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An Emerging Outbreak Beyond Covid-19: Violence against the Healthcare Workers

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ABSTRACT

The coronavirus outbreak that usurped global peace last year managed to instill fear, dread, and uncertainty in public; it had and continues to harm every sector of our nation, but the hardest hit has been healthcare. During these testing times when medical professionals have already been working vigorously to help mankind, it becomes unfortunate to encounter instances of them being mistreated and abused. Doctors have traditionally been compared to supernatural beings in Indian folklore. While the public reveres healthcare providers, they also inflict violence on them when things do not deliver up to their expectations. In order to combat the pandemic, it is crucial to build trust and show enormous support to frontline workers. The objective of this study is to highlight the risk factors associated with violence against health care workers and the possible steps that can be taken on a personal, institutional, or regulatory level to prevent such instances of cruelty. Additionally, this article will also address the legislative measures and significant actions previously implemented in a number of other progressive nations to protect doctors. Similarly, this paper will analyze a variety of literature that will bring out more perspectives on violence against doctors.

Keywords: *Protecting doctors, reforming health care, patient aggression, workplace violence, Covid-19.*

I. INTRODUCTION

“Is being a doctor worth it in a country where a life can be instantly taken away?” Violence against healthcare workers is not a new occurrence in India. The world is combating the pandemic, but who will safeguard the ones protecting? Our healthcare personnel are not covered; there is insufficient personal protective equipment (PPE) kits for them; moreover, they are misbehaved. The World Health Organization characterizes workplace violence as events in which employees are assaulted, abused, or threatened, including threats to their safety in the workplace and beyond. The Covid-19 pandemic has already created a Gordian

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knot of psychological, socioeconomic, and financial concerns. Frontline employees, particularly healthcare professionals, have been particularly hard hit. Taking care of critical patients and averting death was not a simple task; this has resulted in physical abuse, either by patients' relatives or by strangers. Already, doctors are experiencing mental health problems as a result of working in such a fearful environment. As previously reported, the cause for the threats to doctors is a severe shortage of ICU beds in hospitals, a delay in treating covid patients, a lack of infrastructure, an increase in emergency cases, and a loss in personnel.

Only a healthy and educated populace allows for the establishment of a peaceful and prosperous society. It has already instilled dread and served as an explosive fuel to a roaring fire; dissatisfied patients and their relatives, hungry media are the usual precursors to violence against doctors. The majority of doctors are now unwilling to encourage their children to pursue this once-revered profession. To enable doctors to perform fearlessly, it is critical to instill trust and devotion into them. According to the Indian Medical Association research, 75% of doctors in India endure workplace abuse and physical injury. Appropriate attention must be paid to the healthcare sector in emerging countries, as violence against doctors is a sign of a country's ailing healthcare system. The media is a potent weapon that can aid in the development of the relationship between doctors and patients by informing them about how they have been battling the pandemic. Additionally, any hospital treating covid-19 patients should have a dedicated security staff to deal with violence directed at doctors. Moreover, appropriate legislation should be enacted to put an end to violence and assault on healthcare personnel.

The officials must take steps to improve the model for health care professionals. On the one hand, people regard doctors as their saviors, while on the other hand, they harass them verbally and physically. Hospitals should be designated as protected zones to safeguard doctors from assault. Strict action should be adopted to safeguard health care personnel. Additionally, the government should devise a long-term solution.

(A) Research Methodology

This study's primary objective is to achieve the following:

1. To obtain a better understanding of the ramifications of assaults on doctors
2. To ascertain the legitimate grounds for the harassment of the doctors
3. To develop a better understanding of the legal provisions governing violence against doctors.

4. To investigate the trends that other countries are adopting and their responses to such violence.
5. To investigate statistics and data on violence against doctors in different nations.

Method of Data Collection

The data and statistics in this work are derived from secondary sources rather than primary ones. The secondary sources include news items, research papers written by various researchers, and various national and international publications.

II. LEGAL IMPLICATIONS

Special provisions should be enacted to punish people who inflict damage on healthcare personnel. The Health Ministry's Prohibition of Violence and Property Damage Bill, 2019, was rejected on the grounds that separate checks against certain professions are required.³ Additionally, the Government of India enacted the Hospital Protection Ordinance in compliance with the 1897 Epidemic Disease Act to prevent violence against healthcare professionals.

