

Editorial

Violence Against Doctors: Where We Are

Md. Mujibur Rahman¹



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Violence against doctors is not only a problem of Bangladesh; it is a global phenomena. For the recent years it is up trending making us worried about our safety. Very recently violence against a physician in Kolkata raises the question of doctor's safety globally once again. The consequences of that event causing total unrest of the country. Lacking initiative against violence by the government adding fuel to the fire with mass resignation of the physicians making the situation more complicated. Although India passed an order by the high Court "Doctors Protection Act" in 2010, implementation of that law by the police department is scared resulting ongoing unrest and uncertainty. Violence against doctors is not a new issue. Throughout the years Bangladeshi doctors are experiencing such type of attacks. Doctors society here are not protected rather they are the easy targets for violence.

Bangladesh scenario:

Bangladesh is a developing country with poor resources. We have our own code which describes what is expected to all doctors registered with BMDC in Bangladesh. It sets out the principles that characterize good medical practice and makes the standards of ethical and professional conduct. It is consistent with the Declaration of Geneva and the international code of medical ethics, issued by the World Medical Association. The declaration of 10 points, if we see it closely the 7 points are related to patients' rights and their management but unfortunately nothing is mentioned for about the doctors' safety.

The expectations of the patients are extremely high to the healthcare services. Factors relating to the patients' right to

get the appropriate treatment are multifarious, like efficient and sufficient doctors, the national policy to deliver the health services to the people. Doctors of this soil are efficient and well trained and capable of managing all sorts of problems with very few exceptions. Our health services are one of the best in the developing countries and that is why there are several achievements in the preceding years, which are commendable. But still the need of our population is very high and in the face of these rising need the services we are providing is sometimes inadequate. Health care delivery is a team work. Only the doctors are not capable of doing all the things. Doctors need proper working environment, appropriate stuffs, and adequate equipments and above all balanced national health policy. Why should a physician be responsible for the lack of supporting stuffs and supplies? This is the burning question of today. This gap between the services and the expectation of the patient at the time of their dire need and the ultimate blame is on the doctors' shoulder whether they are directly related or not. Doctors are under fire from the people and society. They consider every death or the untoward events are the results from failure of doctors. So at this point of time, when the doctor-patient relation deteriorates grossly, aggrieved patients or their relation blame the duty doctors for the situation.

Violence against doctors:

Whenever any sick individual attended the health services settings the first pressure is on the doctors and they are the victims of the situation whether the fault is with him or not. Deterioration of doctor-patient relations and ultimately there occurs violence in the health care settings especially on the doctors. There is no exact data of violence on doctors but the platform, the organization for medical and dental society has recorded few of the incidences in the 2013 to 2017. It showed the total number of major incidences is 133 which are only the major incidences but the minor incidences are not reported.

1. Professor and Head, Department of Medicine, Dhaka Medical College Hospital, Dhaka.

Corresponding author: Prof. Md. Mujibur Rahman, Professor and Head, Department of Medicine, Dhaka Medical College Hospital, Dhaka. Email: mmrahman61@gmail.com.

Risk Factors for violence against doctors:

Doctors face an increased risk of work-related assaults resulting primarily from violent behavior of their patients, and their relatives. Epidemiological studies consistently demonstrate that inpatient and high volume urban emergency departments are at the highest risks. Pain, devastating prognoses, unfamiliar surroundings, mind and mood altering medications and drugs, and disease progression to sudden death can also cause agitation and violent behaviors. The individual risk factors will vary, depending on the type and location of a healthcare setting, as well as the type of organization whether private or public, some of the risk factors include:

Patient and Setting-Related Risk Factors:

Poor health related knowledge of our population; false belief regarding treatment; working directly with people who have a history of violence, abuse drugs or alcohol, gang members, and relatives of patients or clients; transporting patients and relatives; working alone in a facility or in patients' homes; poor environmental design of the workplace that may block employees' vision or interfere with their escape from a violent incident; poorly lit corridors, rooms and other areas; lack of means of emergency communication; prevalence of firearms, knives and other weapons among patients and their families and friends; working in neighborhoods with high crime rates are some noticeable factors.

Organizational Risk Factors:

General perception that doctors are responsible for all the mishaps those created by the press and other media or lack of professionalism from the media; false and fabricated news in social media like facebook, messengers; lack of facility policies and staff training for recognizing and managing escalating hostile and assaultive behaviors from patients, clients, visitors or staff; working when understaffed-especially during mealtimes and visiting hours; inadequate security and mental health personnel on site; long waits for patients and overcrowded, uncomfortable waiting rooms; unrestricted movement of the public in clinics and hospitals; perception that violence is tolerated and victims will not be able to report the incident to police and/or press charges and lack of law- until now there is no existing law to protect doctors.

Prevention of violence on doctors:

The services should be improved by providing increased numbers of doctors and also improving the infrastructural facilities in the setting of health delivery. The building blocks for developing an effective workplace violence prevention program include:

- To improve and modernize health care delivery system
- To increase the healthcare delivery man power –doctors, nurses, ward-boys and other associated worker
- To ensure the administrative activities –maintaining working environment fit for the physicians.
- To ensure adequate medical supplies
- Visitor control
- Improve the hospital securities
- Health reporting systems must follow a norms which must not sensitize the people against some groups
- To improve the doctor-patient relation by giving regular training to the health professionals
- Safety and health training
- Record keeping and program evaluation
- Participation of the society in delivering the smooth health service delivery

Doctor-patient relation is a very delegate issue which is utmost required for the good care of a patient. The doctor must pay the proper attention to the patient as in the Geneva Declaration which the doctors have committed at the beginning of their career. At the same time the patient must follow the norms which are not in the code that can maintain the doctors' right also. A violence prevention program focuses on developing processes and procedures appropriate for the workplace in question. And, as with any occupational safety and health program, it should be evaluated and reassessed on a regular basis.

References:

1. Ahasan HAMN, Das A. Violence against doctors. *J Medicine* 2014;15:106-108. (Editorial)
2. Jawaid SA. Patient satisfaction, patient safety and increasing violence against healthcare professionals. *Pak J Med Sci* 2015;31:1-3.
3. Rasul CH. Rational use of antibiotic. *Bangladesh Medical Journal* 2010;43:1-2. (Editorial)
4. Khan MAI, Ahasan HAMN, Mahbub MS, Alam MB, Miah MT, Gupta RD. Violence Against Doctors. *J Medicine* 2010;11:167-169 (View Point).
5. Soron TR. Psychopathology of Violence against Doctors. *Acta Psychopathol.* 2016,2:1-3. Doi: 10.4172/2469-6676.100050. (Editorial)
6. Hossain MM. Platform, organization for medical and dental society.
7. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. U.S. Department of Labor Occupational Safety and Health Administration. OSHA 3148-06R 2016.