Impacts of Health Reforms in Turkey: The Case of Violence Towards Physicians

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Abstract
Health system of Turkey which has been transformed since 1990’s caused radical changes both in quality of services and demands of patients. Among many others one of the most important impacts of these reforms is that they caused an increase in violence towards physicians. Primary aim of this paper is to show the links that exists between health reforms and violence towards physicians in hospitals. Social meta-analysis based on comparisons of the findings of recent studies is used to achieve the above mentioned purpose of this study. Findings revealed that both makers of reformers and physicians should be aware of the fact that changes in the structure of patient-physician relationship should be made for the sake of the community.

INTRODUCTION
In Turkey, the health system in general and “the process of health labour” [1,2], in particular, including family physicians, have been transformed since 2003 for the sake of health reforms. In 2003 following the call of World Health Organization application of family physician system started as a pilot project in Turkey under the umbrella of health reforms which aims to decrease the demand for second and third level health services while upgrading community health. First legislative regulations were made in 2004 to extend family based health services nationwide.

The health reform in Turkey so called “Transformation of Health” resulted in radical changes in administration of the health system [3,4]. For example health services and financial resources have been separated in hospitals. Decentralization of health services is another important aspect of the reforms. However some changes have already been made in health services in Turkey since 1990’s by applying benefit maximization system based on centralization of the three social insurance systems such as governmental, industrial and other workers which were separate before. Transformation of hospital as service providers caused the hospitals collecting money from insurance system to increase their benefit by decreasing their expenditures. The results of these changes have formed an important step for Turkish government to run away from provision of health services by privatizing them. The target of the health services were also changed from public health to market oriented health system. The main indicator of this change was budget cuts on health expenditures. Cost minimization versus benefit maximization however carries the risks of increasing operations which accelerate benefits while causing malpractices [5].

As it is in other countries, bureaucratization of health services, ultra-expertness and division of labour, application of high techs, commodification and standardization of health services, professionalization and being proletarian instead of powerful experts were the main characteristics of transformation of process of health labour [2]. It could also be interpreted as the main determinants of conflict in the field of health especially when violence towards physicians is considered.

At first glance violence can be defined as asymmetric relations between organizations or people [6]. Workplace violence is an attack or assault to worker during his/her work by one or more people [7]. In this context violence in health organizations means a risk for the health personnel that they could be attacked by patients or patients’ relatives through threats, verbal and physical assaults [8]. According to Collins when we investigate violence we should focus on social interactions rather than individuals [9]. Because violence is not an individualistic phenomena. In order to understand the violence we should know about the cultural background of the environmental conditions. On the other hand violence usually is a rare phenomena and occurs in a short time of period [10].

Foucault as a psychiatrist analysed and pointed out that asymmetric relation between patient and physician is social construction rather than natural which can be observed at types of social relations such as parents-children relationship [11]. Besides Foucault, Bourdieu also pointed out that health is an important field to observe struggles for power between patient and health personnel [12]. However there are some other views pointing out that patient-physician relationships are in conflict rather than conformity or consensus because of its nature [13,14]. The reasons of sickness, process of treatments

as well as prevailing values and attitudes regarding health and
sickness are the main causes of conflict. Besides, due to the
asymmetric relationship between physicians and patients as well
as expectation of unconditional obeying of patients to physicians
may cause the conflict [15]. Recent increases of physical violence
towards physicians imply that there are important changes in the
direction of violence.

According to IL0 one fourth of work place violence occurs
in the field of health [16]. In other words violence in health
organizations is more and different when compared with that
in other workplaces. Kingma pointed out that the risk to face
violence for health professionals are 16 times more than other
workers [17]. There are strong evidences which show that
violence towards physicians has increased because consulting
to doctors has been increased from two to 8.8 for person in
Turkey. In other words from 2003 to 2013 people in Turkey
ran to the doctors four times more than before. As a matter of
fact violence towards physicians is mostly observed at the
emergency departments of public hospitals (92%). According
to the same reports 81% of health personal faced to violence in
their professional life in Turkey [18,19].

A META-ANALYSIS: ESSENCE OF VIOLENCE IN
TURKEY

According to some recent studies [20,21] the intensive
violence towards physicians are related to transformation of the
health system in Turkey. As pointed out by Collins sociological
analysis of violence requires investigation of social environmental
or situational conditions rather than individualistic characters of
contentiousness such as age, education or socio-economic status
[9]. Because not only disadvantaged people anybody may or
can apply violence if feels him/herself in the tunnel of violence.
Tunnel as a metaphor indicates that people who feel themselves
burnout, desperate and helpless may apply violence in order
to get rid of this darkness [9]. In the case of Turkey physicians
interviewed pointed out that because of radical changes in health
system, violence has increased in Turkey.

