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Is violence against Doctors in India a mutation of the global malady

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ABSTRACT
Violence against doctors and medical establishments is increasing worldwide but in India it is peculiar in that there is involvement of a mob. This mob comprises of organized group of persons belonging to a particular community, religion, caste or political party and this differentiates it from the Yi Nao phenomenon of China. The mob collects and indulges in violence on call given by its leader and may or may not have any relation with the relatives of the deceased. Any monetary compensation or settlement achieved through extortion from the hospital administration through this violence is usually a byproduct and not the primary goal of the organized vandalism.

I. INTRODUCTION

It is now well documented that incidents of violence against doctors and against medical establishments is on the rise world over. Reports and publications from USA [1], UK [2], China [3,4], Israel[5], Pakistan [6,7], Bangladesh, Sri Lanka [8], Italy [9] Australia and other countries have detailed incidents of violence, analyzed reasons and suggested remedies. In Mexico, doctors are being caught in crossfire between drug gangs and police. Some reports indicate that up to 60 physicians have been killed in the past four years. Turkey is another country where between 2012 – 2015 out of 31767 assaults on health workers 18000 were reported against doctors [10] elsewhere Spain reported 16 % decrease in incidents of violence against Doctors since 2012 after its Government took certain measures. [11]

The Indian Scenario

In India a retrospective study conducted to analyze the reported data on violence against doctors from 2006 to 2017 included 100 incidents and showed an increasing trend in recent times. Delhi and Maharashtra ranked the highest in the state-wise distribution. Among the top 10 institutions, three were from Delhi, including the All India Institute of Medical Sciences; 51% of incidents were in public hospitals and 72% were on resident doctors. Injuries were more grievous during night shifts and 45% were in the emergency wards. [12] India however is also unique in the way violence occurs against medical establishments and personnel. We have incidents of mob lynching a doctor to death [13], of smearing face of another doctor with human excreta [14], parading yet another naked on streets, burning down the medical establishment [15], or the house of the doctor [16] and vandalism inside hospital premises where computers, monitors, ultrasound machines and other equipment had been damaged besides the furniture and fixtures.

This involvement of "Mob" [17,18,19] in violence perpetrated against doctors and hospitals in India is something of an aberration in the routine presentation of this malady when seen in developed countries. In the United States and Europe, the majority of the incidents occur during night house calls, in psychiatric wards, ICUs, and pediatric wards. The main perpetrators in these countries are the patients under the influence of alcohol, drugs, or by patients suffering from mental illness or close relatives. [9,20] However, when we look at violence in Asian sub-continent including India, particularly against the doctors, a slightly different picture emerges [21]. More often than not in India, patients by themselves are not violence makers, but their relatives are (Type II). Sometimes unknown apparently sympathetic individuals (Type I and Type IV), political leaders [3] (not classified in western violence classification) and political parties take the law in their hand . Another report has also reiterated that the committers of violence in India are the relatives or unknown sympathetic individuals, habitual criminals, and even political leaders.[22,23] Small and medium healthcare establishments which provide bulk of the inpatient and outpatient services in India are scattered and disorganized. This isolation makes them vulnerable to pressure tactics, violence and blackmail.

In most countries it is extremely rare for a group of 100 or 200 persons to attack a

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hospital whereas this is becoming very frequent in India [24,25,26]. This type of mob violence which is orchestrated and organized by vested interests, cannot be put down purely to spontaneous emotional outbursts of average patients or their relatives. Collecting the mob involves a lot of effort, deliberate use of social media or other technology with inflammatory and mostly fabricated messages. Inciting the mob thereafter is also an art form which is exclusively taught to local goons aiming to become leaders or politicians in India. The individuals in the crowd loose their sense of individual identity and personal responsibility and the animal nature of man comes forth. A system is already in place whereby a mob can be collected on an urgent basis at the hospital but none of these people have any relationship to the deceased. Their allegiance lies with their leader on whose call they have gathered irrespective of the cause. Many among them are paid protestors who would be found at the forefront of protests and mob violence in different incidents in the region and not necessarily against hospitals or doctors. They constitute a political tool which is carefully cultivated to be used to create an incident which would project their leader in limelight. These mobs may be on religious, caste lines or purely with political affiliations.

