

Violence against Doctors: Experiences and Perspectives of Medical Practitioners from Gujarat

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ABSTRACT

Background: Incidents of violence against medical practitioners are making headlines in the media and is increasing since a decade.

Aim: This study assessed incidents of violence against medical practitioners from public and private healthcare settings and from various specialities in Gandhinagar District of Gujarat.

Methods and Materials: Using a cross-sectional research design, 72 medical practitioners, from different specialities including family physician and from various practice settings in Gandhinagar district of Gujarat State, were briefly interviewed using the semi-structured interview protocol.

Results: Incidents of violence against medical practitioners is on rise in the recent time. More than half medical practitioners (57%) reported being subjected to assault in last 1 year, 13% had reported experiencing some sort of abuse last quarter whereas 8% of them expressed experience of assault at-least once in a quarter. Medical practitioners in critical care unit, emergency care, surgical specialities, and male doctors reported higher incidents of violence compared to their counterpart. Key determinants of violence were death of a patient, distrust on doctors and treatment, high fees, very high expectations from medical practitioners, dissatisfaction from treatment services, intoxicated patients' relatives, high workload and limited manpower especially in Government sector and media over-reaction.

Conclusion: The study revealed high incidence of violence against medical practitioners. Some of the causes of aggression are potentially preventable. In addition to the law for protecting medical practitioners from violence, training on communication skills and centralised recording of incidents need to be prioritized.

Key words: Medical practitioners–doctors–violence–assaults–Gujarat–India.

1 INTRODUCTION

Acts of violence against doctors and other healthcare providers during their practice is not uncommon. Lately, incidents of doctors being assaulted by patients and their relatives in various parts of the country are making headlines in the media.^[1] Such incidents are on the rise. Various studies conducted in other parts of the world also shows poor picture as far as safety of medical professionals are concerned. In a study of nine tertiary institutes across Pak-

istan, 76% reported verbal or physical violence during the previous two months.^[2] Chinese doctors are often victims of violence. In 2010, a doctor and a nurse were fatally stabbed in Shandong province by the son of a patient who died of liver cancer.^[3] Similar incidents were recorded in countries like USA, Jordan, Palestine, Nepal, Sri Lanka, and many other countries.^[4–9]

In India, medical profession considered as one of the most admired professions. However, in the recent past innumerable incidents of violence has been reported from various parts of the country. The violence ranged from verbal abuse, threatening, physical violence, aggressive gesture, blackmailing, mob lynching cyber bullying and damage to

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property including medical equipment in the hospital.^[10] According to a study, over 75% of doctors have faced violence at work.^[11–12] In 2014, in Mansa district of Punjab a doctor's clinic was burnt following death of a boy who was referred to a tertiary hospital but died.^[13] In 2016, two doctors from Government Medical College in Maharashtra were beaten up.^[14] Similarly, in the same state one doctor from Civil Hospital in Maharashtra was beaten up so much as that he lost vision in his left eye in the year 2017.^[14] Yet another episode of violence against doctors stirred up in 2019 on the ground of medical negligence and two doctors in Kolkata received near-fatal injuries by a strong mob.^[15] Highest incidence of violence against doctors were recorded in Delhi, Maharashtra and Uttar Pradesh.^[16] Similar incidents occur in private health sector as well but remain unreported.

In India, greater than 70% of outpatient care and 60% of inpatient care is served by the private healthcare system.^[17] Thus, private healthcare players have a dominant role in providing healthcare services to the population.^[18] The private healthcare providers consist of private practitioners, for-profit hospitals and nursing homes, and charitable hospitals.^[17,18] However, most studies on violence and its impact among medical practitioners in India are conducted in the public health sector, missing important understanding on violence against medical practitioners from the private health sectors. This study assessed the incidents of violence against medical practitioners from public and private health sectors including various specialities in Gandhinagar District of Gujarat.

2 METHODOLOGY

A cross-sectional study conducted among medical practitioners in Gandhinagar District of Gujarat State. Out of 465 members of Indian Medical Association – Gandhinagar Chapter, 72 medical practitioners from different specialities including family physician and from public and private practice settings were briefly interviewed using semi-structure interview protocol with their consent. Necessary permission from Indian Medical Association – Gandhinagar Chapter was sought and the study sample was selected using convenient sampling.

Semi-structured brief interview was used to gather information related to demographic profile, speciality, incidents of violence, reasons for violence and their perspectives on reducing incidents of violence. The tool was field-tested with 10 representative sample which was excluded from the final data collection. Tools were refined based on experts' review and feedback from field testing. Data were categorized and synthesized. Results were presented in the proportion and the percentage were calculated.

