

VIEWPOINT

Violence Against Healthcare Personnel in Libya

Mohamed Rashed

Department of Orthopedic Surgery, Hadba Khadra Hospital, Tripoli, Libya.

Corresponding author: Professor Mohamed Rashed Email: mohbrashed@yahoo.com

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The duty of all professional doctors is to promote the advancement of the science and art of medicine at all levels in particular for the improvement of patient care; to foster and develop teaching and education; to facilitate and encourage exchange of professional experience and to promote good fellowship among our junior doctors. We all agree that we must work towards progress in this endeavor. This also involves fighting against unacceptable acts, which are bringing mankind back to the medieval ages. Facing the daily trivialization of violence spread in the Libyan hospitals, it is our duty to react against one of the most disgusting forms of violence: the aggression towards healthcare personnel.

As part of their duty, orthopedic surgeons, general surgeons, traumatologists, physicians, nurses and technicians working in emergency departments are often on the front line of violent aggression (1-3). During war, armed conflicts and acts of terrorism, there are often clear infringements on the

terms of the International Geneva Convention. However, it remains our responsibility to remember the Geneva Convention and the relevant rules that impose respect and neutrality of medical personnel. Medical neutrality may be thought of as a kind of social contract that obligates societies to protect medical personnel in both times of war and peace, and expects medical personnel to treat all individuals regardless of race, ethnicity, religion, or political affiliation (4). Violations of medical neutrality constitute a crime outlined in the Geneva Conventions. It is also logical that threatening healthcare workers will dramatically impede medical aid to the people in need. The authorities must be held responsible for not taking clear steps to establish positions and actions opposing these crimes against humanity.

With easy access to all kind of weapons and guns and its availability almost to everybody in Libya following the fall of the previous regime, violence against medical personnel



Photo 1. The extent of destruction as seen in the Emergency Department, Tripoli Central Hospital, Tripoli, Libya following the attacks of (January 2014).



Figure 2. A nurse was attacked by a family relative. The photo shows the evidence of skin injuries.

or even taking the revenge against inpatients themselves due to alcohol and narcotics abuse, ignorance, intolerance and lack of respect has become an ordinary daily occurrence (Figure 1 and 2). It can come from patients, from relatives or friends, and sometimes from delinquents. It has taken time for these aggressions to be reported, they were more or less considered part of professional confidentiality by health workers and even minimized by the hospital administration. However, their frequency has increased to the point where some hospitals are now reacting. They demanded that the laws must be modified and implemented and the normal penalties doubled in cases of violent acts against medical workers. Doctors started a strike due to the unsafe conditions especially during their night shifts (5,6).

Today, not a single hospital, not one clinic is protected against this kind of violence. Recently, Al-Jala Hospital, Benghazi Medical Center and Hawari Hospital in Benghazi, Tripoli Medical Center and Busalem Trauma and Emergency Center, Tripoli Central Hospital and even the Children's Hospital in Tripoli, Sebha Medical Center in Sebha to the south of the country have all been subjects to attacks and violence. Even the Ministry of health headquarters itself has been the scene of violent attacks. All over the world, hospitals are known for their safety but this does not seem to be the case any longer in Libya.

We do appreciate that solutions are not easy but they are varied. These include increasing realistic penalties significantly to dissuade such aggression, increasing hospital securities, putting in place measures to protect medical personnel and training them on how best to manage violent behavior (7). On a broader scale, the youngest members of the population should be taught to respect and assist medical personnel. Finally, the media by reporting these aggressions it will be necessary to move governmental authorities into action. All these measures cannot take effect immediately and it will take time. Isolated, they will be inefficient. This problem is a problem of all the society and the different factors have to be treated jointly. We echo the call of Dr. Margaret Chan, Director General of the World Health Organization that "*The safety of facilities and of healthcare workers must be sacrosanct*" (8). We strongly endorse the campaign and recommendations of WHO and ICRC urging all civil societies, lawyers and governmental authorities, health workers' unions and syndicates, to recognize of the gravity of this matter and the immediate need to take all the necessary measures to fight this degrading stance towards the healthcare system and strengthen respect towards healthcare workers.

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