



## “Assault on Doctors” Eradication Programme

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The attack on doctors and hospital staff in Indian cities and town are on the increase and this has become a regular affair with such acts being reported almost daily basis for last few months. In a study in 2017 IMA(Indian medical association) found astonishing number of 75% of the Indian doctors has faced some form of violence in one form or other, whether physical or verbal.

### Reasons for these disturbing trends

1. The growing menace of “Mobocracy” or mob violence in our country is creeping into this profession too. The frenzied mobs of relatives and public are instigated to attack doctors, other staff and hospitals. Mobocracy in any form should not be allowed in a democracy.
2. Due to technological advancements in the medical field the cost of healthcare is ever increasing whereas India's spending on healthcare is less than adequate which results in poor infrastructure and scarce human resource at the government facilities. Though even the developed countries cannot afford state of art medical facilities all citizens.
3. Due to the developing economy the spending power of the public has increased and with this there is increase in the expectation of the people, and they have started expecting miracles in the medical fields with affordable expenditure.
4. The pathetic quality of healthcare like over-crowding, long waiting queues, stinking environment in the hospital, sharing of bed with other patients etc. and the list is endless and these pile the frustration which needs exit.
5. The illiteracy is itself taking the toll and above it “health illiteracy” making it worse as the heart attack is the most common cause acute deaths but presenting symptoms are only dysphagia and discomfort most of the time. It becomes impossible to explain the attendants of the patients the seriousness of the condition.

### How doctors should handle it

There should be zero tolerance to any case of assault to doctor, staff or hospital as such threats are creeping and has taken shape of a Typhon-like monster.

1. The eroding doctor-patient relationship should not allow deteriorating further. Doctors should try to give more time to patients, the empathy and the healing touch of the doctor can further strengthen the relationship.
2. Most of the doctors are upright, some do unethical practice like fleecing patients, over investigating the patient, over prescribing the drugs and performing unnecessary operations. This practice should be shunned to regain the lost social
3. Instead of knee-jerk reaction of every other act of violence there should be constant deliberation throughout the year in the form seminars or symposiums on this menace.
4. They should organize themselves under one “Umbrella” organisation as too many branches, cadres, designations, public, private etc. exist in this medical field and violence is faced at every level.
5. Doctor should not over-attempt by treating and conducting surgical/non-surgical procedure for which he/she may not be trained or facilities not available in the concerned health facility.

### What establishment can do to prevent violence

There is utmost need to make the environment in the health establishment safe and congenial so that the doctors and other healthcare personnel work with full dedication.

1. Strict instructions passed and guidelines to be formed to mandate taking informed and valid consent from patient or attendant, documentation of patient course of treat-

ment and proper communication about the patient course of hospitalisation and treatment.

2. Deploy properly trained and adequate in number security personnel with special attention to the sensitive places of hospital like emergencies, psychiatry wards, ICUs and operation theatres.
3. Installation of adequate number of CCTVs and alarm system throughout the establishment.
4. Adopting standard operating procedures (SOP) for mob violence with staff sensitized to it from time to time by conducting workshops and mock drills.
5. Restricting entry into the hospital should be restricted and pass system adopted. There should be "one patient one attendant" rule for sick patient and "Mobile patient no attendant".

### What higher authorities can do at their end

Due to repeated attacks on doctors they are reluctant to take up the serious cases which is jeopardising the health care delivery system.

1. Though providing security to the health care personnel is a state subject but in this case stringent central law for prevention of violence against doctors is the need of the hour.
2. The Governments of different states have experimented with deploying different kind of security from private to retired army personnel but it has failed to prevent the assault on doctors to some extent. Considering the heavy rush in government health care establishment deploying 2 CISF personnel round the clock at least in emergencies of 276 government medical colleges and 725 District hospitals.
3. The MCI should remove the prefix "junior" resident from the post graduation pursuing or intern doctors as they are the doctors who are constantly in the touch of patients during the course of the treatment and are more vulnerable to violence by attendants. The term "junior" sometimes give false impression in the public they are treated by untrained or inexperienced doctor which add to the frustration in them leading to violence.
4. The MCI should restructure its norms awarding credit points of CMEs to giving more thrust to the symposium/seminars deliberating preventing violence against doctors, improving communication skills of health personnel with patient/attendants, medico-legal aspects of the profession etc.
5. The government should improve the abysmal doctor-population ratio, population bed ratio etc. as the situation in the rural areas is worse.

The recent rise in violence against doctors reflects the attitude of society on the whole which needs structural changes at all level to eradicate this menace of violence against health care personnel and establishments. The Doctors needs change in their attitude to patch up the eroding doctor-patient trust. "Assault on Doctors" eradication programme is the need of the hour.

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