

Violence Against Doctors: A Review.

Manju Lata Sharma¹, Rahul Harsh², Shefali Sharma³

¹Surveillance Medical Officer WHO Country Office Bikaner Ex Consultant Pediatrician and neonatologist M. N. Hospital and Research centre Bikaner Rajasthan.

² Deputy Director Urban PHC-2 Bikaner.

³Project associate at Milliman Ex consultant Dental surgeon Fortis Jaipur MPH IIPH Gurgaon.

Received: August 2018

Accepted: August 2018

Copyright: © the author(s), publisher. It is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Violence against doctors is on rise throughout the world. Though this violence is more likely to occur in and around intensive care units no doctor is immune to this phenomenon and according to a study by the Indian Medical Association over 75% of doctors have faced violence at work at some or the other time of their career. The doctors are regularly abused, threatened, sued, assaulted, manhandled, and even killed. The phenomenon is rising to such a magnitude that even government hospitals are being guarded by armed security personnel. Even world health organization has taken the cognizance of this situation and drawn out a global action plan to prevent this violence. In absence of any standard operating procedure (SOP) sudden violent events leave everyone clueless and till the time everybody comes into sense the doctors are already brutally assaulted. One of the important steps in prevention of this violence is enactment of law against miscreants. There are instances where some unforeseen complications occur and death of patient results is agitated relatives making complaint against doctors and in many cases, doctors are slapped with IPC 304A for which arrests may take place. Central government as well as many states including state of Rajasthan and Maharashtra have enacted stringent laws against those indulging in violence against health care workers. The need is to implement it properly and law enforcing authorities such as police should be sensitized for using these stringent laws against those who perpetuate violence against health care workers.

Keywords: Violence Against Doctors, Standard Operating Procedure, Enactment of Law, Rajasthan.

INTRODUCTION

Violence against doctors is on the rise all over the world, this is a global phenomenon. A Survey conducted in 170 university hospitals of United States of America found that 57% of all Emergency response employees were either threatened by weapons or actually physically assaulted. In United Kingdom UK almost 50% of the doctors have suffered some or the other form of violence or abuse.^[1] The scenario is similar for consultants as well as general practitioners. In China in 2006 almost more than 5000 medical workers were injured by relatives of the patients. The scenario is similar for countries such as Kuwait, Mexico, Europe, Australia were approximately 50% half more than half of doctors physically attacked at least once.^[2] In Israel almost 90% of the health care workers are either verbally or physically assaulted at some point of their careers.^[3] The situation for doctors working in India is also grim. According to Indian Medical Association, over 75% of doctors have faced violence at some point of time in India.

Innumerable incidents of violence against doctors are reported nearly on a daily basis across India, some resulting in grievous injuries.^[4] Even institutions such as the All India Institute of Medical Sciences, New Delhi, the premier medical institute of the country is not spared. The actual rate is even higher as there is underreporting of violent incidents. Moreover, incidences of violence against doctors working in rural areas, primary health centres and rural hospitals usually go unreported because of fear on the part of doctors in naming the culprits.^[5]

Definitions

Assault is an act that creates an apprehension in another of an imminent, harmful, or offensive contact. The act consists of a threat of harm accompanied by an apparent, present ability to carry out the threat, whereas Battery is a harmful or offensive touching of another.^[6] Workplace Violence is defined as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behaviour that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers and visitors.

Name & Address of Corresponding Author

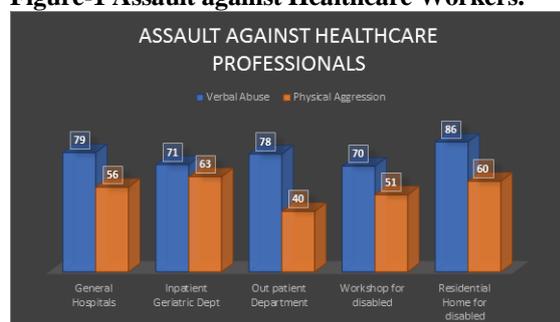
Dr. Manju Lata Sharma
Surveillance Medical Officer WHO Country Office Bikaner
Ex Consultant Pediatrician and neonatologist M. N. Hospital
and Research Centre Bikaner Rajasthan

Causes of Violence Against Doctors

One of the important causes of violence against doctors in the image portrayed by a section of media. While overall media is sensitive to the problems faced by doctors some media channels may sensationalise the story and this may create trouble for doctors.^[7] This is particularly seen after the death of patient. In some instances, some media may not be interested in knowing the facts or despite being honest may write against doctor in the spur of moment. The other important cause which is relevant especially in developing countries including India is provision of meagre health budget and poor quality healthcare.^[8] While catering to the population of over 120 crores it is but natural that a considerable amount of GDP to health budget. The situation is compounded by the fact that majority of individuals residing in developing countries including India are below poverty line and can hardly afford the treatment costs and are dependent on government hospitals which usually are overburdened by enormous number of patients. This creates a situation where it is practically impossible for attending doctors to give attention to every patient he or she is attending creating a communication gap.^[9] Poor communication once again exacerbates the situation where the relatives are not aware of the seriousness of the condition and sudden deterioration of the condition of the patient may cause agitation in relatives. Agitated relatives and mob mentality may result in explosive situation leading to violence against health care workers. Lastly in some instances relatives may get agitated because of the perceived unreasonable medical bill of the hospital and then the relatives may become violent causing damage to property of hospital or may assault doctors or other hospital staff. The violence may take the form of threats, abuses, physical violence assault or even murders of health care professionals have occurred in some instances.^[10]

Extent of Problem

Figure-1 Assault against Healthcare Workers.



