

Cause Analysis and Solution Mechanism of “Medical Disturbance” from the Perspective of Medical Prescription

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Abstract: In recent years, the number of medical disputes in China has increased and even evolved into medical disturbances driven by various factors. This has seriously affected the normal medical order and worsened the relationship between doctors and patients. Therefore, how to prevent and solving medical disturbances has become an urgent problem in Chinese society. In this paper, we use literature research and interviews to investigate the causes of medical malpractice and analyze the advantages and shortcomings of the existing solutions from the perspective of medical practitioners. Based on this, three further countermeasures are proposed: one is to regulate medical practice strictly. The other is to crack down on medical malpractice according to the law. And the third is to pay attention to the mass media to provide ideas for managing medical dilemmas and improving the medical environment and doctor-patient relationship.

Keywords: Medical disturbance, Medical prescription, Cause analysis, Solution mechanism

1. Introduction

1.1 Research background

With the development of the economy and society, Chinese residents have significantly improved their material living standards while paying more attention to the topic of life and health, and the demand for high-quality medical care has gradually increased. Since the reform and opening up to meet the needs of the people and the development of the times, Chinese medical care has undergone a series of reforms, and China's medical system has made profound developments in terms of technology and structure. The way medical institutions operate in China has also gradually moved from government control to market competition. The form of operation has gradually shifted from a state-owned monopoly to the co-existence of state-run and private medical institutions. These developments have expanded medical coverage scope, provided solid protection for patients, and greatly alleviated the old problems of “difficult and expensive access to medical care”.

However, the entire medical process is extremely long, from illness, consultation, treatment, and later consolidation. During this period, patients and doctors need to be in constant communication. In addition, patients, medical staff, and hospitals are essentially three separate entities, each with different purposes for participating in the medical process. This process will involve the economic and reputational interests and the safety of the patient's life, which will inevitably lead to friction.

The frequent occurrence of medical incidents in China has confirmed this view in recent years. From “eight hair door” to the “Tao Yong incident”, the situation of medical trouble is getting more intense should. Be mutual trust and cooperation of the three parties are like water and fire. Difficult to reconcile, the doctor-patient relationship is stalemate is slow to ease [1].

The term “medical disturbance”, does not yet have a clear definition in academic circles. It generally refers to the use of illegal means by patients, their families, and other interested parties, such as pestering and beating medical personnel and mass detention, to exert pressure on the medical authorities to achieve their goals, either in terms of financial compensation or other purposes, due to dissatisfaction with medical services. There are two types of medical disturbances: those initiated by direct stakeholders, i.e., patients and families, who constantly pester medical institutions and demand that they meet their demands; and those initiated by indirect beneficiaries, i.e., hired professional medical disturbers, who often encourage patients and families to commit violent acts and make use of the doctor-patient relationship for their benefit. However, no matter what kind of medical

disturbance, it will seriously affect the medical order and reputation of the hospital, bringing psychological pressure and blow to the medical staff, and may cause the patient to violate the legal system. Therefore, there is no winner in the game between doctors and patients, and the patient will be the ultimate victim [2].

In 2019, there were 1,007,579 medical and health institutions of all types in China, an increase of 1.02% year-on-year, the total number of outpatient visits reached 8.72 billion, an increase of 4.9% year-on-year, and the average number of visits by residents to medical institutions was 6.2, an increase of 3.3% year-on-year. It can be seen that, on the one hand, the development of the healthcare system has brought about the expansion of the scale of healthcare and the development of medical technology. Still, on the other hand, the increase in the number of visits and the average number of visits also reflects the further current concern of the public about their physical health. In other words, the people's expectations for healthcare have increased, and the physical and psychological pressure on healthcare institutions and medical personnel will increase steeply. Limited medical resources do not meet the constant medical demands, and the doctor-patient relationship cannot avoid being affected, and medical disturbances will emerge. According to the 2020 Alpha database, from 2002 to 2019, there were 108,900 cases nationwide in which court action was the final means of closure. However, from 2014 onwards, the number of cases regarding medical malpractice in China has increased dramatically, especially in 2014, by nearly 275%.

