

Continuing violence against medical personnel in China: A flagrant violation of Chinese law

Wei Peng^{1,2}, Gan Ding², Qi Tang², Lingzhong Xu^{2,*}

¹Department of Scientific Research, Shandong University of Traditional Chinese Medicine Hospital, Ji'nan, China;

²Department of Social Medicine and Health Services Management, School of Public Health, Shandong University, Ji'nan, China.

Summary

Over the past few years, China has witnessed a surge in violence against medical personnel, including widely reported incidents of violent abuse, riots, attacks, and protests in hospitals, where doctors suffer from heavy workloads and little protection. China has engaged in serious efforts, such as investing large amounts into the healthcare system and implementing several decades of healthcare reform, to make medical care more accessible to and affordable for the public. However, incidents of violence against medical personnel have increased in intensity, reflecting deteriorating relations between medical staff and their patients in China over the past few decades. Hence, the effectiveness of healthcare legislation needs to be examined and medical reform and development of the healthcare system need to be reevaluated. Only by enhancing oversight, promoting healthcare reform, and improving the healthcare system can we repair the doctor-patient relationship and decrease violence against doctors in China.

Keywords: Incidents of violence, oversight of the medical system, healthcare reform, healthcare system

1. Introduction

Over the past few decades, Chinese medical personnel have received international attention because of the dilemma they face, not because of their medical skill or concerns about patient care, but because of the high risk of serious injuries or murder by patients or their family members (1,2).

In May 2016, Chen Zhongwei, a retired dentist at Guangdong Provincial People's Hospital, died after being stabbed with a knife over 30 times from head to toe by a former patient he treated 25 years ago; this incidence once again raised serious questions about the Chinese healthcare system (3). Although this type of death is nothing new for doctors in China, the tragic

senselessness of Chen's murder led to a strong public outcry from medical professionals, citizens, and the Internet community (4).

However, no one could ever have imagined the "Black May" that Chinese doctors went through in 2016. Only few days after the attack on Chen, a surgeon in Chongqing in Southwest China was still in danger after being stabbed in the face and back by a 19-year-old patient and two of his friends, while another doctor from Jiangxi Province was beaten by a patient's family members after the patient died (5). In addition, a doctor named Wang Jun in Hunan Province died after he was attacked by relatives of a patient on May 18 (6).

From 2003 to 2013, 101 incidents of violence against medical personnel occurred, including 23 incidents that resulted in the death of 24 doctors or nurses (7). According to the White Paper on the Practice of Medicine by Chinese Physicians by the Chinese Medical Association in 2014, nearly a quarter of Chinese doctors were victims of violence in the workplace in varied forms and 32.7% of doctors had an average workweek over 60 hours (Figure 1) (8,9).

China has engaged in serious efforts, such as investing large amounts into the healthcare system and

Released online in J-STAGE as advance publication May 30, 2016.

*Address correspondence to:

Dr. Lingzhong Xu, Department of Social Medicine and Medical Service Management, School of Public Health, Shandong University, Mailbox No. 110, 44 Wenhua Road, Ji'nan, 250012, Shandong, China.
E-mail: lzxu@sdu.edu.cn

implementing several decades of healthcare reform, to make medical care more accessible to and affordable for the public (10). However, all of the incidents of extreme violence against medical personnel over the past few

decades reflect an increasing number of disputes between medical personnel and their patients in China (11). Given these circumstances, the effectiveness of legislation and oversight of the medical system and reevaluation of healthcare reform and development of the healthcare system should be discussed.

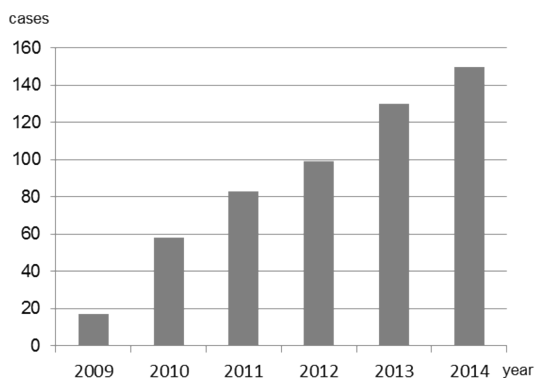


Figure 1. Incidents of violence against medical personnel in China from 2009-2014. A survey by the Chinese Medical Association in 2014 reported that nearly a quarter of Chinese doctors were victims of violence in the workplace in varied forms, and almost 60% of reported cases in China involved doctors receiving verbal abuse from their patients. As shown in the figure, violence occurred in hospitals every year, and the number of incidents has increased rapidly over the past 5 years.