The analysis of this problem reported in various studies showed that the Verbal Abuse is most common in residential homes for disabled while Physical aggression was more common in geriatric care departments.

Prevention of Violence Against Medical Practitioners in India

One of the first and foremost important step in prevention of violence against health care professional is legal steps which may deter the miscreants against taking the law into their hands^[11]. Not only stringent law is needed but also law enforcing authorities such as police should be sensitised for using these laws against those who assault healthcare workers at the fall of a hat. Standard operating procedure should be in place in cases of emergencies to tackle the situation. Other important steps in coping with this menace may include training of the health personnel to tackle the situation, tightening up the security of the health institutions and insurance of the property of the health setup to take care of financial fallout of the violent episodes.^[12]

Facing a violent situation

An important aspect of crowd management is to face the situation with cool mind. In no situation anger should be met with anger and the health care providers should in no way provoke the mob in situation where violence is imminent. If possible, CCTV cameras should be installed in all sensitive parts of the hospital so that video records of the violence can be obtained so as to bring the guilty to the book. It is important to depute someone to immediately (preferably as part of the SOP) get the medical record of the patient photocopied. If the mob carries away the original record, the photocopies will be useful.^[13]

The law enforcing authorities like police and district collector should be informed immediately so that necessary action can be taken. Identifying the troublemakers/leaders in the mob is important and in these situations these troublemakers should be first handed over to law enforcing authorities. Get written, signed statements from the persons present (doctors, staff, patients, relatives, others) regarding the occurrence of violence so that it can later be used as documentary evidence against the accused. When making a police complaint the doctor/hospital should make sure that a request is made to register an FIR under the relevant Act for protection of medical personnel. In no way the relatives should be paid to calm the situation otherwise it can be taken as proof of guilt on the part of doctor.^[14]

Role of police

One of the most important institution responsible to see to it that the miscreants do not take law into their hands is the police department. Even presence of stringent laws won't deter criminals if the police doesn't apply these stringent sections against the accused. It's the primary responsibility of police to maintain law and order and provide the security to anyone who is at risk including healthcare workers.

By doing so police will be instrumental in preventing violence and damage to hospital property.

Role of Legislature

One of the most important law dealing with prevention of violence against healthcare workers is enactment of stringent laws against those involved in assaults on health care workers. There are various laws enacted by central as well as state governments which makes it a cognizable offence to assault healthcare professionals. The Doctors' protection act has following components.^[16]

- 1) Any damage or act of violence against Medicare professionals is an act punishable by law. Medicare professionals include (Doctors, nurses, paramedics, medical students, hospital attendants/staff)
- 2) Any damage to the property or the Institution of Medicare service is prohibited. Destruction of hospital beds, burning of ambulances, smashing medical stores is punishable by law
- 3) Imprisonment to lawbreakers for a minimum period of 3 years and fine amount of INR 50,000 to be imposed if found guilty.
- 4) Offenders of medical professionals/medical colleges can be cognizable or non-cognizable crime depending upon the offences committed.
- 5) Damage to any medical devices and equipments is a punishable offence and the offenders are liable to pay twice the amount of the damaged equipment's cost.

Many Other states have also enacted special laws for prevention of violence against health care workers. But the irony is that despite presence of strict laws, these laws are hardly used by law enforcing authorities. The Rajasthan Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Ordinance, 2008 is enacted with the purpose of Prevention of violence and prevention of damage and loss of property. The offence is cognizable and non-bailable with the punishment of imprisonment up to 3 years and fine up to Rupees 50000. It also has the provision of recovery of damages caused by violence and compensation twice the amount of damage caused can be recovered from the accused. More stringent laws would reduce the incidences of violence against health care workers.^[16]

The Role of Health Care Workers

The role of doctors is of prime importance in minimizing the incidence of violence. The doctors should show utmost care while discharging their duties so that the charge of medical negligence can't be levelled against the doctor. The non-defensible situations such as operating on incorrect limb, transfusion wrong blood group and giving wrong doses of drugs must be prevented and stringent mechanism must be in place to avoid such mistakes.