1.2 Literature review

Due to the deep public concern, medical malpractice is also a hot topic of scholars' attention. Zhou synthesizes many literature views and believes that most scholars study it from three perspectives: legal, legal-economic, and sociological [3]. Sun explains the causes of medical malpractice from a legal perspective and focuses on the existing legal means to deal with medical malpractice [4]. Li and his research team comprehensively studied the causes of medical disturbances from the medical system and media opinion and gave various feasible measures to deal with them [5]. They gave various feasible measures to deal with them.

Most scholars tend to analyze the causes of medical malpractice from the patient's perspective, but very few scholars think about it from the medical side's perspective. In this paper, we would like to explore the causes of medical disturbances from the medical perspective and seek corresponding solutions from this explanation to promote the harmonious development of the doctor-patient relationship and further promote the smooth progress of the medical industry. Most scholars tend to analyze the causes of medical malpractice from the patient's perspective, but very few scholars think about it from the medical side's perspective.

1.3 Research framework

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2. Methods

2.1 Literature research method

The literature research method refers to obtaining information by reviewing a large amount of literature according to a certain research purpose or topic to get a comprehensive and correct understanding of the subject studied, usually a written survey. Before the study began, the author first searched some relevant papers and news reports to understand medical malpractice's current situation and obtain rich materials. Secondly, by reading and organizing the literature, the author further learned about the views and thoughts of the parties involved in medical disturbances and the public on the doctor-patient relationship, which provided a basis for the interview.

2.2 Interview method

After gaining a certain understanding of the problem of medical malpractice, the author searched for ten suitable interviewees, consisting of three main categories of people: medical personnel, people who often need to receive medical treatment, and people who have never been involved in medical disputes, representing the perspectives of medical parties, patients, and ordinary bystanders, labeling as A, B, C, respectively. The interview format was mainly informal interviews, i.e., chats in daily life. All ten interviewees provided the author with a great deal of first-hand material from their own experiences and profound reflections.

Table 1. List of Interviewees

No.	Gender	Age	Occupation	Note	Type
1	male	47	doctor	experienced medical disputes	A
2	female	47	doctor	experienced medical disputes	A
3	male	22	student	none	C
4	male	70	farmer	receive treatment year-round	B
5	female	26	corporate employee	experienced medical errors	C
6	female	35	nurse	experienced medical disputes	A
7	female	23	student	experienced medical errors	C
8	male	38	corporate employee	Medical Industry	C
9	male	55	self-employed	experienced medical errors	B
10	female	63	retirement	receive treatment year-round	B

3. Results

Medical trouble is the biggest stumbling block in the harmonious doctor-patient relationship, and it is a problem that must be solved. To further ease the relationship between doctors and patients, we must first analyze the causes of the formation of medical trouble to make corresponding countermeasures according to the causes.

3.1 The system of conflict

Since the reform and opening up, China has carried out several profound medical system reforms, and the effect is remarkable. At the same time, there are still some drawbacks. The current profit mechanism of all medical institutions is more oriented to market competition than to state control [6]. Yet, most of them still use the administrative system of the planned economy internally. One is characteristic of the market economy, and the other is a remnant of the planned economy. The profit-making mechanism and the management system conflict, and hospitals are neither fully independent subjects of the market economy nor can they be included in the governmental units within the system. Hence, problems arise in various aspects such as resource allocation and salary composition.

On the one hand, although medical institutions can freely buy and sell medical resources within the allowed range in the market, due to the strict but conformist nature of the administrative system. The incentives and penalties are not strong enough to stimulate the creativity and motivation of medical staff, nor can they strictly regulate their medical procedures and fees. Thus there will still be low utilization of resources, conflicts between the upper and lower levels, and other unnecessary situations. On the other hand, due to the market of medical institutions, there is no need for the medical staff to be involved. On the other hand, due to the market nature of medical institutions, medical institutions may also focus more on economic efficiency, ignoring medical safety, which is the most important aspect of patients' concerns. As a result, the conflict between doctors and patients cannot be avoided.