The Indian Medical Authority provided statistics indicating that over 594 doctors had already died during the second wave of the Covid-19 pandemic.⁴ The Epidemic Diseases (Amendment) Ordinance, 2020, promulgated on 22nd April 2020, which amends the older Epidemic diseases act, 1897. The major objective of this amendment is the protection of healthcare staff from violence. This act not only penalizes the aggression against a healthcare provider and also their property. This act also offers compensation in case of harm to a person or property. Doctors and healthcare professionals are occupied day to night to combat the epidemic. Additionally, they provide door-to-door services, care for covid-afflicted clients, and conduct tests. The amendment specifies that any abetment or commission of acts of violence shall be penalized with three months to five years in prison and a fine of Rs. 50,000, which may extend up to 2 lakh. If the perpetrator causes grievous hurt, they can be imprisoned for six months to seven years and a fine of ₹1 lakh to ₹5 lakh. The offender will also be obliged to pay compensation to the victim and double the fair market value for the destruction of property.

³ IMA writes to Amit Shah Demanding Effective Law Against Violence on Healthcare Workers', ABP News Bureau (June 1 2021, 11:19 PM), <https://news.abplive.com/news/india/ima-writes-to-amit-shah-demanding-effective-law-against-violence-on-healthcare-workers-1461356>.

⁴ Joydeep Bose, India lost 594 doctors during Covid second wave; most deaths in Delhi, HT, (June 2,2021, 8:52 AM),<https://www.hindustantimes.com/india-news/india-lost-594-doctors-during-covid-19-second-wave-most-deaths-in-delhi-ima-101622600603549.html>.

The Indian Penal Code has provisions that concern attacks on public servants. According to Section 186, anybody who obstructs a public official in the performance of their responsibilities faces a maximum sentence of three months in jail, a fine, or both. Section 332 prohibits intentionally inflicting harm on a public servant doing his or her duties, either description with a term or a fine, or both. Section 353, which prohibits the use of violence or criminal force against a public worker doing his or her duties, carries a maximum sentence of two years in jail, a fine, or both.⁵

Because health is a state matter, it must be governed by the states. States have the authority to enact health-related legislation. The leading cause of violence against healthcare professionals is confusion regarding how medical care centers work, including high procedure costs, drug costs, and corruption. Patients and their families may be more empathic if they are aware of the issues and challenges that doctors experience, which will eventually contribute to healthy development of a patient-doctor relationship.

The Medicare Service Persons and Medicare Service Institutions(Protection from Violence and Property Damage) Act, 2008, must also be relied on, as the primary goal of this act was to protect the Medicare service persons and Medicare service institutions from violence and damage to property and impose punishment on the offender and for matter connected therewith and incidental thereto.

S2(b) of the same act outlines covered by the same provision, which includes Registered Medical Practitioners, Registered Nurses, Medical Nurses, Nursing Students, and Paramedical workers. Committing an act in violation of Section 3 of the act is punished by three years in jail and a fine which may extend up to fifty thousand rupees.⁶

Reliance must also be placed on the World Medical Association Declaration On the Protection Of Health Care Workers In Situation of Violence, adopted at the 65th World Medical Association General Assembly in Durban, South Africa, in October 2014; the same declaration's preamble argues that health is a vital component of human rights that does not change in times of war and violence. The WMA urges the government to preserve the safety and independence of healthcare personnel at all times, including during armed situations, to safeguard medical facilities and transportation, and to uphold and promote international humanitarian and human rights legislation principles.

Additionally, reliance must be paid on The Safeguarding Health in Conflict Coalition; it is a

⁵ Indian Penal Code, 1860.

⁶ The Medicare Service Persons and Medicare Service Institutions (Protection from Violence and Property Damage) Act, 2008(India)

group of international nongovernmental groups dedicated to protecting health professionals, services, and infrastructure. Its primary purpose is to promote the protection of health professionals affected by war or civil upheaval.

III. LITERATURE REVIEW

*K. Ghost – Violence against Doctors: A wake-up call*⁷

Assaults against doctors hardly made it to the headlines or generated discussion in journals, and in the majority of cases, such aggression took the shape of either verbal or aggressive gestures; a doctor must be able to understand patient characteristics that may be associated with violence of some sort, doctors should also optimize and reduce long waiting periods for patients, as well as improve overall patient communication.

