



**International Journal of Biology, Pharmacy
and Allied Sciences (IJBPAS)**
'A Bridge Between Laboratory and Reader'

www.ijbpas.com

VIOLENCE AGAINST HEALTH AND ORAL HEALTH CARE PROFESSIONALS – A GROWING CONCERN OF RECENT PAST

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Received 19th Nov. 2022; Revised 16th Dec. 2022; Accepted 27th April 2023; Available online 1st Jan. 2024

<https://doi.org/10.31032/IJBPAS/2024/13.1.7690>

ABSTRACT

The incidents of violence against doctors over the last two to three decades are showing an upward trend. This is a testimony for the changing perception among the general public about medical profession. The doctor patient relationship which was previously based on mutual trust and respect is slowly being replaced with a perception where general public view health care profession, specially by private sector as any other business. This is very true with oral health care professionals as dental practice is mainly offered by private practitioners both globally and in India. The violence against doctors can range from verbal abuse to physical assault causing grievous injuries. This can have serious adverse consequences on health care professionals which can range from depression to suicidal tendencies. The training of current generation of health care professionals should emphasise on the importance of empathy and communication skills. This is expected to reduce incidents of violence against doctors while enhancing mutual trust and respect between doctor and patient. The national medical commission has emphasised the importance of soft skills in the revised competency-based curriculum for medical students. The dental council of India is expected to emphasise training on soft skills besides training in clinical skills in the revised competency based dental curriculum in India. There is also a need for some basic training on causes for violence against doctors, the tips for handling such incidents in their practice areas. This could be introduced as a value addition to the regular curriculum for all health care professional students.

Keywords: Violence against doctors, empathy, communication skills, oral health care professionals

INTRODUCTION

The practice of medicine which was traditionally based on trust and respect is not often being treated the same way as it were to be in the past. The increasing incidents of violence against doctors is a testimony for this [1, 2]. This raises concern about how the society is changing its attitude towards medical professionals. Earliest studies about violence against doctors from the USA date back to the 1980s [3] where 57% of emergency care workers have been threatened with a weapon [4]. 52% of doctors in UK have reported some kind of violence [5]. In Asia, violence against medical professionals was reported from China, Israel, Pakistan, and Bangladesh [6-12]. Violence against medical professionals could be in the form of telephonic threats, intimidation, verbal abuse, physical but non injurious assault, physical assault causing simple or grievous injury, murder, vandalism, and arson. Medical professionals who are victims of violence could develop psychological issues such as depression, insomnia, posttraumatic stress, fear, and anxiety, leading to absenteeism [13]. Many such health care professionals have lost their clinics, injured themselves, lost lives, and tarnished their professional reputation due to these incidents [13, 14].

Traditionally in India, medical professionals have been treated with respect by the society. However, the commercialization of

medical profession by few has crippled the image of the doctors. General public sometimes view medical profession specially in private sector as any other business. With the advent of modern medicine, we are witnessing an exponential increase in cost of health care services globally [15]. However, owing to low literacy rates in India, there is an unrealistic expectation among general public that paying more money should save one's life [16]. People expect better outcomes even for high-risk procedures when the cost of such services are high. The financial constraints in meeting the high health care expenditure compounds the aggression of patient's relatives specially in situations where they lose their loved ones despite best possible medical care. This situation will become worse and may result in violence against health care professionals if the situation is not handled with empathy by the medical professionals [17-18]. Medical and dental professionals are taught clinical skills in the regular curriculum with very little emphasis on communication skills and importance of empathy in medical profession. Effective doctor-patient communication where medical professionals explain occurrence of the symptom/sign, likely duration of treatment, the unmet expectations, with empathy is associated with overall patient satisfaction [19].

Many a time, the patient or their relatives may not comprehend the gravity of the situation and expects complete recovery owing to inadequate explanation by the treating doctor. Statistics from a recent Indian study evaluating workplace violence among 151 doctors suggested that only six of them had received some formal training in effective communication and five of these doctors belonged to psychiatry department where it is a part of the curriculum [20]. This clearly indicates that there is an urgent need for including communication skills and empathy in the regular curriculum for medical and dental professionals. This is expected to improve doctor patient relationship among current generation of doctors.

Review on risk factors associated with violence against medical professionals [20]

A study of risk factors associated with violence against doctors found the following

- ❖ Younger doctors face more physical violence
- ❖ Female doctors are more likely to face violence
- ❖ Department of obstetrics and gynaecology reported the highest rates of violence, followed by medicine department with allied specialties, and surgery with allied specialties
- ❖ Verbal violence was the most common form of violence. In the emergency

department, 100% of doctors reported some kind of verbal violence.

The same study also found the top perceived causes for violence to be long waiting periods, delay in medical attention, and denial of admission, among other factors. Due to the rising rates of violence, doctors are reluctant to take up serious cases, compromising health-care delivery [20]. Doctors may tend to adopt defensive practice which may risk the life of an individual. Many doctors today are reluctant to offer even first aid services which are aimed at stabilizing the patients in an emergency before shifting the patients to speciality hospitals. This reluctance is mainly due to the anticipated fear of violence against doctors if the patient loses his life [21]. Thus, there is also an urgent need to make health-care facilities safe havens for doctors. Only then a medical practitioner can work with complete dedication to his fullest potential. This needs to be done at various levels by the government, media, and medical professionals alike.

