

Archives of Surgical Research | View Point

Violence Against Doctors: A Rising Menace

Fatima Aslam

IMPORTANCE Violence against medical professionals is reaching unprecedented height and even in world class, well equipped hospitals, doctors face verbal or physical abuse. In primary care, mostly patient and attendant are the perpetrator, and these violent events are more frequently seen in surgical wards. The roles of hospital administration, judiciary, media, and government is crucial in maintaining the sanctity of medical profession and doctors are equally responsible for perseverance of their dignity and continuing efforts to nurture themselves into ethically competent physicians. Community leaders can be a part of this movement because they play an important role in influencing the public opinion. Such activities should be highlighted on social media to raise awareness in public about how a slight misstep can be professionally and emotionally damaging for a doctor, who is a human being at the end of the day, and to err is only human.

KEY WORDS: Violence, Doctors, Harassment, Medical Profession, Ethics

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View Point

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"No physician, however conscientious or careful, can tell what day or hour he may not be the object of some undeserved attack, malicious accusation, blackmail or suit for damages..."¹

The above paragraph of a renowned Journal of the United States, written 135 years ago should be a telltale and equally prophetic. In the past, doctors were highly revered and respected by patients and society at large. However, this is becoming extremely rare with the advancing times. The word violence has a ring of intentional hurt and to use it against medical professionals, who are acting according to medical ethics is unthinkable. Stress and violence are on a rise in health sector workplaces and doctors are high on the list of occupations with serious stress levels.

On daily basis, incidents occur in which physicians are being crushed, hurt, and verbally abused by common man, if a patient dies even when the doctors have done their utmost in saving their life. Although violence in the medical profession is common around the globe, countries like Pakistan are more susceptible, because of the already prevalent ethnic and political violence and a fragile law enforcement infrastructure². The decline in literacy rate in Pakistan is directly contributing to lack of general knowledge about diseases, precautionary measures and their treatment leading to delayed diagnosis along with unrealistic expectations from a doctor to do some miracle. Also, the shortage of medical staff is another problem that Pakistan is facing in health sector, thus causing frustration in both the consumer and producer due to increase workload on doctors and unbalanced patient to doctor ratio.

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equipped hospitals, doctors face verbal or physical abuse. In primary care, mostly patient and attendant are the perpetrator, and these violent events are more frequently seen in surgical wards. Some of the countries, other than Pakistan, where violence against doctors has been reported include the UK, USA, Germany, Australia, China, Turkey, Israel, Nepal, Myanmar, Saudi Arabia, and India³⁻⁶.

The role of media in reporting the incidents of medical negligence is crucial. Media creates hype without any evidence in a given situation of the supposed negligence. Just like any other profession, black sheep also exist in media who create sensation to make money by broadcasting fake stories of medical errors. The statistics related to violence against doctors in Pakistan are immensely appalling while the events of public intolerance are highly disappointing. Electronic and social media presents doctors as looters and butchers thus defaming and ruining their reputation for the sake of making money with the famous notion "if it bleeds, it leads"; which applies not on the choice of events that media covers but the manner in which it is covered. They report false news and sensationalize a small slice of what happens and craft it into an entire story of their own.

In a local study conducted in 2018, of 74% physicians experiencing violence, almost 88% did not receive any help from hospital administration which is an alarming situation. Female doctors face violence usually in the form of sexual harassment and it becomes difficult for them to perform night duties due to ineffective security measures in hospitals⁷. The most disturbing fact was that Pakistan ranks

first in the list of countries documenting percentage of violence against doctors with 85% mild (verbal and emotional) abuse as compared to 44% in Australia.

The phenomenon of “YI NAO” means healthcare disturbance. Yi Nao gangs are groups of largely unemployed people with a designated leader. They threaten and assault hospital personnel, damage facilities and equipment and prevent the normal activities of hospital, usually to obtain compensation for actual or perceived medical malpractice^{8,9}.

REASONS OF VIOLENCE:

There is a long list for genesis of violence which includes patient's demise, disagreement over hospital bills, dissatisfaction with services, Yi Nao, prolonged treatment tenure, ill-trained doctors in communication skills, long working hours of doctors, ineffective paramedics in dealing with violent situations, quacks spoiling the patients and later near fatal cases ending in hospital emergencies^{6,10}.

ISSUES FACED BY GYNAECOLOGY DEPARTMENT:

Looking into different specialties of medical profession like gynaecology, surgery and family medicine, each one has a set of problems leading to violent acts against doctors. Owing to the population increase in Pakistan, the workload in gynaecology department is on a rise. One of the leading causes of violence in this field is female baby denial. Patient and their attendants have a wrong assumption of male baby and as soon as the mother delivers a female child, they blame the doctor for forged reports and replacement of the infant. Also, the frequency of theft of newborns from gynaecology wards have increased in last few years leading to patients' assaulting health professionals and damaging hospital property. On the contrary, when being asked for blood donations for their dying patients due to ruptured uterus, the very same attendants usually refuse and vanish away.

