


**LESSONS LEARNED
FROM DOMESTIC
VIOLENCE DEATH
REVIEW COMMITTEE:
A PHYSICIAN
PERSPECTIVE**

**Dr. Barbara Lent
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Lessons Learned:

The Role of the Family Physician

“Of all the professional groups encountered, the role of the family doctor was pivotal.”

- Family physicians interact with other health care professionals and social services regarding range of problems
- Victims and their families are our patients
- Longterm relationships with families give family doctors the opportunity to know how family members interact, in positive or negative ways
- Physicians can help patients see the connection between their health problems and their experiences of abuse, and potentially direct them to services/supports which may reduce their risk of worsening abuse

DVDRC Recommendations for Physicians

1. Because DV is a common social problem that impacts on patients' health and wellbeing, family physicians need to be able to
 - assess the risk in patients' home environments (or know to whom to refer pts/families for such an assessment)
 - recognize the risk of repeated violence in situations where the partner has a history of previous abusive behaviour and substance abuse.
 - consider warning the partner (or police) about their concerns.

DVDRC Recommendations for Physicians

2. When treating patients for depression +/- anxiety, ask about suicidal +/- homicidal thoughts or plans. In such situations, consider access to firearms or other weapons, especially in rural communities.
3. When both the victim and the perpetrator are patients in the same practice, ensure the needs of both are addressed independently, such that their rights to autonomy, confidentiality, honesty, and quality of care are maintained.
4. Do not suggest couple or marital therapy, unless the woman's safety can be ensured and the man has taken responsibility for his abusive behaviour.

Unanswered questions

1. How can such situations be recognized sooner, especially in situations of high risk of lethality?
 - Should family doctors screen every new patient?
 - Should family doctors ask every patient who is depressed or who abuses substances about their risk of violence (as a victim or perpetrator)?
 - How should family doctors address the socially isolated patient/family?

Unanswered questions

2. What interventions might prevent these events?
3. What should a family physician do after identifying that a patient is at high risk? How can a family physician balance a patient's confidentiality and a desire to inform others of the riskiness of the situation?