

## **The ethical management of violent patients in primary care.**

The ethical management of violent patients is one of the challenges in today's health service. Whilst abusive behaviour generates very negative feeling in healthcare workers it is important that the practice considers possible causes of such behaviour.

Aggressive behaviour includes abusive or racist remarks, verbal or physical threats or physical assault.

Such behaviour is deemed totally unacceptable in primary care and there have been several campaigns to inform the public of the "zero tolerance" policy.

From an ethical perspective there are two parties with competing "rights" here, the right of the healthcare worker to be safe and do their job without danger or abuse and the rights of the individual patient to receive treatment required from a publically funded health service. Ideally, there should be a balance between these two so that violence or the threat of violence is unnecessary to obtain treatment and that patients accept that to access the service requires an acceptable level of behaviour and tolerance.

The question may be asked whether doctors or the practice are obliged to treat an individual whose behaviour is deemed aggressive. This will depend on the circumstances at the time, whether the behaviour is a feature of a medical condition, related to the effects of medication, and the urgency of the condition needing treatment.

Because aggression or uncharacteristically threatening behaviour can be a symptom of some underlying medical condition then as well as initiating the appropriate help from the police or secondary care services if needed the practice should, within reason, take such a medical condition into account before labeling an individual as a violent patient. The decision by the practice whether to remove the patient from the practice list, report the incident to the police, or insist that in the future the patient is seen in a secure facility has to be proportionate to the aggression and the distress caused to the practice team.

It is advised that members of the practice team should have some training in conflict avoidance to better understand "trigger signs" and therefore recognize a developing situation at an early stage to minimize the chance of an escalation of abusive behaviour.

Where there is no medical condition contributing to the aggressive or racist behaviour the practice needs to decide whether the treatment requested is urgent or immediately

necessary. If treatment is urgently necessary and if the treatment can be given safely then it should be given, however if it cannot be given safely by the primary care team support should be requested from the police and secondary care services so the patient may be removed to a place where that treatment may be given in greater safety to the health workers and the patient.

If the patient's behaviour is unacceptable without reason and if treatment is not urgent then the practice has every right to refuse to treat the patient. If the behaviour is sufficiently threatening to warrant removal from the list or referral into the violent patient scheme (VPS) then the practice should inform the patient of their intended action, ideally at the time of the incident or if this would inflame the situation then very soon afterwards by letter. The practice should clearly document the event, with witness statements and the reasoning behind the decision. The violence or abuse is not restricted to practice staff but can also include damage to practice property or premises and distress or threat to other patients present at the time. In escalating circumstances the police may be called to remove a patient from the building. This may be necessary to prevent harm to staff or patients and may be necessary when related or unrelated to current medical problems. Where there is an underlying medical condition which will require treatment even if the police remove the patient from the building arrangements should be made for the ongoing care of the patient, maybe and if appropriate, by using the Mental Health Act to engage secondary care and social services

To refer the patient to the VPS scheme or remove the patient from the practice list a process has to be followed. A report of the event has to be made to the police ( or Procurator Fiscal in Scotland) and the Health Board or NHS England which may be by phone or fax in the first instant but must be followed by written confirmation within seven days. The removal should take place as soon as the practice has notified the authorities.

Health Boards have a secure facility where patients with a history of violence may be seen whilst ensuring the safety of the health worker. This is known as the violent patients scheme (VPS). Arrangements for eligibility for this scheme are clear and include making a report to the police and getting an incident number. The patient must thereafter be seen in the secure facility. This arrangement is subject to annual review by representatives from the LMC and CHC. If there has been good behaviour then this sanction may be rescinded. The practice may remove the patient from their list. In either of these two circumstances the practice must inform the patient of the action that they have taken and the reasons for doing so. The action by the practice has to be proportional to the abuse and is a judgement about the severity of the offence, the level of distress caused and the frequency and circumstances under which it occurred.

Practices should display notices to inform patients of the kind of behaviour that is expected from them. Sometimes abusive patients on being told of the consequences of

their action may change and make the necessary effort to significantly improve their behaviour and therefore remove the need for referral to the VPS.

The tagging of patient notes to indicate a history of violence or abusive behaviour raises other ethical issues. To be an effective warning the tag has to be in a place that is prominently displayed to the health worker when accessing the patient notes. This in itself raises a question about a breach of confidentiality. Once again there is a balance to be struck between the patient's right to confidentiality and the safety of the practice staff. It is acceptable for practices to tag notes to indicate a history of violence as long as that is only visible to those whose role requires this knowledge. This is generally everyone working with directly with patients in the practice. The patient should be informed that their notes are annotated in this way and they should be given the right to object or have the tag removed after a period of good behaviour. However, it is a judgement for the practice to make as to how frequently the tag is reviewed and the circumstances which might justify the removal of the tag.

The practice has to balance the continuing risk of violence to the staff, the practice will have a duty of care to them, and the distress caused by the inconvenience of the VPS and the loss of confidentiality to the abuser. Some will argue that the abuser has foregone rights when the abuse took place, in the interests of balance that reasoning can only be valid if patients are informed of the consequences of their abuse beforehand through notices in the practice leaflet and on the noticeboards.

Sometimes these decisions are difficult and distressing, if in doubt practices should contact their professional organisations or bodies for guidance.