2. Legislation, enforcement, and oversight in the healthcare sector

A few cases of violence might have occurred because of medical negligence or malpractice by doctors 20 years ago, but the public is now expressing worry and patients are resentful over their medical care (12). Given these issues, laws, rules, and regulations have been gradually unveiled to curb violence against medical personnel (Table 1) (13-18).

Although relatively clear laws and regulations have been unveiled, the issues of failure to follow those laws, lax enforcement, and a reticence to punish violators have existed in relevant bureaus and departments, indicating that medical facilities are still very passive when faced with legal issues (19). Therefore, laws and regulations need to be implemented and revised, and obedience of

Table 1. Major laws, rules, and regulations governing violence against medical personnel in China

Time (Ref.)	state	Title	Highlights	Notes
2002.09 (13)	State Council of the People's Republic of China	Regulations on the handling of medical malpractice	Stipulates that scientific societies (medical associations) determine if medical malpractice has occurred.	Used to identify medical malpractice to resolve disputes over medical care.
2009.11 (14)	Ministry of Health*	Procedures for the management of hospital complaints (For trial implementation)	Requires hospitals to create a doctor-patient relationship office or specify a department to manage complaints.	Might not work well because of differing conditions at different facilities.
2009.12 (15)	Standing Committee of National People's Congress	Tort Liability Law	Provisions cover medical damages (i.e. medical malpractice), eliminating prior requirements that established when hospitals would be liable for damages.	Ensuring that the Law and judgements based on it apply to medical malpractice will be difficult.
2012.05 (16)	Ministry of Health*; Ministry of Public Security	Notice on maintaining order at healthcare facilities	Notice jointly issued by the Ministry of Health* and Ministry of Public Security.	Not fully implemented.
2013.10 (17)	National Health and Family Planning Commission; Ministry of Public Security	Advice on instituting enhanced hospital safety and security systems	National Health and Family Planning Commission and Ministry of Public Security jointly issued the Notice.	Specifies zero tolerance for incidents of violence against medical personnel.
2014.04 (18)	Supreme People's Court; Supreme People's Procuratorate; Ministry of Public Security; Ministry of Justice; National Health and Family Planning Commission	Views on punishing crimes against medical personnel and maintaining normal order in healthcare settings	<i>i)</i> Articulated by the Supreme People's Court and Supreme People's Procuratorate, which accelerated the adjudication process and clarified the roles of different bodies, greatly increasing enforcement. <i>ii)</i> Enables crimes against medical personnel to be legally punished in accordance with the Criminal Code and the Law on Penalties for Obstruction of the Administration of Public Security.	The breakthrough in laying out "penalties for violence against medical personnel" has extremely important significance in terms of establishing order in healthcare settings and protecting the legal rights and interests of both doctors and patients.

*The Ministry of Health was reformed into the National Health and Family Planning Commission of the People's Republic of China in 2013.

the law and education of the public with regard to the law are also indispensable. In addition, most hospitals expect the Public Security Bureau to provide hospitals with more security by, for example, providing a security office in primary hospitals.

Generally, disputes over medical care are the responsibility of the hospital and medical personnel. However, blaming individual medical personnel for medical mishaps is inappropriate since those errors are the combined result of organizational and individual factors. Identifying the causes of a mishap and preventing errors from reoccurring by simply blaming and punishing an individual is not conducive to solution of the greater problem, i.e. the systemic factors that allowed the mishap to occur in the first place (20). Hence, resolving disputes over medical care should pay closer attention to the individual responsible for a mishap and also help to create a safer system of medical care, reducing the possibility of mistakes and providing medical facilities with the opportunity to make structural reforms.

In short, the improvement of medical systems and processes must be considered as a way to effectively improve safety.

3. Healthcare reform could be the solution

Although China has reformed its healthcare system for more than 30 years, including 7 years of new healthcare reforms, violence against medical personnel still continues (21). Violence against medical personnel needs to be resolved by sustained and innovative healthcare reform (22).

