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Why is The Culture of Hostility, Belligerence and Ferocity Increasing toward Doctors?



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ABSTRACT

Medicines cure diseases, but only doctors can cure patients.” — Reports of Violence against doctors have been making headlines in every corner of the world. The incidents of violence against doctors, leading to grievous injury and even death, seem to be on an increasing trend in recent years. “No physician, however conscientious or careful, can tell what day or hour he may not be the object of some undeserved attack, malicious accusation, black mail or suit for damages.” Sadly, in today's world, doctors do not hold the same place of respect as they did two to three decades back, and there is a steadily declining mutual trust and erosion of the doctor–patient relationship.



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INTRODUCTION

Incidents, where employees are abused, threatened, assaulted, or subjected to offensive behaviour in circumstances related to their work, are defined as workplace violence (WPV).

(1)

Today workplace-related violence has become an inevitable part of healthcare, globally. (2,3)

The annual incidence of WPV is four times more in healthcare workers (8 serious cases per 10,000 full-time employees) as compared to all other professions. (4,5)

Unrealistic expectations of patients and relatives, like miraculous recovery from all disease conditions, is an important contributing factor. Although advanced medical care technology has revolutionized disease outcomes, factors like insufficient human resources, inefficient government policy, political pressure, poor infrastructure, commercialization of health care, exorbitant costs of tests and medicine, often compromise the provision of best possible care, despite best effort by the treating physicians. (6,7)

. Almost three-quarters of the attacks (72 percent) targeted resident doctors, the most vulnerable frontline personnel. (8)

Another study published in the Indian Journal of Psychiatry suggests that approximately 75% had encountered some form of violence during their careers. (9,10)

Despite the devastating impact of the pandemic on the medical profession, with nearly 2000 doctors lost since 2020, violence against doctors remains a persistent threat. (11)

Most of these incidents, ranging from 60% to 70%, take the form of verbal abuse or hostile gestures. (12)

With commercialization of health, more and more physicians have migrated toward corporate settings in urban centers, where a large number of patients feel like a fish out of water. The rift between the educated class and the labor class of India has never been wider. (13)

Social media portrays almost one incidence of violence against doctors every couple of days, which goes viral instantly. Violence against doctors is not only localized to the Indian subcontinent, but also rather prevalent throughout the world. (14)

In Asia, violence against medical professionals has been reported from China, Israel, Pakistan, and Bangladesh,(15,16)

Last few years, reports of violence against doctors, sometimes leading to grievous hurt or murder, are making headlines across the world. (17)

Several such incidents have been reported from India also however, this menace has not been highlighted adequately. (18)

Whether the increase in reporting of violence truly represents a real increase in the prevalence of the condition or just represents increased awareness in the era of electronic mass media and an improved telecommunication system needs further assessment.(19)

Violence against doctors or other medical fraternity hardly made any news, or hardly there was discussion about this in India in medical journals about a decade back as they were probably infrequent though such violence in western countries was known. (20)

Workplace Violence

1. unwanted argument, shouting, obscene gestures, and emotional blackmailing. Impacts psychological well-being of the doctors and hampers daily routine.

Use of abusive words, death threats, passing offensive comments in person or over telephonic calls.

pushing, kicking/beating, using objects such as knives or guns, slapping, strangling, pulling hair, etc causing moral and psychological distress but no physical injury. Physical assault causing severe grievous injuries such as visual disability, hearing disability, dislocation of face, fracture etc., and psychological distress.

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-Most severe form of physical violence, which results in death or permanent functional disability. Negatively affects the morale of the doctors and might lead to mass protest against administration. (21)

The incidence of bullying is also high among doctors. (22)

Bullying is an act of deliberate intentions and is repetitive, whereas, other forms of workplace violence often are an impulsive reaction to an emotionally distressing situation. The act of bullying can be both direct (physical aggression, harassing, and passing offensive comments) and indirect (spreading rumors, humiliating, fake allegations, and giving unrealistic deadlines). (23,24)

Bullying is a matter of concern in the healthcare sector, with prevalence ranging from 6%–52%. (25)

Trainees are at a higher risk of being bullied than senior residents or consultants, especially in surgical departments. It has been found that a greater number of men are bullies, whereas more women have been bullied in comparison to men.(26)

A stressful and competitive work environment with unsupportive administration may promote bullying in the healthcare sector.(27)

World Medical Association highlights attacks on Indian doctors:

A World Health Organization (WHO) report has said nearly 600 violent incidents against health facilities in 19 countries took place in 2014 and 2015.

