

## Violence against Doctors: A Rising Trend

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### Abstract

Hitting a doctor when a patient dies in a hospital has become a norm but ironically this is not a subject that gets discussed. People come with unreasonable expectations, and failure to meet these unrealistic expectations is leading to increase in physical violence against doctors. This article discusses the causes and various forms of violence against doctors, warning signs and measures which should be taken to prevent such attacks. To conclude all medical practitioners need to be aware that violence against doctors can occur and they need to take steps to prevent it. They need to communicate well with the patient's family to prevent such attacks. The society and the media also have a great role to play in preventing these attacks. The government also needs to improve government health care facilities, doctor to patient ratio, hospital bed to patient ratio so that the small and medium private health care centres play a supporting role in providing health care services to the government medical facilities.

**Keywords:** Violence; Doctors

### Introduction

Hitting a doctor when the patient dies has become a norm but ironically this is not a subject that gets discussed. The general opinion about a doctor is that of a marketing strategist, who recommends fancy investigations and prescribes medicines that are beyond affordability. Google has led patients and relatives to believe that they know more than their doctor, who has invested at least a decade of his life in going meticulously through an enormous amount of medical literature. People come with unreasonable expectations, failing to meet which is leading to increase in physical violence against doctors.

### Aim of the Study

The aim of this review article is to find reasons of the rising trend of violence against doctors and measures to be adopted to reduce the incidence of this violence.

### Methods

Literature was scanned and articles in newspapers referring to violence against doctors were studied and reasons for this rising trend were analysed.

### Observation

It was observed that patients and their relatives when in the hospital premises are at their emotional peak and require and expect an empathetic and sympathetic response from doctors. The tolerance levels of the patient and their relatives is at its lowest and a small little trigger can flare up leading to violence against doctors.

### Result

Soft skills are the need of the hour and a Physician armed with soft skills is in a better position to deal with unreasonably high expectations of the emotionally labile patients and his relatives.

### Discussion

#### What is medical negligence?

Medical negligence or malpractice is the most common reason cited by the media causing a surge in the number of cases of violence against doctors. Negligence and malpractice have been defined and have specific predetermined criteria. To prove medical negligence and/or malpractice against/by someone, the following needs to be established and/or proven:

1. A doctor patient relationship existed.
2. A deviation from the standard of care occurred while providing health care to the patient.
3. Some damage has occurred to the patient either physically or mentally.
4. The deviation from the standard of care directly caused damage to the health of patient [1].

#### Statistics

In the United States, during the nineteen eighties, approximately 100 healthcare providers died as a result of violence [2]. A survey of 600 doctors in 2008 by the British Medical Association revealed that about one-third respondents had been a victim of verbal or physical attack out of which over half of them did not report the incident [3]. 70% of doctors and 90% of paramedical staff working in a medical clinic crisis room in Israel revealed savage acts, mostly verbal abuses [4]. As indicated by a study by the Indian Medical Association, over 75% of Physicians have confronted brutality at work [5].

#### The reason

Media and state fault and judge the doctors as negligent more often than not without asking for technical advice from experts. Sensationalization of every news item, often ignoring information that would give enough attention to ordinary and boring details is an important trigger of violence against doctors.

People need to understand and believe that not every bad result while treating a serious patient is because of medical negligence and mistakes are bound to happen in the complicated cases. Specialists make careful decisions when choosing a specific treatment plan among the numerous accessible choices. In some cases, the choice may demonstrate unfruitful results.

Whenever somebody faces demise of a nearby relative he experiences phases of alters in his perspective. One of the significant guard system of the initial stage is displacement. This is the exchange of feeling from an individual, article, or circumstance to another source. For instance, after the passing of a relative, the family may censure the specialist for inability to give sufficient consideration and may in this way abstain from reprimanding themselves for inability to carry him to the emergency clinic at beginning stages or giving due consideration to monetary oblige.

Another reason of being antagonistic towards doctors might be a sentiment of desire and retaliation. Doctors these days are financially well off and sometimes they show off. People consider doctors second to God and respect them in the society contrary to revelations of unethical practice by some doctors for financial gains. It has been noted that most often the patient himself is not the violence maker but the relatives and the near and dear ones who care for the patient but feel helpless.

Social media in the form of WhatsApp messages, Twitter posts and Facebook comments add fuel to the escalating problem. Individuals praise posting a negative remark towards doctors notwithstanding conceding the vicious conduct towards them. They get many likes, remarks and urge other to be forceful towards doctors. Social learning of savagery involves concern.