PERSPECTIVE OF SURGEONS & FAMILY PHYSICIANS:

Informed consent has a vital role when dealing with patients, especially in surgical wards. Lack of communication between doctors, patients and paramedics lead to dissatisfaction and creates a vacuum resulting in outburst by society in an intolerant way. Family physicians usually face the brunt of their patient when he/she visits multiple doctors and each one of them blames the former doctor for wrong prescription and faulty diagnosis.

ADMINISTRATIVE ISSUES IN HOSPITALS:

When talking about administrative issues regarding violence in hospitals, three main factors are inter-related and directly contribute to violence. They are shortage of healthcare professionals, increase in growth rate and declining literacy rate. As per WHO standard of 1:1000 of doctor to

population, there should be 110,000 doctors in Punjab¹¹. Thus, there is currently shortfall of 37,174 doctors in Punjab province only. Insecure health professionals are leaving the country for a better future abroad contributing to brain drain in Pakistan.

There are **three challenges** that need to be addressed by hospital administration so that mishaps can be avoided. They include:

1. Crowd management in hospitals since there is lack of adequate waiting areas for visitors and inefficient queue management system leading to frequent quarrels between patients.
2. Non-compliance to various medical acts, rules, processes
3. Inadequate infrastructure and security system

These challenges can be dealt by:

1. Improving hospital infrastructure with particular reference to entry and exit as well as controlled entrance for hospital emergency, authorized staff, patients, and visitors.
2. Professionally designed fool proof security system should be put in place with major emphasis on surveillance, ongoing capacity building of security staff.
3. A toll-free number for complaints should be provided to patients and online registration of complaints should be set up.
4. A special task force should be created for addressing hospital violence issues with development of standard operating procedures and violence reporting mechanisms.
5. For the satisfaction of patient and their families, dedicated counseling rooms should be made where they are well informed about their illness.

LEGAL OPINION:

Sensitivity of medical profession is higher as compared to other professions since doctors are dealing with human lives directly and this is one of the main reasons, that issues related to their negligence get highlighted in no time. There are laws for protection of doctors but unfortunately there is no implementation of them, and since doctors do not take interest in legislation processes being initiated by healthcare commission, they end up making themselves more vulnerable to acts of violence. A doctor protection act was developed in India in 2010 but it could not be implemented in its true spirit which shows that fear of law may be a deterrent in various crimes but does not hold true in healthcare¹². Role of healthcare commission is crucial in protecting the rights of doctors and penalizing if found guilty after thorough probing of the complaints launched against them. Punjab government has passed an occupational safety and health act in January 2019, but its implementation is still a challenge¹³.

RESPONSIBILITY OF MEDIA:

Electronic and social media has a strong impact in shaping the public opinion for doctors. Usually judgmental and inaccurate reporting of medical negligence shake peoples' faith in doctors. It is the responsibility of healthcare professionals to run awareness raising campaigns on social media, TV, and radio to change the perception of general public regarding respect and protection of doctors. Also, continuous advocacy with law makers and policy makers is need of the day to end the violence against holistic practitioners. The leadership of medical community should reform the present-day curriculum with emphasis on communication skills, awareness of legal rights and knowledge of media personnel in hospitals.

WAY FORWARD:

The roles of hospital administration, judiciary, media, and government is crucial in maintaining the sanctity of medical profession and doctors are equally responsible for perseverance of their dignity and continuing efforts to nurture themselves into ethically competent physicians. Community leaders can be a part of this movement because they play an important role in influencing the public opinion. Such activities should be highlighted on social media to raise awareness in public about how a slight misstep can be professionally and emotionally damaging for a doctor, who is a human being at the end of the day, and to err is only human.

RECOMMENDATIONS:

1. Doctors workload should be reduced.

2. Communication skills, ethics and professionalism should be essential component of medical teaching.
3. Positive role modeling and leadership by seniors can help the junior doctors in becoming holistic practitioners.
4. Learning skills to deal with critical situations should be developed.
5. Laws should be placed to decide extent of media coverage of doctors
6. Provision of healthcare services appropriate to the need of patients should be ensured.
7. Doctor to patient ratio should be adjusted appropriately.
8. Well-equipped primary and secondary healthcare facilities to ensure provision of tertiary healthcare facilities to patients.
9. Role of print, electronic and social media in defamation of doctors is particularly important.
10. Implementation of laws for punishment of complainant in case of wrong complaint.
11. Doctors should avoid criticism of previous treatment by fellow colleagues i.e., AVOID BLAME GAME
12. Doctors are underpaid and over-worked so their salary structures should be revised.
13. Police check posts should be established inside each hospital as an insecure doctor cannot work to his full potential.
14. Development of counseling skills center in each hospital
15. Training of nurses and paramedical staff to communicate politely and effectively with the patients.
16. Unity of doctors should be emphasized repeatedly.

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