Intolerance Violence against Doctors

Reasons for Violence against Doctors:

1. **Communication:** communication is a very crucial and impactful factor in doctor-patient relationship. Misunderstanding, miscommunication or breakdowns in communication can lead to tensions and violence.
2. **Emotional Stress:** It is quite natural that patient and his family will may be under significant emotional stress, if anything unexpected happens or patient condition deteriorates or death occurs, the attendees express their emotions as anger which may lead to aggression towards medical staff. Due to stress they may also sometimes blame doctors for such unfavorable outcomes, irrespective of the fact the doctor and his team are at fault or not.
3. **Huge Expectations:** Patients are of strong belief and may be under impression that doctors can perform miracles. When expectations are not met it leads to frustration and further to violence.

4. **Perceived Unfairness:** Patients many a times perceive medical decisions. They think the decisions taken by doctor are unfair or injustice is done for the patient, this scenario also leads to violence with anger.

Practices That Lead to Violence: Doctors and medical professionals are targeted in various ways by various means. Patients or their family members, relatives choose different ways to harm doctors and threaten them. It can be verbal abuse, physical assault, property damage or through social media (Cyberbullying).

Prevention Strategies:

1. **Improved and Effective Communication:**

- It is important to train every healthcare provider with effective communication techniques. Encourage an open dialogue (means of communication) between both doctors and patients/family.

2. **Public Awareness:**

- One should ensure the safety of doctors on field by conducting public awareness campaigns detailing about the challenges faced by the doctors. This is achieved by educating patients and their family members about different medical procedures dealt and possible outcomes.

3. **Improvise the Security Measures:**

- It is the responsibility of the organizational/ hospital administration to improve the security protocols and train the security personnel in hospitals to prevent such assaults. Recommended to install CCTV cameras in critical areas/in the hospital premises.

4. **Ensuring Legal Support:**

- There should be clear and strict legal frameworks should emphasize on the consequences for those who commit violence against healthcare professionals. This ensures the doctors to feel secure, supported and helps them to execute their duties fearlessly and confidently.

5. Psychological Support:

- By providing counseling services for healthcare professionals both for doctors and healthcare workers those affected by violence will raise their self-confidence to deliver their duties confidently. It is also recommended to conduct certain stress management programs for healthcare professionals that would help them to cope up with challenging situations.

6. Community Participation:

- Community leaders, social workers, activists should participate in all the above mentioned activities ensuring the safety and security of the healthcare professionals. This helps to create a safer environment for doctors and also for healthcare workers further may also contribute to establish good doctor-patient relationship, fostering trust and mutual respect towards profession and mankind.

- **violence against doctors can be minimized by following**
- **Security guards and good quality of CCTV cameras must be placed outside and inside the hospitals, at sensitive areas like the ICU, OTs and casualty.**
- Medical Unity
- Protection team against violence
- Mock Drill
- Strengthening Doctors and Patients Relationships
- Restrict the entry of Public
- Poster display
- Explain, the seriousness of disease, unrealistic expectations of patients and their families.
- Strengthening surveillance and security measures at hospitals.
- Investing in quality health care:

Burnout syndrome

Majority of Indian doctors fear violence, are stressed, says Indian Medical Association

It is directly linked to the factors that influence work-related health problems. Burnout syndrome, also known as "professional burnout syndrome". It is a disorder Professional overload is one of the main reasons that lead people to health problems. Doctors are the professionals who take care of people's health, this does not prevent them from also suffering from burnout syndrome (BS). Recently made official by the World Health Organization (WHO) as a chronic syndrome, BS is nothing more than a prolonged response to chronic interpersonal stressors at work.

Depression, physical and mental exhaustion, feeling of incapacity and even suicidal thoughts can be considered some of the signs of burnout syndrome. In general, the syndrome manifests itself in people whose profession requires direct and intense interpersonal involvement.

Burnout does not happen overnight, but it can be the result of years of work accumulating. In the case of health professionals, often because they take themselves to the extreme, either physically or emotionally, tiredness, exhaustion, and demotivation end up being part of their daily lives. These characteristics, added to a few moments of rest, leisure and relaxation, may result in symptoms that lead to burnout.

