



**CRITICAL ANALYSIS OF ISSUES AND CHALLENGES FOR PREVENTION OF VIOLENCE
AGAINST DOCTORS IN INDIA**

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ABSTRACT

Incidents of Violence against doctors and healthcare workers has been increased at their workplace in the recent years. The negative effect of these incidents is not limited to doctors physical and psychological well-being but translates to other issues such as reduced job performance, decreased staff morale, increased burnout and turnover intention, which may ultimately affect the quality of patient care. Workplace violence ranges from threats and verbal abuse to physical assault and even death. The aim of this article is to identify the risk factors associated with violence against doctors and healthcare workers and possible steps at personal, hospital-administrative level, government level that are needed to prevent such incidents.

KEYWORDS: Workplace violence, Medical protection act, Soft skills, Protection team.

INTRODUCTION

In India, the cause of violence against doctors is multi-layered. According to the National Institute of Occupational Safety and Health (NIOSH), Workplace violence (WPV) is defined as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty”.^[1] Workplace violence can be physical when it involves the use of physical force against individuals and includes beatings, slaps, kicks, stabbings, shoves, shootings and bites; or psychological violence when it is a verbal abuse, disrespect, rude behavior, intimidation, harassment and bullying. Study by Indian Medical Association (IMA) reports that 80% of doctors in India are stressed in their profession, while 75 per cent of doctors in India have faced violence at some point of time in their life, and most of the time, it is psychological, physical and cyber intimidation, threats, abuse and injury caused by patient-attendants, or even mobs of miscreants.^[2] In India, patients by themselves are not violence makers, but their relatives. Violence to the doctors in government and corporate hospitals is the feeling of wrong doing by the doctors for financial gain or for avoiding his/her duties. Majority of the hospitals in India do not have good grievance addressal system in place. High-risk areas have been identified as emergency night duty and waiting area in the clinic, pediatrics, gynecology, Intensive Care Unit (ICU) 31 and major violence makers are patients or their close relatives.^[3] Majority of the hospitals in India do not have good grievance addressal system in place. Young patient under serious condition, only child in family with serious disease etc. if not attended by doctor well in time, then

patient’s relatives frustration give rise to emotional outburst which may quickly end in violence Long waiting hours and lack of communication from the doctors and opaque billing systems are important contributors to aggression and need to be addressed by the doctor as much as possible.^[4,5] digital and mobile technology can be useful to resolve these issues.^[6,7] Government hospitals and primary health centers across the country, particularly in West Bengal and Maharashtra, violence by patients’ relatives, local goons, political leaders and even by police has been reported.^[8,9] Anxiety, long waiting period, non-availability of crucial investigations, inordinate delay in referral, unhygienic and extremely crowded condition in the emergency and other wards are some of the reasons given. Electronic and print media also do not have real understanding of the challenges faced by the doctors.

With the rise in mob violence incidents, doctors are also becoming cautious and reluctant to take up serious and grave cases, which in turn compromises healthcare which defeats the purpose of the healthcare delivery system. Unless we make the hospital environment free from fear and violence, the doctors won’t be able to work to their maximum potential, and hence, stopping the violence against doctors is of paramount importance. Healthcare providers must learn to assess all situations for the potential of violence and be vigilant.

There is an urgent need to stop this violence against doctors and take preventive measures. Doctors should understand some of those patient-related characteristics

which may be associated with background psychological disturbance or substance abuse in the patient or their relatives.^[10] Studies have shown seniority of the doctor matters, *i.e.* a senior doctor faces less violence than junior doctors^[11,12,13,14] due to their long work experience to handle the situation by active listening to other persons point of view without becoming defensives, political influence or getting respect from patient's relatives because of their reputation and popularity among public. Doctor should have better training to tackle these situations.

Timeline of Major Recent Incidents in India

18 June 2019: Himachal doctors protested over the failure to arrest an accused found assaulting a female doctor.^[15]

5 June 2019: A Kolkata doctor was manhandled by the mob after the death of a six years old child in the Garden Reach area.^[16]

21 May 2019: The drunk attendants of a patient assaulted the Nizam's Institute of Medical Sciences (NIMS) doctor, Telangana.^[17]

12 May 2019: The medical officer in Dikom tea garden suffers from fractured ribs and broken bones after being assaulted by a mob in Assam.^[18]

27 February 2019: A junior doctor in the pediatric department of Gandhi Hospital, Hyderabad was assaulted by the grandmother of a 2-month-old baby who succumbed during treatment.^[19]

2 December 2018: A doctor was assaulted by the villagers at the District Headquarter Hospital, Bhadrak, Odisha after the refusal of Mahaprayan Vehicle.^[20]

25 November 2018: Two nursing staff were physically assaulted by the patient attendants on night duty at the Patna Medical College and Hospital (PMCH).^[21]

15 October 2018: The relatives of a patient assaulted a reserved category doctor demanding the service of an upper-class doctor at Jabalpur, Madhya Pradesh.^[22]

Warning Signs of Violence

The **STAMP (Staring, Tone, Anxiety, Mumbling, Pacing)** approach alerts the physician by looking for early warning signs of violence. The STAMP approach consists of the following^[23]:

Staring is a prospective sign of violence. Staring was to threaten them into a quicker response.