Though comparisons have been made with the Chinese Yi Nao phenomenon, where mob becomes violent and assaults health care workers, destroys hospital property, and disrupts normal functioning to retaliate against real or perceived medical negligence and extort money.[27] According to a study in China in 2006, of 270 tertiary hospitals, 73% reported the Yi Nao phenomenon [4] The stakes are higher when during yi nao, professional troublemakers, are paid to play the roles of angry relatives, thus intensifying doctor-patient strife for pecuniary gains. The Indian mob violence remains similar in many aspects to the Yi Nao Phenomenon but is also distinct in many ways. Yi Nao is organized but the primary objective there is to obtain compensation for actual or perceived medical malpractice.[28,29] The mob violence in hospitals in India though is also organized but mostly it is to flex political muscles, come into limelight and is done by small time local politicians , religious leaders, caste champions and goons even though seeking ex gratia compensation may also be part of the agenda in some cases. The Indian Yi Nao phenomenon was touched upon in a recent publication but unfortunately not elaborated upon or analyzed [27]. The mobs which attack hospitals in India are mostly there to create an incident exploiting emotions of relatives and with the confidence that their violent act will attract no retribution or punishment from such soft targets.

Public Sector Hospitals

Commercialization of medicine is often bandied about as the main reason for increasing violence against doctors. What is conveniently forgotten is that 60-70 percent of the incidents of violence in India occur in Public sector hospitals where treatment is free or radically subsidized. The advent of newer technologies in the past few decades has fuelled the aspirations of the medical community which now makes tall claims and simultaneously it has also created an assumption in the society that every disease is now treatable. That use of this technology is expensive and the financial burden is to be borne by someone who is mostly the patient is conveniently ignored. Now since in India this costly treatment has been paid for with out of pocket finances which may at times have been arranged by mortgaging land / house an unsuccessful outcome leads to frayed tempers.

In many of the developed countries, the cost of healthcare is borne by the government, so financial anxiety is not a causal factor for violence.[30] In theory, government health services are available to all citizens under the tax-financed public system in India. In practice however, bottlenecks in accessing such services compel households to seek private care, resulting in high out-of-pocket payments (69% of total expenditure). Government provides a miniscule 1.2 percent of GDP towards healthcare. This causes crowding, prolonged waiting, non availability of beds, stretchers, wheelchairs and consequent dissatisfaction with public healthcare systems. When right to health is touted publically as a fundamental right but is not made available it causes disappointment, frustration and anger. Any deficiency in healthcare thereafter is perceived to be due to negligence of providers irrespective of the fact that it may be due to lack of resources or other administrative reasons. Another related issue, which has worsened this situation, is a general policy that public hospitals nowadays do not employ regular class III–IV employees and all such facilities are outsourced. These outsourced staff has no commitment to hospital and patients and while one day the same person works as patient attendant, the next day he or she may be working as sanitary worker, or even as security staff causing confusion in the minds of patients and doctors

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alike about the level of proficiency these staff have [31].

Breakdown in Doctor patient relationship

A rise in incidents of violence across the world is testimony to the view that there is intolerance and anger among the patients and society at the unmet expectations from their doctors. This however is a simplistic view of things. The anger and frustration of passengers against delayed and cancelled flights , failed banks, collapsed stock market, corrupt politicians or unjust court decisions does not result in violence against these institutions or persons in the manner and scale it happens against medical establishments and doctors.

In India the six to seven fora / courts / councils where an allegation of medical negligence is adjudicated many times simultaneously are still considered insufficient by some. The medical practitioners who have to defend themselves in different courts and commissions for the same case feel demoralized and persecuted. Added to this there are also people who believe in taking the law into their own hands specially if they do not have faith in a grievance redressal mechanism provided by the justice system. Even the patient's relatives , when are supported by a mob develop a feeling of immunity from punishment for any action taken as part of a mob. It does not help that the news-hungry Indian media regularly publishes sensational stories of organ theft, medical negligence, prescription of expensive branded drugs, and malpractice. Movies and television are not far behind. The regular portrayal of doctors in poor light, with the objective of sensationalizing news, has played a major role in painting the medical profession as Satan [32].