Phenomenological studies to find out the essence of violence
towards physicians indicated that there are both positive and
negative impacts of transformations of health system in Turkey
[20,21]. The doctors who are the victim of violence reported
that patient satisfaction is increased due to the dropings of
medicine prices as well as the easy access to health services
which were requiring more time and energy to consult doctors.
After centralization of three social insurance system in Turkey,
it became easier for the patients to reach health services. In
other words at past people could get health services only from
the hospital associated with their workplace. For example blue
coloured industrial workers and white colour government
officers’ hospitals were separate. University hospitals which
were independent from Ministry of Health were also centralized
and has been under the supervision of the government. In
summary, centralization of health services increased health man
power sources which some cases were inadequate. Ministry
of Health also started to bargain with pharmacy industry to
reduce the prices of expensive medicines and to encourage
the production of cheaper equivalents of some medicines in Turkey.
There are also some physicians who think that medicine is a very
large discipline and expertness is necessary. They also believe
that expertness increase the quality of services. As mentioned
above intensive division of labour and ultra expertness as well as
high technology were considered as negative impacts of recent
changes resulted in bureaucratization of health services along
with making the doctors proletarian.

According to the same doctors interviewed during
phenomenological study, the wrong policies forced to be
applied by government resulted in conflict between patients
and physicians. For example without increasing number of
doctors and auxiliary health personnel government put quotas
for the number of patient to be examined by doctors. To be able
to examine large number of patients doctors should reduce the
time they devote for each patient. Risk of wrong diagnosis and
unsatisfactory relationship between patients and physicians
are increased due to the time spent for each patient. Support
of media is also important to emphasize the demand for health
services. Because present government manipulates media in
order to increase his votes by declaring that they made radical
changes to transform health system for providing better services.
As a matter of fact, all these tactics of the government cause the
society to pay for it both financially and socially. In other words
in reality transformation of hospital into the commercial places
along with transformation of patients to the costumer of these
business like organizations have been realized. In this context
doctors also started to play the role of marketing man. Because
health of people became a commodity which can be sold in the
free markets. Patient rights and satisfactions are also enlarged.
Relationship between patient satisfaction and the evaluation of
doctor’s performance are started to be taken into consideration.
In other words when hospital administrations reorganized, a
kind of rewarding system is established which motivate doctors
to get high score to earn higher salary. This system as being
open to malpractice can be criticised in many ways. Because in
this competitive system doctors had to work without resting to
complete their mission while earning more money.

One of the most important negative reflections or turns of
this transformation is certainly the violence towards physicians.
Because increased demand of patients are not met properly in
the market. Whenever patients faced with difficulties and wrong
treatment due to the misdiagnosis derived from time pressure,
they started to search or find a guilty and physicians were at hand
assault. According to the doctors governmental discourse in
media shows doctors always humiliated while patients are spoilt.
These attitudes of politicians resulted in devaluation of doctors
in the eye of society. Because doctors are started to be seen as
servants of patients who are treated as masters. Traditional
values towards medicine and physicians as respectful and
powerful profession have lost its status and doctors are started
to be seen as ordinary workers who do not have any privileges
in the society.

CONCLUSION

In Turkey violence towards doctors recently has increased
and reached to the highest point. Government began to take some
measures to prevent violence towards physicians which are
mostly derived from the wrong and short term transformation
policies in health sector of Turkey. Emergency alarm system
has been established along with some regulations to increase sanctions for the hostile behaviours.

As a matter of fact patient centred approach must be balanced without neglecting doctors as the other side of the same coin. Because burn out and depressed doctors may not carry their responsibilities properly and the quality of services can be affected negatively. It is obvious that consequences aimed by economical politics are reducing the quality of health services which is the basic human right. The existence of the findings related to private hospitals shows that if there is a balance between supply (i.e. number of doctor and sufficient infrastructure) and demand (i.e. quality and quantity of patients) in terms of health services there is less violence which is important. Therefore, it is obvious that the main reason of violence towards physician is the big gap between capability of physicians and expectations of patients. Therefore present government should stop behaving like populists who looks after its interests rather than for the sake of public health. In short term getting more health services might lead to happiness of society but certainly in long term it will cause public health problems. Doctors are also should be aware of that paternalist doctor-patient relationship model is not valid anymore. In other words the doctor’s model that is respected with unlimited compliance along with thanked fullness has been changed and left its place to more democratic interactive model. Governments in Turkey also should ask professional associations’ and unions’ to get their views to develop better public policies which increase the effectiveness of health services while increasing satisfaction of both patients’ and health personnel.

REFERENCES