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Poor infrastructure, staff crunch continues to plague healthcare in rural India:

India spends 1.3% of its gross domestic product (GDP) on health care, reflecting that it has never been a priority. Universal Health Coverage by National Health Policy suggests allocating 4% of GDP to health, while India plans to increase it to 2.5% by 2025. (28,29)

India's rural healthcare system continues to be plagued by shortfall on two critical fronts — doctors and infrastructure. There is a shortage of 83.2 percent of surgeons, 74.2 percent of obstetricians and gynecologists, 79.1 percent of physicians and 81.6 percent of pediatricians, according to the Rural Health Statistics 2021-2022 released last week.

Less than half the Primary Health Centers (PHC), 45.1 per cent, function on a 24x7 basis. Of the 5,480 functioning Community Health Centers (CHC), only 541 have all four specialists, showed the document released by the Union health ministry. Uttar Pradesh, Rajasthan, Madhya Pradesh, Gujarat and Odisha face the highest shortage in surgeons, obstetricians / gynecologists, pediatricians and radiographers across the country.(30)

Medicine or Martyrdom?

Stopping violence against doctors is crucial for maintaining a safe and effective healthcare system.

1. Campaigns and Advocacy: Launch public awareness campaigns to educate people about the importance of respecting healthcare workers.
2. Media Involvement: Use media platforms to highlight the issue and promote positive narratives about doctors and healthcare professionals.

Legal and Policy Measures

1. Strict Laws and Enforcement: Implement and enforce strict laws against violence towards healthcare workers.
2. Zero Tolerance Policies: Hospitals and clinics should adopt zero-tolerance policies towards any form of violence.

Security Measures

1. Enhanced Security: Increase security measures in healthcare facilities, such as surveillance cameras and security personnel.
2. Access Control: Implement access control measures to ensure only authorized persons can enter sensitive areas.

Training and Support

1. Conflict Resolution Training: Provide training for healthcare workers on how to de-escalate potentially violent situations.
2. Support Systems: Establish support systems for healthcare workers who have experienced violence, including counselling and legal support.

Community Engagement

1. Community Programs: Engage with communities to foster better understanding and relationships between healthcare workers and the public.
2. Feedback Mechanisms: Create channels for patients and families to provide feedback and voice concerns constructively.

Collaborative Efforts

1. Government and Healthcare Partnerships: Collaborate with government agencies, healthcare organizations, and professional associations to address the issue.
2. International Best Practices: Learn from and implement best practices from other countries that have successfully reduced violence against healthcare workers.

By taking these steps, we can work towards creating a safer environment for doctors and healthcare professionals, ensuring they can perform their duties without fear of violence.

STOP VIOLENCE AGAINST DOCTORS

- This is a very sensitive topic to talk about as once treated as “Gods on earth” are now being dragged onto the streets.

- As per constitutional provisions, Health & Law & Order are states subjects. State Government are expected to setup mechanism to prevent violence against doctors.
- Violence against doctors is a worldwide phenomenon. WHO says that 8% to 38% of health workers suffer physical violence at some point in their career.
- Recent surveys show that the percentage of doctors who experienced violence in work place was 85% in China, 75% in India & 47% in US.
- The percentage of violence was
 - 39% from obstetrics & gynecology.
 - 30% from surgery
 - 27% from medicine
 - 4% from other departments.
- A recent survey by IMA showed that 82.7% doctors feel stressed out in profession, 62.8% fear violence & 46.3% say violence is the main cause of their stress.
- Causes of violence against doctors:
 - The main cause of violence against doctors is that patients erroneously attribute poor outcome in a case to negligence by the doctor.
 - The public is not aware that medicine is not an exact science, that many medical conditions have poor prognosis, that a few poor outcomes are inevitable part of medical treatment.
- Contributing causes are:
 - Patients want quality of health care at the public hospital to be as good as at the private hospitals. But public hospitals are overcrowded & lack infrastructure & resources to offer good quality health care.
 - High patient load & high working hours(>120hours/week)