*I. Ramasubba, J. Ukrani, V. India, V. Ukrani- Violence against doctors: A viral epidemic?*⁸

The phenomenon of violence against doctors is not exclusive to the Parts of India but is also rather pervasive worldwide. Until a short time ago, Indian medical practitioners were regarded with great respect by the general population. Though the current impression of little profit to be made in the profession has crippled the image of doctors, other factors such as politics also play a crucial role in inciting violence in the country, and the article also notes that younger doctors face greater physical violence than older doctors.

*Santosh K. Dora, Humera Batool, I. Nishu, Poutsette Hamid- workplace violence Against doctors in India: A traditional view*⁹

Workplace violence against doctors is a global problem. It has no geographic origin and doesn't vary between ethnicities or religious denominations. The issue is present in many countries around the world, and a recent survey revealed that eighty percent of physicians feel stressed due to various factors, such as violence directed at them. The factors include issues with the quality of health care, doctor's misrepresentation in the media, and people's perceptions towards the doctor and his/her work. Communication and soft skills are necessary to make every impression regardless of how many times they are repeated.

Swati K, Sudhir K: The “Good, Bad, and Ugly:” Challenges for the healthcare professionals

⁷ Ghosh, Kanjaksha. “Violence against doctors: A wake-up call.” *The Indian journal of medical research* vol. 148,2 (2018): 130-133. doi:10.4103/ijmr.IJMR_1299_17

⁸ Reddy IR, Ukrani J, Indla V, Ukrani V. Violence against doctors: A viral epidemic? *INDIAN J PSYCHIATRY* (April,2019) <https://pubmed.ncbi.nlm.nih.gov/31040474/>.

⁹ Dora, Sankuru Santosh K et al. “Workplace Violence Against Doctors in India: A Traditional Review.” (June 20,2020)<https://www.cureus.com/articles/28089-workplace-violence-against-doctors-in-india-a-traditional-review>.

*in the wake of the COVID-19 pandemic*¹⁰

The media frequently publishes and sensationalizes stories of medical negligence and malpractice; myths and misconceptions frequently lead to false accusations against doctors, and lack of communication is another reason. There is a need for both the public and private sectors to make provisions to protect doctors during these difficult times, and all health care professionals must be trained in the development of effective communication skills and other areas such as stress management.

IV. VIOLENCE AGAINST DOCTORS IN DIFFERENT COUNTRIES: STATISTICS AND PERSPECTIVE

Along with the physical threats towards the health care workers, the pandemic has already exposed them to the level of psychological stress on them due to the high demand of long hours, living in the constant fear of exposure of disease leaving behind their families and being separated from them along with social stigmatization.

India is not the only nation where medical practitioners are subjected to violence it is a global phenomenon, In many countries, violence against healthcare workers has been reported. For example, in the Philippines, a hospital utility worker was attacked, and in Russia, the ambulance workers were attacked by a mob. Further in May, the International Hospital Federation and the World Medical Association have declared that over 200 incidents of covid-19 pandemic attacks on healthcare workers Worldwide during the pandemic¹¹. Some Nations have already acted against abuse towards Healthcare workers; for example, Buenos Aires has imposed fines on anyone who commits crimes against healthcare personnel. Amnesty organization and PAN American Health Organisation are calling on the governments of several countries to protect the health care workers.

A study was conducted that revealed that a total of 477 (77.3 percent) of doctors out of a total of 617 had ever faced workplace violence; the study also revealed that the primary perpetrators were family members or relatives of the patient; and the survey also indicated that more than half surveyed had low self-esteem, feelings of shame, and issues such as

¹⁰ Kedia Gupta, Swati. (2020). The “Good, Bad, and Ugly:” Challenges for the health-care professionals in wake of the COVID-19 pandemic’. INDIAN JOURNAL OF SOCIAL PSYCHIATRY, (October 2 2020), <https://www.indjsp.org/article.asp?issn=09719962;year=2020;volume=36;issue=5;spage=181;epage=186;aualst=Gupta>.

¹¹ declaration by the health care in danger community of concern about the current situation of violence against health care, <https://healthcareindanger.org/resource-centre/declaration-by-the-health-care-in-danger-community-of-concern-about-the-current-situation-of-violence-against-health-care/>.

stress, depression, and anxiety following the incident.¹²

In China, crowds refer to the phenomenon as "Yinao," which translates as "healthcare disruptions" and violence directed towards doctors in order to exact restitution for genuine and medical malpractice.

