

# Medicine or martyrdom? A peek into the rising violence against doctors during times of COVID 19

Poorvaprabha Patil<sup>1</sup>, Sanjana Taneja<sup>2</sup>

<sup>1</sup>Intern, Kasturba Medical College, Manipal Academy of Higher Education, Manipal, Karnataka, <sup>2</sup>Intern, Lady Hardinge Medical College, University of Delhi, New Delhi, India

## ABSTRACT

One would think, at a time where healthcare workers are the frontline warriors against the COVID 19 pandemic, the violence against them would subside; however, this is far from the truth. This commentary article addresses the underlying causes and implications of such acts of violence against health professionals, particularly those involved in primary healthcare, in India, and barriers to implementation of laws protecting these professionals from violence. Recommendations for administrative and on ground interventions, with a proposed collaboration with government and private medical establishments, have been discussed, as a probable solution to the problem of violence at hand.

**Keywords:** Attacks, assault, doctors, health workforce, healthcare in danger

## Ethical Approval

This article does not contain any studies with human participants or animals performed by any of the authors. Hence, ethical and institutional permissions were not required.

## Introduction

The COVID-19 pandemic has put even the best health systems to a test. Owing to shortage of health manpower, the government of the United Kingdom asked 65,000 retired nurses and doctors to return to work, along with final-year medical students. In the US and Italy, medical students received an early graduation in an attempt to cope with the gross shortage of the health workforce during these trying times. The shortage in India is even more dire. According to 2016 statistics, India has less than one allopathic doctor per

thousand people—the minimum recommended by the World Health Organisation—and only 1.7 nurses per thousand people, well short of the WHO-recommended three-per-thousand.<sup>[1]</sup> With the gross lack of health manpower coupled with little to no resources in many public hospitals, the pandemic has pushed the Indian healthcare system very close to its breaking point. A country like India, with about Two-thirds of its population living in rural areas, faces an increasing financial burden due to lack of adequate investment in primary healthcare services. While the government has launched multiple initiatives focusing on primary healthcare, there is still a rampant divide between primary healthcare systems and medical education. A country that can thrive on preventive medicine and primary healthcare is surprisingly unable to effectively address the need to invest in primary healthcare training for medical students, both at undergraduate and specialty level. In order to circumvent this shortage, and address community needs adequately, improved investment in primary health care, and associated professionals would be key.<sup>[2]</sup>

Adding to structural difficulties and the constant fear of getting infected, doctors in India are facing auxiliary threats in the form of violence and stigma.

**Address for correspondence:** Dr. Poorvaprabha Patil, Kasturba Medical College, Manipal Academy of Higher Education, Tiger Cir Road, Madhav Nagar, Manipal - 576 104, Karnataka, India.  
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## Plight of Doctors in India

Often labelled “The Forgotten Pandemic”, violence against doctors has become an increasingly common occurrence.<sup>[3]</sup> Studies suggest that up to 75% of doctors have faced some kind of violence at work, which is similar to the rates from other countries in the continent.<sup>[4]</sup> This violence may comprise telephonic threats, intimidation, verbal abuse, physical but noninjurious assault, physical assault causing simple or grievous injury, murder, vandalism, and arson. Medical professionals who faced violence have been known to develop psychological issues leading to absenteeism, and having drastic consequences on community health.

Who should be blamed for such violence? Is it incompetent doctors, irrational patients, the dysfunctional system or unresponsive governments?

Meager healthcare budget, controversial policies; leading to administrative insufficiencies, burden the system and worsen patients’ experience causing increasing mistrust and miscommunication, resulting in incidences where doctors are abused, beaten and pelted stones at, for trying to help communities.<sup>[5]</sup> Illiteracy; unrealistic expectations; translating into violence is not uncommon, as was evidenced by the brutal attacks on doctors in Kolkata, following the death of a 75 year old patient with existing comorbidities, whereby attendants claimed medical negligence.<sup>[6]</sup> Like in any other field of work, professionals with ill intent prevail in healthcare as well. While justification of malpractice leading to violence is a topic of debate for the general public, we are of the firm belief that violence is never a solution and cases like these should be resolved within the court of law.

