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Implications of the USA "Blacklist" System for Regulating Patients' Responsibilities Toward Healthcare Providers in China

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Abstract: ***Medical disturbances and violence constitute serious and harmful public incidents that have adverse effects on both individuals and society. Behind such phenomena lies a severe lack of patients' ethical responsibility toward healthcare providers. To prevent the frequent occurrence of such malicious incidents, this paper analyzes the pros and cons of the USA patient "blacklist" mechanism to propose the establishment of a similar system in China. Using this as a starting point, we further explore pathways to comprehensively regulate the system of patients' ethical responsibilities toward healthcare providers in China. The ultimate goals are to promote the harmonious development of doctor-patient relationships, create a stable and favorable healthcare environment, and advance the steady progress of the "Healthy China 2030" strategic objectives.***

Keywords: Medical disturbances and violence, Patient "blacklist" mechanism, Ethical responsibility, Doctor-patient relationship.

1. Introduction

In recent years, as patients' awareness of their rights has grown, incidents of doctor-patient conflict have become increasingly frequent, evolving from early-stage disputes into medical disturbances and violence. To prevent reputational damage or under pressure from public opinion, some medical institutions adopt an attitude of "minimizing major issues and sweeping minor ones under the rug" when resolving doctor-patient disputes. This approach indirectly fuels the momentum of medical disturbances and violence, creating a "broken window effect" and fostering an unhealthy trend where "issues are not resolved without a disturbance, minor disturbances lead to minor resolutions, and major disturbances lead to swift resolutions." Regarding the prevention and control of medical disturbances and violence, many scholars [1-2] focus their research on reducing risk factors that trigger violence on the part of medical providers — such as physician-public interactions, working in mobile settings, working alone, or working late at night or in the early morning—or on improving medical professionals' technical skills, professional ethics, and communication abilities. Few have explored solutions by addressing the patients themselves as the perpetrators. The USA patient "blacklist" mechanism, as a pioneering model, can provide valuable insights for exploring the prevention and control of medical disturbances and violence in China.

2. Concept and Current Status of Medical Disturbances and Violence in China

Medical disturbances and violence are, in essence, manifestations of a lack of social integrity within the doctor-patient relationship. They represent acts of bad faith by patients who fail to fulfill their responsibility to respect medical professionals during treatment. These constitute serious unethical behaviors that violate widely accepted social norms and standards in medical settings and disrupt medical order [3]. According to statistics, since 2001, at least 50 medical workers in China have lost their lives due to violent attacks on medical personnel [4], causing significant damage to the property of medical institutions and the physical and mental well-being of medical staff. This has dampened the enthusiasm of medical personnel, severely disrupted the normal operations of medical institutions, and brought about numerous adverse effects on the healthy development of the nation and society.

3. Overview of the Patient "Blacklist" Mechanism

3.1 The Concept of the Patient "Blacklist"

The "blacklist" mechanism for patients refers to effective disciplinary measures taken by administrative agencies against patients in the medical field who, due to a lack of respect for medical professionals, engage in acts that seriously disrupt medical order—such as vandalizing hospitals, gathering crowds to cause disturbances, setting up memorial altars, or displaying banners—as well as acts of medical violence, including verbal abuse, physical assault, and the killing of medical personnel. The operation of this mechanism should encompass several stages, including inclusion, publication, punishment, and removal [5]. Currently, there is a high demand for addressing medical disturbances and violence from both the medical community and society at large. Some provinces and municipalities in China, such as Zhejiang, Tianjin, and Liaoning, have introduced mandatory "blacklist" measures targeting patients who seriously disrupt normal medical order [6–8].

3.2 The USA Patient "Blacklist" Mechanism

Violence in healthcare settings is a global phenomenon and a societal epidemic, posing a serious problem in both developing and industrialized nations [9]. Despite the United States' economic prosperity and advanced medical standards, it also faces significant doctor-patient conflicts. When resolving such disputes, the USA typically emphasizes balancing the interests of both parties but tends to prioritize

