

The Causes and Legal Implications concerning Assault against Healthcare Providers by Patients or their Relatives in Nigeria

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Abstract. Assault against medical practitioners is a global public health problem. Research has shown that healthcare personnel are more exposed to violence in their work settings. The root causes of this incident of assault on healthcare providers have been linked to several legal and social economic issues. Although there seem to be laws against any form of assault, it has become a recurrent event of an assault on healthcare providers by a patient or their relative. It is concerning this that this study embarks on a hybrid method of study in ascertaining the root causes and legal implications concerning the assault of healthcare providers by a patient or their relative. In this regard, questionnaire was sent to respondents, and a descriptive and analytical method was adopted in analyzing the data obtained. The study found that there is an incidence of assault of healthcare providers in Nigeria and it is majorly caused by the low status of healthcare providers, poor quality of health facilities, and high cost of healthcare. It was therefore concluded and recommended that to curtail the incidence of assault on healthcare providers, the Nigerian government must ensure quality accessible healthcare, and intensify legislative and judicial measures in curtailing such heinous acts of patient or relative assaulting healthcare providers.

Keywords: Legal, Assault, Healthcare, Patients, Nigeria

1. Introduction

Recently, there has been an increase in the reports of assault against healthcare providers in the world, sometimes leading to grievous hurt or murder (Aidonjje et al. 2022). Recently in China, one dentist was killed by his patient after he treated his patients and the patient was aggrieved (Maran et al. 2019). This indicates many of such assaults or violent act incidences are not the heat of the moment reaction but cold-blooded, calculated violence and murder (Adkunne et al. 2022). Several more such (called Yi Nao in Chinese) to doctors have been reported from China (Abioula et al. 1980).

It suffices to state that several such incidences have also been reported in Nigeria, however, this menace has not been highlighted adequately (Abjorn, 1991; Achen et al. 2008). Whether the increase in reporting of assault truly represents a real increase in the prevalence of the condition or just represents increased awareness in the era of electronic mass media and improved telecommunication systems needs further assessment (Bowers, et al. 1999). However, it apt to state that the root causes of assault of healthcare providers by patients or patient's relative is stem from the fact or linked to the ineptitude of legislative and judicial response to cases of assault on the healthcare provider, the low status of healthcare providers, poor healthcare facilities and high cost of healthcare services (Abrenna, 2001). Although, it suffices to state that there are laws in Nigeria that tend to condemn any form of assault,

however, assault on healthcare providers in Nigeria seems to be very pronounced (Sermodzie et al. 2017; Brown et al. 2020).

It is concerning the above that this study tends to embark on a study concerning the root causes of healthcare providers' assault by patients or patients' relatives. Furthermore, the study will also examine the legislative responses to violence or assaults suffered by healthcare providers and the legal implication for perpetrators of such acts in Nigeria. Also, the study will proffer possible solutions to salvaging the incidence of healthcare provider

1.1 Methodology

The study adopted a hybrid method of research in ascertaining the causes and legal implications of assault on healthcare providers by a patient or patient relatives. Concerning the doctrinal method of study, several scholarly pieces of literature (such as textbooks, journal articles, and online articles) and laws were reviewed in ascertaining the trend of assault on healthcare providers in Nigeria and its legal implication.

However, concerning the non-doctrinal method of study, a questionnaire was distributed to various respondents in ascertaining the root causes of the assault on healthcare providers in Nigeria. Furthermore, the non-doctrinal method of study was also aimed at suggesting possible remedies concerning the assault on healthcare providers in Nigeria.