Lack of empathy, no formal soft skills training for doctors further the problem. In addition to that, evolution of modern medicine with increasing specialists and costs, is creating notions of marketisation of healthcare while contributing to the dire doctor-patient relationship. Political propaganda, misleading journalism adds to the fire.<sup>[7,8]</sup>

One would think, at a time where healthcare workers are the frontline warriors, the violence would subside. This, however, is far from the truth with doctors being denied dignity even in death.<sup>[9-11]</sup> India has witnessed numerous cases of physical and verbal abuse, stone pelting and damage to hospital property even during the pandemic while doctors are working as frontline warriors. While analyzing the status of violence against doctors during the pandemic, it was noted that majority of such incidents occurred in community settings, the perpetrators ranging from family members to famous personalities, and modes of violence spanning a vast variety—from verbal to physical. On further assessment, it was realized that even during screening and quarantine procedures, doctors were not safe, putting primary care physicians at greater risk.<sup>[12]</sup>

The pandemic, and the lack of preparedness, is glorifying martyrdom, and compelling healthcare workers to put service ahead of their lives. Attacks in such times only worsen conditions. The added violence destroys mental peace, self-esteem and hope for many, leading to subpar service and a burdened workforce.

We need a healthy healthcare workforce to thrive, even more so now. In a situation that demands immaculate primary healthcare, robust public service, we must be wary of the threats that primary care physicians are facing and further safeguard their interests. India cannot afford a compromised health workforce, if it has to emerge a winner in this pandemic.

These unfortunate incidents of violence are also shaping the minds of future healthcare professionals. With every such incident, there is a wave of anger, apprehension, and hopelessness which leads to fear and anxiety among students training to be doctors and care providers. It deters many from working towards their dream fields, and causes them to take decisions where they have to choose between their career and their safety.<sup>[13]</sup>

In India, there is already a skewed balance between healthcare services and community needs, with a strikingly low number of medical students opting for a future in primary healthcare. Incidents like these only increase this gap, pushing us further and farther behind in our quest towards health for all.<sup>[14,15]</sup> Where once could have been a robust workforce with motivated and skilled workers, there now exists compromise.

It is fair to claim that the safety of health providers hasn’t been a priority for lawmakers. One could argue that 19 out of a total of 29 states in India have passed the Protection Of Medicare Service Persons And Medicare Service Institutions (Prevention Of Violence And Damage To Property) Act, also known as the Medical Protection Act (MPA). The Act, while sounding stringent however, fails to really protect doctors because it features neither in the Indian Penal Code (IPC) nor in the Code of Criminal Procedure (CrPC), making it difficult for victims to approach the police or the latter to file a complaint against suspects.<sup>[16]</sup>

In India, a central law to protect doctors has failed to pass despite countless requests and strikes by the Indian Medical Association.

After multiple reports of physical and verbal assault on doctors, the Indian Medical Association called for a protest on April 22<sup>nd</sup> and 23<sup>rd</sup> 2020, amidst the pandemic and lockdown, demanding action. In response, the central government passed an ordinance on 21<sup>st</sup> April 2020 to curb this violence, following which the protest was called off. In India, an ordinance lasts for 6 months. The safety of doctors continues to remain questionable in the long run.

## Conclusion and Recommendations

Continuous attacks on healthcare workers will have humongous repercussions on the country’s health. Such acts not only disrupt

health services, but are deterrents for prospective clinicians to continue their career paths and serve their communities to the best of their ability. While the ordinance is a step in the right direction, it is a temporary fix to keep the health system in India from breaking in between a pandemic. More concrete long term efforts are needed to ensure safety and security of the health workforce that is trying to protect the health of the 1.3 billion people in India.

We recommend:

1. Creation of an effective strategy to prevent hospital violence nationally by governments and doctors in liaison.  
The strategy could include provisions for deployment of security personnel, introduction of a gate pass system, confiscation of weapons through screening on entry, restriction of entry of relatives to certain areas of the hospital. Allocation of appropriate budget to strengthen health systems for implementation of such a strategy and overall improvement of working conditions is of utmost importance.
2. Creation of emergency evacuation protocols in case of mob violence to protect health workforce and general public from physical harm.
3. A Central law to protect health providers including compensation for damage caused to hospital property, and implementation of state laws should be strictly monitored.
4. Mandatory soft skill training for budding doctors and young health professionals who haven't undergone any such training, to learn how to prevent and de-escalate any situations of tension between health professionals and patient parties.
5. Take concrete action in curbing political interference in hospital administration and evidence-less media misportrayal of doctors and health professionals.
6. Developing strategies targeting patient education, and promoting IEC (Information, Education and Communication) to inculcate awareness amongst the general public, thus ensuring a balanced approach to improvement of the doctor-patient dynamic.

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