National Doctors’ Day: Are the God’s Men Safe?

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National Doctor's Day, first celebrated in 1991 is observed every year on 1st of July in India in honor of Dr. Bidhan Chandra Roy, the renowned physician who has also been elected as the second Chief Minister of West Bengal to acknowledge the contributions of doctor's humane service to mankind. Doctor's Day is celebrated on different dates in different countries across the world by several government and non-government healthcare organizations. No doubt doctor's play a prime role in our lives, providing us with selfless services and good health care. It is necessary to raise awareness about the roles, importance and responsibilities of doctors and to promote medical profession. This day provides us an opportunity to thank doctors that they do for the patients, the communities they work in and for the entire society. No doubt it is their hard work that makes us healthy with a good quality of life. This day pays tribute to the medical profession and emphasizes the value of doctors in our lives.

The theme of National Doctor’s Day 2019 is “Zero tolerance to violence against doctors and clinical establishment”.

Health workers are at high risk of violence all around the globe. As per WHO, around 38% of health workers go through physical violence at some point in their careers and those subjected to verbal aggression are even more. Violence against health workers is escalating but unacceptable. It has not only a negative impact on the psychological and physical well-being of health-care staff, but also affects their job motivation. As a consequence, this violence compromises the quality of care and puts health-care provision at risk.¹

Violence against doctors is not a new phenomenon. However, in recent times, reports of doctors getting abused are hitting the news all around the world and are being uploaded on social media. In most of the cases, those you initiate violence are patients or their relatives. Majority of the doctors are worried about violence at their workplace, and very few doctors are able to avoid or deal with such situations. There is a prime need to look out for the violence associated factors and frame the possible steps at a personal, institutional, or policy level to mitigate such mishaps. Violence Against doctors is a global issue prevalent not only in India but also USA, UK, China, Israel, Pakistan, and Bangladesh.² This violence is not limited to threats, intimidation and verbal abuse but also includes physical assault, vandalism, and arson. Medical professionals who faced violence have been known to develop psychological issues such as depression, insomnia, posttraumatic stress, fear, and anxiety, leading to such an extreme situation that they are not willing to visit their workplaces.³ This may also lead to a tarnished reputation one has built over countless years of hard work.

Violence against doctors may have variable causes. Factors like poverty and high cost of healthcare can lead to aggression during billing. Poor availability of facilities might lead to initiation of verbal or physical violence. Social factors like the current impression of profit making at the cost of patient's health by a few in the medical profession has ruptured the image of the doctors. Expectations of better outcome even for life threatening conditions and risky procedures is also a common reason behind assault. The public has now started taking the law in their hands if they feel that the doctor has deceived them or is a defaulter. Media is equally responsible for these kinds of circumstances. Instances of doctors being thrashed are being shared on media every other day and the offenders are never shown to be punished. This is turn has led to a reinforcement in the confidence of the patients and their relatives, so they easily take the matter into their own hands in these sensitive situations. The health care professionals need to show more empathy towards patients and their families. Reassurance is a must but in the long run may go against the doctors if patients condition gets worse. Most of the time, the patients do not interpret the magnitude and significance of the

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condition and anticipate better chances of good prognosis, favorable outcomes or complete recovery. This may be due to a poor doctor-patient communication or inappropriate clarification by the concerned doctor. India, being a developing nation, does not allocate much budget to health, perhaps leading to a deficiency of doctors and health-care facilities, which again makes this as a leading cause of increasing violence against healthcare professions across the nation. This suggests that there is an urgent need to inculcate effective patient–doctor communication by imparting training to the current generation of doctors.¹

Long waiting periods, delayed medical attention, and denial of admission can also be the causes for violence. Patients with political or high-profile background may pressurize the doctor to prioritize them over severely ill cases leading to a feeling of aggression in the latter party. In such situations, the doctors are stuck from both ends. Doctors cannot be blamed for the unavailability or shortage of some facilities in government sector, although denial of such facilities may lead the doctor to face threats. This condition can also be implied to private practitioners where they cannot facilitate patients with expensive healthcare equipment. Lack of security at healthcare centres may also increase the confidence of mob to attack such places.

Due to the rising rates of violence, doctors are reluctant to take up accidental and serious cases. The doctors are dragged into court testimony for accidental cases mainly involving road rage accidents, hit and run cases and those involving drunk subjects, but they are not liable to do so. For a doctor to work with complete dedication, allowing his knowledge and potential to deliver the maximum, their workplace facilities need to be safe and secure.

Legal provisions need to be formulated to prevent relatives from alleging healthcare professionals for negligence in cases of fatalities. There is also a need to deploy adequate security personnel in healthcare facilities to ensure a safe workplace for doctors. Media is also not lagging in portraying healthcare professionals negatively. Both the media persons and the general public need to understand that the doctors are here for the welfare of society and medical practice is not a cake walk. Human body is a complex structure and may vary between individuals, leading to countless differential diagnosis based on knowledge and investigations which is further complicated by emergence of new signs and symptoms. The outcomes of individuals suffering from same disorders need not be the same, as countless hidden confounding factors play a key role in individual’s course of disease. Moreover, the treatment strategies available today may not be able to cure all concerned patients to the same extent. A Doctors cannot be held accountable for every death that occurs in the hospital on account of negligence.

Extra efforts should be taken to explain the condition to the relatives in countries with low healthcare literacy rate. A doctor should not treat a patient beyond the scope of one’s training and facilities to prevent both violence and litigations against themselves. It is the duty of all doctors to explain the gravity of situation to the patient before taking a valid and informed consent. Medical professionals need to be educated and instructed on effective communication and also on stress and anger management, assertiveness training, refusal skills while maintaining self-respect. Medical associations should intervene to prevent violent incidences in both emergency and non-emergency settings by focusing on policies and strategies to better manage violent patients, their relatives and the angry mob and also ensure provision of adequate physical security of healthcare institutions and facilities.

‘Respect the doctors, they deserve it.’

REFERENCES
3. Hobbs FD. Fear of aggression at work among general practitioners who have suffered a previous episode of aggression. Br J Gen Pract. 1994;44:390–4
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