

The Effective Reduction of Violence Against Doctors Through the Improvement of Medical Humanistic Care

Guochen Chen 

School of Criminology, People's Public Security University of China, Beijing, People's Republic of China

Correspondence: Guochen Chen, School of Criminology, People's Public Security University of China, Beijing, People's Republic of China, Email 20052415@ppsuc.edu.cn

Abstract: The lack of medical humanistic care has led to the tension between doctors and patients and frequent incidences of violence against doctors. In the past few years, doctors reported feeling insecure due to the frequent occurrence of killing or maiming doctors. Conditions in medicine are not conducive to China's medical development and progress. This manuscript suggests that the violence against doctors caused by the tension between doctors and patients mainly stems from the lack of medical humanistic care, the overemphasis on technical rationality, and the lack of knowledge on humanistic care for patients. Therefore, the improvement of medical humanistic care is an effective way to reduce the occurrence of violence against doctors. The manuscript describes the steps to improve medical humanistic care and establish a harmonious relationship between doctors and patients to further reduce violence against doctors, improve the quality of humanistic care of medical staff, re-introduce the medical humanistic spirit by ending the dominance of technical rationality, optimize medical treatment processes, and establish the idea of humanistic care for patients.

Keywords: medical humanistic care, doctor-patient relationship, the violence against doctors

Introduction

In recent years, the violence against doctors due to the tension between doctors and patients has increased in China, which has aroused widespread social concern.¹ In January 2020, a violent incident occurred in the ophthalmology clinic of Beijing Chao-Yang Hospital, where three medical staff were attacked. The chief physician Tao Yong was seriously injured and required two weeks to come out of danger.² Dr. Tao, born in 1980, has published many SCI papers and was serving as a professor and doctoral supervisor at Capital Medical University. However, his injuries prevented him from operating on the patient,³ and this dealt a huge blow to the already inadequate medical resources. After the incident was reported by the media, a heated discussion was triggered among the public. Additionally, assaults on doctors are still increasing, and the violence against doctors is widespread and increasing in hospitals.⁴ Based on The White Book on the Medical Practice of Chinese Doctors released by the Chinese Hospital Association in 2018, 66% of the doctors had experienced medical conflicts.⁵ There are 11 million medical workers in Mainland China, and the rate of violence against doctors is 42%~83%.⁶ Violence against doctors in China peaked from 2014 to 2016 (about 212 cases), and increased sharply in 2020 (about 51 cases, as of November 2020), although there was a decline in the number of reported cases from 2017 to 2019 (about 113 cases).⁷

The violence against doctors in China is mainly characterized by several factors, such as (i) an increase in the level of violence. According to China's Supreme People's Court, 159 medical crimes were reported between January 2019 and April 2020, including killings and mutilation of doctors.⁸ (ii) Premeditated medical violence. In January 2021, a patient at the First Affiliated Hospital, College of Medicine, Zhejiang University, retaliated against the doctor with a homemade bomb due to a long-term illness that had not been cured, injuring four individuals.⁹ In January of the same year,

a cardiologist at Jishui County People's Hospital in Jiangxi Province died after being stabbed with a knife by a man seeking revenge for a dispute that happened with the doctor a year ago.¹⁰

The conflict between doctors and patients has been intensified by the violence against doctors. In the clinical environment, medical staff are under stress and do not attend to patients sufficiently. This causes patients to become more sensitive and defensive. As a result, defensive diagnosis and treatment behavior is generated, where doctors avoid high-risk patients, which might increase the possibility of medical disputes and even violence.¹¹

The job satisfaction of doctors has been reduced by the violence against them. In 2021, a study showed that job satisfaction among Chinese doctors was at a lower-middle level.¹² The decrease in job satisfaction of medical staff might lead to job burnout; thus, reducing the quality of medical services and exerting a negative impact both on the doctor-patient relationship and China's medical reform and development.

The number of medical students has also decreased due to the violence against doctors.¹³ In 2021, Zhong Nanshan, a Chinese respiratory disease expert, stated that China had a shortfall of 700,000 doctors.¹⁴ Thus, if many medical students quit medicine, the shortage of Chinese doctors might be aggravated.

