VIOLENCE IN MEDICINE

The World Health Organization defines violence as “Violence is defined by the World Health Organization as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." While this definition is broader than that of the Oxford Dictionary, its advantage is that by including the phrase ‘use of power” it acknowledges that violence can be not only a physical act but an act of power. The definition goes on to state that, regardless of intent, anything that is injurious to another is an act of violence. The irony is that medicine, the epitome of a healing profession, is often filled with violence, sometimes necessary, sometimes unintentional, almost always unrecognized or minimized. In these instances, the patient becomes a kind of victim, treated differently and damagingly by a physician who has set aside the patient’s humanity This brief paper examines various forms of violence and speculates about the functions such violence serves in medicine.

Acts of violence in medicine. Although little scholarly writing has been devoted to this topic, t here are multiple examples of violence, as broadly defined, in medicine. Most of these are clearly unintentional; indeed the intention is usually beneficent. Sometimes the act is necessary for the wellbeing of the patient. In Kothari’s analysis, “Medical violence is a curious product of the physician’s arrogance, trappings of technique, and the laity’s faith that medicine can solve all problems.” While insightful, this may not do justice to the complexity of the issue.

Some of the more obvious examples of violence in medicine are violence to the body, represented in procedures and interventions that produce pain and sometimes longlasting harm; structural violence, brought to our attention by Paul Farmer; metaphoric violence, the use of violent metaphors in treatment; and the habit of speaking to or about patients in ways that minimize or disrespect their full humanity. Each of these will be considered briefly.

Violence to the body. “Aegrescit medendo,” wrote Virgil, “The remedy is worse than the disease.” Many patients have experienced this feeling, as they have endured assessment procedures and therapeutic interventions that produce transitory or chronic pain or dangerous, even life threatening side effects. Physicians obviously do not take pleasure in inflicting pain. But because they must, their brains actually change in the way they regard suffering. Studies conclude that the brains of surgeons react to viewing pain in others much less strongly than the grains of laypersons.

The cognitive dissonance that results from simultaneously knowing they are practitioners of a healing profession, yet must often inflict considerable pain on their patients, can result in defensive coping strategies that minimize or fail to acknowledge this suffering, both to themselves and to their patients. The consequence is a fundamental dishonesty that can contribute to physician burn-out and cynicism; and to patient mistrust and despair.

It is worth asking, Is intervention always appropriate? Just because we can, should we? Is Virgil sometimes right?

Structural violence. Structural violence refers to social structures that impede individuals, groups and societies from reaching their full potential. In medicine, it means institutions and established societal modes of functioning that lead to impairment and limitations in human life. Their existence is so normalized and established that they are almost invisible and therefore either willfully or naively overlooked or ignored.

When illness is perceived through an exclusively biomedical, molecular basis, it is unlikely physicians will emphasize the social determinants of illness. These limits in perspective often result in patient blame, seeing them as responsible for their own problems, for not "caring" about their health, not choosing health as a priority.

Structure – a pattern of collective social action that has achieved a degree of permanence – not an actual structure, but an observable regularity in human social activity that has become so firmly entrenched (in habits, social relations, economic arrangements, institutional practices, law, policy etc.) as to be "like" a thing. Sources of suffering are deeply embedded in ordinary, taken-for-granted patterns of the way the world is. The same structures that render life predictable, secure, comfortable and pleasant for some, also mar the lives of others through poverty, insecurity, ill-health, and violence. These structures are neither natural nor neutral – not just the way things are. Structural violence encourages us to look for connections between what might be falsely perceived as separate and distinct social worlds. We should also look for differences of power, wealth, privilege, and health that are unjust.

Physicians should realize the ways in which they are connected rather than separate from their patients.

While culture is a valuable concept, it tends to ignore questions of power and history. We need to be careful not to rationalize injustice (not having access to healthy food) as exclusively cultural preference; culture can be used to justify abuses of power, and ignores histories of colonialism, military conquest, economic exploitation, political repression that lie behind "differences"

Denying access to treatment a form of violence

Metaphoric violence. In cancer, cancer is the enemy, patient is the battlefield

Demeaning interactions. Demeaning interactions with patients or disparaging comments about patients to learners, colleagues, or other health professionals fit the WHO definition of "use of power" resulting in psychological harm and deprivation of dignity, respect, and humanity.