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Editorial

Violence against health workers

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Between 2016 and 2020, more than 12,000 cases of work-related injuries were ascertained by INAIL in health and social care, of which 46% were concentrated in the National Health Service, 28% in residential social care services and 26% in non-residential social care. Almost three quarters of the injured are women, half of whom are victims of violence in hospitals and nursing homes. The most affected professions are nurses and professional educators in services with minors, drug addicts, alcoholics, prisoners, the disabled, psychiatric patients and the elderly. They are followed with 25% of the cases by socio-medical workers (OSS) and with 15% by carers and attendants. In 5% of the cases of assault in the health sector the victims are 'doctors' of the National Health Service. It is, however, difficult to find the actual data because health workers often mistakenly refrain from reporting, yet among health personnel almost one in 10 injuries is due to aggression.

The WHO reports that about a quarter of health workers will experience physical violence in the course of their careers. Many more are threatened, exposed to verbal aggression and social stigma. In the crisis due to COVID-19, staff shortages and growing social tensions have increased the level of violence against health workers and attacks against facilities and emergency vehicles. Every year in Italy there are 1200 acts of aggression against healthcare workers. Among the top assault scenarios are emergency rooms, wards, outpatient departments, Psychiatric wards, intensive care units, 118 ambulances, nursing homes and prisons. As a type of violence, 60% are threats, 20% beatings, 10% armed violence and the remaining 10% vandalism. The perpetrators are 49% patients, 30% family members, 11% relatives and 8% users in general. The times most at risk are the evening and night shifts. Communication difficulties are recognised by 33% of the sample as the most frequently encountered difficulty in dealing with risk situations. From a survey it results that all the operators complain of negative psychological and emotional effects as a consequence of the violence suffered: anger and frustration are the most experienced feelings. According to 90% of the professionals interviewed the experience of the violence suffered worsens the quality of the victim's subsequent health services. Attacking those who work for health worsens the quality of the assaulted person's subsequent performance. I recall how the enormous increase in criminal and civil cases against doctors, over the last 20 years has led first to the phenomenon of defensive medicine with a considerable increase in unnecessary examinations for patients, and then to the phenomenon of obedience medicine resulting in the frequent relinquishment of positions of responsibility and flight from the National Health Service.

Recently we had the news of the murder of two doctors, one in Sicily and one in Milan, by patients dissatisfied with the service they received. These individuals, who are probably psychically fragile, and partially induced to such a gesture by the cultural climate. The easy accessibility to large amounts of information on pathologies and their treatment with which fragile people can identify and consequently act out their anger over a denied certificate or an alleged failure to recover. Health is the main good of all individuals, and to achieve and

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defend it we are willing to make any sacrifice, but if we feel our expectations are somehow unfulfilled, we can become aggressive. Emotionality connected to our wellbeing or that of our loved ones is very high, so that when we rightly or wrongly feel that we have been wronged in this area, we react strongly emotionally and sometimes even in anger or aggression. The doctor is the one who holds the power of well-being and failure to achieve it, regardless of the cause, is intolerable today. It is therefore crucial to communicate adequately with patients, motivating diagnostic and therapeutic choices, and not failing to foresee possible failures or worsening. It is unfortunate that the increased dissemination of health news and positive medical results may lead to greater distrust and aggression towards health professionals; knowing that even some serious illnesses respond to treatment does not mean that all of them do.

The right diagnosis and the right therapy are prerequisites for a good outcome, but no one can give a guarantee of an excellent result. We psychiatrists who use the relationship as a therapeutic tool have a better chance of understanding the patient's emotional condition during the course of treatment and directing it positively, but we must not underestimate inferring factors or persons as well as the lack of disease awareness of some of them. In such cases, having to impose ourselves as caregivers presents risks of switching to the act or of sudden contrary reactions that sometimes surprise us. The pandemic has made the relationship between healthcare personnel and the patient difficult. Healthcare workers have been called upon to manage highly emotional and socially uncomfortable relationships with users and their relatives – who have suffered badly from the centrally decided restrictions against the spread of the COVID-19 virus – as well as having to manage the highly interactive relationship with Coronavirus patients and other diseases during healthcare provision. Lastly, the campaigns against vaccines carried out by a large proportion of the population were also to the discredit of the work of health personnel due to bad information spread in bad faith to denigrate the official government positions of the Ministry of Health. L. 113/2020 defines the following legal framework: serious injuries inflicted on health personnel in the performance of their duties are punishable by imprisonment (from four to ten years) and very serious injuries (by imprisonment from eight to sixteen years). The provision aims to ensure enhanced protection of health personnel in the performance of their duties, due to the peculiarity of the activity performed. Two years after the approval of the law, the preventive benefit of the rule is not yet evident, but further study is needed to better understand how far this rule has succeeded in reducing, if not in number then at least in severity, assaults on health workers.

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