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Violence Against Doctors: Causes, Effects and Solutions

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The doctor–patient relationship has been and remains a keystone of the health care system, which forms the foundation of communication, clinical examination, diagnosis, investigations, planning and treatment, affecting compliance and influencing healing and treatment outcomes. The doctor–patient relationship has been discussed, written, and debated extensively in the past as well as in modern medical literature and has received philosophical, sociological and literary attention since Hippocrates. Human beings are considered to be the best creation of God and doctors are considered to be created by God to take care of pain and sufferings of human beings that is why doctors are considered to be next to God. On the other hand, medicine is unique among all the subjects as it combines science with art. The ancient Indian physician Charaka once said, "A good physician nurtures affection for his patients exactly like a mother, father or brother. The physician having such qualities gives life to the patients and cures their diseases."

Like never before, a chronic, progressive and fast dissatisfaction is creeping in the doctor-patient relationship affecting the society at large. In the last two decades or so, slowly but steadily, the trust which cultivated the doctor-patient relationship started to erode and attained the shape of a crisis or a demon in the 21st century, where society does not hold medical profession in high esteem like it used to, in the past. Today, the general perception is that commercial considerations override the professional, ethical and social commitment of medical professionals and this phrase, 'Doctor, I salute you. You are just like Yamraja, the God of death. While Yamraja takes away life, doctor takes away the patient's life as well as his money' sums it all. Most frightening part is that enormous progress in medical science done in this era has not translated in strengthening the doctor-patient relationship rather it has lead to progressive deterioration.

VIOLENCE AGAINST DOCTORS: AN OVERVIEW

The rising acts of violence against doctors have been extremely disturbing. There is progressive deterioration in the doctor–patient relationship. Over 75% of doctors face some kind of violence, verbal abuse being more frequent as compared to physical violence. Violence in hospitals also fits into the broad definition of workplace violence which can be defined as "incidents where staff is abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health". Violent acts against workers have also been defined as "any event in which the worker is threatened or attacked by another person due to his job". Of all the work settings, medical sites carry the greatest risk of verbal abuse and threats, with 73% of staff on medical premises suffering abuse, compared to 65% on recreational premises and 63% in transport and public administration.

India has the second largest population in the world and healthcare is one of the growing fields, instances of patient's relatives assaulting the treating doctor are a common scenario. However, there is limited research on violence in healthcare settings against physicians in India. A study in 2014 in Manipur found that 78% of doctors had experienced some form of violence.

PROBABLE CAUSES LEADING TO DETERIORATING DOCTOR-PATIENT RELATIONSHIP

The reasons cited for patients' relatives becoming violent are unnecessary investigations, delay in attending to the patient, request of advance payments, or withholding a deceased body until settlement of final billing. The medical trade is being held responsible in doctors, patients, and relatives' unrest. There may be lack of communication especially in an emergency setting which may be misinterpreted as lack of responsibility by the anxious relatives. Unfortunately, the media paints a poor image of medical professionals that further worsens the situation.

EROSION OF MEDICAL ETHICS

Erosion of medical ethics has forced changes in our healthcare delivery raising complex ethical issues and

attracting widespread public and media attention. Increasing privatization and corporatization has changed our ethical and moral standards where healthcare delivery has become a 'business' and the patients are now 'consumers' and diseases are treated in 'package deals' with various incentives, festival offers, etc. in the same manner as a travel holiday. Corporate ethics are focused on profits rather than patient welfare, whereas professional ethics focus on patient welfare rather than profits, so with corporatization of health care, market forces are dictating the decisions focused to make profits leading to increased greed, unethical business practices, legal complications, and deterioration in doctor-patient relationship.

CORRUPTION IN HEALTH CARE SYSTEM

Increasing corruption is affecting all aspects of the society and health care whether public or private, gradually destroying the holy doctor-patient relationship. Excessive commercialization, corruption and lust for money has paved the way for the proliferation of unethical practices both in public as well as private health care system, but the face of corruption is different in government and private institutions: doctors in public hospitals are prescribing costly and unnecessary medicines and laboratory tests for financial commission, foreign tours and costly gifts, whereas private doctors keep patients unnecessarily in the hospital or the ICU to increase revenue, practice unhealthy competition, rather than cooperation in sharing resources and personnel and artificially prolong life by extraordinary means which are beyond the affordability of the relatives. Scam in National Rural Health Mission (NRHM) has exposed the widespread corruption in public health sector leading to lose of faith in medical community. Patients correctly wonder if doctors are caring for them or their money and this ambiguity erodes trust. Doctors across the country have been exposed and indicted on various counts of corruption, professional negligence, taking kickbacks and illegal dual practice, both in the court of law and in the society at large.