Worldwide, frontline health professionals, 70% of whom are women, work long and harsh schedules, increasing the risk of infection. Countries such as Spain, South Africa, Italy, and the United States, among others, have encountered a scarcity of PPE Kits.¹³ It is critical to take action to put an end to violence against health care employees. That data should be gathered on the sorts of assaults and events against healthcare personnel in all nations, taking into account the context of the covid-19 epidemic to better understand the problem, its causes, and measures to safeguard and avoid assaults. International organizations such as the World Health Organization must participate and coordinate their effort.¹⁴ Violence against health care workers is unacceptable, and it is a negative impact on society or on the psychological or physical well-being of the health care workers and affects their motivation to work. As a result, violence directed at frontline staff jeopardizes the quality of treatment they provide and puts healthcare institutions in danger. Additionally, it results in financial loss for healthcare employees.

In 2019, a survey which was conducted in Australia discovered a 48 percent rise in attacks against healthcare staff. Additionally, assaults against healthcare professionals surged 44 percent in New South Wales during the same period.¹⁵ Further in China, a survey was conducted in 2019, showing that 85% of Health Care workers have experienced violence in their workplace¹⁶. A survey was conducted by the American College of Emergency Physicians in 2018, which reported that 47% of Healthcare workers were assaulted.¹⁷

In the previous ten years, many state governments of various countries have taken steps to

¹² Kaur A, Ahamed F, Sengupta P, Majhi J, Ghosh T (2020) Pattern of workplace violence against doctors practising modern medicine and the subsequent impact on patient care, in India. *PLoS ONE* 15(9): e0239193. <https://doi.org/10.1371/journal.pone.0239193>

¹³ Covid-19, A human rights checklist, HUMAN RIGHTS WATCH, (April 14,2020), <https://www.hrw.org/news/2020/04/14/covid-19-human-rights-checklist>.

¹⁴ Donna McKay, Michele Heisler, Ranit Mishori, Howard Catton, Otmar Kloiber, Attacks against healthcare personnel must stop, EPHSC (May 20, 2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7239629/>.

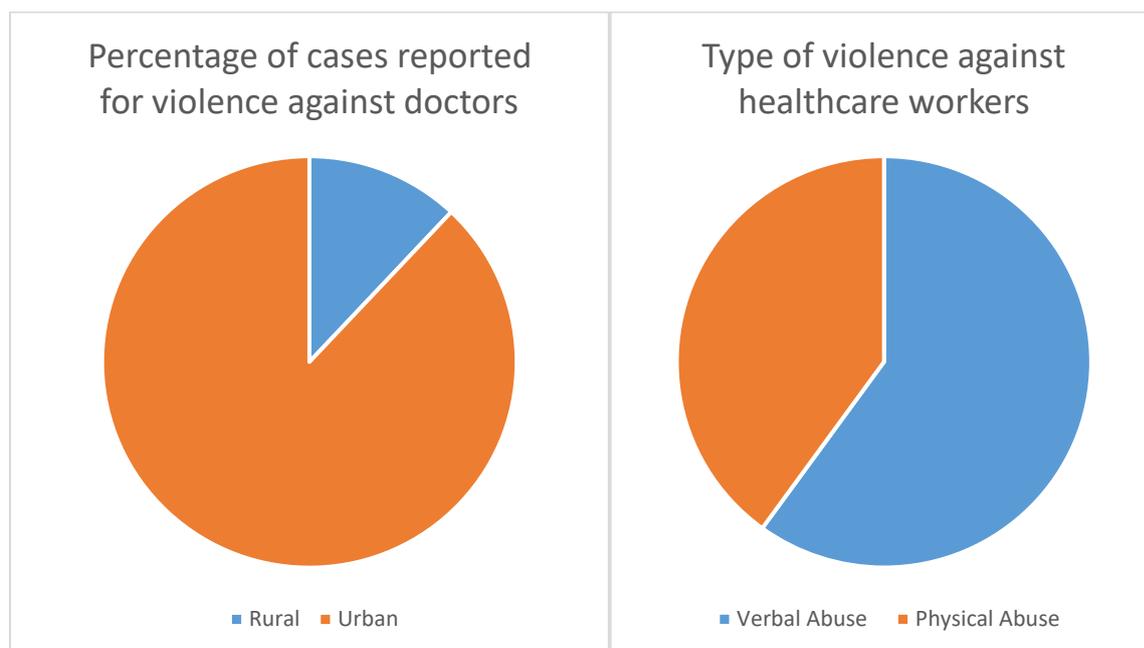
¹⁵ Geoff Thompson, Rates of violence against nurses in hospitals increasing rapidly "ABC. (June 11, 2019, 9:23 AM) <https://www.abc.net.au/news/2019-06-11/rates-of-violence-against-nurses-rising-rapidly/11196716>.

