Violence against health workers

La violencia contra trabajadores de la salud

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The increase in violence against health professionals is a reason for increasing alarm. Its frequency and forms of presentation are variable according to different countries and the various areas of work of the health care professional, but its consequences are the same: death, physical or mental injuries, disability, absenteeism, shutdown of health institutions, decrease in productivity and medical care quality, or marked limitation in the access to health services, which creates a real public health problem.

Three possible scenarios of the problem are distinguished according to the area of the health worker professional activity: countries or regions suffering ongoing armed conflicts; countries or regions that enjoy relative peace and tranquility; and countries or regions where there are low-intensity conflicts or the presence of organized crime is experienced. In countries or regions that suffer armed conflicts, the International Committee of the Red Cross recorded around 2400 incidents of violence between January 2012 and December 2014 in 11 countries, and from May 2016 to 2018, more than 1200 incidents of violence against health facilities or staff members in 16 countries in the form of threats, kidnappings, homicides, destruction and shutdown of health facilities. In the face of this situation, thanks to the work of the Committee and other international organizations, a unanimous condemnation of the facts has been achieved, as well as the promulgation, on May 3, 2016, of resolution 2286 of the United Nations (UN) Security Council, which addresses the problem of such violent acts and

establishes the measures to be taken in these conflict areas¹. On the other hand, in September 2015, the World Health Organization, reporting the murder of 654 health workers since the beginning of the conflict in Syria, regrets the situation in this country where more than half of public hospitals and health centers are closed or operate partially, while the World Medical Association, on its 67th General Assembly in Taipei (Taiwan), in October 2016, points out that since 2011, when the war began in Syria, 270 health facilities have been attacked and 760 health professionals have been killed, and demands that all countries guarantee the safety of health personnel in conflict situations and implement UN Resolution 2286 to ensure respect and protection of these professionals not only in war situations, but also in similar situations in the world.

In another scenario, in a study on health personnel aggressions in Spanish-speaking Latin American countries that do not exactly experience war situations, 66.7% of violent incidents are reported, out of which 11.3% resulted in physical injuries and 73.4% occurred at public institutions, mainly in the emergency room². The most common cause in these cases was user dissatisfaction due to delays in care, lack of medications and unsatisfactory results according to the expectations of patients or families, who hold health personnel accountable for the facts. The authors recommend immediate institutional safety measures, improving the care of emergencies, allocation of greater resources and improvement in the training

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of personnel in terms of abilities of communication with service users.

In the group of countries or regions that are experiencing low-intensity conflicts generated by diverse social conflicts, or that have seen crime and organized crime violent acts grow, countries among which ours should be considered, apart from personal aggressions out of dissatisfaction, other particular situations should be contemplated. According to news from the press and data of some medical associations, violence and crime in the country against doctors, nurses and residents are increasing. Between 2013 and 2017, there were seven murders of medical interns and residents and 19 of doctors or nurses, 9 cases of physical aggression (from beatings to attempted murder), 2 forced disappearances, 3 robberies on health centers, 25 doctors mugged and 71 professionals threatened. The basic causes are two: health system deficiencies that generate dissatisfaction and organized crime violent acts. Health personnel that works mainly in areas that are isolated or under the control of crime may be threatened and pressed to care for criminal groups wounded members and render good accounts, and medical units can be robbed for various reasons. Under these conditions, the health worker works in a high-risk environment, with a permanent sensation of insecurity.

The problem of violence against health workers is real and shows perspectives of growth, and involves society, the State as a whole, and in particular health

institutions, academic institutions and medical organizations. It is therefore indispensable addressing the problem in a comprehensive and participatory way, combining prevention measures that go to the roots of violence and immediate measures to mitigate the damages. The International Committee of the Red Cross, in a document published in 2016, offers general recommendations, applicable in situations related to the matter at hand, not just under conditions of armed conflict, but in any other place and circumstance³; among them, the need for changes in each country's internal legislation contemplating specific protection and incentives for health personnel working in high-risk areas, training of the personnel for better integration with the community and for the handling of critical situations, protection measures for medical units in risk areas and committed participation of society. On these grounds, the topic should be a cause for reflection, analysis and discussion at academic levels.

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