The tone and volume of voice are connected with violent episodes. Most cases involve not only raised voices and yelling but also sarcasm and caustic replies.

Anxiety in coming to the emergency department makes patients stressed out. Before it reaches dangerous levels, ideally the doctor intervenes, but sometimes, it escalates to violence due to patient anxiety.

Mumbling is an indication of violence as it reflects frustration. Pacing by relatives is seen as a symbol of agitation.

Personal Preventive Measures

Healthcare workers in every hospital should be trained to resolve conflicts at the beginning stage by maintaining a

calm and caring attitude. During sickness and medical emergency, the patient and their loved ones are also emotionally distressed. Numerous factors affect the patient as well as their friends and family. Try to listen to their problem without interruption and avoid a long waiting time. The skill to evaluate situation for potential threat when entering a room as well as keeping an open path or exit, being vigilant throughout the encounter, and avoiding isolation with a potential violent person; should be inculcated in all healthcare providers at an early stage. One should never hesitate to call for help or police assistance.

Protection Team Against Violence

Every hospital must formulate a quick action team of senior doctors and security guards *i.e.*, "protection team" to protect doctors and healthcare workers in case of aggression and violence against them by public.

Violence Prevention Posters

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.

Prevent or Restrict the Entry of Public

Large number of visitors should not be allowed at the patient's bedside. Entry should be strictly using passes, use of metal detectors to avoid any weapon and this must be implemented through security guards. Good quality CCTV cameras must be placed outside and inside the hospital at sensitive areas like the ICU, OTs, and casualty.

Strengthen the Doctor–Patient Relationship

The doctors should take valid and informed consent. Audio-visual consent is preferred. Every doctor should not treat beyond the scope of one's training and facilities to prevent both violence and litigations against themselves. Proper documentation has to be done. The next important thing is communication which should be done preferably in the patient's native language to improve the doctor–patient relationship. Hospital staff must inform the patient and his/her relatives about the cost of the treatment, prognosis, need for repeat surgery, and regular follow-up, and others. It is essential to remain alert, communicate at every step during the treatment, and watch for signs of aggression and violence by the doctors for both the patients and their loved ones during an emergency. During sickness and medical emergency, the patient and their loved ones are also emotionally distressed. Numerous factors affect the patient as well as their friends and family. Try to listen to their problem without interruption and avoid a long waiting time.

Responsibility of Patient

Patient education and creating awareness is a very important step towards preventing workplace violence

against doctors Be aware of the health situation. Doctors practice medicine they can't do magic and certainly, not everyone can be revived. Doctors cannot be held responsible for every death occurring in hospital on the ground of negligence. Cost increases with the type of treatment & its advancement. If not satisfied with a doctor can speak to the concerned authority and take an appropriate decision to continue treatment or not. Acceptance or refusal of treatment by the patient or their family member should also be clearly stated in the form along with their signature.

Government Policies and Responsibilities

The government should improve the infrastructure of the hospitals. Implementation of rules, laws, and punishment for violence under the Prevention of Violence against Doctors and Hospitals according to appropriate acts and relevant sections of the Indian Penal Code (IPC), violence against health-care personnel and hospitals should be made a nonbailable offense and damages should be recovered from the persons responsible for the violence. Nutrition, immunization, health education, pollution control, personal hygiene, access to clean water, unadulterated milk, unadulterated food, facilities for exercise, playground, *etc.* are the basic requirements. The government should concentrate its activities on preventive medicine The government should take responsibility for the safety of healthcare workers.

Medical Protection Act

The protection of Medicare service persons and Medicare service institutions (Prevention of violence and damage to property) act, also known as the medical protection act (MPA), has been passed by 19 states. As per this act, any damage or act of violence against medical professionals or their property is an act punishable by imprisonment to for a minimum period of 03 years and fine amounting to Rs.50,000. The stringent provisions of the act not withstanding; it has failed to protect doctors in reality, because it features neither in the Indian Penal Code (IPC) nor in the code of criminal procedure (CrPC). This makes it difficult for victims to approach the police for help or for the latter to file a complaint against suspects.

