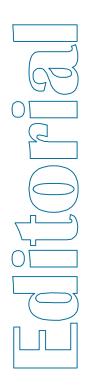


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Enough is enough.....

Offence is the best means of Defense — this is a hackneyed idiom used by many to defend their violence rightfully or otherwise.Well, if this is an axiom then whom are we trying to defend when we take arms against the doctors. At this point of time when the molestation of doctors has become a trend and the molester is at times given the status of a paladin I think this would be the most relevant subject to discuss in this editorial. The incidents of violence against doctors, leading to grievous injury and even death, seem to be on an increasing trend in recent years. Still there is a paucity of studies on workplace violence against doctors and its effect, in India.Let us discuss in detail with the limited data we have in our disposal which is enough to bring out the horrific scenario.

According to the WHO framework Guidelines (2002), "Workplace violence is defined as the situations where staffs are ill-treated, intimidated or attacked in conditions linked to their workplace, including commuting to and from the workplace, involving an explicit or implicit challenge to their safety, well-being or health". Physical and psychological violence to the workers in the health care sector is many times higher as compared to the other sectors. Compared to all other workers, workplace violence seen in healthcare workers is four times higher and hence requires a longer time away from work¹. The Indian Medical Association (IMA) reportedly said, "Healthcare violence has become an alarming phenomenon across the country. The real size of the problem is largely unknown and recent information shows that the current knowledge is the tip of the iceberg²." Many reports quote an IMA survey, which claims 80% of doctors in India are stressed in their profession, while 75% of doctors have dealt with some form of violence during their practice. This includes verbal, emotional, sexual, psychological, physical and cyber intimidation, threats, abuse, and occasionally even extreme bodily harm and injury caused by patients, patient-attendants, or even mobs of 'miscreants'. As many as 62.8% of doctors are unable to see their patients without any fear of violence; 13.7% fear criminal prosecution most days of the week; and 57.7% of doctors have thought of hiring security in their premises². The data given above is enough to prove that the violence against the health care workers are increasing in leaps

and bounds in the recent years. However the purpose of this article is not to showcase statistical data on the increasing violence but to analyze in an unbiased manner the reason for such surge in molestation and finding out a plausible solution to alleviate such violence.

According to me, amongst many reasons, the prime most reason for violence is the lack of liaison between the patient families and the healthcare workers. Where there is darkness there is suspicion and where there is skepticism there is misunderstanding and where there is misunderstanding there is violence. The vindictive attitude brews among the families and leads to a sudden outburst. On one hand the doctors should be more patient and lenient in listening to the patients and the patient families since they are the poor souls struggling to fight against the odds. The patient families must also understand clearly that doctors are ultimately human beings and they would be most satisfied and happy when they see their patients recovering and going back with a smile back to their homes. Uncertainly and unpredictability however is the law of existence and not all are fortunate, in spite of best efforts from the doctors and other stuffs, to survive. Another glaring reason for such incidence of violence is the lack of infrastructure in health care. As the current pandemic has revealed, there is serious shortage of ITU or ICU units in private as well as government hospitals which prevents the seriously ill patients to get timely care. The helpless kith and kins of the patients on the verge of death lose their patience and find the front lineworkers, that are the doctors and the nurses, to vent out their vengeance scarcely realizing that they too are the victims of the faulty inadequate system. The snaking queue in front of the outpatient departments also reveals huge difference in the doctor to patient ratio.

"Don't lose the golden hour" – this line is displayed in huge fonts on huge bill boards as part of the advertisement campaign for a well know corporate hospital. The first hour after the onset of a heart attack is called the golden hour and appropriate action during this golden hour can spell the difference. Well we all know that but this sudden calamity also comes with a rider. The threat of a massive medical bill with astronomical figures. Now where will the patient's relative take the patient? Take him to a state of art hospital and become a pauper in a matter of hours or take him to a government hospital , with tremendous agony to get a timely care. If anything happened wrong, the end result – molestation of the health care workers. This socio economic problem can only be solved with the positive intervention of the State and establishing Health as the right of the People.

The doctors should also be vocal and raise their voices against the corporate autocracy which stops them from doing the right things at the right time. They become the victim of pubic rage as a result. As even the moon has blemishes, the doctors even though being grossly dedicated and loyal, do have among them unscrupulous peers camouflaged behind the white coats. These miscreants and outlaws should be isolated and ousted and weeded off to make the system clean. Because of these miniscule section the ethical doctors get molested by the public.

The Apex court, inJerrylBanait vs Union Of India on 8 April, 2020 dealt with a matter wherein the doctors who had gone to screen certain patients were attacked and faced stone-pelting. The Supreme Court observed and directed:

"The pandemic which is engulfing the entire country is a national calamity. In wake of calamity of such nature all citizens of the country have to act in a responsible manner to extend helping hand to the government and medical staff to perform their duties to contain and combat the COVID-19. The incidents as noted above are bound to instill a sense of insecurity in Doctors and medical staff from whom it is expected by the society that they looking to the call of their duties will protect citizen from disease of COVID-19. It is the duty of the State and the Police Administration to provide necessary security at all places where patients who have been diagnosed coronavirus positive or who have been quarantined are housed. The Police security is also provided to Doctors and medical staff when they visit places for screening the people to find out the symptoms of disease."

In Abdul Naser v. State of Kerala, the Kerala High Court observed that apart from subjecting doctors to agony and anguish, attacks and violence on them adversely affect the treatment of all patients. It practically leads to a halt in functions, jeopardising the health of many persons, which is a matter of grave concern.

Observing the growing violence against doctors especially in the last year the Epidemic Diseases (Amendment) Act 2020 is an amendment to the Epidemic Diseases Act 1897. The principal Act comes under the State List under Schedule VII and is pre-independence legislation.

The 2020 Amended Act defines 'acts of violence' committed by any person against the healthcare service professional serving during an epidemic as one, which may cause, harassment, hurt, injury, a hindrance to services, damage to property or documents in custody.

The statute also defines 'health care professional' and 'property', providing a wide ambit for better protection. Section 2B provides that no person shall indulge in any act of violence against a healthcare service professional or cause any damage or loss to any property during the epidemic.

Section 3(2) provides punishment for commission or abetment of commission of an act of violence. Section 3(3) deals with committing an act of violence against a healthcare service professional, causing grievous hurt as defined in section 320 IPC. Section 3A of the statute provides that the inquiry or trial must conclude within a year³.

Waukesha County, Wis. has a Zero Tolerance Workplace Violence Policy and Procedure. Waukesha County Risk Manager Laura Stauffer explains, "While we can't guarantee the protection of employees against acts of violence, we do have the ability to regulate and direct the conduct of our employees in an effort to prevent or minimize the severity of violent incidents. The policy has both emergency and non-emergency information, telling employees to "become aware of escape routes," "seek safety by leaving area if possible" and "do not attempt to control a violent individual." policies cannot protect against every situation, but they can open lines of communication so employees feel empowered to take action in a violent situation. Discussion can help employees to recognize or diffuse situations. Training can help employees feel less anxious when talking about workplace violence or participating in drills⁴.

The discussion burns down to a solid conclusion that something must be done with urgency to alleviate if not annihilate workplace violence. Both the health care professionals and the common man should be trained to understand each other so that each understands the other and a relationship of mutual respect develops between the two. The enacted laws of the land for the protection of health care workers should not only be written in the books of law but should be aptly executed to prevent such molestations and help the workers to work safely and effectively.

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