The multiplicity of incidents of mob violence also exposes the trust deficit between the public and the legal machinery [33]. Most hospitals in India do not have a grievance redressal mechanism. The general public including and those individuals comprising mobs do not have faith that the judicial system will give them justice for perceived negligence but simultaneously they also have complete faith in the same judicial system that for any crime committed as part of mob there will be no retribution or punishment for themselves.

The dependence on Indigenous and traditional methods of treatment is all pervasive in India. Many charlatans publicly cheat the gullible patients by making loud proclamations on digital media regarding guaranteed treatment for even diseases forbidden in Drugs and Magic Remedies Act and drain their precious finances. Approaching tertiary hospitals and specialists in last stages after having exhausted their resources there is panic and since they are already counseled by the traditional healers into the negative aspects of modern medicine it requires but a single incident to blow matters out of proportion. The poor health literacy does not help.

The uninitiated general public is confused by the plethora of systems of medicine which are existent in India most of them with Government approval. Unfortunate public speeches regarding modern scientific medicine doctors putting unnecessary stents and implants have been given by senior leaders and politicians in election rallies. These public statements by senior politicians leave deep impact on the psyche of the public which accepts them as gospel truth and causes patients to hesitate during the golden hour when faced with need for emergency stent placement. This sometimes leads to avoidable loss of life blame of which is then placed squarely on the shoulder of doctors. God forbid if death occurs during or after placement of stent then absence of violence would be a rarity.

Paid Protestors

There was recently a report from Kolkota in 2018 where a family was arrested for conducting violence in 5 different hospitals after death of patient. Their modus operandi was to find an incident of death in hospital with outstanding hospital bill. For 25 percent of this outstanding bill they would allege negligence in treatment and indulge in violence and arson at the hospital forcing the hospital administration to agree to a settlement which at the very least would be to waive off the hospital Bill collecting their 25 percent fee from the patient relatives [34]. Though reminiscent of the Yi Nao phenomenon with paid or contractual protestors they are still not the norm in India. Blackmail of the hospital or the doctors is however frequent during and following incidents involving such protestors and perpetrators of vandalism.

Role of relatives in Violence

It is touted from high pulpits that curtailing the number of attendants in hospitals can curtail incidents of violence. This may be true in theory but in practice in India having attendants in hospitals is a necessity. In fact a patient brought in emergency to a tertiary

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Government hospital without any attendants may as well be issued a death certificate at the time of admission. Attendants are required not only for arranging medicines but also for various patient-related work ranging from biological sample delivery to laboratory, collection of reports, shifting of patients for various tests, pulling the trolley having patient, providing bed pan, watching the IV fluid administration, Ryle's tube feeding, providing exercise to patient, and even for pumping the ambu bag for a patient needing artificial ventilation while waiting for availability of a mechanical ventilator and ICU Bed. This is not only due to shortage of healthcare personals specially in public hospital but also because of indifferent and casual attitude of staff in taking care of patients. The staff most of who have trained in Government Institutes accept blindly that the patient care jobs mentioned earlier are part of the attendant's job profile and continue similar practices in private sector. In most public hospitals, attendants get exhausted if a patient is admitted for few days.[31] It is one of the reasons that people who can afford wish to go to a private setup not for the patient but for attendant's comfort also, may be at the expense of some other compromises. The attendants being constantly at bedside are also mostly aware of what is being done for their patients in public sector hospitals . When the patient dies then the attendants who have witnessed first hand and participated and have been exploited for the patient care know the shortcomings besides being tired irritable and frustrated by the system. They then react violently against the frontline personnel who in their eyes represent the system.