3 RESULTS

Results classified in four sections, characteristics of the study participants, incidents of violence, perspectives of medical practitioners on violence and suggestions for prevention of violence against medical practitioners.

Characteristics of the study participants

The proportion of males was 74 % and the proportion of females was 26.4 %. Majority of the participants (47%) belonged to age group 40 to 50 years, followed by 30–40 years' age group (21%). The youngest medical practitioner was of the age 24 years and the eldest 60 years. Majority of medical practitioners included Family Physician (MBBS) (20.8 %), Obstetricians & Gynaecologists (15.3%), Paediatricians (15.3%), Physician (13.9%), Emergency Medicine specialist (8.3%), General Surgeon (6.9%), Ophthalmologist and Orthopaedics (5.6% each). Other medical professionals were critical care specialist, chest and TB specialist, ENT specialist, neurosurgeon, pathologist, and radiologist (1.4% each). Considering the practice settings, about three-fourth (74%) worked in private sector, either having their own hospital or working in private multi-speciality or corporate hospital; more than a quarter (26%) were from Government sector.

Regarding the duration of practice at the current location, more than half (60%) medical practitioners were experienced between 5 to 20 years followed by 17% between 1 – 5 years, and 13% were practising for less than 1 year. Approximately, 11% had experience of practice between 20 to 30 years.

Incidents of Violence among Medical Practitioners

In this study more than half 57% reported having subjected to untoward behaviour or assault in last 1 year and 13% had experienced some sort of abuse in last quarter. Approximately 8% of them expressed having experienced assault during their practice at-least once in a quarter. Out of 41 (57%) medical practitioners who experienced incidents of assault in last one year, majority 22 (38.5%) were verbally abused, 12 (21%) were verbally abused and threatened, two (3.5%) experienced physical violence from patient's relatives and others, two (3.5%) were verbally abused and subjected to physical violence, two (3.5%) were verbally abused as well as subjected to other type of issues like police complaints and one doctor (1.7%) was subjected to verbal, physical violence and threatening. Notably, private practitioners experienced more incidents of violence compared to public health service providers. For those practitioners who had experienced aggression in patients the annual incidence of an event per practitioner was 2.52.

As a security measures, approximately half of the private practitioners (47) had installed CC TV camera in the hospital or clinic followed by presence of guards (23%) and display of instructions against violence (12%). The District Hospital and Civil Hospital had guards while Community Health Centres or Primary Health Centres had no security measures. None of the Government hospital premises had display of instructions/information related to violence. Around 87.62% of participants reported that their workplace had no procedures for reporting violence.

Medical practitioners working in emergency care unit, surgeons, gynaecologists were more frequently subjected to violence than others. Mostly male medical practitioners (89%) reported incidents of violence with them.

Medical Practitioners' Perspectives on Violence

Over 90% of medical professionals feel that incidents of violence have increased in last few years. The failed surgery was the commonest reason for aggression, with 62% incidents; however, 18% of the incidents involving assault or injury occurred during domiciliary visits and 20% of the injuries were received during night calls. Relatives were the aggressors in 77% cases; anxiety was a precipitant in 13% cases, and a long wait in 10%. Although majority of private hospitals and clinics were equipped with CCTV cameras, which acts as a deterrent to attackers, medical practitioners believe it doesn't reduce the incidence of violent acts.

The reasons for such increase as reported by them were mainly due to death of a patient, distrust among doctors and patients regarding treatment, disagreements related to fees, very high expectations of the patients & relatives for recovery, intoxicated patients or relatives, low literacy, increased workload and limited manpower especially in Government sector. Other reasons attributed for increasing violence were increasing negative reputation of doctors, commercialization of medical field, dissatisfaction with medical care, lack of unity among doctors, media over-reaction. and poor communication skills among medical practitioners.

Medical Practitioners' Suggestions for Preventing Violence

Majority of practitioners (68%) believed that acts of violence or assaults can be prevented. They considered medical practitioners together along with appropriate law to protect them can effectively prevent such incidents by increasing faith in the health system and health practitioners. Key recommendations included building strong patient-doctor relationship, explanation of disease condition and clarifying expectations from the treatment. Equipping medical practitioners and para-medical team on communication skills may be helpful. At the same time, awareness on medical practitioners' rights and punishments for violent acts should be created using various media.