the protection of hospitals and healthcare providers [10]. To prevent "violence against healthcare providers," the USA employs a "blacklist" mechanism primarily for early warning purposes. Specific measures include: first, stipulating that emergency rooms cannot refuse to admit patients; during outpatient appointments, healthcare institutions screen patient lists, identifying patients and their family members with a history of violence against healthcare providers as high-risk cases, and notifying medical staff and security personnel to maintain a high state of alert [11]; for patients who use abusive language or engage in violent behavior that endangers healthcare workers during their visit, hospitals may, under specific circumstances, take punitive measures such as terminating the doctor-patient relationship and discontinuing medical services. However, doctors must document the situation in the medical record and issue a formal written letter to the patient explaining the reasons [12]. Furthermore, before terminating the relationship, the hospital must ensure that the patient and their family have been notified and that a third-party healthcare provider has been found for the patient. Currently, the "blacklist" mechanism for patients in the United States has achieved significant results. For example, some hospitals in Portland established a networked database of prior violent offenses, reducing violent incidents by 91%; in New York, visitor management led to a 65% decrease in violent crimes within hospitals over an 18-month period [13].

4. Pros and Cons of Establishing a Patient "Blacklist" Mechanism

4.1 Positive Effects

4.1.1 Standardizing Patients' Ethical Responsibilities Toward Healthcare Providers to Prevent Problems Before They Arise

As public expectations for the quality of the healthcare experience and satisfaction with medical services continue to rise, the protection of patient rights is receiving increasing attention. Rights and obligations must be balanced; while patients enjoy certain rights during their medical care, they must also assume corresponding ethical responsibilities. Respecting medical ethics is one such responsibility. The frequent occurrence of malicious incidents such as medical disturbances and violence stems not only from misleading media coverage, a lack of professional ethics among some medical staff, and low medical literacy among certain patients, but also from the fact that the cost of causing trouble is too low. Excessive "tolerance" encourages patients who lack a sense of responsibility toward medical professionals to engage in unethical behavior, and this is highly likely to trigger the "broken windows effect." Medical institutions cannot merely passively accept patients' unethical behavior; they must proactively take measures and promptly intervene to prevent potential misconduct [3]. Once incidents of medical disturbances or violence occur, subsequent handling measures are merely after-the-fact remedies compared to the physical and psychological harm suffered by medical staff. Therefore, prevention is a powerful measure to curb such incidents. The "blacklist" mechanism, which concerns individual integrity and rights, serves as a deterrent. To a certain extent, it regulates patients' ethical responsibilities toward healthcare providers, curbs the potential for unethical behavior among some patients, and mitigates the occurrence of medical disturbances and violence. Furthermore, it alerts attending medical staff to prioritize their own safety and prompts hospital security departments to closely monitor such individuals, enabling them to intervene immediately should any violent tendencies emerge [14].

4.1.2 Improving the Medical Practice Environment and Fostering a Safe Atmosphere

The doctor-patient relationship should be a cooperative partnership based on mutual respect, trust, and support. However, certain professionalized and organized acts of medical disturbance cause significant harm to the physical safety and mental health of medical staff [10], affecting their job satisfaction and mental well-being. Foreign scholar Moylan [15] notes that healthcare workers who have experienced workplace violence are highly prone to occupational burnout, exhibiting decreased work motivation, low morale, and even severe mental health issues such as depression and anxiety. Healthcare workers operate in a professional environment marked by anxiety and fear of potential unknown dangers, which inevitably affects their work performance. This, in turn, may compromise service quality, leading to a vicious cycle of doctor-patient conflicts and further deteriorating doctor-patient relationships. The patient "blacklist" mechanism not only serves to restrain and discipline a small number of patients who seriously disrupt medical order but also protects the rights of healthcare providers, offers humanitarian care, and provides solace for feelings of anxiety and frustration.

4.1.3 Rebuilding a Culture of Integrity to Foster a Positive Social Climate

The relationship between doctors and patients is a unique interpersonal bond that concerns the sanctity of life. The gap between them—arising from asymmetries in medical information and differing levels of understanding regarding the laws governing the development of life sciences—must be bridged through mutual trust and integrity. Doctors embody compassion and wisdom, while patients entrust their lives to them. When both parties cooperate wholeheartedly to overcome difficulties, they succeed; conversely, if they stand on opposite sides of a divide, distrusting and guarding against one another, no amount of ethical guidelines or legal regulations can foster unity between them [16]. The establishment of a patient "blacklist" mechanism is not merely intended to address incidents of medical disturbances and violence by creating a coercive force through disciplinary measures; it is also aimed at fostering a social atmosphere of medical integrity. In such an atmosphere, "zero tolerance" for medical violence serves not only as a wake-up call for social consciousness but also as the attitude the public should adopt [14]. Normalizing harmonious doctor-patient relationships requires the active participation and collective efforts of the entire society to rebuild a culture of integrity. This is not only to ensure that current patients seek medical care in an orderly manner and prevent incidents of medical disturbances and violence, but also to cultivate the quality of medical care-seeking behavior among the general public—who constitute a potential patient population—thereby maintaining a long-term, harmonious, and stable doctor-patient relationship. Only in this way can we truly promote the

sustainable development of the healthcare sector and safeguard the public interest.

