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Violence against Medical Practitioner in India

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Abstract: ***Incidents of violence against doctors in the Indian subcontinent have increased in the last few years. Violence against medical practitioner is not a new phenomenon. However, in recent times, reports and treatment slip of doctors getting thrashed by patients and their relatives are making headlines around the world and are shared extensively on social media. Almost every doctor is worried about violence at his/her workplace, and very few doctors are trained and experience to deal with such situations. This article aims to discuss and highlight the risk factors associated with violence against doctors and the possible steps at a personal, institutional, or policy level that are needed to mitigate such incidents.***

Keywords: Doctor Protection, patient aggression, medical negligence, health - care reforms and healthcare places violence

1. Introduction

Violence is the use of physical force so as to injure, abuse, damage, or destroy [11]. Violence against medical practitioner is not only localized to the India, but prevalent throughout the world. Social media portrays almost one incidence and prevalence of violence against doctors every couple of days, which goes viral instantly. Earliest studies Violence against doctors in India in 2015 survey by the Indian Medical Association suggests that as many as 75% of doctors [1]. The USA date back to the 1980s, where 57% of emergency care workers have been threatened with a weapon, whereas in the UK, 52% of doctors reported some kind of violence. Mahatma Gandhi devoted his life to 'Ahimsa' – The Practice of Non Violence. [4] National newspapers constantly report doctors being abused, bullied, manhandled, [5] and even killed by the patient's relatives. [6]

Effect of violence

In India, more than 80% of doctors are stressed out due to various reasons like violence against them, harassment by police as well as politicians, long duration of the study, lack of personal or social life; etc Medical professionals who faced violence have been known to develop:

1) Psychological issues such as depression, insomnia, posttraumatic stress, fear, and anxiety, leading to away from work suicide.
2) Difficulties in management of other patients.
3) Many have lost their health facility.
4) Tarnished their reputation as a professional.

Mode of violence

This violence may comprise:

1) Verbal abuse,
2) Physical but noninjurious assault,
3) Physical assault causing simple or grievous injury, murder,
4) Action involving deliberate destruction of property,
5) The criminal act of deliberately setting fire to property.
6) Telephonic threats,
7) Frightening

Causes of Violence

In India, violence perpetrators are mainly patient relatives, unknown sympathizers, criminal offenders, and even politicians [8]

1) Social factors

- Medical professionals have been treated with respect by the society but the present impression of profit making of few in the profession has severely damaged the image of the doctors.
- With the advent of modern medicine, the cost of health care has increased, but due to low literacy rates in India, there is an unrealistic expectation that paying more money should save one's life.
- While a doctor may receive only 20% to 50% of the total amount, it is his/her decisions that determine the total expenses.
- This, coupled with so many sensational news reports of doctors overcharging for various tests, has led the common man to believe that it is but natural for a doctor to write excessive tests to earn money.
- The public feels that media shows so many doctors getting beaten up every day but never shown that they are punished, so perhaps, they can take the matter into their own hands when they feel cheated by a doctor.

2) Local factors

- Dishonored people: Certain local factors such as a large crowd of people, especially one that is disorderly and intent on causing violence. And dishonored politicians play an important role in inciting such events.
- Local politicians: Death of a loved one is often used by the local politicians as a show of strength by damaging hospitals' property.
- Insufficient health facility: This problem is very common in rural health facilities primary health centers which lack facilities but when doctors deny the availability of these facilities, they are faced with threats and intimidation to treat at any cost by the local politicians.
- Lack of security: in private and government health centers and hospitals makes these highly susceptible to mob attacks.

3) Professional factors

- Lack of training in communication: As part of the medical curriculum, all doctors are taught clinical behavior and skilled communication but not all are taught, better communication result effective explanation and overall patient satisfaction with the services in clinical practice.
- Improper explanation: Many a time, the patient does not tolerate the gravity of the situation and expects a better chance of recovery due to improper explanation by the treating doctor. Makes this one of the important causes of rising violence against health - care practitioners in the country.
- Professional misconduct - malpractice, Negligence, lack of ordinary skill, or breach of duty in the performance of a professional service (e. g., in medicine) that results in injury or loss.

4) Policy factors

- Health budget: If we look at a policy level, India's health - care spending is close to 2% of the total budget, which is pitifully when compared to other countries [14].
- Poor facility: Both private and government hospitals are suffered from violence due to poor availability of facilities and medical staff, which is highlighted by the fact that There is only one allopathic government doctor for every 10, 926 people in India against the WHO's recommended doctor - population ratio of 1: 1000, stated a government report. This translates long working hours for government doctors, which makes them susceptible to making prone to violence.
- The Ayushman Bharat Mission - National Health Protection Mission or the Pradhan Mantri Jan Arogya Yojana (PMJAY) - world"s largest health scheme announced in the Union Budget 2018 - 19 - - is the latest initiative in expanding the health insurance net and targets 10 crore poor and deprived rural population, the report stated.
- The mission aims to provide a cover of 5 lakh per family per year for secondary and tertiary care procedures.