Violent medical injuries not only occur in China. According to World Health Organization, about 8–38% healthcare workers suffer physical violence at some point in their careers.¹⁵ Studies in Sudan, India, Turkey, and other countries support this view.^{16–18} Violence against healthcare professionals is a serious but understudied global problem.¹⁹

Discussion

The violence against doctors due to the conflict between doctors and patients mainly stems from the lack of medical humanistic care, emphasis on technical rationality, and absence of humanistic care for the patients.

There are factors associated with tension and conflict between doctors and patients behind the violence against doctors, but the doctor-patient relationship is affected by many social factors, including the lack of medical humanistic care, overemphasis on technical rationality, and absence of humanistic care for the patients. These three factors are associated with the lack of medical humanistic care. Therefore, an effective way to reduce violence against doctors is to reshape medical humanism and improve medical humanistic care.

The Lack of Medical Humanistic Care

The lack of medical humanistic care is an important cause of the violence against doctors. In a survey on the cases of medical disputes from 2014 to 2018, 76.9% of the disputes were due to the lack of medical humanistic care.²⁰ When medical staff pay less attention to the quality of life of the patients, smile and communicate less with the patients, and lack a comprehensive understanding of the patients, the doctor-patient relationship becomes stressful, which can easily create medical disputes.²¹ The conflict and dispute between doctors and patients primarily stem from the lack of humanity in medical staff.²²

While communicating with patients, doctors usually talk more about their conditions and show less empathy. Ignoring the feelings of the patients might lead to ineffective communication between doctors and patients, which can produce negative emotions and affect the doctor-patient relationship. The lack or ineffectiveness of communication between doctors and patients is the main cause of violence against doctors.²³ Medically, humanistic care for patients needs to be upheld, and many conflicts can be resolved by effective communication between doctors and patients.²⁴

“To cure sometimes, to relieve often, to comfort always”, the famous statement of Dr. Trud, suggests that medicine is more about treating diseases to prolong one's life, rather than curing diseases and maintaining perfect health. Due to changes in the disease spectrum and the frequent occurrence of chronic diseases and tumors, many patients can only survive with diseases. Some hospitals provided medical humanistic care to these patients and found that it played an effective role in reshaping life and providing hope to individuals in despair.²⁵

Emphasis on Technical Rationality

The close integration of medicine and technology is facilitated by modern medicine. However, overemphasis on technology has led to ignoring medical humanistic care. Modern medicine diagnoses a disease through technical means and digitalizes the disease with the aid of technical instruments (such as color ultrasound, CT, and MRI). By

interpreting disease data, doctors treat patients following clinical guidelines. As such, it is the disease rather than the patient being treated. The disease is not diagnosed based on the narrative or communication with the patient but through a microscope or test tube.²⁶ The blind adherence to technical rationality drives doctors to only treat the body of the patients (biological attribute), ignoring their soul (cultural attribute) and medical humanism.

Technology links the theory of modern medicine and its application. The physics, chemistry, and biology of modern science act as the intermediary, making the clinical application of modern medical theory very convenient. Doctors usually show less humanistic care while communicating with patients, who are asked to simply undergo several physiochemical tests. Patients also wrongly believe that only advanced medical technology can cure all diseases. Both doctors and patients benefit from the use of medical technology, and hence, medical practice is dominated by technical rationality. However, when the disease is not cured, and the doctors do not respond to the emotional appeal of the patients, conflicts might arise between doctors and patients, which might lead to violence against doctors.

Medicine is a humanistic social practice.²⁷ Abraham Verghese, a professor of medicine at Stanford University School of Medicine, has repeatedly expressed the importance of humanistic care in modern medicine in the book titled “My Own Country”.²⁸ Some studies have also shown that implementing humanistic care can effectively improve the doctor-patient relationship and alleviate the conflict between them.²⁹ The organic integration of modern medical technology and medical spirit might be an effective way to facilitate a harmonious doctor-patient relationship.

