Early on Christmas morning in 2004, a staff member walked into Harry Griph Sr.’s room at the New Perspective assisted living facility in Brookfield, Wis., and found that Mr. Griph had died.

This was probably not a shocking development in itself. Mr. Griph, who was 75 and a retired phone company worker, was a hospice patient, given a diagnosis geriatricians call failure to thrive, a multifaceted decline that most commonly occurs toward the end of life. He had a do-not-resuscitate order.

But the way he died was unexpected. “He was found with his neck entrapped between the mattress or bed frame and the rail,” said Jeffrey Pitman, a lawyer in Milwaukee who represents Mr. Griph’s three children and his estate. “He was asphyxiated.”

The family’s lawsuit initially included the hospice organization, the manufacturer of the bed and the medical equipment vendor that supplied it; those three parties have settled with no admission of liability. The negligence suit against the facility continues, however, with a trial scheduled for August.

“New Perspective believes that it provided proper care to Mr. Griph,” said its lawyer, Marilyn Carroll, who said she was constrained from commenting further.

Mr. Pitman disagrees, of course. “Almost all health care providers as of 2004 were aware of the entrapment danger posed by bed rails, because an F.D.A. warning came out in 1995,” he said. “And before that, a state in Wisconsin issued an alert in 1999.”
True, Mr. Griph was already near death, he acknowledged. “But nobody at the end of life should have to die in this manner.”

Like a lot of people, I supposed that bed rails were a safety device, analogous to a seat belt in a car, meant to keep sick, drugged, confused or restless people from falling or climbing out of beds in hospitals and nursing homes. But as the geriatrician and bioethicist Steven Miles of the University of Minnesota has found — after years of reviewing cases of elderly people being injured or killed in bed rail accidents — the reality is different.

“Rails decrease your risk of falling by 10 to 15 percent, but they increase the risk of injury by about 20 percent because they change the geometry of the fall,” he explained in an interview. Confused or demented patients who try to climb over the rails, instead of falling from a lower level and landing on their knees or legs, are apt to fall farther and strike their heads.

But the greater danger is entrapment — patients getting stuck within the rails or between the rail and the mattress. By last year, the Food and Drug Administration had tallied 480 deaths, 138 injuries and 185 close calls involving hospital beds over a 24-year period; Dr. Miles believes those statistics represent only a small fraction of the total accidents, which often go unreported.

In a typical case, Dr. Miles explained: “A person will roll into the slot next to the rail, and the mattress slides to the opposite side. That doubles the size of the gap. The patient drops into the gap, the mattress presses against his chest and he can’t breathe.” Asphyxiation can follow in minutes.

The F.D.A., bed manufacturers and hospital and nursing home administrators have known of such potential hazards for years, and in 2006 the F.D.A. issued guidelines to reduce them. In fact, bed rail use has dropped substantially, partly because of those guidelines but also because research has shown that they don’t benefit patients — and because of lawsuits by family members.

“Government sanctions cost a couple of thousand bucks,” Dr. Miles pointed out.
At this point, based on Medicare surveys, he estimates that fewer than 10 percent of nursing home residents occupy beds with rails in use. But Ms. Carroll, the lawyer, said, “Bed rails are still used extensively today.” Either way, with roughly 1.4 million older people in nursing homes and rehabilitation centers, plus those in hospitals or using hospital-style beds at home, hundreds of thousands may still be at risk.

The ultimate solution would be to establish manufacturing standards so that no bed has a dangerous gap between mattress and rail, just as one can no longer buy a crib that could entrap an infant. “We value babies more than elderly nursing home patients,” Dr. Miles observed.

Meanwhile, here’s his straightforward counsel about how to distinguish a quality rehab facility or nursing home from an unsafe one: “Count off 10 beds. See how many have rails in use. If more than one or two in 10 beds have rails up, walk out of the facility.”

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