¹⁶ Nie, Jing-Bao, Yu Cheng, Xiang Zou, Ni Gong, Joseph D. Tucker, Bonnie Wong, and Arthur Kleinman. 2017. "The Vicious Circle of Patient-Physician Mistrust in China: Health Professionals' Perspectives, Institutional Conflict of Interest, and Building Trust through Medical Professionalism." *Developing World Bioethics* (September 18). doi:10.1111/dewb.12170.

¹⁷ Violence in Emergency Departments Is Increasing, Harming Patients, New Research Finds (October 2, 2018), <https://www.emergencyphysicians.org/press-releases/2018/10-2-2018-violence-in-emergency-departments-is-increasing-harming-patients-new-research-finds>

safeguard the rights of Health Care workers. In other instances, the law was not successfully applied due to administrative, procedural opposition. In 2019, it was stated in China that anyone who causes disruptions in the medical and government sectors or in any way jeopardizes the safety and dignity of medical professionals would face administrative punishment.¹⁸

A study was done across India over a period of time, and the results indicate that 49 incidents of violence occurred, with the most occurring in New Delhi, followed by Karnataka. Additionally, 43 of 49 instances were recorded in urban areas, whereas only 12% were recorded in rural regions. The majority of cases were recorded in places where healthcare staff conducted surveys and screenings. The violence also targeted ASHA employees. The majority of violence was verbal, accounting for 60% of it, while the remainder was physical. The perpetrators were either members of a crowd, individuals, or patients' families.¹⁹



Additionally, the World Health Organization has been looking after doctors and safeguarding them from such harm. The organization is pleading with governments worldwide, and the head of the organization has reminded the world of the critical role doctors have played in the Covid-19 outbreak, offering relief from misery and saving lives. No government or hospital will keep patients safe until health care professionals are safe and protected from assault. The country's leaders are obliged to address the persistent dangers to the health and safety of

¹⁸ "China launches new law to protect doctors". BBC (December 29, 2019), <https://www.bbc.com/news/world-asia-china-50940827>.

¹⁹ Seshadri LN, Geetha M, COVID-19: A 'Violent' pandemic for health care workers in India, <http://doi.org/10.18231/j.ijirm.2020.023>.

healthcare professionals.

V. CONCLUSION AND PERSONAL REMARKS

Recently, another doctor posted in Central Assam was attacked by a barbaric mob, doctors are constantly battling the pandemic, the system's self-styled godmen, and the violent mob at the same time, while everyone outside the community remains ignorant of the same. It is a well-known fact that medical negligence is a severe concern, much more so when a patient dies because of it. However, there is no justification for assaulting medical personnel or pillaging hospitals. All employees, including healthcare professionals, have a right to be safe on the job. Failing to do so will deteriorate the treatment they are paid to offer and will eventually have a detrimental impact on the global healthcare system. We, as a nation, have failed miserably. Failed to understand that a doctor is as much as of a human as we're; leaving behind their families, serving the nation tirelessly without complaining and never giving up on us even when we do. Only a healthy population enables the establishment of a peaceful and wealthy country. Meanwhile, everyone outside the community is actively involved in international issues occurring halfway around the world. There is a need for strict legal provisions protecting doctors. More attention should be paid to how healthcare personnel are targeted on the way to and from medical facilities in the aftermath of this pandemic. Health-care workers have been the target of an extensive number of assaults, including being pelted with stones, spat at, threatened, and physically abused. Those who incite violence should be punished; the children of workers should also be provided sufficient reservations; The utmost importance should be placed on healthcare workers' safety and well-being amid a health crisis, and therefore their care and safety should be the utmost concern. It's distressing to watch healing hands bleeding when their only fault is that they prioritise the lives of their patients and are forced to handle the epidemic on a shoestring budget. The question remains whether special provisions will be made to prevent violence against doctors following the pandemic. A concerted effort is required which cannot be postponed. Communication skills should be incorporated into the curriculum of medical students as well, and the media should be discouraged from causing medical mishaps. Moreover, The government should station armed personnel in all hospitals, including isolation centres.