5) Medical negligence

Want of reasonable degree of care and skill or willful negligence on the part of medical practitioner in treating a patient leading to injury or suffering or death. [2, 3]. Medical practitioner should understand Myths and Facts of Practice [7]:

- MYTH - Medical profession is a Noble Profession.
  FACT - Every profession, whether of a teacher, soldier, tailor or shopkeeper, is Noble, if done with sincerity and integrity. A Careless Doctor can kill one, A Careless Driver can kill dozens; a Careless Engineer can kill hundreds.
- MYTH - As practioner is a Service to Humanity, Doctors should not run after money.
  FACT - Money is an important measure of success. Running after it is not good for anybody, but earning more money by doing more work is NOT a Moral Crime and all who advising doctors, are themselves running after money, aren't they?
- MYTH - Doctors must be 100% Honest.
  FACT - Doctors also live in social. If Supreme Court Judges or Army Generals can be corrupt, so can a few doctors. As a class, they are still better than Politicians, Bureaucrats, Lawyers, Police or PSU Engineers.
- MYTH - Most of the time, Doctors do not understand the disease and write unnecessary and costly drugs and advise tests and treat on a trial basis.
  FACT - Doctor Patient Relationship is based on trust, if you do not trust your doctor, go to another one. Medical Science is a Life Long Learning Process, and all treatment, to some extent is based on Trial and Error. The same medicine, which works for one patient, may not work on another. Second, the responsibility of providing quality drugs at affordable prices lies not with the doctor, but with the state authorities, just like providing for better roads, unadulterated quality food and dairy products, uninterrupted power and water supply etc and etc. Like cloths, cars and mobile phones, costly drugs are generally better than cheap ones. However, if the government makes it mandatory to write generics, it should ensure quality and the consequence of poor/non - efficacy should not be blamed on doctors. Third, tests are done for patient's own safety. Just like wearing a helmet or seat belt, investigations increase the safety. Most of the doctors in India are trained to work on clinical hunch and common sense and not rely too much on tests, and advise much less tests than what is actually written in the book or done in the Developed World.
- MYTH - Treatment costs are increasing irrationally.
  FACT - Compared to Western World, treatment costs in India are still very low, and many foreigners are coming to India, for this reason. And it would be worthwhile to think about any other service or product with as rapid advancement in technology and equipment as Medical Science, whose cost is not increasing
- MYTH - Doctors are next to God.
  FACT - Doctors are as human as can be. They also get tired, fall sick, have family commitments, get upset and stressed sometimes and can suffer from all the frailties of a human being. If anyone wanted to be treated by God then they can visit the place of worship. . .

6) Risk Factors for Violence Against Doctors

Health - care professionals are at the highest risk of violence in their job place among all professionals, particularly because a doctor often deals with a person is in a stressful and emotionally situation [15]:

- long waiting periods,
- delay in medical attention, and
- Delay in admission, among other factors.
- Younger Doctors and female Doctors are more prone to violence

Prevention of Violence Against Docts

Due to the rising rates of violence, preventive measure should be taken seriously as [12, 13]:

1) **Medical teaching**: Medical students must be taught about violence against doctors and it should become a part of the medical curriculum.

2) **Awareness in peoples:** By posters conveying the message that vandalism and violence in a hospital or clinic is a criminal offense must be displayed at prominent places in the hospital. The poster must be written in easy language so maximum patients and their loved ones can easily understand it.
3) **Protection team against violence**: Every hospital must formulate a "protection team" and educate its doctors and staff members what to do in case of aggression and violence against medical professionals. Senior doctors must reach the spot to minimize any escalating situation.
4) **Restrict the entry of public**: At no stage, should hordes of visitors be allowed at the patient's bedside. Entry should be strictly using passes and this must be implemented through good security, preferably by ex army personnel. Security guards and good quality CCTV cameras must be placed outside and inside the hospital at sensitive areas like the ICU, OTs, and casualty.
5) **Strengthen the doctor–patient relationship**:
   - Much needs to be done to improve the doctor–patient relationship using communication. This must begin by the doctor informing the patient and their family about what is going on.
   - Always inform about the cost of the treatment, prognosis, need for repeat surgery, and regular follow up, and others.
   - Increased doctor–patient ratio, leading to a decrease in violence related to these factors.
6) **Spend more GDP on healthcare establishments:**
   - The government must spend more GDP on healthcare establishments to provide better care at public hospitals.
   - More health budget spending would translate to better facilities and less violence.
7) **Mock drill:**

Mock drills need to be conducted and each staff member should be clear about their role if the situation of impending or actual violence does arise. All hospital and clinical establishments should develop a standard operating procedure (SOP) for violence and also develop a "protection team. " The protection team should be fully trained on how to handle the situation. A distinct siren may also be installed in the hospital to alert everyone in case violence occurs in the hospital campus, and members of the protection team should form a human chain around the doctor/healthcare professional under threat. The healthcare personnel involved in the chain need to remain calm and avoid any altercation that may escalate the situation. The practice of this mock drill by the protection team should be done monthly in every hospital/medical establishment.

