

DISCUSSION

Let the healers heal

ARCHIT GARG, AASHI GARG

Abstract

There has been an increase in the incidence of attacks on doctors in recent times. It is important that some measures are taken to ensure the safety of doctors at the workplace, because only when they feel safe will they be able to treat their patients without any hesitation or fear. We call upon all concerned authorities to ensure a safe hospital environment for better healthcare, and we also suggest remedial steps to that end.

Background

In the wake of the attack on a junior resident in the Nil Ratan Sircar (NRS) Medical College and Hospital, Kolkata (1), the safety of doctors is in question yet again. Attacks on doctors are not a new phenomenon. Doctors have had to face misbehaviour and actual physical assaults from the patient or the patient's relatives for quite some time now. It is often just verbal but in some cases, like the NRS College incident, it is physical and violent enough to land doctors in hospital as patients.

A retrospective study analysing the reported cases of violence against doctors in India showed an increasing trend. Delhi and Maharashtra had the highest incidence of violence against doctors, the majority being resident doctors. More than half of the cases occurred during night shifts and 45% of the cases occurred in the emergency department (2). Another study on workplace violence experienced by doctors in a tertiary care hospital in Delhi showed that 47% of the doctors who participated in the study had experienced violence at work. Verbal abuse was the most common form (87.3%) and physical assaults were faced more frequently by young doctors. Patients or their relatives were perpetrators in most of the cases (3). Despite the advances in healthcare facilities, violence against doctors has been increasing drastically (4, 5). An article by Madhiwalla and Roy regarding assaults on doctors also suggests some measures to prevent attacks on doctors

and here are a few steps that add to the measures already suggested in the aforementioned article (6)

1. The number of attendants accompanying the patient to the hospital should be limited, as the majority of assaults on doctors are caused by the relatives of patients (3). Not more than two attendants per patient should be allowed in an emergency setting and not more than one in an OPD or non-emergency setting.
2. The media are sometimes responsible for sensationalising medical news reports without adequate verification. They should play a key role in conveying authentic news and not worsen the already degraded image of doctors in the public eye (7). Recently, a well-known news reporter barged into the emergency department of a hospital in Bihar with her camera crew, and started grilling the doctors and nurses, who were busy attending the patients, with questions which should have been asked to the authorities, pertaining to infrastructure, equipment, etc. The people who do not belong to the medical world do not know to what extremes doctors go to save their patient's lives, nor how much effort they put in round the clock to treat patients. Medicine isn't black and white as depicted in films and television serials. Several complex issues are involved, and for the public at large it might be difficult to understand. The media should help people understand these complexities, especially in controversial cases.
3. In many cases, no action is taken against the patient or his attendant who abuses the doctor physically or verbally. This is primarily because no case is filed by the assaulted doctor against such people. However, this needs to change. Doctors need to report any such case of abuse and the culprits should be tried and punished. Moreover, at present there is no Central law which protects medical personnel from this injustice. Such a law, if strictly implemented, would certainly be a boon.
4. Doctors need to be more empathetic and compassionate. They probably should try to optimise and reduce long waiting periods for the patients in the waiting rooms and try to improve communication with the patients and their relatives as much as possible. For example, it has repeatedly been seen that long queues in the hospital, lack of communication from the doctors and opaque billing systems are important predictors of violence in India (8).
5. Hospital security must be strict and have trained guards in adequate numbers, who will jump into action and curb any violent activity promptly and tactfully.

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To cite: Garg A, Garg A. Let the healers heal. *Indian J Med Ethics*. 2019 Oct-Dec;4(4) NS:329-30. DOI: 10.20529/IJME.2019.055

Published online on September 11, 2019.

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Secondly if attendants accompanying the patient to the hospital appear suspicious, they should be denied entry at the entrance itself.

6. Medical personnel should try to identify signs of violence amongst patients and their relatives. In Australia, a study was conducted among nurses in the emergency ward of a public hospital (9) to identify the signs of observable behaviour indicating a potential for violence in patients and their relatives. Five distinct elements of observable behaviour were identified under the acronym STAMP: S - staring and eye contact, T - tone and volume of voice, A - anxiety, M - mumbling, P - pacing (9). On a trial basis, this method can be applied in Indian hospitals with a high prevalence of violence against doctors and, if found beneficial, can be applied to other hospitals as well.
7. Where an attack does break out, a standard protocol should be followed by all staff members in the hospital to prevent any injury to doctors and other personnel, as well as to protect hospital property. This protocol should be practised by hospital staff regularly. One such protocol is Code Purple used by many hospitals to alert the medical staff against potential violence and thus, control the situation.(10)

Statement of funding: None

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The deteriorating patient-physician relationship in India: Is it time to look within?

SHREYAK SHARMA

Abstract

The patient-physician relationship in India is in a state of rapid decline with fresh incidents of violence highlighting the scale of the problem. The medical fraternity needs to reflect on certain issues plaguing its conduct with patients and colleagues and embark on steps to address them. In this article, I highlight some major points which could help us arrest the deteriorating trust and heightened violence in hospitals.

Keywords: patient-physician relationship, ethics, workplace violence

Healthcare is the backbone of any country. India is one of the biggest producers of healthcare professionals around the world (1). Earlier, the parents of most youngsters, if

asked, would wish for their children to become doctors. This established situation is changing now. Our relationship with the people we serve is deteriorating rapidly, so much so that physical and verbal assault has become part and parcel of practising medicine, especially in government hospitals.

While there are numerous external factors to blame, ranging from political apathy to sensationalism in the media, there are serious internal issues within the fraternity that need to be highlighted and reflected upon. We are at a watershed moment as far as practising medicine is concerned, and the recent increase in attacks on doctors has drawn country-wide condemnation.

The age of consumerism is here

It is a well-known fact that doctors were considered noble souls and revered as "gods" until very recently. However, the world we live in has changed significantly. The 21st century is the age of consumerism where everyone wants to protect their own interests and get the best service for the fees they pay. Greenhalgh and Wessely (2) argued that patients are independent and rational beings who make economic decisions about their health and medical needs to fulfil their own interests. This has created a power shift in the traditional patient-physician relationship and patients no longer see

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To cite: Sharma S. The deteriorating patient - physician relationship in India: Is it time to look within? *Indian J Med Ethics.* 2019 Oct-Dec;4(4) NS:330-2. DOI:10.20529/IJME.2019.056

Published online on September 11, 2019.

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