Attitudes towards assault patients

Sir

A recent study has shown that victims of assault sometimes perceive medical staff as unsympathetic (Shepherd, 1990). An investigation of complaints and litigation arising from the management of patients attending A&E departments has also found that some patients perceive staff as impolite, uncaring or dismissive. (Richmond & Evans, 1989). The staff involved however, often reported that the patients concerned had been aggressive and drunk. Several alcohol screening studies have found a high incidence of intoxication among A&E assault patients, particularly those who attend late at night, (Holt *et al.*, 1980; Yates *et al.*, 1987) and there has been shown to be an association between the degree of intoxication and severity of injury (Shepherd *et al.*, 1988). However, it is easy to assume, mistakenly, that nearly all aggressive behaviour in A&E departments has been engendered by alcohol. Anger is a recognized and natural acute psychological reaction to assault (Symonds, 1975), even in the absence of intoxication, and is often part of the response to any serious loss, for example, bereavement (Shepherd 1990).

We carried out a study to investigate the attitudes of A&E senior house officers towards victims of assault. We wished to determine whether a 'stereotype' of the intoxicated assault victim existed and whether A&E staff felt that victims brought about their injuries directly or indirectly by consuming alcohol. Twelve A&E Senior House Officers were interviewed during night time duty shifts in a major inner city Accident Unit (Bristol Royal Infirmary) and a District General Hospital (Heath Road Hospital, Ipswich). This series of semi-structured interviews, though guided to ensure inclusion of these issues, were allowed to develop freely and lasted between 15 and 45 min. They were recorded and typescripts prepared.

A stereotyped view of assault victims was shared by most SHO's particularly if patients had been drinking. The majority of respondents felt that patients were at least partly to blame for their injuries if they had been drinking at all, and sometimes even that they deserved their injuries, deserved to wait for treatment and did not deserve compensation. The interviews also drew attention to the conflict which exists between treating intoxicated, aggresive patients as soon as possible to dispose of them quickly and insisting that they wait their turn. Some SHO's had developed methods of dealing with intoxicated, troublesome patients which involved isolating them from their friends and removing some of their clothes. Nearly all respondents felt that these patients were ungrateful for treatment and unrewarding to manage.

Although assertions have been made in the past that victims of assault often cause the incidents in which they are injured, a detailed investigation of the role of victim and assailant in street and bar violence has never been carried out, and it therefore seems dangerous to make such assumptions. Surprisingly, in this study, respondents rarely made a distinction between victims of street fighting, mugging, vagrant abuse and domestic violence. Clearly it would be unfortunate if the sterotype outlined above was applied to all these individuals. On the basis of the findings of this pilot study there may be a need for dissemination of information in A&E departments about the psychological effects of violence and of

other kinds of loss. This may be part of the role of community psychiatric nurses in A&E departments.

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A simple to use audit for Accident and Emergency Departments

Sir

Medical auditing is quickly becoming established in all branches of hospital practice.

It should provide a basis for quality control as well as a record of the number and types of patients treated.

Studies have been made of the seriously injured, but by far the larger part of the workload of an Accident and Emergency Department is with patients who are not severely ill. An auditing system is therefore required which can cover the management of the whole range of conditions presenting to the department, not just the life threatening illnesses and injuries.

The auditing system must also take into account the vast numbers and diversity of patients attending, and also the 'sorting house' nature of the department.

At the Royal Preston Hospital we have developed a method of audit which is fulfilling these aims.

Fifty-eight thousand new patients annually attend our Accident and Emergency Department. It would not be practical to review every patient's treatment in detail. Therefore every fiftieth adult and every fiftieth child is included in the audit. This averages a total of 97 patient records audited per month.