সম্প্রতি জর্জিয়ার তিবলিসিতে অনুষ্ঠিত World Medical Association এর 70th General Assembly তে বাংলাদেশ, ভারত, জার্মানি সহ মধ্য ও দক্ষিণ আমেরিকার কয়েকটি দেশের নেতৃবৃন্দ চিকিৎসকদের উপর হামলা, নির্যাতন ও মামলা সহ পেশাগত বিভিন্ন ধরণের হয়রানির বিষয় উত্থাপন করলে WMA Statement on Violence And Health শীর্ষক রেজ্যুলেশনে কিছু পরিমার্জন করেন। নিম্নে পরিমার্জিত Statement টি সকলের জন্য প্রকাশ করা হলোঃ

Dear colleagues,
 A rising tide of violence against physicians and health professionals is being reported to the World Medical Association.

Physician leaders from Central and South America, from India and Bangladesh, and from Germany have all recently reported incidents of physicians being assaulted and even killed.

The WMA Statement on Violence and Health is available here.

Regards,
WMA Secretariat

WMA STATEMENT ON VIOLENCE AND HEALTH

Adopted by the 54th WMA General Assembly, Helsinki, Finland, September 2003
and reaffirmed by the 59th WMA General Assembly, Seoul, Korea, October 2008
and revised by the 70th WMA General Assembly, Tbilisi, Georgia, October 2019

PREAMBLE

Violence is defined as "the intentional use of physical force or power, threatened or actual, against oneself, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation."

Violence is multi-dimensional, has multiple driving factors, and can be physical, sexual, psychological or exerted through acts of deprivation or neglect.

The World Medical Association (WMA) has developed policies condemning different forms of violence. These include statements on Violence Against Women and Girls, Family Violence, Child Abuse and Neglect, Abuse of the Elderly, Adolescent Suicide, Violence in the Health Sector by Patients and those close to them, Protection of Health Care Workers in Situation of Violence, WMA Declaration on Alcohol and the WMA Statement on Armed-Conflicts.

Violence is a manifestation of the health, socio-economic, policy, legal, and political conditions of a country. It occurs in all social classes and is strongly associated with leadership failure and poor governance, and social determinants such as unemployment, poverty, health and gender inequality, and poor access to educational opportunities.

Despite regional and country-wide disparities in the scale and burden of violence, along with the under reporting of data, it is evident that violence results in fatal and non-fatal consequences. These include the devastation of individual, family, and community life, as well as disruption of the social, economic, and political development of nations.

Violence impacts the economy because of increased health and administrative expenditures by the criminal justice, law enforcement, and social welfare systems. It also has negative impact on a nation's productivity because of a loss in human capital and the productivity of the workforce.

IMPACT ON HEALTH

The effects of violence on health vary and can be life-long. Health consequences include physical disability, depression, post-traumatic stress disorder and other mental health challenges, unwanted pregnancies, miscarriages, and sexually transmitted infections.

Behavioral risk factors such as substance use, which can give rise to violent behaviour, are also risk factors for cancer, cardiovascular and cerebrovascular diseases.

Direct victims of violence are prone to traumatizing experiences such as physical, sexual and psychological abuse, and may be unwilling or unable to disclose or report their experiences to appropriate authorities due to shame, cultural taboo, fear of societal stigma or reprisal, and the justice system's undue delay in dispensing justice.

In institutions such as healthcare facilities, violence is often interpersonal in nature, and may be perpetrated against patients by healthcare workers, or against health care workers by patients and their caregivers, or among healthcare personnel in the form of bullying, intimidation, and harassment. Additionally, healthcare professionals and healthcare facilities are increasingly subjected to violent attacks. Such violence and targeted attacks on healthcare facilities, healthcare personnel, and the sick and wounded are in direct breach of medical ethics, international humanitarian and human rights laws.