4 DISCUSSION

More than half study participants (57%) reported having subjected to assault in last 1 year while 13% of them had experienced some sort of abuse in last quarter. Similar findings were reported by the study conducted in Gujarat²⁴ and other places of the country.^{15,16,21,25} While violence against medical practitioners and other healthcare personnel must be condemned, the multi-factorial causes of this problem must be recognised. Majority of the incidents were resulted from dissatisfaction, distrust, poor communication, poor mechanism for grievance redressal, and distorted doctor-patient relationships.^{1,12-13,25,28} The heterogeneous and isolated private sector, variable quality care, higher costs

and exploitative practices attract rage.¹¹ In case of public healthcare system, which is crowded, under-resourced, and under-staffed, constantly struggle to cope with the expectations of patients and families.^{1,17,19} Poor access, uncertain availability and variable quality of care weaken the respect and arouse dissatisfaction.¹⁸ Developing an adequately resourced, well managed public healthcare system and well-regulated private healthcare system is essential for reducing the level of public dissatisfaction and thereby curb incidents of violence.

When a medical practitioner is assaulted, disabled or even killed, the victims of violence also include other innocent patients who are being cared for are affected because of disrupted medical services.^{18,19} Therefore, having a law that can protect medical practitioners from violence can be the key action.^{1,9-13,25,28} The government of India drafted a legislation called, The Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019.²² It covers a broad range of healthcare providers, from doctors, nurses and paramedics to medical and nursing students to ambulance drivers and helpers and a wide array of settings, from hospitals and single doctor clinics to mobile medical units and ambulances. Stringent punishments have also been proposed, which include imprisonment ranging from six months to ten years and /or heavy monetary fines, ranging from Rs 50,000 to Rs 10,00,000 depending on the gravity of the offence.²² Effective implementation of this legislation can truly contribute in protecting healthcare practitioners.

In addition to the law, health practitioners need to take preventive measures to avoid and manage violent situations. Whether the unfortunate death occurred due to a serious illness which had a poor outcome or negligence on the part of medical practitioners or unreasonable treatment costs can only be determined by a proper inquiry.^{1,23} However, violence is perpetrated as an instant reaction and does not wait for an explanation from the medical practitioner or patience to have inquiry on the matter. Furthermore, unrealistic expectations and low health literacy perpetuate aggression.¹³ In this context, patient counselling, valid and informed consent,¹³ constant communication with patients' relatives or friends^{1,28} may ease the tension and raise confidence among service beneficiaries and their care-takers. A clear explanation of a patient's condition on admission and periodic updates on patients' status to anxious relatives can build trust and respect.¹⁰ Consoling words of empathy in case of setbacks or loss may be well received if communications are sustained between the treatment team and the patient's family or relatives. Innovative communication mediums can be used (such as SMS or social messenger like WhatsApp messages as suggested by participants) to convey the status of patients' health condition and actions required by friends or family during the period of hospitalisation or medical consultation to avert unpleasant outbursts. Medical staff, trained medico-social workers or physician assistants can play crucial role for building trust and managing anxious or aggressive behaviours. Patient-doctor relationship and the trust between patient and health system

can be nurtured and sustained by periodic training of all care providers, from doctors and nurses to support staff, on lay counselling and communication skills.^{25,28}

Arguably, uncivilised aggression and mob violence against medical practitioners cannot be prevented if the law is not stringent and that is implemented effectively.^{1,21} If violence and aggression appear to get social sanction, other healthcare personnel, too, will be the victims.^{22,23} It is important, therefore, that healthcare providers must speak up against violence of any kind, and report them, not just when they are the victims. Violence reporting and redressal mechanism at the hospital or and clinic level can be effective strategy.

It's high time that collective concrete efforts are taken to ensure safe work environment for medical professionals. The Government, professional bodies like IMA and public health education institutions can play crucial role in prevention of such violence and equip medical professionals with coping strategies, counselling and communication skills to avoid and manage confrontations in their practice as part of education curriculum and continuing medical education programmes. The media influence societal attitude. Media should be sensitized for avoiding demonizing and convicting medical practitioners.²⁸ Targeted information, education and communication campaigns, programmes for general population and media personnel can be implemented by public health institutions.

5 CONCLUSIONS

The present study indicates a significantly higher proportion of medical practitioners across

various specialities experience violence. Violence threatens not only the safety of medical practitioners, but also jeopardise patient safety and hampers their recovery to health. Along with stringent law, collective actions to prevent and manage violent incidents against medical practitioners are warranted.

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