These kinds of negligence will definitely attract IPC-304A which have a very serious consequence for the healthcare workers.^[17]

It is the responsibility of the healthcare workers to immediately inform police in situations such as death of patient where cause of death can't be made out, deaths linked to abortions, anesthetic deaths, deaths related to violence or accidents.^[18] In any case where law mandates postmortem police should be informed immediately. Whenever there are chances that the healthcare workers may be accused of mismanagement it is always better to inform police.^[19] Also, whenever there is incidence of violence police should be informed without wasting time. In many instance police may be under pressure of not acting against "emotional" relatives in these situations senior police officers as well as senior health authorities should be notified. Police should be assisted in slapping appropriate sections of IPC against accused.^[20]

CONCLUSION

Violence against healthcare workers is a global phenomenon. Incidences of violent attacks against healthcare workers are increasing exponentially. Better communication between healthcare workers and patients and their relatives, better security system at healthcare institutions, strict laws against perpetrators of violence against healthcare workers and swift implementation of these laws will eventually reduce the risk of violence at health care facilities considerably.

REFERENCES

1. Violence in the emergency department. Managing aggressive patients in a high-stress environment. Kuhn W Postgrad Med. 1999 Jan; 105(1):143-8, 154.
2. Violence and verbal abuse against staff in accident and emergency departments: a survey of consultants in the UK and the Republic of Ireland. Jenkins MG, Rocke LG, McNicholl BP, Hughes DM J Accid Emerg Med. 1998 Jul; 15(4):262-5.
3. Derazon H, Nissimian S, Yosefy C, Peled R, Hay E Harefuah. Violence in the emergency department 1999 Aug; 137(3-4):95-101, 175.
4. <http://timesofindia.indiatimes.com/india/75-per-cent-of-doctors-have-been-attacked-at-work-by-disgruntled-attendants-study-says/articleshow/49533759.cms>
5. Mullei K, Mudhune S, Wafula J, et al. Attracting and retaining health workers in rural areas: investigating nurses' views on rural posts and policy interventions. BMC Health Services Research. 2010;10(Suppl 1):S1.
6. Pesce MB, Gossman WG. Tort. [Updated 2018 May 13]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2018 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK441953/>
7. Wu D, Wang Y, Lam KF, Hesketh T. Health system reforms, violence against doctors and job satisfaction in the medical profession: a cross-sectional survey in Zhejiang Province, Eastern China. BMJ Open. 2014;4(12):e006431.
8. Maeseneer JD, van Weel C, Egilman D, et al. Funding for primary health care in developing countries. BMJ: British Medical Journal. 2008;336(7643):518-519.

9. Hartley S. Bridging the gap between health care professionals and communities. *Community Eye Health*. 2004;17(51):38-39.
10. Fallahi-Khoshknab M, Oskouie F, Najafi F, Ghazanfari N, Tamizi Z, Afshani S. Physical violence against health care workers: A nationwide study from Iran. *Iranian Journal of Nursing and Midwifery Research*. 2016;21(3):232-238.
11. Kapoor MC. Violence against the medical profession. *Journal of Anaesthesiology, Clinical Pharmacology*. 2017;33(2):145-147.
12. Joseph B, Joseph M. The health of the healthcare workers. *Indian Journal of Occupational and Environmental Medicine*. 2016;20(2):71-72.
13. Arnetz JE, Hamblin L, Russell J, et al. Preventing patient-to-worker violence in hospitals: outcome of a randomized controlled intervention. *Journal of occupational and environmental medicine*. 2017;59(1):18-27.
14. Zhao S, Liu H, Ma H, et al. Coping with Workplace Violence in Healthcare Settings: Social Support and Strategies. Wattersson A, ed. *International Journal of Environmental Research and Public Health*. 2015;12(11):14429-14444..
15. Ramacciati N, Ceccagnoli A, Addey B, Lumini E, Rasero L. Interventions to reduce the risk of violence toward emergency department staff: current approaches. *Open Access Emergency Medicine : OAEM*. 2016;8:17-27.
16. Ambesh P. Violence against doctors in the Indian subcontinent: A rising bane. *Indian Heart Journal*. 2016;68(5):749-750.
17. Pandit MS, Pandit S. Medical negligence: Criminal prosecution of medical professionals, importance of medical evidence: Some guidelines for medical practitioners. *Indian Journal of Urology : IJU : Journal of the Urological Society of India*. 2009;25(3):379-383.
18. Kotabagi R, Chaturvedi R, Banerjee A. Medical Certification of Cause of Death. *Medical Journal, Armed Forces India*. 2004;60(3):261-272.
19. Joga Rao SV. Medical negligence liability under the consumer protection act: A review of judicial perspective. *Indian Journal of Urology : IJU : Journal of the Urological Society of India*. 2009;25(3):361-371.
20. Coyne A. Should patients who assault staff be prosecuted? *J Psychiatr Ment Health Nurs*. 2002 Apr;9(2):139-45.

How to cite this article: Sharma ML, Harsh R, Sharma S. Violence Against Doctors: A Review. *Ann. Int. Med. Den. Res*. 2018; 4(5):PE11-PE14.

Source of Support: Nil, **Conflict of Interest:** None declared