Editorial

Violence Against Doctors: Where Are We Heading?

An Indian Medical Association survey has found that nearly 75% of doctors in India had faced some form of violence or threat of violence at some point in their careers.[1] Fear of violence was the main cause of stress for as many as 46.3% doctors. About 62.8% of the doctors surveyed were unable to see their patients without any fear of violence and 57.7% had thought of hiring security in their premises. This survey published in 'The Hindu' has revealed the extent and impact of violence on medical profession.[2] The manifestation of violent behaviour is not limited to particular strata of society or to a public/private sector. There are innumerable incidents of violence targeting physicians and hospitals. Though private clinics run by single consultants are more vulnerable, even premium medical institutes are not spared. Whenever a major incident takes place, medical fraternity enters into a debating mode with arguments blaming the patients and their attendants. On the other side, popular media (television, social media) starts fuming against medical profession to gain popularity. In the melee, the major issue gets diluted due to blame game and we fail to introspect on the basic issues, and therefore, hardly proceed towards the path of a solution or correction.

Though violent confrontations are common happening now-a-days and each and every one of us is vulnerable, yet, we are ignorant when it comes to preparedness to tackle such a situation. Aggressive mob attains advantageous position in the middle of this confusion and escapes smoothly after doing the damage. Violence against doctors is increasing with time and in recent years it has emerged as an epidemic in India. Generally, at the time of a specific incident, a particular doctor or hospital is blamed for poor communication between the treating physician and the patient or inflated cost of treatment; worsening status of health-care system in our country with meager spending of annual budget on health policies serves as a major factor for increasing frustration.

India accounts for over half of the estimated 100 million people pushed into poverty worldwide every year due to high out-of-pocket expenses on health-care (catastrophic health spending), a joint report on universal health coverage by the World Health Organization and the World Bank has revealed.[3] The document shows that currently, 800 million people spend at least 10% of their household budget on health expenses for themselves, a sick child or another family member.[1] Further, expenditure on health has been increasing at an alarming rate in India. Due to insufficient investment in public sector by the government and scarcity of doctors in government hospitals, majority of patients have to seek treatment in private hospitals. The 2014 report by the National Sample Survey Organization (NSSO) shows that the average cost of hospitalisation in private hospitals has more than tripled since 2004. More disturbing fact is that a large majority of India's population is not covered by any health insurance scheme. "Over 85% of Indians in rural areas and 82% of urban residents are not covered under any health expenditure support scheme," the 2014 report noted. Most of the poor families end-up in a debt trap to pay their inflated medical bills. According to the National Crime Records Bureau (NCRB), of the 1.3 lakh people who committed suicide in India in 2015, 16%, or 20,000, did so due to illness. A large number of them did so because they could not afford the cost of treatment.[4]

Lack of proper communication between the physician and the patient is an important contributory factor for dwindling faith in the medical profession. Even with extreme efforts, there is no scope of matching our time devoted for communication with western standards in government hospitals which are flooded with restless patients waiting for their turn. Additional public health and administrative work-load on clinicians in public sector further limits the opportunity of proper communication and relationship building. According to a recent study[5] in which researchers studied average primary care physician consultation length in economically developed and low-income/middle-income countries, India is ranked 62nd among 67 countries. Indian doctors spend less than two minutes providing consultation to a patient. In contrast, in Sweden, doctors spend as much as 22.5 minutes per patient and 21 minutes in the US.[5] Even in corporate Indian hospitals, doctors are forced to attend more number of patients to increase profits. Lack of emphasis on communication skills in medical education also leads to ignorance of this important aspect of doctor-patient relationship, creating an adverse impact at a later stage. Shorter consultation length may promote the overuse or misuse of medications, unnecessary investigations and frequent misdiagnosis, causing increased frustration among the patients. Physician's burnout due to over-crowded hospitals, limited resources and lack of personal accomplishment also leads to frequent argument with the patients, further worsening the scenario.

With all these limiting factors in health system of our country, further damage is usually done by

popular media by portraying image of medical professionals as businessmen. Though health-care system is not untouched by corrupt practices like any other profession but generalised statements dismantle the respect and trust for the treating physician among common people.

Improper security arrangements in over-burdened hospitals with too many relatives visiting patients as a crowd act as fuel when any unpleasant event takes place. In majority of the incidents, mob mentality rather than emotional attachment appears to be a major factor for igniting violence as close relatives are in state of shock after the death of their loved ones. With rising incidents of intolerance in our country in every arena of life, hospitals are obviously vulnerable targets where complications and mortalities are otherwise not an uncommon phenomenon. Public, perhaps does not accept the limitations of medical science and visualise doctors as miracle man who has to save life in any case. This kind of portrayal of medical profession equivalent to 'God' may please the doctors and may motivate them to join the medical stream in their initial years of decision making but these high standards of expectations sometimes may prove to the contrary at the end of the day. Lack of stringent laws against violence in hospitals and improper implementation of existing laws provide freedom to perform violent acts including threats in public.

Whatever might be the anatomy of such unpleasant incidents, there are long-term consequences affecting physical, mental and emotional health of doctors. Increasing stress and inability to cope are likely to be amongst the major reasons for doctors leaving clinical medicine and preferring streams of medicine which are not concerned with direct patient dealing to avoid such unsavory events.

Government should make every effort at its disposal to protect the hospitals by making stringent laws which should act as a deterrent. The working atmosphere in public sector should be made more congenial to increase patient satisfaction and also feeling of accomplishment among doctors. Major focus should be towards strengthening the primary health-care system. Administrators in their hospitals, either private or public should also take sufficient and formidable measures to prevent such incidents in advance, particularly proper security measures, restricted entry of attendants, displaying warning

notices in the premises and CCTV surveillance. The hospital staff should be well prepared with instructions in advance to handle the incidents of verbal threat or physical violence.

Medical fraternity should also make efforts in rejuvenation of trust between medical professionals and patients. Selection criteria in medical schools should also include aptitude and attitude of the applicants along with scholastic abilities. Medical ethics, communication skills and humane values should be deeply cultivated in the curriculum. Regular workshops in institutes and hospitals for enhancing communication skills and developing strategies to resolve conflicts are also crucial to avert unpleasant scenario.

Finally, doctors should send a message through their ethical, skillful and humane work in the society to combat the malicious image created by factors which are biased towards medical profession.

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