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SAFETY OF DOCTORS AT WORK: LESSONS LEARNT FROM PERSONAL EXPERIENCE

A recent survey by the BMA¹ found that only 48% of doctors who had experienced violence in the workplace had taken action. The government has recently proposed to spend £97 million to try and tackle violence against NHS staff.² I hope that my experience will encourage healthcare professionals to take simple, cheap measures to improve their personal safety.

On 19 March 2007 I was working as an F2 at a GP practice in Northumberland. One minute I was signing prescription repeats and the next I was cowering on the floor, blood streaming down my face unable to comprehend what had just happened.

A man ran in to the surgery and entered my room. He sat down momentarily; enough time for me to sense that something was very wrong. He punched me across the face knocking me to the ground. He heard a commotion outside and so locked us in the room. He then continued to punch me as I tried to protect myself. There was no time to consider using the panic alarm, which was out of my reach. However, my screams alerted the other practice members who unlocked the door and my GP tutor managed to pull the man away. In the time it took to get the key from reception I had sustained a badly bruised jaw and cheek, laceration to the forehead, and numerous other injuries. I later learnt that he was known to the psychiatric services but had stopped taking his medication. He had been playing a video game and felt 'trapped' inside it. His aim, he later admitted, was to kill me. Indeed, without the brave response of my trainer it could have been much worse.

The psychological consequences of the attack have been hard to deal with. I had useful support from my trust and from a psychologist. Unfortunately 7 weeks off work did have an impact on my foundation training, however, despite having two black eyes during the GP assessment process I still secured my first choice job — in general practice.

The care trust undertook an assessment of the incident and made a number of recommendations through a RIDDOR (Reporting of Injuries, Diseases and Dangerous

Occurrences Regulations) report. I feel that these are critical to the safety of all practitioners and urge people to take a few minutes to consider the risks in your own working environment.

- The 'turn-bolt' lock on the consultation room door was the main factor in prolonging the attack. If the room has curtains for privacy the locks are not essential and I would strongly advise practices to remove them.
- The layout of the room should allow a means of escape. Having the patients chair between me and the door meant he had control of the room. I realise it is difficult to change the way consulting rooms are set up, however, I have managed it in my current practice and this shouldn't be a reason to compromise safety.
- Consider punch locks to doors leading from waiting rooms to ensure that staff are secure from the public parts of the surgery.

Unfortunately, there does not seem to be an easy way of disseminating these lessons learnt nationwide. The attack was logged as a significant event by the Northern Deanery and the recommendations disseminated to general practices in the area via dean directors. However, Northumbria Acute Care Trust has yet to issue a response to trainees or an action plan to improve the safety of doctors at work.

I was unlucky to have this happen to me, yet fortunate to have not been more seriously injured, and I do realise this incident could not have been foreseen. However, I recommend all practices to assess the locks on their doors and, at the very least, I urge all doctors to take a moment and imagine how they could get out of their room if necessary. Some simple furniture alterations may be all that is needed to improve your safety.

Johannah Langmead

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REFERENCES

1. British Medical Association. *Violence in the workplace: The experience of doctors in Great Britain*. London: BMA, 2008.
2. Department of Health. *£97 million boost to tackle violence against NHS staff*. London: DoH, 2007. <http://nds.coi.gov.uk/environment/fullDetail.asp?ReleaseID=317118&NewsAreaID=2> (accessed 13 May 2008).

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