Small government spending on social insurance has brought about poor framework and human asset mash in government emergency clinics. There is stuffing, long holding up time to meet specialists, nonattendance of an amicable situation, different visits required to complete examinations and counsel specialists, sharing a bed by two and now and then three patients and poor cleanliness and sanitation. As

indicated by the WHO just 33% of Indian human services use is from government sources and the remaining is from out-of-pocket use [6]. Along these lines individuals are compelled to look for private healthcare. Small and medium private healthcare establishments provide the bulk of healthcare services and 84% of private hospitals have less than 30 beds [7]. These small and medium health care establishments are isolated, disorganized and vulnerable to violence. Insurance entrance is low and the legislature does not give enough assets to free social insurance, leaving individuals to battle for themselves. Many occurrences of violence have happened at the time of discharge from the health care centre while clearing the hospital bills and with any abatement in the effectively pitiable spending for health care, the circumstance is probably going to fall apart further [8].

Another reason for viciousness against doctors is the absence of confidence in the peace hardware and the legal executive [9]. Horde attitude as often as possible snowballs into a rough emergency in hospitals. Low health education is utilized to spread legends and there is an expanding desire from patients that with current drug and innovation a doctor ought to have the option to ensure a decent result in all fundamentally sick patients.

The rising cost of healthcare is the key reason for the breakdown of the bond between doctors and their patients [10]. In a family where an ordinary feast takes need over wellbeing, outrage and melancholy at losing somebody regardless of spending too far in the red is justifiable, however tragically it frequently comes full circle in brutality. Whatever the incitement, legitimizing any brutality particularly against a doctor who attempts to help in the midst of hardship must be firmly censured.

### The trend

The most common cause of violence by the patients is long waiting time and second most common cause being dissatisfaction with the treatment [11]. Emergency departments are commonest places where violence takes place [12]. Factors associated with health system organization and socio-economic statuses of the population are the reasons of patient's aggression [13]. People causing violence against doctors are generally uneducated, middle aged males. Doctors working in surgical wards have faced more violent events compared to those working in medical wards [14]. Emergency services department and ICU are the most savage settings and visiting hours is the most rough time [15]. Not only doctors but paramedical staff like nurses and operation room assistants also face violence in the form of verbal attacks [16].

### Forms of aggression

- Mild: Verbal and emotional abuse.
- Moderate: Threats and Intimidation.
- Severe: Physical attack, weaponry attack, sexual abuse, theft and vandalism.

### Warning signs

It is fitting to search for markers of vicious conduct. Gazing is a significant early marker of potential savagery and medical attendants have felt that gazing was utilized to threaten them into guide activity when they reacted to this prompt viciousness would in general be maintained a strategic distance from. Absence of eye to eye connection has been observed to be another significant intimation and is related with indignation and aloof obstruction. Tone and volume of voice as brought voices and shouting up notwithstanding mocking and burning answers has been related with vicious scenes. Murmuring, slurring or over and again posing a similar inquiry or owning similar expressions has been seen to be an indication of mounting dissatisfaction and a sign for viciousness.

### What can be done about it?

Studies have shown that senior doctors face less violence than junior doctors [17]. Hence doctors with a reasonably seniority should be posted at wards and departments where frequent explosive situations are expected allowing them in better handling the situation or getting respect from patient's relatives because of the long years of experience of senior doctors.

Long waiting hours and doctor's behaviour towards patients and relatives are vital contributors to aggression and need to be addressed by the doctor as much as possible [17].

Long queues outside consultation chambers, lack of communication from the doctors and opaque billing systems are important predictors of violence and digital and mobile technology can substantially to tackle this issue [18].

Government hospitals can improve their services and doctor patient ratio. Use of technology in the form of appointment slots by SMS and E mail can decongest the out patient department crowd.

Transparent tariff in the form of operation charges, room rent and diagnostic test charges should be displayed well to avoid disputes at the time of discharge from the hospital.

There should be a proper viable grievance redressal mechanism in every hospital.

Patients and their relatives ought to be created to grasp that trendy medication is neither low cost nor cent per cent effective in setting the sickness right in all cases.

Print and electronic media should behave responsibly and not sensationalize news. They should perceive that medicine is not a black and white subject and diagnosis in clinical medicine is governed by the supposed method of scientific progress whereby a general hypothesis is tested by deducing predictions that may be tested experimentally.

### Conclusion

It is important for all medical practitioners to be aware that violence against doctors can occur and they need to take steps to prevent it.

The most important step in preventing mob violence in a hospital is a good security system restricting entry of a large number of patient's relatives and entry should strictly be allowed by passes.

Improving communication skills will prevent doctors from facing violence in the long run. Soft skills are of prime importance while communicating with the patient and his relatives and the treating doctor should be in constant communication with the patient's family keeping them updated with the progress or deterioration in the condition of the patient.

It is inappropriate to attempt to treat and do procedures beyond the scope of one's training and facilities and remaining within one's capability and experience is important in today's litigious environment.

Doctors need to pressurize the government to equate assault on a doctor with assault on a public servant on duty.

Let us help Healers do their jobs, At least let us not punish the Gods!

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