COMMERCIALIZATION OF MEDICAL EDUCATION

Since glorification of privatization and corporatization, India has witnessed rapid commercialization of medical education with a phenomenal unregulated rapid growth of private medical colleges with poorly implemented regulations, inadequate faculty strength, infrastructure, laboratories or hospitals as per Medical Council of India (MCI) norms and still get permissions under the influence of money or politicians, patronage, which has adversely impacted the quality of doctors. Commercialization of education has converted medical students to become materialistic, self-centered, without values of sacrifice and service giving rise to disturbed doctor-patient relationship. Expensive private medical education today has become a market investment and most doctors go to corporate hospitals to get handsome returns compromising ethical practices.

CORPORATIZATION OF HEALTH CARE

With the entry of corporate hospitals, health care delivery system has become a business of exploiting a large and available market of illnesses. Corporate ethics are focused on profits rather than patient welfare, whereas professional ethics focus on patient welfare rather than profits. From the era of the humble family physician, an endpoint of all of a patient's needs, we have progressed to the era of the five-star corporate hospitals with hi-tech facilities but inadequate patient satisfaction. The corporate philosophy is that, the patient is an asset for the first 48 hours because the patient will be subjected to most of the investigations and the earning is maximum. After 48 hours, the patient is a liability except when the patient is very sick and needs intensive care, another profitable area for the hospital, and daily revenues can be very high. A corporate is not sworn to any Hippocratic Oath and does not abide by medical ethics.

Ultimately, it is a business, run on a business model. International experience shows that the private sector tends to focus on profit maximization and is hardly concerned with public health goals. Such a scenario is adversely affecting the doctor-patient relationship.

INEQUITY IN HEALTH CARE DELIVERY

India has one of the most fragmented and commercialized health-care systems in the world, where world-class care is greatly outweighed by unregulated poor-quality health services. There is a great inequality in health care services in India where the private sector employs most of the health professionals. The private sector's success is less attributable to its own efficiency and more to the government's failure to promote public health care. Consequence of the growth of the private sector is leading to dissatisfaction because of the rising cost of the health services, irrational therapeutics, over prescription, unnecessary use of injections and over-investigations are pushing the cost of health care beyond the reach of the poor. Health is for those who can pay and

because of inequity in health care delivery system, doctors become victims of all the anger and frustration of the patients, both rich and poor.

■ TECHNOLOGICAL DEVELOPMENT IN MEDICAL SCIENCE

There is no doubt that advanced medical technology has been able to bring about a welcome change in the health-care sector in terms of easy and early diagnosis, better treatment outcomes, but at the same time expectation of patients for this rather expensive technology are very high, expecting 100% results in curing the disease or saving life. These high expectations and the actual ground realities of disease processes creates conflicts between the doctors and patients leading to outburst in the form of violence against doctors and increasing deterioration in doctor-patient relationship.

■ REGULATORY VACUUM OF LAW ENFORCING AGENCIES

There is a great regulatory vacuum in spite of functional Medical Council of India (MCI), State Medical Councils, Consumer Protection Councils, the law courts and various professional associations. In fact, the MCI got caught in so many scandals and attracted such grave judicial reprimand that it has no moral authority whatsoever to uphold the ethical conduct of the medical profession. State Medical Councils are shadowy bodies which do no more than keeping a record of those who register with them. Moreover, the public's lack of faith in judicial system, the inactivity of the police and the impression that the police will take no action and can easily be bribed is another contributing factor. Since there is no conviction of anyone known to have assaulted a doctor, it has led to increase in violence against doctors.

On the other hand, majority of doctors are hesitant to file any complaint or FIR (First Information Report) against the patient or relatives because of the fear of getting involved in a time-consuming judicial process or creating enemies with the local population affecting their practice, so doctors often try to hush up the incident and simply carry on, albeit demoralized. Most of the times, the Indian police often seems unaware of the recently enacted laws, judgments or feigns ignorance and ignores law under public or political pressures. It a common sight to see numerous small time politicians throw their weight in busy hospitals to impress their vote bank which I feel is a common prelude to violence against doctors. When a patient suddenly and unexpectedly dies, it is easy for the relatives to quickly demonize and blame the doctor often resulting in violence. While large scale survey data is not available from India, evidence from other parts of the world, bears out that while there may be a decline in trust in the medical profession in general, the levels of trust between patients and individual doctor that 'they know' still remain very high.

