't just aesthetically objectionable; they're seemingly impossible for some patients to use.

(more)

"A lot of men simply cannot urinate lying down," says Lane. "I don't know if it's physical or psychological, but I've been in the recovery room with these big bruisers with full, full bladders -- so full it raised their blood pressure -- and had to have two nurses support them to get them to a bedside urinal."

Of course, bedpans still are necessary for certain types of patients, such as those who are immobilized, suffering severe trauma with considerable fluid loss or so debilitated they can't get out of bed. But there doesn't appear to be a good reason for continuing the knee-jerk prescription of bedpans for many patients, including cardiac patients, says Lane.

"I think it's the people making the decisions for the patients who have perpetuated the use of bedpans in so many cases. They've never been on one and have no idea how disgusting it is," Lane says. "We're recommending that all who prescribe bedpans try one out first to see what they're asking of their patients."

Lane says she and Winslow have received some feedback indicating that hospital practices are beginning to change, particularly in coronary care units, as a result of their study, which was directed by Dr. Drew Gaffney, an associate professor of internal medicine at UTHSCD. In addition, there have been many requests for reprints of their article, which appeared in the American Journal of Cardiac Rehabilitation last year and recently in the American Journal of Nursing.

But Lane notes: "Old practices die so slowly. You never change anything with one study."

Interestingly, in a search of medical literature the nurses found another study that reached the same conclusions 30 years ago but failed to affect hospital practice. Consequently, Lane and Winslow hope their study will be repeated to lend further support to the findings and more clout to their recommendation that bedpans be prescribed more judiciously -- or patients given a choice.

But bedpan use isn't the only hospital tradition Lane and Winslow have challenged. The nurses conducted a similar study of patient bathing methods, comparing the generally despised basin sponge bath to a shower and a tub bath. The results were similar, too: Showering and tub bathing generally didn't cause any more physical stress in patients than the basin bath, and most patients preferred it.

In the meantime, Lane believes that if change comes, it will begin with educating patients on their options so they can act as advocates of what she jokingly calls their "excretion and bathing rights." She also believes there should be further investigation and evaluation of other basic hospital procedures.

"I think people know what they feel strong enough to do," Lane says. "The medical community tends to be paternalistic towards patients. We park them in the bed and tell them what's good for them. We should probably turn more decisions like that back to the patients."

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