2. Incidences of Assault on Nigeria Healthcare Providers by Patient or their Relatives

However, it suffices to state that the word "assault" in local parlance connotes the application of physical force to the person, however, under the law of torts, the actual application of force to the person is not assaulted but the battery (Pekar and Gillespie, 2013). Assault is the intentional putting of another person in fear of an imminent battery. The Black's Law Dictionary defined assault as the threat or use of force on another that causes that person to have a reasonable apprehension of imminent harmful or offensive contact; the act of putting another person in reasonable fear or apprehension of an immediate battery using an act amounting to an attempt or threat to commit a battery (Ogbonnaya, 2020). Similarly, the World Health Organization (WHO) defines workplace violence as, "Incidents where staff is abused, threatened, or assaulted in circumstances related to their work, including commuting to and

from work, involving an explicit or implicit challenge to their safety, well-being, or health. WHO considers both physical and psychological harm, including attacks, verbal abuse, bullying, and both sexual and racial harassment, to be workplace violence.

However, it must be noted that in the Nigeria Criminal Code, assault differs from assault under the law of tort. Section 252 of the Criminal Code Act defines "Assault" It provides thus:

"A person who strikes, touches, or moves, or otherwise applies a force of any kind to the person of another, either directly or indirectly, without his consent, or with his consent, if the consent is obtained by fraud, or who by any bodily act or gesture attempts or threatens to apply the force of any kind to the person of another without his consent, in such circumstances that the person making the attempt or threat has actually or a present ability to effect his purpose, is said to assault that person, and the act is called an assault."

Concerning the above, it suffices to opine that assault is an act that creates an apprehension in another of an imminent, harmful, or offensive contact (Njaka et al. 2020). The act consists of a threat of harm accompanied by an apparent, present ability to carry out the threat, whereas Battery is a harmful or offensive touching of another (Stanley and Nwosu, 2020). The main distinction between the two offenses is the existence or nonexistence of touching or contact. While contact is an essential element of battery, there must be an absence of contact for assault.

Before this time, the news of assaults against medical staff hardly hit the newsstand, though prevalent in some other parts of the world. This could be a lack of reportage by the news media in Nigeria (Adgbonnaya et al. 2012). However, there has been an upsurge in violent acts against medical healthcare providers. In the majority of such cases of health providers assault, a such assault took the form of either verbal abuse or aggressive gesture (Abodunrin et al., 2014). Very often, those who abused a medical person were patients themselves or their relative. An increased risk of assault was also recorded when a general physician was on house calls, particularly at night (Achinawa et al., 2020). The recent happening at the Lagos State University Teaching Hospital (LASUTH) wherein the relative of a patient, who was presented with a gunshot injury, assaulted the staff has brought the discourse to the fore again. The patient's relative attacked 3 nurses and a doctor in the line of work and one of the nurses had a deep cut on the head, while one was almost stripped naked

(Olutayo, 2021). Furthermore, In another incident at Nnamdi Azikiwe University Teaching Hospital Nnewi, two male doctors on call at the special care baby unit were beaten mercilessly by a patient's relatives in the wee hours of the morning of Tuesday, January 14, after the assailants lost a newborn baby to neonatal asphyxia despite adequate resuscitation by the doctors on call (Onyebuchi 2022).

However, the consequences of violence against healthcare providers can be very serious: deaths or life-threatening injuries, decreased retention, reduced work interest, job dissatisfaction, depression, post-traumatic stress disorder, more leave days, impaired work functioning, a decline of ethical values, and increased practice of defensive medicine. Workplace violence is associated directly with lower patient safety, higher incidence of burnout, and more adverse events. In this regard, given the fact that an assault is said to constitute a criminal and civil offense, it will be very germane to consider the legal implication of assault of any kind in Nigeria.

3. Legal Implications concerning Assault on Healthcare providers

However, Healthcare providers under the aegis of the Nigerian Association of Resident Doctors (NARD) have protested against rising attacks on health workers concerning patients on admission to hospitals and other health centers across the country. The association, therefore, had several times called on the Federal Government to enact a law that would protect doctors and other health workers from assaults and attacks, while performing their duties. Concerning the above, a cursory review of the various laws concerning healthcare providers in Nigeria, appears there are no uniform laws that protect healthcare providers from violent acts. This is concerning the fact that the National Health Act and Medical and Dental Practitioners Act only make provisions for rules governing the conduct of Health Practitioners. The laws do not make specific provisions for their protection from assault and violent acts. However, there are specific actions both criminal and civil that can be instituted against perpetrators of such violent acts against healthcare providers. Depending on the degree of the violent act a Medical Practitioner can institute an action for damages for assault or battery against the assailant.