3.2 The professionalism of medical care and high-risk

With the development of economy and society, medical treatment has also developed to an unprecedented new level. Medical doctors have researched new technologies, manufactured new equipment, and constantly conquered many diseases once thought to be terminal. However, the world is endless. Current medical technology does not cure all known diseases; for example, cancers and AIDS are still incurable, and there are still many inadequacies to address them. On the other hand, many are likely to be misdiagnosed due to cognitive limitations, thus delaying the best time for treatment, which is objective and impossible to eliminate. When patients and their families learn that they are terminally ill or have paid a high price for treatment but cannot obtain the best results due to technical limitations, it is difficult to quickly accept this due to physical and psychological stress. Still, it is easy to cause emotional agitation, resulting in some excessive behavior. Coupled with the professional nature of the medical treatment, it is difficult for medical staff to explain the difficulties in the treatment process clearly to the patients, which to a certain extent will further intensify the conflicts between the two sides.

3.3 Doctors' dereliction of duty

There is no denying that some doctors will make the wrong diagnosis because of their lack of theoretical knowledge and practical experience. In addition, some medical personnel are not responsible enough for patients and do not pay attention to communication with them, which leads to patients gradually losing trust in them due to a lack of understanding [7]. Once a medical incident occurs, it is difficult for doctors and patients to communicate. The seeds of distrust have been planted in the patients' minds, which can easily deteriorate the situation and even develop into a violent incident.

4. Discussion

4.1 Existing channels of resolution and deficiencies

Medical disturbances are not created initially as "medical disturbance", often first medical disputes, but because the divergences between medical staff and patients are not well handled, further deterioration of the results. However, China does not have clear legal provisions on dealing with medical trouble in the long-term exploration of the formation of a set of existing unwritten measures to deal with it, mainly including the following three [8].

4.1.1 Self-negotiation

Self-negotiation is the most common method to solve medical disputes, usually by the doctor and patient usually coordinate their solutions. This method fully respects the wishes of both parties and has no cumbersome procedures. However, patients are often in a relatively disadvantageous position in the negotiation. Firstly, because there is information asymmetry between the two parties, the medical party has a higher explanation ability regarding professional knowledge and mastery of the medical process. Secondly, self-negotiation does not have sufficient binding power and is not always effectively performed. In addition, self-negotiation is long and inefficient, and it is very likely to delay the patient's valuable relief time.

4.1.2 Mediation by health administrative departments

Mediation by health administrative departments usually means that the management department can intervene in medical disputes to mediate the conflicts according to the provisions of the Regulations on Handling Medical Accidents. Compared with self-negotiation, administrative mediation is fairer and more impartial than self-negotiation due to the intervention of a third party. It is less likely to intensify conflicts between the two parties, and the administrative department, as the superior department of the hospital, is more capable of binding it to perform the negotiation promptly. However, due to the low level of publicity related to this type of resolution, few people are aware of

it. In addition, because the third-party health administration provided for administrative mediation has a very close relationship with the hospital, the public is prone to doubt the fairness of the mediation results. Therefore, overall, the popularity of administrative mediation in handling doctor-patient disputes is not high.

4.1.3 Litigation

Litigation is the fairest and most effective of the above two settlement channels. Litigation is usually initiated by patients, which puts the originally relatively weak patients into an active position and is more feasible. However, the biggest problem with litigating medical disputes is time-consuming. According to statistics, the average length of a medical dispute lawsuit is one year and three months [9]. Patients often choose litigation because they have suffered much physical pain or psychological shock but cannot obtain compensation. Their demand for a solution is very strong. Still, too long litigation time is not only unable to solve their problems in a timely and effective manner but also unable to let them vent their emotions. Since judges do not have medical expertise, there still have problems of evidence collection and distinguishing the authenticity of evidence in the litigation process.

