

# Threats, intimidation against doctors and health workers must end

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The AMA has advocated against the culture of violence in America, including domestic violence, gun violence, racism, police brutality, and xenophobia—and violence against physicians and health professionals is no exception. While not a new occurrence, the reported uptick in intimidation, threats and attacks toward people in the medical field has been on the rise for at least the last decade—and has become even more of an alarming phenomenon since the beginning of the COVID-19 pandemic.

The recent neo-Nazi protest against leading anti-racist physicians at a Boston-area hospital is yet another sad chapter in the long history of threats and intimidation of health care workers for simply carrying out the duties of our profession.

The AMA is deeply concerned about this threatening behavior and how it has contributed to an increasingly hostile working environment across medicine, particularly for those on the front lines of our nation's response to COVID-19.

Research confirms what our personal experiences have long told us. The World Health Organization (WHO) estimates that as many as 38% of those in our field suffer physical violence at some point in their careers, and many more are threatened with verbal aggression. Here in the U.S., injuries caused by violent attacks against medical professionals grew by 67% from 2011 to 2018—with health care workers five times more likely to experience workplace violence than workers in all other industries, according to figures from the U.S. Bureau of Labor Statistics.

Yet another global study from 2020 found that health professionals were roughly 50% more likely than other community members to have been harassed, bullied or hurt as a result of the COVID-19 pandemic.

## Racially motivated violence on rise

Even more disturbingly, though racially and ethnically motivated violence is not new, reports of verbal and physical abuse by white supremacists attacking the personal characteristics of health care professionals from historically and racially marginalized groups represents a deeper layer of racism.

Early in the pandemic, the AMA warned that xenophobic language around the SARS-CoV-2 threatened to further fuel discrimination and hate crimes specifically against Asian Americans, which were already a significant concern due to long-standing interpersonal and structural racism.

But as researchers have pointed out, while general workplace violence across health care is well-documented, such incidents rooted in racism like the one recently in Boston are too often decontextualized and classified as “disruptive” rather than racial violence. This, the authors (PDF) tell us, “represents a violent avoidance, silence, and complicity to the insidious nature of white supremacy, which is deeply embedded in the structure and culture of medical institutions.”

COVID-19-related violence against physicians has also translated to the digital world, with recent surveys indicating that at least one-quarter of reporting U.S. physicians having experienced attacks or harassment on social media on topics such as vaccines, guns, patient care, race, or religion. Another survey found that physicians reported experiencing not just verbal abuse but death threats, including a harrowing incident specifically cited where a Black woman physician reported being threatened with rape as a result of her work in civil rights advocacy.

Simply telling our colleagues in medicine to cope with harassment and menacing behavior is unacceptable. It is imperative that physicians and health professionals feel safe and secure, whether we’re caring for patients or working to advance equity on a broad scale in our communities.

## **We must protect those who heal**

The AMA strongly believes that people in all workplaces have the right to a safe environment, out of harm’s way and free of any intimidation or reprisal. Society needs to protect its citizens from individuals or groups that encourage and advocate violence as a means for resolving deep social issues. While it’s clear that more work is needed to curb the incidence of violence against the medical profession, AMA policy puts us on this path to protecting the very people who devote their lives to improving the health of their patients—and the nation.

For example, in light of ongoing attacks on physicians and public health officials during the COVID-19 pandemic, the AMA adopted policy in 2020 aimed at improving the safety of—and condemning acts of violence against—physicians, health professionals, first responders and public health officials in society. This position joins a host of previously adopted policies aimed at preventing violent acts against health professionals, addressing workplace bullying in the practice of medicine, and standing

up against online bullying or harassment.

Notably, the AMA's recognition of racism as a public health threat is part of an upstream solution to confront our nation's legacy of structural racism and acknowledge the subjection of Black and Brown people to acts of violence, including violence in and out of medical settings.

The AMA remains committed to taking the necessary steps to help shed light on the various protocols, procedures and mechanisms to ensure a safer and more secure environment for physicians and health care professionals. But we can't do it alone.

Health care organizations, including hospitals, health systems, and independent practices, should work collaboratively to share best practices for effective violence prevention strategies in and out of health care settings. Examples of where further work is needed to develop best practices and widespread adoption include:

- The development of robust surveillance and data collection systems, technologies, and standards to track hate-based violence directed at physicians and health care workers by patients or community members.
- Security and safety response protocols to protect physicians and other health care workers to ensure their freedom from hate-based violence and intimidation.
- Solidarity-based strategies to mobilize individuals and organizations, across the health care ecosystem, to name, confront, and effectively resist hate-based violence and intimidation.

Our AMA is actively monitoring this situation to consider how we can better leverage our strengths and resources to promote the collective safety and security of all health care workers and organizations under attack for championing equity and justice for their patients and communities.

We all have a role in helping to create an environment where physicians and health care workers can speak openly and honestly about the real-world threats they encounter in the workplace and come up with sensible solutions to protect our peers and our patients.

Violence has no place in the medical profession, and so we as individuals and as leaders in organized medicine have a responsibility to do whatever we can to prevent it from occurring inside and outside of the workplace. This is important for the health and well-being of everyone working in medicine today, but particularly for those who have been historically marginalized.

The steps we take today to create a safer and more inclusive environment for all physicians will, in turn, create a safer and more welcoming environment for our patients—and our best chance to advance equity and improve the health of the nation.