In Nigeria Criminal Law, the offense of assault is provided for under sections 252 - 256 of the Criminal Code. In the said section, the word is used to cover the meaning of both assault and battery. It is a misdemeanor punishable with a year of imprisonment

upon conviction if a person unlawfully assaults another. Furthermore, section 335 of the Criminal Code also provides that any person who unlawfully does grievous harm to another is guilty of a felony and is liable to imprisonment for seven years. Similarly, where the assault occasions harm such a person will be guilty of a felony and liable upon conviction to imprisonment for years. Also, section 338 of the Code, further stipulates that any person who unlawfully wounds another; or unlawfully, and with intent to injure is guilty of a felony and liable upon imprisonment for three years.

However, concerning the above, it suffices to state that to constitute an offence the assault must be unlawful (Gillespie et al., 2010). An assault is lawful only if it is authorized or justified or excused by law. The offence of assault could either be a misdemeanor or a felony depending on the degree of force used by the assailant (Philip 2016; Abdellah and Salama, 2017). It will be a misdemeanor punishable by a year of imprisonment if it is a simple assault (Sun et al. 2017; Lu et al., 2020). However, it is a felony punishable by three years imprisonment, if the assault occasions harm.

Concerning the above, it suffices to state that although, the above provisions of the Criminal Code and the principles were not enacted or stipulated primarily to protect Healthcare providers, however, Medical Practitioners can claim protection under these provisions applicable to all Nigerians until a law is enacted primarily to protect health workers.

Healthcare providers can also institute a civil claim against the perpetrator by claiming damages. Although there is a dearth of authority to illustrate how healthcare providers have successfully claimed damages against assailants however there are a plethora of cases to illustrate how damages have been claimed by victims of assault. In the case, *Stehens v. Myers*, where the defendant aims a punch at the Plaintiff but his punch was intercepted by a third party, so the plaintiff is not touched. The defendant was held liable.

To claim protection under the above provisions of the laws above, healthcare providers, are expected to lay a formal complaint before the law enforcement agency before a criminal or civil action can be instituted against such perpetrator of such an act.

4. Presentation and Analysis of Data

Concerning data presentation as obtained from the questionnaire in this study, is therefore analyse below as follows;

4.1 Sample Size and Techniques

Concerning the techniques adopted in analyzing the data generated in this study, the researchers adopt a simple random sampling method or techniques in selecting respondents to give an informed answer to the questionnaire. The essence of adopting simple random sampling techniques is concerning the fact of the suitability and reliability in identifying respondents from a heterogeneous population such as Nigeria (Aidonojie et al. 2022; Majekudumi et al, 2022; Aidonojie, 2022; Aidonojie and Francis, 2022; Aidonojie et al. 2022; Aidonojie et al. 2021). Furthermore, it has been argued in several studies

(Aidonojie et al. 2022; Aidonojie et al. 2021; Aidonojie et al. 2020; Oladele et al. 2022; Aidonojie et al. 2022; Aidonojie and Odojor, 2020; Aidonojie et al. 2022) that simple random sampling techniques possess the following qualities as follows;

That it is free from the biased result

It is hassle-free

Furthermore, it is more relevant to legal research than other techniques

However, concerning the sample size, respondents residing or living in Nigeria were chosen randomly to respond to the questionnaire

4.2 Data Analysis

The data derived or generated through the use of an online survey questionnaire is hereby analysed below:

Research Question One:

What State do you reside in Nigeria?