4.2 Negative Effects

4.2.1 Inducing a Sense of Victimization and Reinforcing Perceptions of Vulnerability

Every citizen has the right to health. The Constitution explicitly stipulates that citizens' health shall not be infringed upon, and that citizens have the right to receive medical care, material benefits, and other services from the state and society when they fall ill. In the doctor-patient relationship, patients often occupy the role of the vulnerable and protected party, particularly those with critical or life-threatening conditions. China has established specific legal provisions to protect their rights; for instance, the *Law on the Practice of Medicine* stipulates that physicians must take emergency measures to diagnose and treat critically ill patients and may not refuse emergency care; the *Regulations on the Administration of Medical Institutions* stipulate that medical institutions must immediately provide emergency treatment to critically ill patients. The USA "Anti-Dumping Act" also stipulates that regardless of a patient's ability to pay or insurance status, hospital emergency departments must provide all emergency patients with necessary medical examinations and "stabilization" treatment [17]. The "blacklist" mechanism for patients is inherently restrictive; it may lead patients to feel that their personal rights are being infringed upon, exacerbating their sense of vulnerability. If the punitive measure involves indiscriminate refusal of treatment, it is more likely to provoke patients into resorting to irrational acts of violence as a form of self-help. This runs counter to the original intent of the mechanism, contradicts medical principles, and violates both ethical standards and legal provisions.

4.2.2 Unilateral establishment of a "blacklist" by medical institutions lacks fairness and leads to abuse

In recent years, incidents of violence against medical personnel have occurred frequently, yet most cases have been left unresolved. This has led some doctors to decide to protect their rights through their own efforts. In many regions, doctors have attempted to express their protests through "refusal of treatment" as a means of safeguarding their own interests, and some victimized doctors have called for the establishment of a "blacklist" mechanism for patients. Examples include the incident involving Director Ma Ruixue of the Orthopedics Department at Fudan University Affiliated Children's Hospital issuing a statement refusing treatment, and Director Yi Feng of the Emergency Department at Yueyang First People's Hospital in Hunan calling for patients involved in medical violence to be placed on a city-wide treatment blacklist [18]. The "blacklisting" of patients involves human rights and is directly linked to patients' health interests. Although the medical profession holds a dominant position in the doctor-patient relationship, the relationship between doctors and patients is fundamentally equal. If medical professionals are the sole decision-makers in establishing patient "blacklists," there is a risk that some medical institutions may use this for punitive purposes or to refuse treatment, or that a small number of doctors may act out of a desire for revenge, thereby infringing upon patients' fundamental right to seek medical care and creating an unjust situation. If the establishment of "blacklists" is not handled with caution and is arbitrarily expanded, leading to abuse, it will only further exacerbate conflicts [17].

4.2.3 Increased Hesitation Among Patients to Exercise Their Rights

Patients generally have a weak awareness of their legal rights. When medical disputes arise, some patients may seek legal or arbitration channels to resolve them; however, because these methods are time-consuming and labor-intensive and sometimes fail to meet their expectations, they ultimately resort to violent means to assert their rights [19], with a small number of patients directly engaging in irrational behavior, such as causing disturbances or committing acts of violence against medical staff. The establishment of a patient "blacklist," if mishandled, will place patients in a predicament where it is difficult to assert their rights. First, the patient "blacklist" mechanism may, to some extent, create psychological pressure on patients seeking legitimate redress, causing them to doubt the necessity and correctness of their actions and worry whether they might be placed on the blacklist as a result, thereby increasing their apprehension about exercising their legitimate rights. Furthermore, if a patient is mistakenly placed on the "blacklist" after pursuing legitimate rights following a medical accident, it could trigger public panic, reinforce the stereotype that "it is difficult to seek medical care and difficult to assert one's rights," and cause the "blacklist" mechanism to violate the principles of fairness and justice, thereby losing its credibility and deterrent effect.