Lack of Humanistic Care for Patients

The lack of humanistic care for patients in medical services can also affect the doctor-patient relationship. Patients spend a lot of time before treatment in registration, payments, and in queues for doctors, which might reduce their satisfaction level with medical treatment and increase the danger of a conflict between doctors and patients. A survey showed that patients spend 80–90% of their time in queues and waiting.³⁰ A study showed that the waiting time of Chinese patients could reach up to 115–118 min, while the average inquiry time is only five minutes.³¹ The main reason for this is that the medical treatment process does not consider the needs of the patients and prioritizes the convenience of hospital management, ignoring the humanistic care for the patients.

Conclusions: How to Improve Medical Humanistic Care

The Improvement of Humanistic Quality of Medical Staff

Improving the humanistic quality of medical staff can play a crucial role in alleviating the tension between doctors and patients and reducing the violence against doctors. Moreover, it can increase patients' satisfaction with medical services to a large extent and significantly improve the doctor-patient relationship. With the emergence of the modern bio-psycho-social medical model, medical workers are required to pay attention to the physical health of patients and communicate with the patients and their families. This emphasizes humanistic care for the patients.³²

The humanistic education for medical staff should be strengthened, and the mechanism of assessment should be established accordingly. Hospitals should establish the relevant curriculum to cultivate the humanistic quality of medical staff and focus on the quality of teaching and skill training. They should also set up an assessment team consisting of medical staff with strong humanistic qualities.

Additionally, the cultivation of empathy is also an effective way to improve the humanistic quality of medical staff. Empathy makes patients feel understood and respected,³³ which is critical for building a harmonious doctor-patient relationship. The empathy of the medical staff can be improved by focusing on several aspects, which include patience, concentration, language, manner, emotion, listening, informing, explaining, smiling,³⁴ going deep into the inner world of the patients, and reflecting on humanistic care.²⁷

Re-Introducing Medical Humanity and Ending Technical Dominance

Medicine is both a scientific and humanistic practice. Doctors and patients share the same pursuit of a healthy life. However, due to the overemphasis on technical rationality in modern medicine, diseases are separated from patients, and the vital signs of patients become cold data. Therefore, the doctor-patient relationship has evolved into a data relationship

with an absence of oral communication and emotional care. Patients have a high demand for humanistic care,²⁸ but hospitals and doctors begin to rely heavily on instruments and test data.²⁹ It is imperative to find a balance between technical rationality and medical humanity in modern medicine; thus, ending technical dominance and re-introducing medical humanity.

Optimizing Outpatient Processes and Establishing Humanistic Ideas

A “patient-centered” treatment process and a humanistic idea with personalized service need to be established. The needs and recommendations have to be incorporated into hospital management. The Children’s Hospital University of Fudan University has set up the first “listening window” for outpatient humanistic care services in China, collecting rational suggestions from patients and their families to adjust the outpatient process and effectively improve the doctor-patient relationship.³⁵ The treatment time can be optimized by using network technology to establish the appointment system. Shengjing Hospital of China Medical University has developed an information-based decision-making system to shorten the queuing time of patients by 33% for examination, treatment, payment, and purchasing of medicines.³⁶ The volunteer services of medical humanistic care need to be performed. Northern Jiangsu People’s Hospital organized medical students and social workers to conduct a “family companionship” humanistic care service with over 500 volunteers, who provided services to over 3000 patients and effectively promoted the harmonious doctor-patient relationship.³⁷ An online medical service platform needs to be created to increase the communication time between doctors and patients. The website “www.haodf.com” is one of the leading internet medical platforms in China, which contains information on 890,195 doctors from 10,096 regular hospitals across the country, of which 247,193 doctors are registered on the platform and provide online diagnosis and treatment services.³⁸ This platform has provided doctors with sufficient time to communicate with patients, making patients feel that doctors are more tolerant, and thus, the platform has established a harmonious doctor-patient relationship.³⁹ China has started to enhance medical humanistic care to improve the doctor-patient relationship and reduce the violence against doctors. These efforts will have a positive impact in the future.

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