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Other Side of Moon

Violence against Doctors: The Class Wars



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ABSTRACT

Medical practice is currently at crossroads due to several ills that have crept into the profession. The malaise may have its genesis traced down right from the time of entrance into medical school due at least in part to inadequacy and lack of contemporariness in current medical curricula. There could be several limitations of the medical course at present. The first problem is that rapid technological advances in the practice of medicine have led to an exponential increase in the amount of information and skills that needs to be acquired by the student. Broadly it is a question of dropping vestigial knowledge and re-prioritization of education according to the requirement of the day. The second problem is the alienation of the prospective physician from the society. However, perhaps the most alarming problem is lack of inculcation of empathy, rather a steady decline in its level over the course of medical school. We discuss how these issues can be appropriately addressed in a new curriculum.

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“Doctor Bana Jallad”

1. Introduction

In a predominantly capitalistic society health-care is probably the only remaining profession in India which still works on welfare model (at least in the government institutions). This ensures a prioritized, cost-effective health-care delivery to practically entire population. However, violence against doctors (among other problems) is seriously threatening the status quo. While violence on road (road rage), public places, even schools is common (though not condone-able), it can under no circumstance be acceptable in hospitals. Although violence is just a symptom of dysfunction of overall health-care system, the hospitals cannot be allowed to become battlegrounds for

the simple reason that sick people need a peaceful environment where they can get sympathy, empathy, support etc on one hand and the health-care professionals also need a stable and peaceful environment if they are ever able to give self-less care (rather than worry about their personal safety). Thus, if the hospital environment is exposed to violence its practitioners might start practicing defensive medicine, and focusing on saving their own skin rather than treating a patient.

2. Definition

Workplace violence is an act of aggression, physical assault, or threatening behavior that occurs in a work setting and causes physical or emotional harm to an employee.¹

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3. Myths about violence against doctors

1. Violence is only restricted to doctors
2. It is an Indian specific phenomenon
3. Media and other associations convey both side of picture – It is the doctors and hospitals which remain on defensive (because it is newsworthy to be anti-establishment)
4. The doctor's respect has declined over the years

4. Violence against doctors is an Indian phenomenon

USA Today in its op-ed piece quoted 2010 survey from the Emergency Nurses Association that more than half of emergency room personnel were victims of physical violence, including being spit on, shoved, or kicked, and one in four reported being assaulted more than 20 times over the past three years. The survey went on further to state that this violence was actually increasing over the period of time.² Closer home an Editorial published in Lancet reported that doctor–patient relationships in China were in crisis. Doctors had been injured or even killed by patients at work.³

5. Violence is restricted only to doctors

US Department of Justice reveals that Medical Profession constitutes around 10% of all work-place violence whereas professions like law enforcement (police, regulators etc), security guards, retail professionals and even cab and bus drivers carry a higher risk of workplace violence than health-care providers.⁴ The situation in India may not be much different.

6. Genesis of the problem

While there certainly has been some erosion in the esteem of physicians the matter-of-fact is that medical profession still remains the most prestigious of all. At the same time there is no doubt that over the years there has been a significant erosion in stature of medical professionals. The etiology of this whole issue can be really traced to a rising intellectual class. While in 19th century the members in this class (intellectuals) were miniscule (constituted exclusively by landed gentry), by early 21st century around 45% of the population belongs to this class overall. However, in context of health-care profession the exposure to intellectual class is much higher because this is an affording class unlike the labor class.⁵ That this class cannot be ignored now can be aptly shown by numerous examples; Leninists did that with disastrous consequences (they considered only proletariat and the bourgeoisie) and they were relegated to confines of history.⁶ The Arab spring was a direct consequence of this class and even problem of terrorism to a large extent represents inability by the ruling class to accommodate the intellectual class.

7. Characteristics of intellectual class

The essential characteristic of this class is that they crave freedom and may go to any extent to supposedly preserve it.

1. They hate trappings of power or control
 - many of the intellectuals harbor anti-pathy and poor image of medical profession because doctors are perceived as having control/power over them/their loved ones which they are 4 unable to accept
 - intellectuals have less fear/faith of law (which again is perceived as power or control)

All this manifests as more demanding, more aggressive behavior.

2. They are more knowledgeable; access information easily as a result of information revolution
3. May resort to issue based organization (even if they don't understand the issue) – mobocracy or anarchy
4. Desire to achieve leadership position on any issue
5. Dislike their own ego bashing

8. How does this impact on medical profession

The one value that an intellectual cherishes most is freedom: whether it is freedom from oppression or freedom to make choices. For making choices information is required; to understand and know what choices are and thus the need for communication to convey this information. It is not thus surprising that emergence and consolidation of this class has led to information revolution and manifold increased the importance of media be it classical or social media.

9. Factors predisposing to violence

Since vast majority of patients (because of paying capacity) are now intellectual class, the etiology in majority of these incidents can be traced down to improper patient doctor communication. In brief since the basic instinct of an intellectual is to have freedom, i.e. freedom of choice, which comes only through information. While in e-age a lot of information is available online, the patients/attendants still depend on the treating physician to give them accurate and honest information about the cause of disease, the disease process, the options for investigation and treatment, the course and prognosis and finally the costs involved in the therapy. However, when this information is not adequately communicated to them it leads to trouble. Thus the crux of whole problem in majority of cases is a lack of proper communication. In this context several issues can predispose to violence by attendants/relatives:

1. Misunderstandings – miscommunication at any level from explanation of etiology, disease explanation, need for investigations and treatment options.

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