5. Key Points for Establishing a Patient "Blacklist" Mechanism in China

5.1 Clarifying Prevention and Control as the Primary Objective: A Prerequisite for Establishing China's Patient "Blacklist" Mechanism

The establishment of a patient "blacklist" mechanism in China should use appropriate penalties as a means to correct and manage patients' disruptive and violent behavior, deter potential risks, and prevent the frequent occurrence of serious incidents. The ultimate goal is to further standardize patients' voluntary assumption of the responsibility to respect medical professionals, rather than to infringe upon rights or impose punishment. Academician Wu Mengchao once issued a passionate appeal in *The Lancet* regarding the issue of medical disturbances and violence: "We must adopt a zero-tolerance attitude toward acts of medical violence. The entire society should care for doctors; however, as medical professionals, having chosen this profession, we must always steadfastly uphold the spirit of saving lives and healing the wounded, serve patients wholeheartedly, think what patients think, and urgently address their needs" [20]. Therefore, even when imposing restrictions on patients who lack respect for medical professionals, such measures should be limited to curbing their immoral behavior toward others and society. They must not interfere with patients' legitimate rights, such as their right to seek redress, nor should they infringe upon their legal rights. Furthermore, they must not be expanded or

abused out of a spirit of retaliation, as this would violate the original intent of establishing the "blacklist" and the principles of humanitarianism.

5.2 Adherence to the Principle of Fairness is Central to Establishing a "Blacklist" Mechanism for Patients in China

The use of a patient "blacklist" to prevent and address medical disturbances and violence must adhere to the principle of fairness, which refers to both fairness between doctors and patients and fairness among patients themselves. First, fairness between doctors and patients is based on the issue of who bears the responsibility for establishing the mechanism. The responsibility for educating patients on medical ethics should be borne by the medical side, which possesses professional knowledge and expertise; however, the establishment of a "blacklist" to impose restrictions carries a certain degree of coercion and limitation, as two equal parties in the doctor-patient relationship, the medical and patient sides should not be treated with bias. Furthermore, in most cases of medical disturbances or violence, the medical side is the victim. The outcomes of the "blacklist" system, to some extent, favor the medical side. If the medical side were to serve as the entity establishing the system, situations of unfairness—such as retaliatory abuse—might arise. Patients might also become emotionally unbalanced, undermining the original intent and effectiveness of the "blacklist" system. Therefore, the establishment of the "blacklist" should be led by relevant government departments acting as third parties. Secondly, fairness among patients means that regardless of educational background, economic status, social standing, ethnicity, or religion, no one should be exempt from the "blacklist." This is because incidents of medical disturbances and violence are serious public incidents that endanger lives and property; other patients in the healthcare environment and medical staff providing diagnostic and treatment services are all affected and implicated by such incidents.

5.3 Appropriate Legislation Is the Cornerstone of Establishing China's Patient "Blacklist" Mechanism

The USA "blacklist" mechanism can serve as a reference for us, but whether it is applicable to China's healthcare system and legal framework still requires further exploration. Currently, the patient "blacklist" mechanism remains a blind spot in China's legal system, with no specific legal basis to follow. only the "blacklist" mechanism and relevant laws addressing medical disturbances and violence can serve as references. For instance, the 2016 "Guiding Opinions on Establishing and Improving the Joint Incentive Mechanism for Trustworthy Entities and the Joint Punishment Mechanism for Untrustworthy Entities to Accelerate the Construction of Social Integrity," issued by the State Council, proposed improving mechanisms to constrain and punish untrustworthy behavior, increasing the severity of punishments for entities with serious breaches of trust, and standardizing and improving the "blacklist" system for such entities; The "Healthy China 2030" Planning Outline, issued and implemented by the Central Committee of the Communist Party of China and the State Council in 2016, emphasized the need to severely crack down on medical-related illegal and criminal acts in accordance with the law, particularly violent crimes that harm medical personnel, and to protect the safety of medical personnel; In 2019, the 15th Session of the Standing Committee of the 13th National People's Congress voted to adopt the Basic Law of the People's Republic of China on Healthcare and Health Promotion, Article 57 of which stipulates that "the whole of society shall care for and respect healthcare personnel, maintain a sound and safe order of healthcare services, and jointly build harmonious doctor-patient relationships"; In 2019, the National Health Commission stated in its "Response to Proposal No. 1716 of the First Session of the 13th National People's Congress" that to accelerate the advancement of the Healthy China initiative, it is essential to fully leverage the initiative of medical personnel, fully safeguard their legitimate rights and interests, and vigorously foster a favorable environment for medical practice; However, every aspect of the "blacklist" mechanism —including inclusion, publication, implementation, and removal—must be supported by specific, dedicated legal provisions and implemented within a lawful and reasonable framework. Therefore, relevant laws must still be refined, and legal policies tailored to China's national conditions must be formulated to ensure that the patient "blacklist" mechanism does not become a mere formality and lose its deterrent effect.

