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Rapid response to:

Body cameras and panic alarms for doctors could help deter violence and harassment

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Rapid Response:

Prevention and control of medical violence: ethical dilemmas and systemic blind spots beyond technological empowerment

Dear Editor

Prevention and control of medical violence: ethical dilemmas and systemic blind spots beyond technological empowerment

Recently, an opinion article in the British Medical Journal (BMJ) highlighted the use of body cameras and emergency alerts to curb medical violence [1]. With the background of many malignant medical injury incidents around the world, the author proposes to deter abusers, retain evidence, and enhance the sense of security of care through technological means, and discusses the privacy protection and implementation path. This perspective addresses the urgent needs of medical security, but under the surface solution of technology empowerment, there are still ethical dilemmas and systemic loopholes that have not been fully discussed, which deserve further consideration.

The double-edged sword of technological deterrence: The authors argue that cameras can deter violence immediately, but ignore the particularity of medical scenes. The doctor-patient trust relationship may become a "surveillance relationship" due to the alienation of monitoring, which intensifies the defensive psychology of patients. For example, requiring patients who refuse to be photographed to switch to online consultations [2] actually turns trust issues into technical screening, which may deprive some groups of medical rights. Technology only shifts risk, leaving the root causes of violence untouched—such as conflicts over long waiting times—and cameras cannot resolve systemic contradictions.

Power game of privacy protection: Although encryption storage is proposed in this paper, the hidden danger of data control is not touched. Employers may overstep their authority by accessing videos for "performance reviews," and third-party providers may misuse medical data to train algorithms [3]. Privacy protection requires laws to clarify data sovereignty, rather than relying on technical design [4].

Deep soil for systematic violence: The authors call for "addressing the root causes of violence," but

the measures stop at adding lounges, leaving structural problems such as overstretched health systems and gender power imbalances untouched. For example, women's health care accounts for 70 percent of sexual harassment victims [5], yet no gender-sensitive policies are proposed. Technology tools, without organizational cultural change, will eventually become superficial solutions.

The urgency of multidimensional governance: Medical violence is a microcosm of social contradictions, which needs to be combined with technology and system reform. For example, training health care providers to identify patient trauma, establishing interdepartmental databases to predict risk, and promoting legislation to increase penalties for medical violence. Only by embedding technology in social reform can we move from defense to elimination of violence.

The complexity of technological empowerment is that it is both a shield and a prism that refracts the flaws in the system. The real medical security is not in the lens of the camera, but in the eyes of the appeals and dignity that are heard.

References

1. Kitchen B. UK aid cuts will undermine global health and pose a risk to children's lives *BMJ* 2025; 388 :r541 doi:10.1136/bmj.r541
2. Bakhai M, Atherton H. How to conduct written online consultations with patients in primary care *BMJ* 2021; 372 :n264 doi:10.1136/bmj.n264
3. Qin, Peiwu, et al., "Diagnosing Pathologic Myopia by Identifying Posterior Staphyloma and Myopic Maculopathy Using Ultra-Widefield Images with Deep Learning." (2024).
4. Tangari G, Ikram M, Ijaz K, Kaafar M A, Berkovsky S. Mobile health and privacy: cross sectional study *BMJ* 2021; 373 :n1248 doi:10.1136/bmj.n1248
5. Papantoniou P. Sexual harassment and organizational silencing in nursing: a cross-sectional study in Greece. *BMJ Open* 2021;11:e050850. doi: 10.1136/bmjopen-2021-050850

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