

Doctors of Dhaka Medical College Hospital During the July 2024 Mass Movement: Clinical Leadership, Ethical Integrity and Measured Resilience

The mass movement of July 2024 represents one of the most turbulent civic episodes in recent national history. While political interpretations are likely to continue evolving, a significant narrative also unfolded at Dhaka Medical College Hospital (DMCH), the country's leading tertiary referral center. Between July 15 and August 15, 2024, DMCH served as the primary hospital for casualties from the mass movement. The response of its physicians demonstrated disciplined clinical leadership, ethical neutrality, and adaptive crisis management in the face of political pressure from the then-authoritarian government.

Institutional data highlight the significant burden of injuries. While there were many hospital admissions, it is crucial to recognize that many injured individuals either could not seek hospital care or were hesitant to do so due to a climate of fear, movement restrictions, and ongoing instability. As a result, the recorded number of cases likely represents only a fraction of the overall injury burden.

During this period, a total of 2,860 injured individuals received medical care. According to hospital data, 1,711 were treated on an outpatient basis, 974 required hospital admission, 90 died while in the hospital, and 175 were brought in deceased. These statistics reflect not only the volume of injuries but also their severity. Nearly one-third of those admitted needed surgical intervention, and a significant proportion arrived in critical condition.

The age distribution provides additional context for the crisis. Fifty percent of admitted patients were aged 20 to 30 years, while 19% were aged

13 to 19; another 19% were aged 31 to 40; 10% were aged 41 and older; and 2% were under 12 years old. The majority of young adults among the patients reflects the significant social impact of the July movement.

The departmental distribution of admitted patients highlights injury patterns. The Casualty and Emergency Surgery department managed 310 patients (31.8%), Neurosurgery treated 152 (15.6%), Ophthalmology cared for 115 (11.8%), General Surgery attended to 97 (10%), Orthopaedics treated 92 (9.4%), Critical Care handled 78 (8%), Burn and Plastic Surgery assisted 53 (5.4%), ENT addressed 26 (2.7%), Thoracic Surgery managed 17 (1.7%), Urology treated 16 (1.6%), Medicine attended to 15 (1.5%), and Paediatric Surgery and Cardiology treated 3 (0.3%). In total, 671 major and minor surgical procedures were performed within just a few weeks.

On July 19, 2024, the Emergency Department faced a peak influx of patients. They arrived with various critical conditions, including penetrating trauma, traumatic brain injuries, thoracic compromise, complex fractures, and massive hemorrhages. In response, surge capacity protocols were activated. Intern physicians worked under pressure to secure intravenous access, while nurses stabilized vital parameters. Senior surgeons triaged operative priorities based on patients' hemodynamic instability.

The most significant challenge was the massive blood loss. As blood reserves rapidly diminished, physicians organized an emergency voluntary blood donation initiative within the hospital

after obtaining administrative approval. This focused approach was crucial in saving the lives of many injured patients. Staff, students, attendants, and members of the public responded promptly, mobilizing over one hundred units of blood within hours, with assistance from external blood banks.

Mortality analysis identified three major contributors to patient deaths: exsanguination, severe traumatic brain injury, and thoracic trauma. A total of 48 patients required readmission, and 10 were transferred abroad for advanced care, of whom 4 later returned. Death certification and medico-legal verification were conducted systematically to ensure institutional accountability during this turbulent period.

Throughout the crisis, physicians at DMCH maintained strict ethical neutrality. Treatment decisions were based solely on clinical urgency, with no regard for patients' identities, affiliations, or ideologies influencing triage. This commitment to the principles of beneficence, non-maleficence, and justice helped preserve the hospital's role as a humanitarian sanctuary amid widespread polarization.

In addition to immediate resuscitation, sustained postoperative care—including infection prevention, neuro-monitoring, and rehabilitation—required prolonged vigilance. Despite the significant psychological stress faced by healthcare providers, absenteeism remained minimal, and cross-departmental collaboration strengthened rather than weakened.

Media reports from national outlets highlighted the critical role of doctors during the July uprising, calling them “unsung heroes” who worked tirelessly through the night under immense pressure. Public accounts emphasized their emergency mobilization efforts, the continuity of operations in the theater, and the remarkable response to blood donations.

The experience of July 2024 offers valuable lessons in disaster medicine, including the need for scalable surge capacity, rapid internal communication, decentralized decision-making authority, integration of trainees into structured

emergency roles, and community-supported blood transfusion mobilization. Informal leadership emerged organically, driven by clinical competence and situational awareness.

Within the walls of Dhaka Medical College Hospital (DMCH), a parallel narrative unfolded during July 2024—one characterized not by confrontation but by disciplined compassion and measurable outcomes. The physicians did not participate in the movement; rather, they acted as custodians of its human consequences. Their contributions resulted in stabilized circulation, controlled hemorrhage, secured airways, preserved neurological function, and restored anatomical integrity.

Between July 15 and August 15, 2024, DMCH doctors managed 2,860 injured individuals and admitted 974 patients under extraordinary circumstances. This data reflects the scale of their efforts, while their conduct highlights their ethical fortitude. In moments of collective crisis, Medicine serves as society's stabilizing force. The doctors of Dhaka Medical College Hospital honored their oath with composure, competence, and an unwavering commitment to life, leaving a significant psychological impact as they witnessed one of the most important revolutions in history.

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