By analyzing the existing channels for resolving medical disputes, it can be found that, in theory, these measures can solve some medical disputes. Still, they cannot completely stop the escalation of medical disputes. And regardless of the outcome, the ultimate means of compensation is no more than financial compensation. Therefore, medical disputes will eventually evolve into a game between doctors and patients around the number of monetary compensations.

4.2 The way out of the dilemma of medical disturbance

Generally speaking, patients who suffer from medical disturbances can be divided into two types. One is the type of patient who cannot control their behavior for a short period because they cannot accept the undesirable results, which belongs to the emotional venting type. The other is the completely rational use of medical disturbances to claim compensation. The former is more like a systemic risk, which is explosive and uncontrollable, and, therefore, can only be remedied afterward but not prevented in advance. So, the latter is the main situation to be addressed at present.

4.2.1 Strictly regulating the practice of medicine

As mentioned above, the causes of medical malpractice are not all objective but also caused by irresponsible and poorly trained medical staff. Therefore, it is necessary to strengthen the training of medical personnel, ensure that they are licensed to work simultaneously, and provide them with further humanistic education to develop their responsibility and communication skills. At the same time, standardize the process of medical practice, and eliminate the phenomenon of indiscriminate charges, red envelopes, etc., from the medical side to make efforts to slow down the root cause of medical malpractice.

4.2.2 Crackdown on medical disturbances according to law

According to deterrence theory, rational potential criminals will assess the cost of crime and subsequent benefits before committing a crime to decide whether to commit a crime. Therefore, appropriately increasing the penalties for medical malpractice can effectively reduce its probability. However, currently, China does not have a complete set of legal provisions for medical disturbances. In the face of medical disturbances, the relevant agencies usually invoke other laws and regulations to punish medical disturbers accordingly. Such penalties are not very strict and always give people an opportunity to take advantage of the situation. When dealing with minor medical disturbances, the relevant agencies always take “minimizing the big issues and minimizing the small ones” [10]. Therefore, solving the problem of medical disturbances urgently needs to introduce relevant laws. In addition, to treat “medical trouble” personnel differently. Professional “medical trouble” personnel should be tough, and should not compromise; if the medical trouble is only emotional patients and

family members, or should encourage the use of peaceful and legal means to solve the problem, such as negotiation.

4.2.3 Pay attention to the mass media

Medical disturbances often arise because patients and their families have too many expectations of the existing medical technology and are too optimistic about it. When the current technology cannot meet their expectations, they will naturally claim compensation. Therefore, the mass media should appropriately report the extent of current medical technology development, which not only popularizes medical knowledge but also increases information communication with patients and enhances the trust between doctors and patients. In the wake of medical disturbances, hospitals should also actively communicate with the media to curb the undesirable state of affairs through the media hype. In addition, the government and other relevant departments should also actively guide people through the network media to use legal and reasonable means to fight for their legitimate interests [11].

5. Conclusion

5.1 Main findings

Based on the perspective of the medical side, this paper mainly analyzes the views of relevant medical personnel about the problem of medical disturbance, trying to reveal the causes of medical disturbances and provide ideas for the governance of medical problems. The findings of this paper include the following two main points:

First, the causes of medical disturbances from the medical side's perspective are explored.

First and foremost, from the medical side perspective, the conflict between the hospital system is the root cause of medical disturbances, and the contradiction between the administrative system and the market-based profit mechanism is irreconcilable. At the same time, due to the degree of technological development, the high risk of medical treatment is also unavoidable, coupled with the professional medical knowledge that is difficult to be interpreted into the vernacular to convey to laypeople. The professionalism and high risk of medical treatment are also reasons for medical disturbances. In addition, excluding these objective factors, there is no doubt that some doctors will fail in their duties due to personal subjective factors, such as not paying attention to communication with patients, which will eventually cause medical disturbances.

Second, the advantages and shortcomings of existing solutions are analyzed, and new solutions are proposed.