206 responses

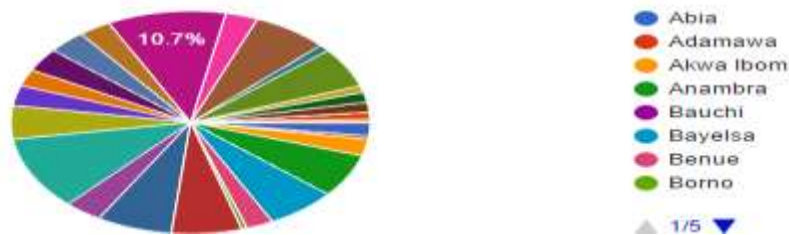


Figure 1: Identification of the various states residing in Nigeria by the respondents

S/N	States in Nigeria	Responses of Respondents	Percent
1	Abia	4	1.9%
2	Adamawa	1	0.5%
3	Akwa Ibom	5	2.4%
4	Anambra	13	6.3%
5	Bauchi	Nil	Nil
6	Bayelsa	13	6.3%
7	Benue	5	2.4%
8	Borno	1	0.5%
9	Cross River	13	6.3%
10	Delta	14	6.8%
11	Ebonyi	7	3.4%
12	Edo	22	10.7%
13	Ekiti	10	4.9%
14	Enugu	6	2.9%
15	(FCT) Abuja	5	2.4%
16	Gombe	Nil	Nil
17	Imo	7	3.4%
18	Jigawa	Nil	Nil
19	Kaduna	7	3.4%
20	Kano	Nil	Nil
21	Katsina	6	2.9%
22	Kebbi	Nil	Nil
23	Kogi	22	10.7%
24	Kwara	6	2.9%
25	Lagos	14	6.8%
26	Nassarawa	Nil	Nil
27	Niger	2	1%

28	Ogun	12	5.8%
29	Ondo	2	1%
30	Osun	3	1.5%
31	Oyo	3	1.5%
32	Plateau	Nil	Nil
33	Rivers	2	1%
34	Sokoto	1	0.5%
35	Taraba	Nil	Nil
36	Yobe	Nil	Nil
37	Zamfara	Nil	Nil

Table 1: Valid Identification of the various states residing in Nigeria by the respondents

Figure 1 and Table 1 are valid data presentations that show that or represent the respondent identifying the various state in the federal republic of Nigeria they reside.

Research Question Two:

Do you agree that there are incidences of assault against most healthcare providers by a patient or their relative?

205 responses

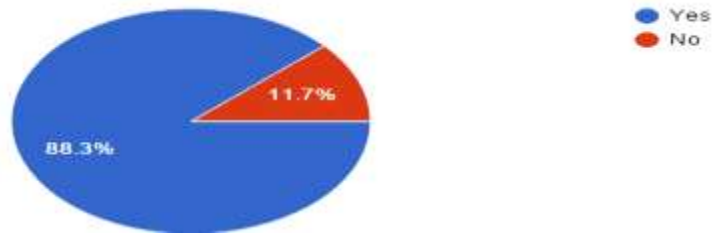


Figure 2: Respondents' identification if there are incidences of healthcare provider assault in Nigeria by patient

	Response	Percent
Valid Yes	181	88.3%
Valid No	24	11.7%
Total	205	100%

Table 2: Valid responses of respondents' identification if there are incidences of healthcare providers assault in Nigeria by patient

Figure 2 and Table 2 above represent the respondents' responses identifying if there are incidences of healthcare providers assault in Nigeria by a patient.

Research Question Three:

Which of the following serve as the root causes of the incidence of assault against most healthcare providers by a patient or their relatives?

