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## Editorial

# Violence Against Doctors: Prevention, Administrative and Legal Recourse

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## 1. Introduction

Violence against doctors and healthcare professionals/ hospitals is a great concerning issue. Workplace violence (WPV) against general practitioners, doctors and healthcare providers is an important global issue.<sup>1,2</sup>

*'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....'*<sup>3</sup>

It refers to physical, verbal, or psychological aggression targeted at medical practitioners, nurses, and other healthcare staff. This violence can occur in hospitals, clinics, and other healthcare settings. Recently, reports of violence against doctors, including grievous hurt or murder, are making headlines across the world.<sup>2</sup>

Majority of these violence cases (60-70%) are violence took in the form of either verbal abuse or aggressive gesture. Very often, abusers of a medical person were patients themselves. They were mostly under the influence of alcohol or drug. It happened mostly in psychiatry ward or at casualties. There is increased risk of violence when a general physician is on call, particularly at night.<sup>2,3,4</sup>

There are various important factors that may be contribute to such incidents. Amongst these commonest factors are emotional stress, long

wait times and frustration, disagreements over treatment, lack of communication, cultural and language barriers, resource limitations, mental health issues, lack of security measures, lack of training and de-escalation techniques.<sup>5</sup>

## 2. Global Perspectives:

The World Health Organization (WHO) has recognized violence against doctors and healthcare providers as a global issue. WHO estimate suggest that about 8-38% of healthcare providers suffer from physical violence at some point in their professional careers. Study of violence against healthcare providers from the USA in the 1980s showed that 57% of emergency care workers have been threatened with a weapon, whereas in the UK, studies showed that 52% of doctors reported some kind of violence.<sup>2-5</sup>

In Asia, violence against medical professionals has been reported from China, Pakistan, Israel, and Bangladesh. Prevalence rates of violence against doctors have been higher in Asia as compared to those of Western countries.<sup>6</sup> Study by Liu et al in 2019, aimed to quantify the prevalence rates of workplace violence (WPV) by patients and relatives against healthcare providers. The prevalence is high, especially in Asian and North American countries. Psychiatric wards and casualty departments were most common settings.

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Mostly nurses and on call physicians were victims of such violence. There is a need of collaborative efforts by policymakers, governments and health institutions to take actions to address issue of violence towards healthcare professionals.<sup>2</sup>

### 3. Indian perspective:

According to the study by Indian Medical Association (IMA) in 2017, over 75% of doctors across the country had faced some form of violence at their workplace. The study also reported that over 50% of doctors had experienced physical violence.<sup>7</sup>

#### Violence against doctors in India:

Healthcare professionals, including doctors, nurses, and other medical staff, have been subjected to various forms of violence, including physical assaults, verbal abuse, and intimidation. This phenomenon has led to protests, strikes, and calls for better protection and security for medical practitioners.<sup>8</sup> Violence seen in various forms such as telephonic threats, verbal abuse, intimidation, physical but non-injurious assault, physical assault causing simple or grievous injury, murder, vandalism, and arson. Violence leads to develop psychological issues in doctors such as depression, fear, and anxiety, insomnia, posttraumatic stress leading to absenteeism. Many doctors have injured themselves, lost lives, lost their clinics, and also tarnished their reputation as a professional.

**Some key factors** contributing to violence against doctors in India

- a. Policy factors: India's health-care spending is close to 2% of the total budget. This is dismal when compared to other countries.
- b. Social factors: Impression of profit making profession in the mind of general public and patient, there are unrealistic expectation that paying more money should save one's life.
- c. Professional factors: Ineffective patient–doctor communication, unempathetic approach by healthcare providers.
- d. Local Factors: Mob mentality, politician's interference.

#### Various Issues:

- a. Lack of Communication: Poor communication between doctors and patients, especially in cases where there are language or cultural barriers, can exacerbate misunderstandings and conflict.
- b. Media Influence: Negative portrayals of medical professionals in the media can contribute to a

negative perception of doctors, which may indirectly contribute to violence.

- c. Legal and Ethical Issues: Legal and ethical concerns related to medical practices can sometimes lead to confrontations between doctors and patients or their families. Even though there is act passed by the Government of India to prohibit violence against Medicare service persons and damage or loss to property of Medicare service institutions in year 2008 and in Maharashtra, there is similar act "The Maharashtra Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act, 2010" was Implemented in year 2010 but there is improper implementation of these laws have made them ineffective in curbing the violence against the healthcare professionals. Other sections like sec 425,427 IPC were not properly implemented against the accused person.<sup>9</sup>

#### 4. Prevention:

It is need of the hour. In general necessary things are as follows-

- a. **Communication Improvement and improved Doctor-Patient Relationship:** Efforts to improve the doctor-patient relationship, promote transparency, and enhance patient education have been made to reduce misunderstandings and distrust.
- b. **Training Programs:** Training programs for doctors and healthcare staff in communication skills, conflict resolution, and de-escalation techniques have been introduced to better handle challenging situations.
- c. Mental Health Support.
- d. **Public Awareness Campaigns and increased Public Engagement:** Engaging with the public and addressing concerns through open dialogue can help build trust and improve relationships between healthcare professionals and patients. **Awareness Campaigns** helps to educate the public about the importance of respecting healthcare professionals and the consequences of violence.
- e. **Security Measures:** Such as installing surveillance cameras, increasing the presence of security personnel, and improving access control.
- f. **Police Protection at hospitals:** It is needed especially in situations where there was a risk of violence.

- g. **Legal Measures:** Stringent law and strict implementation.
- h. **Fast-Track Courts:** It will help to expedite the legal proceedings for cases related to violence against doctors.
- i. **Collaborative efforts:** between healthcare institutions, government bodies, law enforcement, medical associations, and the general public. A multifaceted approach involving healthcare institutions, governments, communities, and the public to address the issues.

#### Doctor's role:

1. Effective doctor-patient communication:
  - a. Improve relationship, use anxiety alleviation techniques,
  - b. Better training to tackle these situations
  - c. Optimize and reduce the long waiting periods for the needy patients.
2. Security Measures:
  - a. Installing surveillance cameras,
  - b. Increasing the presence of security personnel, and
  - c. Improving access control.

#### Hospital administration Role:

- a. Improvement of services in a global fashion.
- b. Employ sufficient number of doctors.
- c. Undertake steps to tackle the patients rush and address long waiting hours issue.
- d. Use of computer and internet technology,
- e. Strengthen hospital security and easy interlocking with the local police.
- f. Arms/ammunition should not allowed to patient or their relatives in the hospital.
- g. Bring transparency on rates of different consultation charges, investigations rate, rents and other hospital related expenses.
- h. Install proper complaint redressal system in the healthcare institution.
- i. Indian Penal Code (IPC) contains several provisions that can be invoked in cases of violence against doctors and healthcare professionals.

#### 5. Conclusion:

Although violence against health care providers is common, the incidence of severe forms of violence in India is increasing. Many remedies have been used to tackle this situation. There is need of collaborative efforts between healthcare institutions, government bodies, law enforcement agencies, doctors associations, and the general public.

A multifaceted collaborative approach involving governments, healthcare institutions, medical associations, media, communities, and the public is needed to address the issues. It result to improve health care delivery to needy and minimise violence against doctors.

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