8) Medical unity

Medical community needs to be united to handle the crisis of violence against doctors, especially by forming a WhatsApp group (Rush to Stop Violence against Practitioner: RSVP). A united medical fraternity can also build pressure on the government to bring in and implement tough law to protect medical professionals. The legislative measures taken to curtail violence against doctors have repeatedly failed to address the issue despite being notified in almost 19 states in the country in the past decade. To curb the events of violence against doctors, it is imperative to increase the spending on health care and modifications needs to be brought in the Indian Penal Code (IPC) to integrate a tougher penalty against the criminal act.

9) Responsibility of media:

- Doctors need to sensitize the media to avoid publishing sensational news. For a balanced view upon an incident, doctors must ensure that their version of the event is also published. Sensational news by media houses about a patient dying because of the alleged negligence of doctors only serves against the interest of the patient. [10]
- Doctors are almost always portrayed negatively by the media. There are sensational news reports of death and sting operations against doctors. Media needs to understand that the practice of medicine is not a black - and - white subject.
- Diagnosis of a patient is essentially a hypothetico - deductive process, and with the appearance of new evidence through investigations and knowledge, the diagnosis of some of the cases continues to be questioned and refined.

10) Negligence in cases:

- Furthermore, there is an attempt by relatives to allege negligence in cases of sudden death of a patient; this leads to first investigation reports being lodged for murder, culpable homicide, and cheating many a time. This practice needs to be discouraged by making legal provisions deterring relatives from doing so unless evidence is present.
- Doctors cannot be held accountable for every death that occurs in the hospital on account of negligence.

11) Law

There have been attempts by the state government to make laws to prevent violence against doctors, and the first such law came into existence in Andhra Pradesh during the tenure of Chief Minister YS Raj Shekhar Reddy in 2007 who was a doctor himself. The law stated that any violence against doctors would be treated as a nonbailable offense with a penalty of up to 50, 000 rupees and a jail term of up to 3 years. This was followed by states such as Delhi, Haryana, Rajasthan, Tamil Nadu, Odisha, and others, making such acts for prevention of violence against doctors. In total, 19 states of India have some kind of act for protection of medical professionals and health - care establishments. However, inquiries into its effectiveness in the states of Punjab and Haryana have revealed that very few cases have reached courts after filling of a challan, but no person accused of assault on a medical professional or hospital has yet been penalized under the said acts till 2015. Thus, the law needs to be enforced strictly along with the deployment of adequate security personnel in government hospitals to ensure a safe workplace for doctors.

12) Responsibility of the doctors

- Modern medicine is reaching new frontiers, but at the same time, a negative public perception of doctors is leading to an increase in litigations. Thus, every doctor should follow the cardinal principle "do not overreach, " i. e., do not treat beyond the scope of one's training and

facilities to prevent both violence and litigations against themselves.

- Second, all doctors should ensure that a valid and informed consent is taken properly and not just considered a formality. Extra efforts should be taken to explain the condition to the relatives because health - care literacy is low in the country. Thus, training on effective communication needs to be imparted to every medical professional which should include assertiveness training, refusal skills, anger management, and stress management.

13. STAMP approach: it is important to be vigilant and look for early warning signs of violence by using the as follows [9]:

- Staring is an early indicator of potential violence. Nurses have felt that staring was used to threaten them into a quicker response and when they responded to this, violence tended to be avoided
- Tone and volume of voice have been associated with violent episodes. Most instances involved raised voices and yelling, but some also involved sarcastic and caustic replies.
- Anxiety in many people who attend the emergency department can make the visit stressful. Doctor should intervene before the anxiety reaches dangerous levels, but sometimes, the patient's anxiety does escalate to violence.
- Mumbling is a cue for violence as it suggests mounting frustration
- Pacing by relatives has been observed in instances that resulted in violence and is seen as an indication of mounting agitation.

2. Responsibility of Institutions

If violence occurs despite taking all precautions, it is important for the institution to protect the doctors involved, but at the same time not meet anger with anger. A standard operating procedure may be developed for such situations like Code Purple used worldwide to alert medical staff to potential violence. Following measures to be taken in case of violence:

1) An announcement on the hospital's public address system, giving the exact location of violence to disseminate the information. A distinct siren may also be installed to alert everyone in case violence occurs
2) Security staff to respond immediately and assist if needed.
3) All the staff except that of intensive care unit and operation theater to come to aid and form a human chain around the professional under threat. The personnel involved in the chain need to remain calm and avoid any altercation which may escalate the situation.
4) A senior member of staff not involved in treatment may try to communicate with the patient's relatives and try de - escalating the situation.
5) All the members of staff to practice restraint and not lose their control.
6) Once the situation is under control, an announcement on the public address system should be made
7) The practice of this drill should be done monthly in every medical establishment.

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Conflicts of Interest
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