Violence against dentists and other health care professionals: According to a systematic review by Binmadi MO and Alblowi JA, dental practices because of their crowded nature are more vulnerable for violence in clinics or hospitals. Oral health care professionals are at increased risk of workplace violence besides other personal

health risk that may arise from use of sharps and chemicals. The occupational violence in an oral health care setting could be in the form of verbal abuse, damage to the property, physical abuse, sexual abuse, and intimidation. A study in Nigeria found that 70% of staff in a dental setting have suffered verbal assault. Studies have found an increase in sexual harassment which could be attributed to increase in the number of women as oral healthcare professionals. The high degree of aesthetic value attached to face can trigger anger and indignation among patients if there is any error even if it is unintentional leading to violent attacks on dentists [22].

Responsibility of Government

India at present spends around 2-3% of GDP on health care delivery while World Health Organization expects this to be at least around 5% to achieve the minimum level of health by all citizens [23]. The ambitious Ayushman Bharath Scheme is expected to improve the existing health care delivery and redress the issue related to lack of quality care attributed to lack of affordability by lower class people. This is an encouraging sign that government may increase investment in health care over the next few decades [24]. Many developed countries spend higher budget than WHO recommendation but, still report such cases of violence against medical professionals. This indicates that higher investment in

health care by government is not a complete solution to this issue. Furthermore, there will be attempts by relatives to allege negligence in cases of sudden death of a patient which in turn may lead to filing of first investigation reports for murder, culpable homicide, and cheating against the doctors. This practice needs to be discouraged by making legal provisions deterring relatives from doing so unless there is strong evidence to prove their claim [1]. There have been attempts by the state government to make laws to prevent violence against doctors, and the first such law came into existence in Andhra Pradesh in 2007 [25]. The law stated that any violence against doctors would be treated as a nonbailable offense with a penalty of up to 50,000 rupees and a jail term of up to 3 years [25]. This was followed by states such as Delhi, Haryana, Rajasthan, Tamil Nadu, Odisha, and others, making such acts for prevention of violence against doctors.

Responsibility of Medical professionals

Modern medicine is reaching new frontiers, but at the same time, a negative public perception of doctors is leading to an increase in litigations. Thus, every doctor should follow the cardinal principle “do not overreach,” i.e., do not treat beyond the scope of one's training and facilities. Modern medicine is neither cheap nor 100 per cent effective in curing the disease in all cases. There should not be over-expectation

on the outcome of the treatment in a serious case. Some patients will make it, some patients will not. This should be clearly understood.

Second, all doctors should ensure that a valid and informed consent is taken properly and not just considered a formality.

Extra efforts should be made to explain the condition to the relatives since health and oral health literacy is low in our country. Thus, training on effective communication needs to be imparted to every medical and oral health care professional. Assertiveness training, refusal skills, anger management, and stress management should be components of such training. Psychiatrists should be actively involved in such workshops. National Medical Commission in the revised competency-based curriculum has given due consideration for training medical professionals in soft skills and empathy. Although it takes time to witness the expected outcome, it is an encouraging step by the profession to redress the problem of increasing violence against doctors. This needs to be adopted by other professional bodies like dental council of India.

Apart from all these steps, it is important to be vigilant and look for early warning signs of violence by using the STAMP (Staring and eye contact, Tone and volume of voice, Anxiety, Mumbling and Pacing) approach [26].

Remedial actions suggested

Medicine is not a black and white subject and so also its management. If violence occurs despite taking all precautions, it is important for the institution to protect the doctors involved, but at the same time, not meet anger with anger. A standard operating procedure may be developed for such situations like Code Purple [27] used worldwide to alert medical staff to potential violence. It includes the following measures to be taken in case of violence:

1. An announcement on the hospital's public address system, giving the exact location of violence to disseminate the information. A distinct siren may also be installed to alert everyone in case violence occurs.
2. Security staff to respond immediately and assist if needed
3. All the staff except that of intensive care unit and operation theatre to come to aid and form a human chain around the professional under threat. The personnel involved in the chain need to remain calm and avoid any altercation which may escalate the situation.
4. A senior member of staff not involved in treatment may try to communicate with the patient's relatives and try de-escalating the situation.
5. All the members of staff to practice restraint and not lose their control.
6. Once the situation is under control, an announcement on the public address system should be made.

7. The practice of this drill should be done monthly in every medical establishment.

8. Apart from this, all medical institutions should have closed circuit televisions installed and have a zero tolerance to workplace violence [28].

These practices are followed in some accredited hospitals and such procedures are very essential in all dental colleges in the country.

CONCLUSION:

Violence against doctors is showing an upward trend in the last few decades. It is multifactorial. There is a need for a combination of efforts by all concerned including the medical profession, government and media to restore the medical profession back to its glory where doctor patient relationship mainly rests on mutual trust and respect rather than considering medical practice as any other business. There is an urgent need to integrate communication skills and empathy into the regular dental curriculum. The basic training on causes for violence against doctors and practical tips to handle such situations could be offered as value additions to the existing curriculum of all health care professional students.

STATEMENT:

We, hereby declare that the manuscript has been read and approved by both authors and the requirements for authorship have

been met and that each of us believes that the manuscript represents honest work.

Acknowledgements

We acknowledge the institutional support and encouragement to utilize the digital resources in the library.

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