Though many countries are increasingly accepting the need to institute violence prevention programs in their respective jurisdictions, the field of violence prevention and management still faces many challenges. Challenges include inadequate or non-existent reporting of data, inadequate investment in violence prevention programs and support services for victims of violence, and failure to enforce existing laws against violence, including measures to restrict access to alcohol.

Recognizing that violence remains a significant public health challenge which is multi-dimensional and preventable in nature, and affirming the pre-eminent role of physicians as role models, and in the care and support of victims of violence, the WMA commits itself to act against this global scourge.

RECOMMENDATIONS

WMA encourages its constituent members to:

1. Educate and advise political and public office holders at all levels of government with appropriate and adequate knowledge and scientific evidence on the benefits of investing more resources in violence prevention.

2. Advocate for and support good governance based on the rule of law, transparency, and accountability.

3. Conduct and support effective media campaigns to inform and raise the public's awareness on the burden and consequences of violence and the need to prevent it.

4. Raise public awareness of international laws, norms, and ethical codes that mandate the protection of healthcare workers and facilities in times of peace and conflict.

5. Advocate for and promote the inclusion of courses on violence and its prevention in academic curricula, including those for undergraduate and postgraduate medical training and Continuing Medical Education (CME).

6. Consider organizing capacity building and CME programs for physicians on violence prevention, caring for victims of violence, emergency preparedness and response, and early recognition of signs of interpersonal and sexual violence.

The WMA urges governments to:

1. Work towards achieving a zero-tolerance for violence, through prevention programs, establishment of violence prevention and victim support clinics, establishment of safe domestic violence shelters, increased public and private investment in public safety, security, and strengthening of health and educational institutions.

2. Encourage collaborative action on violence prevention, with integrated violence prevention and victim support in health care institutions.

3. Promote social justice and equity by eliminating inequities and inequalities that may create the conditions for violence.

4. Focus on addressing social determinants of health through the creation and improvement of socio-economic, educational and health infrastructure and opportunities, and elimination of adverse and oppressive cultural attitudes and practices and all forms of inequality or discrimination on the basis of gender, creed, ethnic origin, nationality, political affiliation, race, sexual orientation, social standing, disease or disability.

5. Secure the enactment and enforcement of policies and laws on violence prevention, protection and support of victims of violence, and punishment of offenders.

6. Strengthen institutions concerned with public safety and security.

7. Develop policies and enforce legislations that regulate access to alcohol.

8. Develop and implement effective legal frameworks that protect individuals and entities that deliver healthcare. Such frameworks should guarantee the protection of physicians and other healthcare professionals, as well as the free and safe access of healthcare personnel and patients to health care facilities.

9. Support comprehensive research studies on the nature and character of the various forms of violence, including the effectiveness of response strategies, to assist them in the preparation and implementation of policies, laws and strategies on violence prevention, protection and support of victims, and punishment of perpetrators.

10. Initiate and foster multi-stakeholder involvement and collaboration among relevant bodies and organizations at global, national, state and local levels, in the development, implementation and promotion of violence prevention and management strategies, including engagement of traditional, religious, and political leaders.

11. Develop robust multi-sectoral partnerships at local, state and national levels with violence prevention made a priority concern in all government ministries, including health, education, labour, and defense ministries.

12. Institute a Safe Care Initiative that guarantees the safety and security of physicians and other healthcare workers, patients, healthcare facilities, and the uninterrupted delivery of healthcare services in times of peace and conflict.

13. The initiative should include the following components:

- Routine violence risk audit.
- Efficient and effective violence surveillance and reporting mechanisms.
- Transparent and timely investigation of all reported cases of violence.
- A system for protecting patients and healthcare personnel who report cases of violence.
- Legal support for physicians and other healthcare workers subjected to violence in the workplace.
- Establishment of security posts in healthcare facilities as deemed necessary.
- Financial coverage for injured medical personnel and other healthcare workers.
- Compensated time off for injured medical personnel and other healthcare workers.