

Letter to the Editor

Fatal Violence against Physician

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Dear Editor-in-Chief

Recently, the tragic murder of Dr. Li Sheng, a cardiovascular specialist at the First Affiliated Hospital of Wenzhou Medical University (1). Since 2000, over 400 reported incidents of violence against doctors have occurred in China, with dozens resulting in the deaths of physicians (2). This ongoing violence underscores a severe and systemic problem within the Chinese healthcare system.

The shift from a free healthcare model during Chairman Mao's era to a more market-driven model has placed immense pressure on hospitals and medical staff. That healthcare system transformation lacking necessary infrastructure and support systems e.g., insurance companies exacerbate patient-physician tensions. Under economic pressures, hospitals need to balance costs and income, adding to the stress experienced by medical professionals. At same time, patients often have high expectations for treatment outcomes, leading to significant psychological gaps when those expectations are not met. This unrealistic patient expectations with the inability to afford medical expenses can lead patients to vent their frustrations on doctors. Unfortunately, in China, patients often have direct contact with specialists, increasing the risk for physicians. Although this direct patientspecialist contact might improve treatment efficiency, it exposes doctors to greater dangers compared to systems were family physicians act as intermediaries. Last, only 30.5% of violence against

healthcare professionals were sued or punished (3). It could be partly explained by those patients or relatives were often regarded as vulnerable groups in physician-patient relationships.

There have been calls for increased security measures in hospitals, which aims to create a safe environment where doctors can focus on treating patients. Cities like Beijing have already announced the implementation of hospital security checks. However, comprehensive healthcare reform is needed to address patient-physician relationship which is fundamental. Ensuring doctors' safety and patients' peace of mind requires persistent efforts to improve doctor-patient relationships and enhance mutual trust. Disputes related to medical malpractice are handled within the legal framework, preventing extreme cases from escalating into violence against physicians. On Dec 28, 2019, China approved a law aimed at improving the relationship between patients and healthcare providers (4). This legislation was intended to provide a fair and effective resolution mechanism for disputes between patients and physicians, ensuring that such extreme violence against healthcare professionals would be prevented.

Last, improving the economic conditions for doctors, enhancing hospital infrastructure, and establishing robust support systems are crucial steps to protect medical professionals and restore trust in the healthcare system.



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Conflict of Interest

The authors declare that there is no conflict of interests.

References

 Zhang P. Fatal stabbing of Chinese doctor fuels calls for stronger laws to protect medical staff, in South China Morning Post. 2024.

- Jing Ma, Xi Chen, Qiongjuan Zheng, et al (2020). Serious Workplace Violence Against Healthcare Providers in China Between 2004 and 2018. Front Public Health, 8: 574765.
- 3. Si Y (2021). When to end the continuing violence against physicians in China. J Public Health (Oxf), 43(1):e129-e130.
- Shaojia Lu, Sangsang Ren, Yi Xu, et al (2020). China legislates against violence to medical workers. Lancet Psychiatry, 7(3):e9.