

What about Physician Safety?

Several incidents have been reported recently where physicians have been injured or killed by patients. Ten years ago the Bureau of Labor Statistics stated that more workplace assaults and acts of violence occur in the health care setting than any other workplace. In fact, health care workers experience violent assaults at a rate four times higher than the national average. Physicians also are injured more often than workers in other industries.

Acts of violence in the health care setting also can be perpetrated by non-patients, which may include family members, caretakers, or other occupations.

Violence Against Physicians

A Kentucky physician was gunned down in his practice after refusing to give a drug-seeking patient more narcotics. The patient had breached his narcotics agreement with the physician, yet continued to demand more drugs from the physician before finally murdering him.

In another case, a 50-year-old schizophrenic male presented to an urban clinic experiencing auditory and visual hallucinations. The clinic was staffed by internal medicine residents and did not have a separate treatment area for psychiatric patients. The patient waited more than four hours to be seen; he became anxious and agitated and began yelling at staff. A young resident confronted the patient who threw a chair at the resident, breaking the resident's hand.

In yet another incident, a patient was brought to the emergency department in full cardiac arrest. Despite heroic attempts, the patient could not be resuscitated. The chief resident, an intern, and two nurses informed the family the patient had died. The family became hostile, accusatory, and verbally abusive. One member attempted to punch a nurse in the face. Hospital security and police were required to subdue the family.

Emergency Departments and Other Health Care Settings

The clinical areas most often associated with violence are emergency departments. However, a 2010 study of Canadian family physicians found that 40 percent of FPs reported at least one incident of "severe" abuse—physical assault or stalking by patients and family members—in their careers.

The type of violence typically reported in EDs is verbal threats, but physical assaults are not uncommon. Acts of violence in EDs are often blamed on impatience, long wait times, paucity of information, and the patient population (e.g., patients under the influence of drugs or alcohol, the mentally ill, the homeless, prisoners, and recently arrested patients).

Most resources for assisting reduction in ED violence emphasize early identification of "problem patients" and de-escalation of dangerous situations. Training often includes conflict

management. Some EDs use security personnel or local law enforcement to deter violence. While these individuals are often helpful, there is always the question of whether the presence of law enforcement may escalate an already violent patient.

The Medical College of Georgia's *Violence in the ED Manual* recommends that when dealing with unanticipated violent patients:

- Trust your gut reaction;
- Call security (if available) when you first become aware of a threat;
- Minimize eye contact and provide increased "body space;"
- Make sure both you and the patient are near a door for escape;
- Maintain a safe distance (at least one arm's length) and stay to one side; and
- Never run or fight unless ensured of success.

The *Manual* also provides tips when examining or interviewing a potentially violent patient:

- Have security personnel (if available) in, or just outside, the open exam room door;
- Have security (if available) search and remove weapons from the patient ahead of time;
- Use a room with two doors, if possible, one for you and one for the patient;
- Remove all potential weapons from the room ahead of time;
- Remove all potential weapons from yourself ahead of time (tie, scissors, etc.);
- Maintain a "body space" or buffer zone four times larger than normal; and
- Never approach the patient from the rear.

Conclusion

Addressing violence and aggression requires vigilance. Failure to recognize causes of patient frustration that lead to violence is a recurrent theme when analyzing cases of violence against physicians. Resources and tips for ED physicians may be helpful to physicians of all specialties. Preparation is key.

References

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