If all the above is required from patient's attendants, how can we restrict the number of attendants with a patient? Even the patient outcome is also good if one has alert committed attendant with him or her.

Governments Role

The current Government on its part must be commended for taking the initiative bringing universal healthcare into mainstream political agenda. Though flawed in its design, at the very least the Ayushman Bharat Pradhan Mantri Jan Arogya Yojna has taken up the cudgels of providing healthcare to all citizens below the poverty line. Unfortunately though it has been over publicized and exploited with intention to garner votes, in 2019-20 a miniscule sum of Rs 930 million dollars has been budgeted to take care of 500 million population [35]. The expectations of the general population has now grown but due to lack of budgetary support when the hospitals do not provide free or cashless services this causes friction of which the frontline medical personnel bear the brunt. A person who has been told that he will be given cashless facility in the nearest hospital in case of hospitalization feels cheated when the hospital refuses to provide the same without realizing why the hospital has refused.

Prevention of Violence against Medicare Service Institutions & Personnel though notified in 19 states remained mostly on paper and after a recent incident in kolkota moved the Government sufficiently to draft a Central Act to prevent violence against Doctors. This however has now been shelved due to opposition from the Ministry of Home Affairs [36]. This one step forward two step backward approach of the Government of India inspires little hope that the violence against hospitals in India will reduce in near future . The political will to have a zero tolerance policy against such violence is lacking. Already 7 doctors have been killed so far in India but then in a population of Billion plus it is not sufficient to move a populist Government.

The broken window hypothesis of criminal justice is what is needed where even most innocuous of belligerent behavior on part of patient or their relatives and friends should be prosecuted. Violence in medical establishments does not remain isolated to an issue between the assaulter and the assaulted but results in substandard care to other patients admitted there or those who have come for their treatment. The ripple like effect on overall care of other patients is what distinguishes violence against a doctor from routine violence in society.

Tackling violence

The causes and the type of violence against doctors may be different in different countries and so there is no one size fits all treatment which can be applied to this malady. While improving communication skills of healthcare personnel is still the best way to prevent or tackle incidents of violence in developed countries this is useless when it comes to dealing with a mob which has been fed on false news / propaganda and deliberate misinformation and is baying for the doctor's blood. A paid protestor similarly will pay no heed to the skillfull communication tactics being applied by the medical community.

Precautions needed to prevent or mitigate incidents of "Mob Violence" need to

differ from those which are needed to prevent an agitated mentally unstable patient from harming medical personnel. A detailed study of incidents of mob violence needs to be done and various aspects studied like time required for mob to collect, weapons used by the mob indulging in arson, workplace design flaws, effectiveness of containment and isolation of area of violence and quality of de escalation techniques and interventions instituted. Panic buttons, secured furniture to walls or floor so that it cannot be used as weapons, Exit routes, safe rooms and CCTV monitoring are some of the workplace adaptations needed to minimize damage and injury in an incident of mob violence. During the incident of violence containment is the buzzword which prevents violence from extending to crucial areas of hospital.

Among the solutions suggested to tackle violence is use of computer technology to reduce waiting time for patients. This however becomes counterproductive and expensive when mob trashes the computers along with any other furniture and fixtures. Close coordination with the police, regular mock drills with a standard operating procedure needs to be inculcated among the hospital staff until it becomes second nature [37].

II. CONCLUSION

Violence against doctors and hospitals in India differs from that which occurs in developed countries in that there is involvement of a "mob" in a majority of the cases. This mob violence has some similarities to the Yi Nao phenomenon seen in China but is also different in that there is involvement of local politicians, leaders of different castes and religion. The mob violence in India uses the emotional turmoil of relatives of a deceased patient but the agenda is primarily to gain limelight and cement the position of the organizer as the leader of the community. Any pecuniary benefits as regards hospital bill are a byproduct of this organized mayhem. The feigned ignorance of the Government and courts of this mob violence is leading to closure of many small and medium healthcare establishments and with the Government not having the resources to invest in healthcare this will cause social turmoil when healthcare will no longer remain easily accessible.

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