■ SOCIAL DEGRADATION AND INTOLERANCE IN SOCIETY

The combination of forces of economic aspirations, greed, extreme stress and frustration due to modern living, competition-driven society, distorted, misplaced and false religious, cultural, educational and social values are adding to increasing intolerance in the society as a whole and it is directed against the soft targets, the doctors even on mild or false provocation. Economic shock of medical bills often precipitates violence in an already distressed, dissatisfied and frustrated section of the society as there is no tradition to have a health budget in family economic management in India. There is ever-increasing tendency of relatives to blame doctors for any death may be because of lack of medical knowledge, ineffective communication between the doctor and relatives, economic stress and greed to extract money or blackmail the doctor.

■ LACK OF COMMUNICATION AND EMPATHY

Doctors in India were treated as demi gods and commanded vast respect without questioning their treatment, but now with little attention to the communication in conflict situations, humanities, ethics, the social context of illness, doctors are increasingly being projected as demons, all out to earn money at any cost. Lack of communication and empathy like deliberately or innocently giving false assurances leading to high expectations under the hypnotizing influence of earning money or fear of losing the patient to some other doctor, lack of communication between the patient's relatives and the doctor, failure to devote time for serious patients, request of advance payments or withholding a deceased body until settlement of final billing are leading to loss of trust and violence against doctors.

Other triggers are denial of admission, a delay in providing care, absence of equipment and drugs during emergencies and abuse or negligence by hospital staff. The attacks are often started by people, at times by a local leader, who are unrelated to the patient. When a relative starts an argument, others join in the fray. Hospital staff also felt that relatives have a limited understanding of the patient's critical illness. They expect the medical staff to save the life of their loved one, regardless of the patient's condition.

■ NEGATIVE MEDIA PROJECTION

An important contributing factor for increasing violence against doctors is the poor image of medical professionals projected by the media leading to general belief that doctors are the greatest villains and extortionists who exploit patient's miseries to extract money. Media seldom projects any good doctor or role models amongst the doctors, which will definitely motivate other medical professionals to follow ethical, empathic and patient-friendly practice and improve the image of the medical profession.

■ CHANGE IN MEDICAL CURRICULUM

Changing medical curriculum to teach medical students about empathy, sympathetic communication, ethical practice, and curbing unnecessary investigations may have some effect in influencing the conduct of future doctors, but fears are expressed that such change in curriculum may not be able to curb the increasing violence against doctors, unless revolutionary changes are made in total health care system including medical education because it will be really impossible to teach empathy, sympathetic communication, ethical practice, and curbing unnecessary investigations, etc. to a medical student doing MBBS after paying hefty fee with outright commercial inclination to become a doctor to earn money.

■ INCREASING LITERACY, AWARENESS AND ACCESSIBILITY TO INFORMATION

In the past, patients had blind faith in doctors and whatever the doctor told them was the last and final word for the patient, they believed that "doctor knows the best". Traditionally, the ideal doctor-patient relationship was paternalistic where the doctors were making all the decisions. But gradually over the past two decades, patients and their relatives want to discuss and participate in decision making. If not satisfied, patients or relatives ask questions about the doctor's unrealistic behavior, investigations and treatment plans or outcomes resulting in deteriorating doctor-patient relationship. More and more number of patients and their relatives have easy access to information and are becoming more aware of their rights resulting in an increased number of negligence cases against doctors in consumer protection court which is the cause and effect of deteriorating relationship between doctors and patients.

■ FAILURE OF MEDICAL INTELLECTUALS TO SPEAK AGAINST THE MEDICAL MALPRACTICES

Majority of medical intellectuals with strong academic credentials are generally not participating in social transformation and to restore cultural, traditional, professional, and ethical values. I strongly feel that if medical intellectuals vocally express that health-care should not be made a business proposition and medical professionals should uphold higher moral values, it is certainly going to make a positive impact on doctor-patient relationship. Other important aspect is self-regulation, which is the best type of regulation that will help in improving doctor-patient relationship. The society in general should also realize that at the moment physicians are under tremendous stress, not only because of the rapidly expanding medical field but also because of changing work-environment, societal norms where money has become God and the society needs to preserve and promote a non commercial approach to medicine. People feel that medical fraternity is currently facing the worst crisis due to inaction of medical professionals themselves, which is letting the evil doctors within our profession thrive, adversely affecting doctor-patient relationship.