You can tick more than one option

182 responses

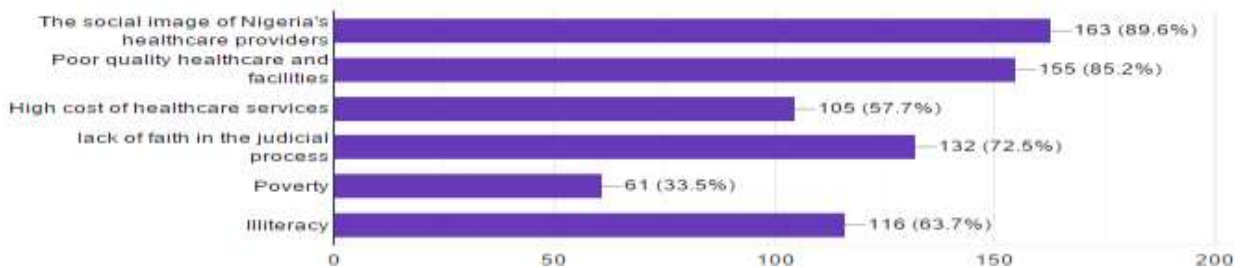


Figure 3: is a respondents' cluster of responses identifying the root causes of assault on healthcare providers in Nigeria

Causes of assault on healthcare providers	Cluster of Response	Percentage
The social image of Nigeria's healthcare providers	163	89.6%
Poor quality healthcare and facilities	155	85.2%
High cost of healthcare services	105	57.7%
lack of faith in the judicial process	132	72.5%
Poverty	61	33.5%
Illiteracy	116	63.7%

Table 3: Valid Cluster respondents' cluster of responses identifying the root causes of assault on healthcare providers in Nigeria

Figure 3 and Table 3 are respondents' clusters of valid respondents' cluster of responses identifying the root causes of assault on healthcare providers in Nigeria.

Research Question Four:

Do you agree that the incidence of assault against most healthcare providers by a patient or their relative can be curtailed through legal and social means?

206 responses

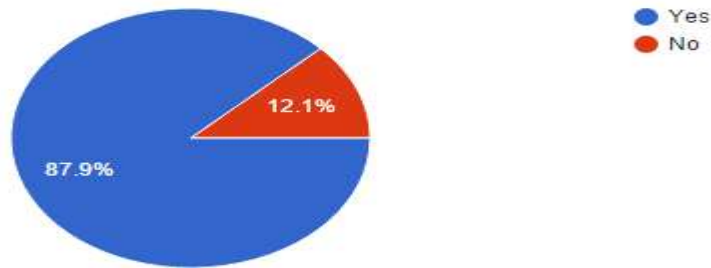


Figure 4: Respondents identify that legal and socio-policy will aid in the mitigating assault on healthcare providers in Nigeria

	Response	Percent
Valid Yes	181	87.9%
Valid No	25	12.1%
Total	206	100%

Table 4: Valid Respondents' identification of the fact that legal and socio-policy will aid in the mitigating assault on healthcare providers in Nigeria

Figure 4 and Table 4 are valid cluster responses of respondents identifying that legal and socio-policy will aid in mitigating assault on healthcare providers in Nigeria

Research Question Five:

Which of the following legal and social means could aid in curtailing the incidence of assault against most healthcare providers by a patient or their relative?

You can tick more than one option

182 responses

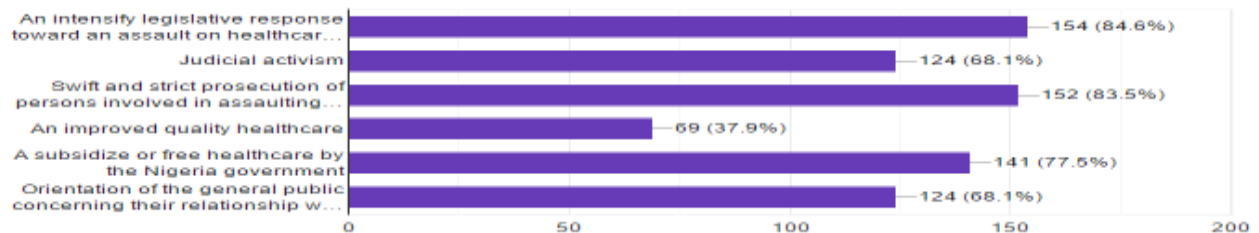


Figure 5: Respondent identifying some possible remedies in curtailing the incidence of healthcare providers assault in Nigeria

