DOCTORS FOR AMERICA

SAFETY GUIDELINE TOOLKIT

This toolkit is a product of the Sexual and Gender Health subcommittee within the Health Justice and Equity Impact Area of Doctors for America

Table of **CONTENTS**

A Field Guide to Practicing Medicine Under Authoritarianism

It has become **increasingly unsafe** to **practice medicine** in the United States. **Attacks on healthcare institutions have rapidly increased** in the last decade, and **misinformation** surrounding vaccination, abortion, gender-affirming care, culturally informed care, public health, and scientific research has created an **increasingly dangerous culture of mistrust** among the public against healthcare providers. Current political leadership will likely only exacerbate these dangers.

As providers from more specialties find their physical, mental, emotional, and professional safety threatened, it's **imperative** that the medical profession establish **guidance to help physicians and healthcare organizations improve their safety**. Currently, guidance exists either for specific organizations or for specific topics such as burnout, physical violence, or cybersafety. But no general guidelines exist for ensuring physician safety in all of these and other holistic aspects.

We have compiled the best guidance we could find spanning diverse specialty and topic areas, healthcare organizational settings, as well as practice modalities. While we explicitly address much of this advice to physicians, the threats and prophylactic strategies we describe apply to any and all healthcare providers. We recommend that any provider interested in continuing to advocate for the rights of their patients read through this guide and follow any tactics they deem prudent.

Ensuring Physical Safety

Physicians and healthcare providers spend their time investing in the safety and wellbeing of their patients; however, **particularly for those providing healthcare that is politicized or for marginalized populations**, this can come at the expense of their own safety and wellbeing. In order to address this reality, physicians and healthcare institutions can take steps to minimize the risk of physical danger to themselves and others.

Personal Actions

- Avoid working alone if a patient makes you feel unsafe
- Ask security for support in situations that could escalate
- Create a codeword that discreetly lets your coworkers know you feel unsafe
- Flag patient charts for factors that could increase risk of violence, such as substance use disorders, psychosis, or a history of violence
- Participate in and support workplace violence trainings
- Report all incidents of violence, including near-misses
- Use situational awareness to continually assess your environment and recognize cues of escalation

Institutional Actions

- Violence prevention and conflict de-escalation training can increase clinician confidence in navigating patient aggression
- Flagging disruptive patients in EMR to take precautions prior to violence occurring
- Hospital policies banning violence and offensive/discriminatory/abusive language and behaviors
- Increase hospital security measures in a trauma-informed approach through discussions with diverse community voices, recognizing that police violence disproportionately harms marginalized populations
    - e.g. Extra design security features like badge access to certain parts of the clinic/hospital, rapid communication channels, surveillance cameras, metal detectors, and alarm systems
- Making hospital security and media teams aware of the risks their providers are taking on and the harms they may face in order to act appropriately

Emotional and Mental Safety

Physicians experience **many different types of distress** on the job that affect their wellbeing and safety in the short- and long-term. Some, like burnout, are now popular and well-characterized. Others, like secondary traumatization, are less often discussed but just as important. Understanding each and developing separate strategies to address each form of distress will be **a vital part of ensuring emotional safety for physicians.**

Typology of Physician Distress

Burnout: describes the sense of exhaustion felt when one's efforts don't produce the outcomes expected or hoped for.

Moral Injury: describes the anguish of knowing what care a patient needs but being unable to deliver it due to systemic, institutional, or political barriers. "The moral injury of health care is not the offense of killing another human in the context of war. It is being unable to provide high-quality care and healing in the context of health care." (Dr. Wendy Dean)

Compassion Fatigue: is the erosion of compassion that healthcare workers may feel when they are unable to refuel and regenerate after repeated exposure to traumatic experiences.

Secondary Traumatization: is emotional distress that results when an individual hears about the trauma experiences of another.

Strategies to Mitigate Physician Distress

Personal Actions

1) Recognize signs and symptoms: guilt, anger/betrayal, depression, loss of identity, loss of trust, isolation, reduced empathy/numbness.

2) Identify moral stressors and symptoms, seek support from peers, and seek professional support

Institutional Actions

1) Ensure access to support services and consider rotating staff between higher and lower stress role

2) Prepare to discuss ethical challenges and moral injury, schedule regular wellbeing check-ins and facilitate referrals

Many of us already experience these feelings: the guilt when our hands are tied by documentation burdens, the betrayal when institutions prioritize liability over patient care, the isolation when advocacy is met with silence. These generate distinct forms of distress that we must explicitly name in order to address effectively.