■ EFFECTS OF VIOLENCE AGAINST DOCTORS

Effects on the Doctors

The effect is not so trivial. Those physicians who were exposed to it had depression, insomnia, post-traumatic stress disorder, agoraphobia and even a level of fear and/or anxiety that can cause work absenteeism. Studies from around the world show that acts of violence have a negative effect on the physician's family life, change in behavior, quality of life, short- and long-term effects on the victims' physical, psychological state and professional performance. In the study, 86% of the physicians who experienced violence reported that it caused insomnia, depressions and other effects. Another study showed that 36.2% of the community-based physicians reported a negative impact on their family life and quality of life who were victims of violence. The coping strategies among doctors included increasing prescribing, referring threatening patients to secondary care services and taking threatening patients off their lists. Among hospital doctors, 27% reported that their approach to work was changed due to violence or the

fear of violence, although the nature of this change was not specified. Violence remains an under-reported phenomenon and all those who did not report considered it a useless and time-wasting activity. This highlights the need to encourage reportage of violence among afflicted workers and to develop institutional mechanisms for speedy measures to avoid such events.

■ WAY FORWARD

The World Health Organization (WHO) initiated a global campaign for violence prevention. Chairman Mao said that the first step in solving a problem is calling it by its right name, only then it can be discussed, setting priority and after appropriate consultation, choosing solutions. We have outlined briefly the factors affecting doctor–patient relationship which deserves our serious attention and high priority. Trust in the doctor and the healthcare system is important for patient satisfaction, compliance and partnership towards successful aging and better disease management. So conceiving, formulating and implementing various strategies to reduce patient distrust and mistrust are an important component of delivering modern healthcare.

I strongly feel that solutions to curb violence against doctors and improved trust between the patient and the doctor cannot be isolated from other socio economic problems plaguing the increasingly market-oriented Indian society. I think the deteriorating doctor-patient relationship is a symptom of collapsing capitalistic society, social degradation, progressively increasing intolerance, increasing distrust and suspicion between doctors and patients, which is multifactorial, so, we need to address all the factors together, requiring a complete overhaul of the existing economic system, heath care system including medical education, filling crucial gaps in communication between doctor/patient/relatives, sympathetic attitude instead of mechanical attitude, curbing low-level political bullying with tougher laws, both for medical negligence and violence against doctors, removing frustrating shortfalls in the public health system along with strengthening and promoting low-cost efficient universal public health care incorporating global vision and local actions keeping in mind the aspirations and hearts of sick people, will help shape the solutions to increase trust between doctors and patients that will decrease violence against doctors. Professional organizations should play a proactive role to ensure ethical medical practice and medical intellectuals need to speak up. Definitely, curriculum should be changed to incorporate necessary communication skills, etc. Media can play a larger than life role in improving the image of medical profession, projecting role models amongst the doctors, which will definitely motivate other medical professionals to follow ethical, empathic and patient-friendly practice. Educational programs for physicians should include practical skills necessary for recognizing and responding to violence. There is no single step that will protect doctors. The most important step in providing professional safety is to ensure that violence against doctors is made a non bailable offence. There must be no communication gap between the doctors and the patient or their relatives. The society needs to realize that continued violent incidents against doctors may be instrumental in swaying the best brains away from this noble profession!

■ CONCLUSION

Deteriorating doctor-patient relationship, loss of trust and ever-increasing violence against doctors is dominating our lives like never before. A violent society is detrimental to the well-being of the society as a whole and in particular to the practice of humane medicine and negates all the 'achievements' of modern medicine. It is our combined ethical responsibility to respond strongly and firmly to restore trust between doctors and patients to curb ever, increasing violence against doctors. Since causes for deteriorating doctor-patient relationship are multifactorial, so the solutions to restore that trust has to be integrated, multidisciplinary where all stake-holders should strive to transform a doctor's mentality and build trust between society and medical profession along with strong punishments for both perpetrators of violence against doctors as well as medical negligence. No doubt, it seems impossible, but we must do our bit before it is too late and beyond repair.

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