Big hospitals in large cities have "a massive patient load" and provide "expensive care," but not all facilities face these same problems because of an imbalance in medical resources. Important measures for healthcare reform in China are increasing the supply of skilled medical personnel and encouraging social medicine, since these measures can lead to a greater supply of medical services, satisfy the diverse requirements for medical services, promote market competition, and optimize the healthcare system.

Important measures for reform of the medical system are reform of doctors' groups, such as multi-site physician practice, medicine prices, and remuneration system; these measures can improve the allocation of healthcare resources and the doctor's level of expertise and remuneration (23). However, an online survey by Ding Xiang Yuan, the most popular biomedical website in China, found that 91% of doctors believed that China's healthcare reforms would not be successful unless the social and economic status of doctors was improved (24). Measures to improve medical care are important, but so are measures to improve the salaries of and working conditions for Chinese doctors (25).

The status of patients needs to be defined and their rights need to be protected, but patients also need to

be mindful of their responsibilities. Let us look at the University of Tokyo Hospital as an example. The Hospital contributes to the advancement of clinical medicine and it fosters healthcare professionals in order to provide each patient with the best medical care. The Hospital's Guidebook clarifies the obligations of patients: *i*) The patient is obligated to provide accurate information about his/her health; *ii*) The patient is obligated to follow the regulations of this hospital; *iii*) The patient is obligated to avoid being a public nuisance; *iv*) The patient is obligated to pay for the medical services that he/she received (26). Therefore, by fulfilling these obligations, the patient has the right to receive the best medical care.

As healthcare reform continues, there is a chance to repair relationship between doctors and patients.

4. Compensation for medical malpractice

When longstanding practices lead to a problem, finding a solution can be difficult. This dilemma is evident in the key question of "Who pays for healthcare in China?" as asked by Chen *et al.* They found that the tax burden associated with healthcare costs was disproportionately borne by low-income earners due to several causes, including tax brackets and health insurance schemes (27). Some patients are unable to bear medical expenses, which suggests that social health insurance has strongly influenced society. Given the situation in Japan and the US, basic medical insurance should be paid by the Chinese Government and private medical insurance should be used as a direct and efficient way to ensure patients' livelihoods and improve the doctor-patient relationship in China (28).

In conclusion, continuing violence against medical personnel is a violation of Chinese law that warrants an examination of the effectiveness of medical legislation and reevaluation of healthcare reform and development of the healthcare system. Only by enhancing oversight, promoting healthcare reform, and improving the healthcare system can we repair the doctor-patient relationship and decrease violence against doctors in China.

References

1. Hesketh T, Wu D, Mao L, Ma N. Violence against doctors in China. *BMJ*. 2012; 345:e5730.
2. Jiang Y, Ying X, Kane S, Mukhopadhyay M, Qian X. Violence against doctors in China. *Lancet*. 2014; 384:744-745.
3. Doctor's death prompts calls for protection of medical staff. http://usa.chinadaily.com.cn/china/2016-05/09/content_25146605.htm (accessed May 9, 2016)
4. Fatal stabbing of retired dentist highlights deep-rooted problems in Chinese health system. <http://www.scmp.com/news/china/society/article/1942546/fatal-stabbing-retired-dentist-highlights-deep-rooted-problems> (accessed

