

Editorial

Violence Against Doctors

Medical profession is the one of the noble profession in the society. Physicians take oath before starting their clinical profession to serve the mankind. Recently violence in health care sector has been increasing at an alarming level throughout the country. Physicians are popularly considered as a distinct group of people who are expected to serve the people even in the face of assault or humiliation. Doctors always become the easy target for the blame game accentuated by sensational media reports. It would be an over-expectation to seek a radically different professional issue in one sector alone. On the other hand, optimum health care is the basic human right for all the citizens. Since a wide gap exists between expectation and reality, patients who feel aggrieved are forced to take matters in their own hands. These incidents decrease the self esteem of the doctors, jeopardize the doctor patient relationship and discourage human attitude to the care of sick people.

Present situation of violence?

The violence toward doctors is not limited to Bangladesh alone, rather it is more common in third world country. Across the globe, physicians in the emergency department are subject to violence by patients and visitors. In China, The Ministry of Health reported that in 2006 there were 9831 “major disturbances” involving physical violence in Chinese health facilities, but by 2010 this number had increased to 17243. However, these figures need to be viewed in the context of a country with around 8000 secondary and tertiary facilities and nearly a million primary care facilities.¹ A recent large survey showed that 70% doctors won't want their own child to go into the medical profession.² The prevalence of occupational violence among health care workers in Norway, varies among professionals and health care settings but is found to be high in emergency department and among general practitioners. A study on the prevalence of occupational violence among health care workers of outpatient setting defined four different type of aggression in the questionnaire for study- verbal abuse, threats, physical abuse and sexual harassment. The observations were :- (a) doctors are exposed to physical abuse during their working hour. (b) Nurses experiences more verbal abuse than other occupational group. (c) The perceived main causes of violence are drug influence and mental illness.³

A national survey in Australia revealed that 58% General Physician (GP) had experienced verbal abuse and 18%

experienced property damage. Very few GPs had experienced physical abuse (6%), stalking (4%) and sexual harassment (6%). GP with fewer year of practice were more likely to experience verbal abuse than those with more experience.⁴ Experienced GPs, through education and training may become better equipped to deal with verbal abuse and in defusing the situation.⁴

Violence at work is a hidden phenomenon in most health care facilities in Italy and a study aimed at assessing the relationship between violence and psychosocial factors.⁵ One out of ten workers reported physical assault and one out of three was exposed to nonphysical violence in the previous year. Nurses and physicians were the most exposed occupational categories, whereas the psychiatric and emergency departments were the services at greatest risk of violence. A recent survey showed that 77% of physicians have faced either verbal or physical abuse in Pakistan. A nationwide study in Pakistan identified that patient's lack of education, overcrowding in the emergency department and lack of coverage by security staff were the major areas that need attention to address the problem.⁶

The Health and Family Welfare department of Gujrat, India submitted a bill in the assembly on “Prevention of violence and damage or loss of property in medicare services”. Through this bill, the government plans to make violence against doctors a cognizable and nonbailable offence, inviting stiff punishment.⁷

Similar incidents happened in different medical colleges and institutions like BIRDEM, SirSalimullah Medical College and Mitford Hospital, Rajshahi Medical College, Dhaka Medical College, from Jan to May, 2014. The situation arises from an emotional outburst. The increase in incidence of such violence will create unrest among medical persons and disruption of medical services.

Health budget in Bangladesh

The Government budget for health care and its management is intimately related with quality of patient care. Per capita health expenditure in Bangladesh is US\$16 (2007) & \$27 (2011). Total health expenditure (THE) as % of GDP 3.4%. Share of Ministry of Health and family welfare (MOHFW) budget as percentage of GDP decreased gradually from 1.01% in Fiscal Year (FY) 2009-10 to 0.91% in FY 2012-13. Whereas it was

0.7% in Pakistan, 1.2% in India and 2.1% in Nepal as per 2011. WHO suggests that health budget should be at least 15% of the national budget for developing countries. In absolute term MOHFW budget increased to 9495.00 crore in 2013-14 from 7000.00 crore in 2009-10, an increase of about 36% over 4 years.⁸

Causes of violence

There are many factors which cause such situation. Factors of which are related to: 1) Doctors 2) Patient's attendants 3) Illness factors 4) Related to Hospital authorities.⁹

1. Doctors

One of the reasons for misunderstanding between the doctors and the patients are lack of proper communication. The doctor may feel that he is doing the best in existing circumstances but if that is not appreciated by the attendee, and then it is useless. Body language of the doctor matters a lot in treating any patient. Doctor's version is that they are busy in treating the patient and they have little time to spare for the attendee. Doctors sometimes misinterpret the attendant's behavior as being authoritative and react with anger for being dominated leading to heated arguments. One often made remark is that the doctor does not bother to attend to the patient when requested. Some doctors give instructions to the nurse, from their place by phone, without even seeing the patient.

