

Medical Violence In India

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Abstract

The last decade has witnessed a dramatic rise in cases of violence against medical professionals all over the world, particularly in India. The problem is not simple and needs an in-depth analysis of the reasons for this deteriorating doctor-patient relationship. Poor public health infrastructure, poor tolerance of patients and relatives, together with high cost of treatment in private sector and lack of communication between doctor and patient are the basic reasons for this growing conflict. The time has come to address this issue before it is too late. The government, public, and doctors need to understand that all of them will have to work together in solving this issue for the betterment of public health. This article provides an insight of all the problems associated with rising medical violence.

Key words: Healthcare professionals, medical violence, doctor-patient relationship.

Introduction

Violence against medical profession is not new and can be traced back to many decades¹. But, over the last few years, it has accelerated at a rather dangerous pace and is making headlines across the world². Medical profession is perhaps going through its worst phase as regards violence against doctors. It is a matter of great concern for healthcare professionals and general public as both of them are adversely affected by it.

The World Health Organisation has defined violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation³.

Current scenario

Articles on medical violence published in the last decade tell the story of its importance and growing concern. In 2017, it was reported that nearly 75% of doctors in India have faced some form of physical or verbal violence during their lifetime⁴. About 70% doctors feel unsafe while treating a patient⁵. It is not uncommon these days to see newspapers flooded with reports of doctors getting manhandled, threatened and even killed by patient's relatives⁶. The problem is not restricted to India, but extends worldwide to several countries like UK, China, Australia, Germany, Pakistan and Turkey⁴. In Spain, April 20th has been declared as the National Day Against Aggression in Health-care Facilities in memory of the murder of a resident doctor by a

patient in 2009⁸.

Violence usually occurs in casualty, outside intensive care units and post-surgical wards, where resident doctors managing critical patients become their primary targets⁹. Violence could be in the form of verbal threats, physical assault, extortions, murder, vandalism or arson. As a result, medical professionals work under great stress, leading to problems like depression, insomnia, post-traumatic stress, fear and anxiety¹⁰. The actual number of attacks of medical violence are much more than the reported figures. Doctors, particularly in government set-ups, are often flooded with patients. This leads to patient dissatisfaction as the doctors are not able to devote adequate time to each patient and their illnesses¹¹.

Patients, who are already under stress due to illnesses, become further agitated, and a vicious cycle is set in, leading to violence. The situation has reached to an extent that parents have started choosing alternate careers for their children¹².

Due to the poor public health facilities, many patients are forced to seek help in corporate hospitals. High expectations on the patient's part leads to detailed evaluation of rather minor problems. This makes the treatment costlier and it pinches the pockets of the common man, which is perceived as commercialisation of medical profession¹³. The media adds fuel to this deteriorating and delicate doctor-patient relationship and portrays negative images of doctors. The media too needs to have an insight of both sides before portraying doctors as being responsible for all adverse outcomes and also, the doctors should be in regular communication with the media so that wrong

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information is not conveyed to the public.

The doctors retaliate to the violence by wearing black badges, conducting strikes and demonstrations, but they have failed to bring a change in the society's attitude towards this noble profession. The Government of India, in 2019, had asked all states to enact specific legislation for protecting medical professionals from any sort of violence. Since this has become a state subject, different states are making different laws so that doctors discharge their duties in a congenial environment without any fear. However, implementation of these laws is lacking.

Over the past few decades, the outlook of the common man towards medical profession has undoubtedly changed drastically. These acts of violence are a reflection of a deeper systemic failure due to poor public health services, high cost of treatment in private hospitals and lack of confidence in doctors.

Reasons of the common man

- Unrealistically high expectations
- Unacceptability of complications, including death
- Short tempered behaviour, especially of youth
- Ignorance of medical problems, especially among poor population
- Long waiting period before a patient can speak to the doctor
- Lack of adequate health-related infrastructure in government hospitals
- High expenditure in corporate hospitals, particularly in the absence of health insurance
- Perception of medical profession as a business
- Role of media in portraying a negative image of medical profession.

On the contrary, one should not forget the failings of medical professionals

- Lack of communication regarding the nature of disease, its outcome and complications with the patient and relatives
- High targets of corporate hospitals
- Not prescribing generic medications¹⁴
- Withholding a deceased body until final settlement of bill.

Poor communication between patient and doctors plays a significant role in violence. Patients are dissatisfied when

they receive incomplete information regarding their disease, its course and complications. Doctors need to address these issues empathetically. False and unrealistic assurances to the patient or relatives must be avoided. Medical and para-medical staff should undergo proper training which will enable them to develop communication skills, soft skills, refusal skills, remain calm and assertive, and overcome stress and anger. Furthermore, the doctors must protect themselves with a good indemnity insurance¹⁵. Studies have shown that effective doctor-patient communication is correlated with higher patient satisfaction⁵.

A healthy doctor-patient relationship is built on trust but unfortunately, this trust is decreasing day by day. People have forgotten that every complication or death is not due to medical negligence. The term "natural death" seems to be fading from the common man's dictionary. Medicine should not be considered as a black and white subject as diagnosis is based on history narrated by the patient, clinical examination and investigations¹⁶. Moreover, every patient does not respond to treatment in the same way. So, the outcome is variable for each patient and every disease is not treatable.

According to data, healthcare professionals are four times more likely to be injured (and away from work) as compared to other professionals due to the growing medical violence¹⁷. So, medical violence should be considered, at least equivalent, to violence on any other on-duty public servant and should be dealt with appropriately by law.

It is never too late to suggest improvements in any sphere of life. The government, general public and healthcare professionals should come together for the betterment of this noble profession. Everybody should understand that the fight is against diseases and not against healthcare professionals. World Health Organisation (WHO) in association with International Labour Office (ILO), International Council of Nurses (ICN) and Public Services International (PSI) developed the "Framework Guidelines for Addressing Workplace Violence in the Health Sector" in 2002 at Geneva. According to these guidelines, workplace violence is not an isolated problem but a structural, strategic problem deep rooted in the social, economic, organisational and cultural factors. Further, these guidelines intended to develop sound policies and practical approaches for the prevention and elimination of violence in the health sector.

Steps for improvement

- Medical curriculum should include communication skills, ethics, and stress management.

- Improvement of health services in public sector.
- Increasing staff and use of technology in hospitals to avoid long waiting periods.
- Hospital security should be strengthened.
- Proper consent and documentation of every intervention.
- Strict law enforcement to ensure that perpetrators of violence do not escape punishment.

Conclusion

Whenever a healthcare professional is a victim of medical violence, it is the duty of the whole medical fraternity to show unity and deal with it appropriately. Also, hospitals should have a standard operating procedure (SOP) to deal with such incidents. There should be zero-tolerance towards medical violence by formulating strict legislations regarding the safety of the healthcare professionals. These laws should be displayed prominently in hospital premises so that people think before committing these heinous acts. Media should be sensitive to reporting of such issues and should give regard to both sides of the story. The government needs to divert more resources towards the health sector than what it is at present.

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