- May 9, 2016)
5. Attacks on hospital staff to be shown zero tolerance. http://usa.chinadaily.com.cn/china/2016-05/12/content_25229102.htm (accessed May 12, 2016)
 6. Doctor killed by patient's relatives. <http://www.pressreader.com/> (accessed May 19, 2016)
 7. Pan Y, Yang XH, He JP, Gu YH, Zhan XL, Gu HF, Qiao QY, Zhou DC, Jin HM. To be or not to be a doctor, that is the question: A review of serious incidents of violence against doctors in China from 2003-2013. *J Public Health*. 2015; 23:111-116.
 8. White Paper on the Practice of Medicine by Chinese Physicians. <http://www.cmda.net/xiehuixiangmu/falvshiwubu/tongzhigonggao/2015-05-28/14587.html> (accessed March 22, 2016)
 9. Wen J, Cheng Y, Hu X, Yuan P, Hao T, Shi Y. Workload, burnout, and medical mistakes among physicians in China: A cross-sectional study. *Biosci Trends*. 2016; 10:27-33.
 10. Astell-Burt T, Liu Y, Feng X, Yin P, Page A, Liu S, Liu J, Wang L, Zhou M. Health reform and mortality in China: Multilevel time-series analysis of regional and socioeconomic inequities in a sample of 73 million. *Sci Rep*. 2015; 5:15038.
 11. Mei L, Xu LZ. Standardized clinical pathways may potentially help to reduce the opacity of medical treatment in China - reflections on the murder of a doctor in Wenling, Zhejiang. *Drug Discov Ther*. 2013; 7:209-211.
 12. Chen S, Lin S, Ruan Q, Li H, Wu S. Workplace violence and its effect on burnout and turnover attempt among Chinese medical staff. *Arch Environ Occup Health*. 2015;11:1-8.
 13. Regulations on the handling of medical malpractice. http://www.gov.cn/gongbao/content/2002/content_61445.htm (accessed May 12, 2016)
 14. Procedures for the management of hospital complaints (For trial implementation). <http://www.moh.gov.cn/mohbgt/s10695/200912/44756.shtml> (accessed May 3, 2016)
 15. Tort Liability Law. http://www.gov.cn/flfg/2009-12/26/content_1497435.htm (accessed May 12, 2016)
 16. Notice on maintaining order at healthcare facilities. http://www.gov.cn/gzdt/2012-05/01/content_2127446.htm (accessed May 5, 2016)
 17. Advice on instituting enhanced hospital safety and security systems. <http://www.nhfpc.gov.cn/zyygj/s3590/201310/e0a558aeb9d34700ba6dd1cfdfe93164.shtml> (accessed May 5, 2016)
 18. Views on punishing crimes against medical personnel and maintaining normal order in healthcare settings. http://rmfyb.chinacourt.org/paper/html/2014-04/25/content_81324.htm?div=-1 (accessed May 7, 2016)
 19. Lin WQ, Wu J, Yuan LX, Zhang SC, Jing MJ, Zhang HS, Luo JL, Lei YX, Wang PX. Workplace Violence and Job Performance among Community Healthcare Workers in China: The Mediator Role of Quality of Life. *Int J Environ Res Public Health*. 2015; 12:14872-14886.
 20. Zhao S, Liu H, Ma H, Jiao M, Li Y, Hao Y, Sun Y, Gao L, Hong S, Kang Z, Wu Q, Qiao H. Coping with Workplace Violence in Healthcare Settings: Social Support and Strategies. *Int J Environ Res Public Health*. 2015; 12:14429-14444.
 21. Li M, Huang C, Lu X, Chen S, Zhao P, Lu H. Evaluation of medical staff and patient satisfaction of Chinese hospitals and measures for improvement. *Biosci Trends*. 2015; 9:182-189.
 22. He AJ, Qian J. Explaining medical disputes in Chinese public hospitals: The doctor-patient relationship and its implications for health policy reforms. *Health Econ Policy Law*. 2016; 28:1-20.
 23. Zhang S, Zhang W, Zhou H, Xu H, Qu Z, Guo M, Wang F, Zhong Y, Gu L, Liang X, Sa Z, Wang X, Tian D. How China's new health reform influences village doctors' income structure: Evidence from a qualitative study in six counties in China. *Hum Resour Health*. 2015; 13:26.
 24. Yu D, Li T. Facing up to the threat in China. *Lancet* 2010; 376:1823-1824.
 25. Wu LX, Qi L, Li Y. Challenges faced by young Chinese doctors. *Lancet*. 2016; 387:1617.
 26. The University of Tokyo Hospital Guidebook 2015. http://www.h.u-tokyo.ac.jp/vcms_lf/youran_2015_all.pdf (accessed April 12, 2016)
 27. Chen M, Zhao Y, Si L. Who pays for health care in China? The case of Heilongjiang Province. *PLoS One*. 2014; 9:e108867.
 28. Dunn A. Health insurance and the demand for medical care: Instrumental variable estimates using health insurer claims data. *J Health Econ*. 2016; 48:74-88.
- (Received May 18, 2016; Revised May 21, 2016; Accepted May 22, 2016)