2. Patients and their attendants

They have very high expectations about quality and time taken for improvement of patient. They want complete and quick improvement. Some of them will be in an emotionally charged state, especially, anxious about the diagnosis and prognosis of patient's illness. This leads to persistent enquiries with the doctors which is irritating. Attendants expect to be periodically updated about patient's condition. After having paid huge amounts for the treatment attendants are worried about the proper implementation of treatment. In the unfortunate event of death of the patient, grief in relatives is expressed as anger. Real or perceived negligence on part of doctor leads to anger by relatives.

3. Illness factors

There may be difficulty in diagnosis of the illness, non responding to treatment as expected, unexpected complications can crop up, sudden deterioration in patient's condition, requiring additional investigations or surgeries than planned earlier. All these if not communicated properly may lead to anger.

4. Related to Hospital authorities

Prolonged duty hours and excessive work load make the doctors exhausted leading to tiredness and mood change.

Unrestricted entry of attendants into the wards and treatment area leads to chaotic atmosphere there. Both of these lead to inefficiency in work. Not providing the minimum expected facilities to the doctors for treating the patient hinders the performance of doctors. Seldom the attending nurse and the paramedical staff can also induce or aggravate the existing problem.

How to overcome

1. Doctors

Doctors should never assure 100% cure and avoid negligence. (a) Each patient should be adequately examined, investigated and treated. (b) Negligence is no way accepted (c) Overconfidence or too much cautiousness in patient care is to be avoided. A realistic appraisal of the situation and its clear communication is needed. Commitment to the profession is the need of the hour. Doctors should cultivate and maintain empathy while interacting with them. Empathy is the capacity to put oneself in the other person's position and understand his thoughts and feelings about the situation. (d) Doctors should not only handle the illness in the patient but also explain to the attendants the nature of the illness, investigations needed, line of management and probable course and outcome in a way that is understood by them. Periodic updating of the condition of the patient to the attendants is necessary. (e) Anger should not be responded with anger. Here lies the importance of psychology and psychiatry in medical curriculum which can enable budding doctors to develop proper communication skills and empathy. Nurses should be trained better to handle the patient's emotion and attendant's doubts. Paramedical staffs are also given some training in handling the situation gently.

(f) If the doctors feel that they are too busy to give time to the patient's relatives, a Liaison Officer can play a role in this situation. He/ she can brief the relatives about the essential aspects of the case periodically. They can reduce the burden on the doctors if used appropriately. Attending nurses should be well trained in such situations so that while assisting the treating physician, they should be able to manage the attendants.

2. Patient's attendants

They should have realistic expectations about course and outcome of the illness in the patient. They should see that their behavior would not impede treatment. Getting emotionally charged and taking law into one's own hands is of no use. Such repeated incidents make the doctors overcautious and result in not taking up a case for treatment. It has to be appreciated that medicine is not an exact science and doctors have their limitations. Whether negligence has

occurred or not should be decided by competent authorities and law should be allowed to take its course.

3. Hospital authorities

Duty roster and hours should be planned scientifically so that there is less scope for physical and psychological exhaustion in the treating doctors round the clock. A representative of the hospital from the administrative side should be available round the clock to sort out non medical issues. Entry in to the wards and treatment area should be restricted and managed by efficient security personnel. Basic minimum facilities for patient care should be provided. To appoint adequate staff as prescribed by the Nursing Council, One Nurse should take care of two patients, one ward boy for four patients. In addition, training the nurses and other paramedical staff in handling such sensitive issues will also be an additive support to prevent such situations.

4. Professional Bodies

Bangladesh Medical Association and other professional bodies can play a vital role. These organizations are to get rid of political affiliation and should divulge the real picture of health sector. It can advocate for improved doctor patient relationship having dialogue with other professionals and societies and also through mass media. Media is a powerful weapon who should show responsibility and without a bias. Unless quick interventions are taken to provide adequate support and security, we will keep on losing quality doctors from our country.

5. Bangladesh Medical and Dental Council

They can set up a neutral body to deal with malpractice, medical disputes and obtaining compensation which must be efficient, fair and transparent both for doctors and patients. Malpractice insurance should be the responsibility of neutral organizations rather than of hospitals and the processes must be made efficient, transparent, and fair for doctors and patients. Introduction of zero profit policy for physicians on investigations and drugs and implementing health insurance system can reduce the out pocket personal cost for treatment.

6. Ministry of Health and family welfare

They should properly regulate the transfer and posting of doctors to ensure optimum manpower in the hospital. A more fundamental challenge is to increase the use of primary care, which is affordable and appropriate for most conditions. One of the aims of the current health system reforms is to encourage access to healthcare at an appropriate level, especially in rural areas, by making rural services more affordable and improving facilities and quality of staff. The

referral system should be promoted to encourage the use of low cost primary care and prevent the huge flow of patients towards secondary and tertiary care.

Conclusion:

This is an effort to identify the problems arising where doctors are being assaulted very frequently in Bangladesh. It is the optimum time to think how to work together to make a systematic change in the health care delivery system to avoid this untoward incidents thus ensuring round the clock quality service for the ailing persons. A change is needed in the attitude and behavior of all parties concerned. The media should try to uproot this vice instead of blaming doctors who themselves are often victims of higher leadership. Otherwise, young medical graduates would prefer to pursue their medical careers abroad as the fear of encountering such events and our country will lose such brilliant citizens.

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