The existing solutions are only self-negotiation, health administrative department mediation, and litigation, which have their advantages and disadvantages, but also can meet the needs of solving medical trouble. However, these solutions are only to stop and remedy the existing situation after medical malpractice but do not play a preventive role. Therefore, measures that can have a preventive effect are urgently needed. On the one hand, society needs coercive legal means to reduce the proportion of subjective factors in the causes of medical malpractice, such as regulating medical practice procedures and cracking down on medical malpractice by law. On the other hand, positive guidance is also indispensable. Mass media is one of the important media that should be valued but is still not taken seriously.

5.2 research significance

This paper analyzes the causes of medical malpractice from the medical side's perspective to enlighten the relevant management departments to protect the safety of medical personnel, meet the medical needs of patients, further ease the relationship between doctors and patients, and promote the stable operation of society.

5.3 Limitations

Due to the limitation of space and capacity, this paper only points out the causes of medical malpractice from the perspective of the medical side. However, there are still many hidden causes and solutions in the huge medical system. Therefore, the author believes that the overall healthcare system, including the management and operation system, health insurance composition, and salary distribution, can be explored in-depth in future research.

References

- [1] Zheng Xudong, Xu Lei, Exploration on the Importance of Doctor-patient Communication in Preventing Medical Disputes [J], China Continuing Medical Education, 2021, 13(18): 101-104, DOI : 10.3969/j.issn.1674-9308.2021.18.027
- [2] Du A H, Multi-dimensional Analysis to Build a Harmonious Doctor-patient Relationship [J], Medicine and Society, 2011, 24(12): 65-66. DOI:10.3870/YXYSH.2011.12.023
- [3] Hong Zhou, Hao Zhimei, Domestic and Foreign Research Status of Medical Disturbance [J], Health Operation and Management, 2019, 16(02): 113-114, 177. DOI: 10.16659/j.cnki.1672-5654.2019.02.113
- [4] Sun Xiaojing, Analysis of Causes and Countermeasures of Formation of Doctor-patient Disputes [J], Motherland, 2019, 2019(03): 285,287.
- [5] Li Minzhi, Duan Xurui, Tang Qianli, Yue Guihua, Potassium Ti Di, Jing Feng, Wei Zhongheng, Mo Xiaoqiang, Analysis of Causes of "Medical Trouble" and Strategies to Deal with it [J], Journal of Youjiang Medical University for Nationalities, 2013, 35(6), DOI: 10.3969/j.issn.1001-5817.2013.06.070
- [6] Ying QianJian, Study on Crisis Management of Medical Disputes in Hospitals ---- Taking X Hospital as An Example [D], Thesis for Master's degree, Shanxi University, 2021, DOI: 10.27284/d.cnki.gsxiu.2021.001302
- [7] Xu Yan, Zheng Qiu-shi, Investigation and Analysis on the Assistance Need of Medical Staff in Medical Disputes [J], Medicine and Philosophy, 2021, 42(682): 49-52. DOI: 10.12014/j.issn.1002-0772.2021.23.11
- [8] Zhang Di, Wang Juan, Shen Yuanyuan, Current Situation and Countermeasures of Medical Disputes [J], Hosp Admin J Chin PLA, 2020, 27(11): 1054-1057, DOI: 10.16770 /J.cnki.1008—9985.2020.11.016
- [9] Li Tianying, The Legal Solution of Medical Disputes in China from the Perspective of Medical Trouble [J], Rule by Law and the Society, 2019, 2019(10): 36-37.
- [10] Guan Xin, Zhang Zhewei, Chen Zhanglei, Gao Yang, The Evolutionary Game Model of Medical Dispute under the Regulation of the Government [J], System Engineering -- Theory & Practice, 2019, 39(12): 3151-3162. DOI: 10.12011/1000-6788-2019-0168-12
- [11] Luo Tao, Zhao Yue, Xu Ting, Liu Lanqiu, Remark on The Construction of Online Dispute Resolution on Internet Medical Disputes [J], Chinese Hospitals, 2022, 26(5): 64-67. DOI: 10.19660/j.issn.1671-0592.2022.5.18