5.4 Rebuilding the Doctor-Patient Community Is the Key to Establishing China's Patient "Blacklist" Mechanism

The ultimate goal is to generate positive social outcomes, reshape the concept of the doctor-patient community, and ensure that doctor-patient relationships are harmonious, stable, and sustainable. Therefore, while establishing the patient "blacklist," efforts to mitigate the occurrence of medical disputes—particularly those attributable to the medical side—must not be neglected. Hospitals must continue to strengthen training in professional skills for physicians, educate and manage their professional ethics, and continuously improve and evaluate their communication skills to reduce and prevent medical accidents or conflicts arising from poor communication. Second, the government, as a third-party entity, should recognize the rights and responsibilities held by both medical providers and patients. It should work in tandem to shape medical practices and patient responsibilities, establish specialized institutions to handle medical disputes, and resolve such incidents fairly and impartially in accordance with the law, thereby safeguarding the interests of both parties. Furthermore, the media should consciously uphold ethical responsibilities in news dissemination, handle original news reports in a scientific and objective manner, and offer balanced commentary. They should produce documentary films showcasing the positive work of doctors and compile short videos featuring typical cases of "exemplary patients" and "unethical patients." Such content should be disseminated not only to current patients but also to the general public, actively playing a mediating and guiding role in fostering harmonious doctor-patient relationships. Through multi-party collaboration, we should jointly build a bridge of mutual respect, trust, and assistance between doctors and patients, gradually shaping a doctor-patient community that maximizes benefits for both parties.

5.5 Using the Patient "blacklist" Mechanism as a Breakthrough Point, Comprehensively Standardize

Patients' Ethical Responsibilities

Addressing incidents of medical disturbance and violence is a crucial component of regulating patients' ethical responsibilities toward healthcare providers. The use of "blacklists" to prevent such incidents serves as a focal point for tackling the most extreme and severe unethical behaviors resulting from a lack of respect for medical professionals. This approach provides a starting point for gradually exploring how to comprehensively regulate patients' ethical responsibilities toward healthcare providers in a broad, systematic, and multi-level manner. Currently, scholars primarily focus on how to use education to encourage patients to fulfill their ethical responsibilities toward medical professionals. In reality, while education is an effective approach, it still requires appropriate mandatory regulatory measures to supplement it in order to achieve twice the result with half the effort. China's efforts to regulate patients' ethical responsibilities toward medical professionals should incorporate a "blacklist" mechanism and be implemented in an orderly manner based on actual conditions. Unethical behaviors committed by patients due to a lack of ethical responsibility toward healthcare providers should be assessed and categorized based on their relevance to others and the degree of harm or impact on others. First, they can be classified according to whether they endanger others' personal safety or property; second, they should be stratified according to the severity of the harm caused, uniformly categorized into levels such as general, moderate, severe, and extremely severe for regulation, ensuring that the punishment fits the offense [5]For example, potential or minor unethical behaviors may be addressed through verbal counseling to convey a sufficient deterrent message; behaviors involving the interests of others or the public good should be subject to corrective measures, while acts of medical disturbance or violence should be considered for inclusion on the patient "blacklist."

6. Conclusion

The occurrence of medical disturbances and violence is closely linked to patients' lack of ethical responsibility toward healthcare providers. Such incidents not only pose a significant threat to the safety of medical staff and harm the interests of the majority of patients, but also undermine social prosperity and stability, as well as the healthy development of the nation. The patient "blacklist" mechanism is a powerful means of preventing and addressing medical disturbances and violence. How to draw on the USA patient "blacklist" mechanism, adapt it to China's specific circumstances, and establish a patient "blacklist" system that best suits China's needs, while further developing a regulatory framework to standardize patients' ethical responsibilities toward medical professionals, remains a subject requiring continuous and in-depth exploration.

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