Cybersafety I

Everything is **online** these days, from patient charts to personal communications. While convenient, **this puts healthcare providers at risk of harm**, especially those who engage with highly politicized healthcare or advocacy. Cybersafety is critical to **allow physicians to provide care, advocate if desired, and exist online.**

Some of the major threats to cybersafety today include doxxing, whistleblowing, and harassment or "trolling" on the internet. Whether a physician has a significant social media presence or has their information on a hospital website, **there are some tangible steps to take to protect yourself online.**

General Steps

- Use secure web browsers and search engines
  - Try Firefox Focus, Brave, or Tor
    - these erase your browsing history when closed and block tracking
  - For a search engine, try DuckDuckGo instead of Google
    - this doesn't save search data, collect information about you, or sell your data to advertisers
  - clear search histories, browser caches, on other web browsers like Chrome and Safari
- For private communications, especially about politicized topics, consider Signal with disappearing messages

Recognizing and Responding to Online Harassment

- Know what types of online harassment exist:
- Astroturfing: coordinated inauthentic online behaviors, such as a small group of people using fake profiles to make social media backlash appear larger
- Concern trolling: the use of positive tone to mask antagonism online
- Cyberbullying: repeated online behaviors to harm a person
- Cyberstalking: online invasion of privacy, especially when done across platforms and communication services
- Deepfake: computer

Cybersafety II

Preventing Doxxing I

- Search yourself with different variations of your name, phone number, prior home addresses, email addresses, close family members, your social media usernames/handles
  - include image results
- Delist your personal information from Google, set up Google alerts
- Contact website publishers to ask them to take down things you don't want up with your name on them
- Review your own website, bios
- Ask your workplace, university, or other affiliations not to publish your contact info in online directories
- See what data brokers have on you and opt out manually
  - Start with the three major wholesalers for the US: Epsilon, Oracle, and Acxiom
  - This is time-intensive and needs to be repeated (aim for 2x a year)
  - http://fpf.training/databrokers
  - https://www.optery.com/opt-out-guides/
  - If willing, purchase data removal subscription service such as Kanary, DeleteMe, Optery
- Clean up your social media
  - If a personal social media account, make the account private and increase privacy settings
  - If a professional account that is intentionally public, avoid including sensitive personal information and images
  - Review what has already been posted, particularly if public, to ensure there is nothing that can be easily misused by trolls or doxxers
  - Review bios, CVs
- Establish separate email accounts for separate purposes
  - Professional for work and public facing accounts
  - "Spam" for signing up for services, promotions
  - Personal for close contacts
- Review your location sharing settings
  - Restrict location tracking on as many apps as possible

Cybersafety III

Preventing Doxxing II

- Remove hidden Exif data from photos that you post
  - Exif files contain the date, time, and location of the image
  - Easy way to scrub metadata before posting a photo:
    - Text a photo to yourself on Signal, which automatically scrubs the metadata, then save the photos back to your phone
- Be conscious of the decision to "sign in" via Google or Facebook to a new app/service
  - This gives third party platforms access to those accounts
  - Instead, use a password manager
- Turn off mobile ad ID to limit companies from connecting your location, search data, and browsing history
- Consider using a VPN
  - Hides your online activity to route your connection through a server operated by the VPN provider instead of through your IP address that reveals your location
    - Mullvad.net
  - Protonvpn.com (free with an account)
  - Tunnelbear.com

If you experience a safety concern online, it is HIGHLY recommended that you reach out to your hospital or institution's safety team for help reporting. Doxxing laws continue to develop as well, so know your state's doxxing laws.

For other digital/cyber-safety concerns, check out the digital defense fund.

Addressing Institutional Practices and Procedures I

In today's healthcare landscape, **physicians are more often than not working within an institution rather than as solo practice**. This may mean working within an academic institution, community hospital, or multi-provider practice. Whatever shape or form, it is evident that **today's physicians practice within a greater bureaucracy**. This begs the question, when practicing evidence-based and equity-informed medicine that is under political and legislative threat, **how do you empower your institution to protect you and your patients?**

An important protection for physicians practicing gender affirming and/or abortion care is their state's shield law(s). In reaction to the overturning of Roe vs. Wade and the Supreme Court decision to uphold state bans on gender-affirming care, shield laws have become incredibly important to protect physicians who provide the aforementioned healthcare to patients across state lines. Put plainly, **shield laws are**, "legal protections for patients, health care providers, and people assisting in the provision of certain health care in states where that care is legal from the reach of states with civil, criminal, and professional consequences related to that care." It is important to know your state's shield laws, and the extent to which these laws protect from liability and persecution from outside states, professional organizations, insurance, and more. UCLA Law has amassed a state-by-state guide that details if your state has shield laws, and if they protect against:

1. Out-of-state investigations and persecutions
2. Professional discipline (threats to license, board certification, etc.)
3. Civil liability (owing damages from litigation in another state by providing care)
4. Professional liability and insurance plans (increasing premiums or denying professional insurance based on if a provider practices this sort of care)
5. Release of medical information related to abortion and/or gender-affirming care

Addressing Institutional Practices and Procedures II

Practically, one needs to know the right questions to ask of the institution to even begin arriving at necessary policies and procedures to implement. Senate reports indicate that in a post-Roe era, **little guidance has been provided by hospital institutions to physicians on how to address care for pregnant patients and miscarrying patients**. In this context, ACOG provides a set of questions to ask of institutional leadership on this topic that can be similarly adapted to other practice areas such as gender-affirming care, immigration care, and more.

1) What is our institution doing to help protect clinicians and their pregnant patients who present for care? Does our institution have policies and processes to protect health care professionals from the consequences of abortion bans when they provide evidence-based medical care to intervene in emergent situations? What does liability coverage look like in these situations?

2) How can our institution implement processes for protecting the privacy of people who travel from states in which abortion care is banned?

3) What steps can our institution take to support clinicians when they are unsure what care they can provide to a patient under a state's laws

4)Does our institution have resources available to clinicians in real time? Do we provide guidance in a timely fashion and in a way that maximizes care consistent with the law in our state?

5) For institutions in restrictive states: How can our hospital establish seamless transfer and referral of patients we are unable to care for at our institution due to state laws or personnel availability?

6) For institutions in protective states: What is our hospital doing to meet capacity demands for people who need to access abortion care at our institution?

Addressing Institutional Practices and Procedures III

Institutions can engage in the following work to **protect their physicians** who provide politicized care and/or advocate for their patients' needs:

- Supporting their providers in continuing to provide care and advocate, and protecting their academic freedom
  - Protecting a provider's ability to research, engage with media, Testify to legislatures
  - Blocking off time for advocacy/media engagement to minimize burnout and sustain clinical programming
- Preparing security teams to respond appropriately to harassment and threats against such providers
- Ensuring institutional media teams are prepared to navigate cybersecurity and responding to online threats
- Utilizing media to dispel myths and address mis/disinformation
- Providing protection for clinicians based on the threats received
- Apprising in-house legal counsel of the quickly shifting legal climate and working alongside clinical teams to interpret emerging legislation
  - Providing advice on the implications of legislation on providers' clinical practices
- Continuing care and not preemptively ceasing care in response to the possibility of a ban

Addressing Institutional Practices and Procedures IIII

Advocating for institutional change is often intimidating when coming from one person. Conversely, feeling like one person in a sea of other workers can feel isolating and disempowering. Grounded in community-based activism and collective agency, it is also **critical to practice movement and coalition building to effectively implement institutional change.** Resident and fellow unionization efforts serve as a prime example of how collective consciousness raising through social media, rallies, in-person confrontation of institutional leadership, and collaboration with pro-union politicians can foster real wins and protections for physicians. Inspired by this, we emphasize that beyond asking the right questions, creating community and being loud as a collective is also paramount for instituting change.

- The Committee of Interns and Residents (CIR) has an FAQ page on beginning to establish a union at your institution
- Click here to also find priority issues by CIR, which can oftentimes overlap with practice areas

Committee of Interns and Residents SEIU Healthcare

Conclusion

Despite the above recommendations, it is **often difficult to find channels/avenues** through which to communicate institutional policy changes and reforms. An effect of healthcare bureaucratization is that identifying stakeholders and axes of change is increasingly difficult. Even further, **if one does speak out about an injustice or a lack of protection for physicians, significant pushback or retribution can result.** Additionally, at times, institutions can effectively contradict evidence-based healthcare or the moral tenets of medicine, making it difficult to practice within that system.

The Black feminist Audre Lorde states, **"For the master's tools will never dismantle the master's house. They may allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change."** Operating within a system based in white supremacy, misogyny, and capitalism means that resisting these forces while baked into its operations can seem futile. As mentioned above, **consideration of moral injury, burnout, and rest as resistance is critical to ensure both the wellbeing of yourself, patients, and a broader community.**

DOCTORS FOR AMERICA