Remedies in curtailing assault on healthcare providers	Cluster Responses	Percentage
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An intensify legislative response toward an assault on healthcare providers	154	84.6%
Judicial activism	124	68.1%
Swift and strict prosecution of persons involved in assaulting healthcare providers	152	83.5%
An improved quality healthcare	69	37.9%
A subsidize or free healthcare by the Nigeria government	141	77.5%
Orientation of the general public concerning their relationship with healthcare providers	124	68.1%

Table 5: Valid cluster of respondents identifying some possible remedies in curtailing the incidence of healthcare providers' assault in Nigeria

Figure 5 and Table 5 represent a cluster of respondents' valid responses in identifying some of the possible remedies that could aid in some possible remedies in curtailing the incidence of healthcare providers' assault in Nigeria.

5. Discussion of Findings

Concerning the data obtained and presented above in this study, figure 1 and table 1 as presented above represent the fact that the 206 respondents are residing within Nigeria. In this regard, concerning figure 1 and table 1 give credence to the fact that the respondents have the knowledge and are well-informed concerning the question concerning this study. In this regard, in figure 2 and table 2, 205 respondents identify that there are incidences of assault against most healthcare providers by a patient or their relatives. However, question three (3) was meant to ascertain the root causes of most of the assaults on healthcare providers by patients or their relatives. In figure 3 and table 3 which represent a response to question three (3), the respondents identify some of the root causes of the assault on healthcare providers by a patient or their relatives as follows:

- (a) 89.6% of the respondents stated that the social image of Nigeria's healthcare providers is one of the major root causes of assault on healthcare providers
- (b) 85.2% identified poor quality healthcare and facilities
- (c) 57.7% stated that the high cost of healthcare services is also a root cause
- (d) 72.5% also identify a lack of faith in the judicial process
- (e) Furthermore, 33.5% and 63.7% of the respondents further identify poverty and illiteracy respectively

Concerning the findings of figure 3 and table 3 above, is further confirmed as analyse in this study above, which identify a series of incidence of assault on healthcare providers by patient or relatives in Nigeria. However, in figure 4 and table 4, 87.9% of respondents were able to identify that the incidences of assault against most healthcare providers by a patient or their relative can better be curtailed through effective legal and social means. In this regard, in figure 5 and table 5 the respondents identify the legal and socio-policy means that could

aid in curtailing the incidence of assault against most healthcare providers by a patient or their relative as follows:

- (i) 84.6% stated that an intensify legislative response toward an assault on healthcare providers could aid in curtailing the such incidence
- (ii) 68.1% stated that there is a need for judicial activism concerning the assault on healthcare providers
- (iii) 83.5% stated swift and strict prosecution of persons involved in assaulting healthcare providers
- (iv) 37.9% stated that there is a need for an improved quality healthcare
- (v) 77.5% also identify that subsidized or free healthcare by the Nigeria government will aid in curtailing such incidences of assault on healthcare providers
- (vi) Furthermore, 68.1% stated that there is a need for an orientation of the general public concerning their relationship with healthcare providers

6. Conclusion / Recommendations

This study has been able to critically examine incidence concerning the assault on healthcare providers perpetrated by patients and healthcare providers in Nigeria. A cursory review of various literature review that there is an incidence of healthcare providers. However, several root causes of the assault were identified as the major causes of assault on healthcare providers in Nigeria. Furthermore, the study further found that it is evident from the foregoing that healthcare providers are not given real protection against violent acts perpetuated by patients or relatives of a patient, given the fact that the primary laws that seem to regulate and coordinate the affairs of healthcare providers seem to be silent on issues concerning their protection.

Considering the importance of the Medical field to the nation and to ensure the effective protection and safety of healthcare providers in Nigeria, it is recommended therefore recommended as follows:

- That the National Assembly should enact a law primarily or review existing healthcare providers' laws to protect health workers from violence.
- It is also recommended that the perpetrators of violence against healthcare providers are duly reported and prosecuted.
- Improved quality healthcare and facilities must be provided by the government
- Sensitization of the general public concerning how to manage their relationship with healthcare providers

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