



School of Dentistry

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PHYSICIANS BELIEVE DOCTORS SHOULD BE MORE INVOLVED IN VIOLENCE PREVENTION

Physicians believe they can have a major influence in the fight against violence and that health care practitioners can and should make a unique contribution to violence prevention, according to a recently published study by the Division of Behavioral Sciences in the UCSF School of Dentistry.

The study, conducted with collaboration and support from Physicians for a Violence-free Society, also found that while many physician activists become involved in violence prevention pursuant to a personal experience, and become leaders in violence prevention in their professional settings, they often remain reluctant to do outside, unpaid activist work in community settings. The study involved three focus groups with 19 physicians in San Francisco, San Diego and Los Angeles. The study, which appeared in *Women & Health*, Vol. 4, December, 2003, examined the problems and perspectives of physicians and other health care providers who are active in unpaid, non-clinical, policy-oriented violence prevention work.

The study reveals that doctors are not only aware of the so-called “power of the white coat,” but also that they feel obligated to be involved in work against violence. “Respondents indicated that they are aware of their unique position and influence in combatting violence,” said Barbara Gerbert, PhD, professor and chair of the Division of Behavioral Sciences at the UCSF School of Dentistry, and principal investigator in the study. “Physicians are aware of the logical connection between violence and health, and the public realizes this. They recognized that they represent a balanced, humanistic perspective and provide a broader context about the full impact of violence on health.”

Physician activists reported that they make good advocates against violence due to their greater credibility, heightened awareness of the impacts of violence, and broader view of the issue in comparison to others in violence prevention. “(Doctors) are well respected members of society and, as a result, patients take it very seriously when we speak out against domestic violence,” said one male physician from San Diego in the study.

Despite physicians’ awareness of their clout many expressed frustration with a medical environment in which physicians both remain largely uneducated about violence prevention and fear being overextended due to demanding time commitments at work. Because many doctors who are involved in combatting domestic violence in their professional lives feel overwhelmed by their workload, they are reluctant to take on additional commitments to activist causes. “Physicians feel there is so much that they should

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Comment [H1]: I re-wrote his quote into a paraphrase. How should it be handled?

do in their office setting that they are reluctant to commit to more activities outside of their office,” Gerbert said. “Many physicians fear being isolated in their fight against violence, lamenting that the majority of the health care profession is just not doing enough,” Gerbert continued. Physicians in the study felt that local networking with fellow violence prevention advocates would be the best way to remedy this feeling of isolation.

The study also revealed that doctors did not describe mere professional interest in violence prevention. Rather, they seem to have expressed some awareness of personal vulnerability and human interconnectedness that is based either on empathy or direct experience with violence. Participants described a variety of encounters with individual victims that initially spurred their outside activism.

These physicians are currently involved in a variety of violence-prevention activities, from dispensing gun locks to families with children in community settings to developing new medical education curricula. Despite increasing awareness of the widespread effects of violence in society, they feel themselves to be a minority among physicians. Many physicians in this study decried the continuing difficulty in implementing reforms for dealing with violence prevention and treatment within the medical environment.

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