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## Body cameras and panic alarms for doctors could help deter violence and harassment

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Doctors and healthcare staff need better protection from violence and harassment —many have lost their lives or been injured around the world. For example, in 2022, a patient murdered a doctor in Italy with an axe.<sup>1</sup> In 2024, doctors and nurses in Italy barricaded themselves in a room after a mob of about 50 people connected with a patient attacked them.<sup>1</sup> In August 2024, a female doctor in India was raped and murdered in hospital and thousands of doctors went on strike in protest.<sup>2</sup> These are only a few examples of the widespread violence that healthcare staff globally face. Body cameras and panic alarms are a potential solution that can deter potential offenders,<sup>3-4</sup> and provide valuable evidence in cases of abuse to enable a criminal prosecution.<sup>5</sup>

Global meta-analyses report that 15% of doctors have experienced physical violence from patients or visitors,<sup>6</sup> and 45% have experienced sexual harassment.<sup>7</sup> An investigation by *The BMJ* and the *Guardian* revealed that, in a five year period, there were over 20,000 cases of health staff abused by patients in the UK NHS (including rape, stalking, harassment) and over 900 cases of staff abused by other staff.<sup>8</sup> Victims and protesters have called for improved safety,<sup>1,2</sup> sharing stories about not being believed by staff in charge of investigating such incidents and lack of action to prevent further incidents.<sup>8</sup>

Physical and verbal abuse and harassment are preventable stressors for doctors, who are already burdened by a demanding work environment. Abuse makes doctors' working lives even more difficult and urgent action must be taken by senior managers to ensure that abusive patients and staff face serious repercussions such as police involvement and criminal charges.

Introducing body cameras in medicine is radical but falls in line with the current age of CCTV in public places. Body cameras are already common in police forces.<sup>9,5</sup> Some ambulance services in England use body cameras<sup>10</sup> and there have

been trials in other settings. One hospital emergency department found that 96% of staff wanted to continue using them,<sup>11</sup> and a trial in psychiatric hospitals found that they led to reductions in aggression and violence.<sup>3,12</sup> Body cameras should not be mandatory, but should be an option for doctors who feel they need them because of past experiences or working in settings where violence is common. Employers should not have access to the recordings without a doctor's consent so that they do not use them for surveillance.

There are important ethical and privacy implications that must be considered. The Royal College of Nursing has a position statement on the use of body cameras which discusses the issues raised by using such surveillance technology.<sup>13</sup> Researchers who ran a pilot in 5 NHS Trusts pointed out that the lack of universal standards or guidelines raises ethical concerns.<sup>14</sup> To protect patients, doctors should ask them for consent, explaining the reasons for the recordings. They should offer alternatives to patients who decline, such as online consultations where feasible or chaperones. Patient consent should be sought in advance as part of the booking process, and patients must not be disadvantaged because of their choices. Hidden cameras must not be allowed, to prevent an atmosphere of mistrust. To maintain patient trust, doctors should assure patients that the recordings will be treated with strict confidentiality and only reviewed in connection with abusive incidents, otherwise they are automatically deleted after 48 hours. They should explain that anyone engaging in unlawful access or misuse of recordings will face serious consequences. Drawing on data security policies preventing wrongful access and hacking,<sup>15</sup> recordings should be held in encrypted cloud storage, anonymised using privacy-enhancing technology (for example blurring faces and names), and be accessible to doctors through multifactor authentication with additional approval required from a data protection officer to justify access. This can help to ensure that recordings are only accessible in work contexts for good reasons.

Body cameras might also be useful in deterring sexist comments and other forms of discrimination or wrongdoing which doctors experience from colleagues, such as bullying. They can be useful to whistleblowers with serious patient safety concerns. They can be helpful in cases where doctors fear being falsely accused of misconduct and to provide evidence when patients experience abusive incidents with doctors.

Panic alarms can also be helpful. Statistics about the proportion of hospitals using them are lacking, but some employers install them in specific places within a hospital so that if staff activate them security officers can quickly locate them.<sup>4</sup> They encourage staff – particularly those who work alone – to wear panic alarms attached to keyrings or lapels for easy access in emergencies. Offering staff de-escalation training can help them learn about how to use panic alarms to distract the attention of attackers, buying time to escape or for security officers to arrive.<sup>4</sup>

Body cameras and panic alarms should be accompanied by urgent measures such as giving doctors secure, locked rooms to sleep in if they need to rest between shifts. Reports of the rape and murder of the doctor in India in August 2024 who was asleep in a seminar room highlighted the lack of such safe spaces.<sup>16</sup> Society must also tackle the root causes of violence and harassment, including prejudice against women, and systems must ensure that perpetrators are held to account.

Letting doctors wear body cameras and panic alarms can work as both deterrents and reactive solutions to abusive incidents, speeding up the administration of justice by enabling employers and the police to have enough evidence to take meaningful action.

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