- Poor socio-economic status of the patient of the ever-rising cost of the treatment cause frustration & anger in patients.
- Inadequate training of doctors in interpersonal & communication skills.
- Negative portrayal of doctors by the media, sensational reports of patients death & sting operations against doctors, creating negative image of doctors.
- Most incidents of violence occur at the time of preparing & payment of the medical bill.
- Lack of security equipments – metal detectors, scanning devices, CCTV cameras, etc.
- Lack of security protocols, who will respond when?
- Local community leaders/troublemakers:
 - These leaders want to “show off” their leadership skills & react to some unfortunate incidents in the hospitals by organizing others from patient relatives & friends inciting violence against so called established power i.e, the health care professionals including doctors.
- Forecasting/Anticipating the possibility of violence
- Undue staring is an important early indicator of possibility violence(By patients relatives)
- Lack of Eye contact/shifty gaze is another important warning sign of violence (by patient’s relatives)
- Tone & volume of voice will be different with sarcastic replies (by patient’s relatives).
- How to reduce such violence:
 - Doctors should not do procedures for which they are not trained.
 - Doctors should be trained for effective communication & good interpersonal skills.
 - A senior doctor not involved with the treatment should interact with the patient’s relatives to de-escalate the situation.

- Establishments should have CCTV cameras with 24 hour trained observers, panic buttons & better control of entry into the emergency department.

IMA demands stringent laws for violence against doctors, healthcare professionals

The Indian Medical Association (IMA) on demanded comprehensive and stringent legislation to fight the increasing violence against doctors and healthcare professionals. IMA members expressed the view that violence against medical service persons and institutions is becoming a serious issue and that existing legal provisions, including the 2010 Maharashtra Medicare Service Persons Act, are not adequate to deal with the rising incidents of violence against doctors and medical staff.

What is the law of violence against doctors?

- Whoever, while committing the law of violence cause grievous hurt as defined under section 320 of Indian Penal Code 1860 to any health care professionals, he shall upon conviction be punished with imprisonment for a term which shall not be less than three years, but which may extend to ten years and with fine too.

Nineteen states in India have laws to protect health care workers and establishments from violence. First such state law was promulgated in Andhra Pradesh in 2007 by Chief Minister YS Raj Shekhar Reddy who was himself a doctor. This law made violence against doctors a nonbailable offense with a penalty of up to fifty thousand rupees and a jail term of up to three years. Delhi, Haryana, Rajasthan, Tamil Nadu, Odisha, and other states also made similar laws. But no person accused of assault on a medical professional or hospital has yet been penalized under the said laws till today. Nor have these laws curbed violence against doctors. Debatable therefore that a central law will deter such violence.⁵

▪ As per Bill No. 151 of 2019 THE PREVENTION OF VIOLENCE AGAINST DOCTORS, MEDICAL PROFESSIONALS AND MEDICAL INSTITUTIONS BILL, 2019

Prohibition Of Violence : Any act of violence against a doctor, medical professional or medical institution shall be prohibited and mitigated at all levels.

Cognizance of offence : Any offence committed under this Act shall be cognizable and non-bailable and triable by the Court of Judicial Magistrate of the First Class.

Penalty and Compensation : (1) Whoever, commits or attempts to commit or abets or incites the commission of any act of violence in infringement of the provisions of section 3, shall be punished with imprisonment which shall not be less than two years but which may extend up to five years and with fine which shall not be less than rupees five thousand but which may extend up to rupees five lakh in addendum to recovery of the entire damage to the property or belonging of all concerned including the witnesses if any; in actual. (2) If the accused does not pay or is financially incompetent to pay the penalty at that time it shall be recovered as if it were an arrear of land revenue and any property belonging.(31)

▪ On December 25, the Bharatiya Nyaya Sanhita Act, 2023 (BNS) received approval from the President, awaiting the last formality of being notified by the Central Government. Section 106 of BNS corresponding to Section 304A of IPC which deals with ‘causing death by negligence’ imposes a punishment up to five years of either description (simple or rigorous) along with a fine. Section 106 clarifies that RMP refers to those with a medical qualification recognized under the National Medical Commission Act, 2019.(32)

Conclusion:

- An alarmingly high number of incidents have been reported nationwide, and violence against healthcare workers is a serious and increasing issue in India. Lack of trust, high-stress environments, and a lack of accountability for those who perpetrate violent acts are just a few of the many factors that contribute to the complexity of the issue.
- Violence against health workers adversely affects their psychological & physical well being & affects their job motivation. This lessens the quality of care & lessens delivery of health care especially to the lower strata of society.
- Strategies need to be developed to better manage violent patients of high risk visitors & provide security at the health care facilities.
- More research is needed to evaluate the effectiveness of these strategies especially in public health facilities which are low on resources.
- Laws against such violence may help but are not the complete answers.

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