Mock Drill

Mock drills need to be conducted and each staff member of hospital should be clear about their role if the situation of violence arises. All hospital and clinical establishments should develop a standard operating procedure (SOP) for violence and prepare a fully trained "protection team" to handle the situation. Worldwide code violet alludes the hospitals response to violent and combative persons when they pose a threat to hospital staff. 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 be prepared to deal

escalate the situation. The practice of this mock drill by the protection team should be done monthly in every hospital. The hospital security staff has to take steps to diffuse the mob and prevent violence against doctors and healthcare workers. Police should be informed and kept vigilant if there is any suspicion of potential mob violence. Carrying out regular drills for healthcare workers to train them in identifying risk factors, preventing and managing violent incidents; would go a long way in countering this menace.

Steps Institution Should Take

The standard operating procedure should be made and followed strictly. Code Purple should be declared and all measures should be taken in case of violence. Security staff to respond and assist immediately. All staff (except Operation Theatre & ICU) should form a human chain. All staff should remain calm & practice restraint. Closed-circuit television (CCTV) monitoring in sensitive areas is a must and should report to the Police immediately.

Soft Skills

Healthcare workers must be trained in soft skills to create an environment to provide the best patient care. It should become a part of the medical curriculum. It includes positive attitude, teamwork, active listening and interpersonal relations. communication skills required to empathize, conflict resolution, remain calm and responsible during those times without compromising the quality of patient care as well as safety regardless of repeated prodding by the anxious patients and their relatives. It will help in mitigating the violence in a long way.

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 curb the events of violence against doctors.

Role of Hospitals

Hospitals can do much to reduce the violence. In government hospitals, this can be done as a part of general reform for the hospital services in the form of: (1) Improvement of services in a global fashion; (2) employment of adequate number of trained staff at reception area to guide patients. (3) use of computer and internet technology; (4) hospital security should be strengthened and it needs to be properly interlocked with nearby police station; (5) Use of metal detector on entry gates by security, so that no arms/ammunition by patient or their relatives should be allowed inside the hospital; (6) there should be transparency on rates of different investigations, rents and other expenses in the hospital; (7) there should be a proper complaint redressal system in the hospital. (8) Signages in all areas of hospital to ease the rush of patients and long waiting hours; (9) Training in soft skills to train and sensitize the doctors,

nurses, para medical staff and other ancillary staff including the agencies involved in providing healthcare to be more sensitive and empathic. (10) There is a need to teach and train the medical staff on ways and means to break bad news to the relatives. The doctors consider death as a routine matter, but for the laymen who assault them, it is usually their first experience in mortality. Judicious use of words and actions in such circumstances can make all the difference in the immediate reaction of the next of kin.

Responsibility of Media

It is the responsibility of both print and electronic media to put forward the unbiased news and not to sensationalize the news of death and sting operations against doctors and paramedical staff without evidence and knowledge. For a balanced view upon an incident, doctors must ensure that their version of the event is also published. Media must publicize and inform the general public about the medical protection act. Sensational news by media houses about a patient dying because of the alleged negligence of doctors only serves against the interest of the patient.^[1] Most of doctors are now refusing to tackle serious cases fearing for their lives, as a result more precious lives are being lost.

CONCLUSION

The increasing incidence of continued violence in India will disrupt the health system and harm patient care. Violence against doctors and other health workers needs to be acknowledged as a social problem that requires action at multiple levels. The increasing incidence of continued violence in India will disrupt the health system and harm patient care. Many remedies have been advised to tackle this situation; some of those are discussed here. As there are certain responsibilities of doctors, healthcare workers, hospital administrators, similarly, responsibilities also have to be borne by patients and their relatives, politicians, policy makers law maintaining machinery, media and government to see that health care improves and violence against doctors is strongly dealt with. It is the legal and moral responsibility of any law-abiding society. Government and hospital heads must improve the quality The enhancement of a central law and improved enforcement of existing state laws are the steps that government must take to grant justice to healthcare workers who have experienced violence and abuse in the line of duty.

There is a need to train and sensitize the doctors, nurses, para medical staff and other ancillary staff including the agencies involved in providing healthcare to be more sensitive and communicative. The govt agencies should be made aware of the deficiencies and shortcomings in public health facilities. Awareness in general public, to enhance and improve the quality of medical services affordable to all by government and every hospital head, responsible media and ensuring proper security measures with more stringent laws will go a long way incurring this menace.

The medical curriculum should include soft skills and communication skills required to empathize, remain calm, and twiddling my thumbs regardless of repeated prodding by the anxious patients. Along with this increased communication between the doctors and patients, filling crucial gaps in communication between doctors, patients, and relatives will help in mitigating the violence in a long way.

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Conflict of Interest

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