Peripatetic Column
Violence Against Doctors

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Oftet incidence of violence against doctors has increased. Very often we hear doctors being molested, thrashed and abused by lay public for a trivial fault, or no fault of theirs. At least in one instance, a doctor was shot dead by angry relatives.

**Common situations are**

1. **Casualty Department**: Bleeding patient = delay in attention, status asthmaticus = unrelieved, death on arrival, delay in admission.
2. **ICU**: Death of patient, unreasonable demands of relatives not acceded to by doctors, unsuccessful request for entry passes.
3. **Operation Theatre**: Table death, delay or postponement of operation more than once. Wrong operation.
4. **Wards**: Unreasonable demands of relatives, suspected molesting of female attendants, denial of access to case papers and records, complications of drip leading to operations and amputations.

**Causes of Violence**

1. **Lack of Communication between doctor and patient**: Doctor must tell the truth to his patients and the relatives as to how serious the condition is. Evasive answer is interpreted as shirking responsibility.
2. **Poor image of medical profession**: Newspapers carry reports about doctors involved in financial frauds, torture, molesting, house breaking and scams like kidney transplant. The doctors do not wear halos anymore. The medical profession once considered noble, has taken a severe beating. Some patients even see them as chistlers and extortionists.
3. **Lack of faith in judicial system and the police**: There is an impression that the police will take no action and can easily be bribed. Trials take long and judgements cannot be predicted.
4. **Mobocracy**: Tempers rise and verbal spats become physical. Patients know they can get away with it.
5. **Insufficient security for doctors**: In public hospitals, police and guards can only be found in the casualty department. Hospitals need stronger security by professional men.
6. **Lack of laws to protect doctors**: People dare not attack a policeman or even a bus driver when they are on duty. The reason is hitting a uniformed person on duty is a non-bailable offence. No such laws exist to protect doctors.

Forms of violence may include telephone threats, intimidation, oral abuses and physical manhandling.

How then can we prevent such situations?

**Preventions**

1. The most important step is to restrict entry of public. At no stage hordes of
relatives should be allowed at the patient's bedside. Entry should be strictly by passes and this must be implemented through good security, preferably by ex-army personnel.

2. Security guards must be placed inside the hospital at sensitive areas like ICU, Operation theatre and casualty.

3. Much needs to be done to improve doctor – patient relationship. This must begin by the doctor informing the relative of what is going on. As the patient is being investigated diagnosis need not be given out. There should be no hyperbole nor understatements. Under no circumstances must the previous hospital or referring doctor be criticized. Words such as ‘You have come too late’ must not be used. This puts the blame on the patient. Who then retaliates by criticizing doctors. In desperate situations patients must be given a choice of calling another doctor (second opinion) if they feel so. The suggestions of organ donation must only be made in brain death. Never before. When the prognosis is serious the senior doctors must talk to the relatives. Security must be provided to the doctors at all times and at all places when they are at work.

4. The Medical Association have taken up with the Government the need to make violence against doctors a non bailable offence. Unfortunately the law has not yet been passed. This needs pressure from higher echelons of the Medical Association and lobbying with MPs.

Lastly, there is something to be said for young doctors to learn martial arts. The world is increasingly progressing towards violence. So karate, tokendo and other martial arts are worthwhile learning for self defence. It will boost the doctors confidence even if not used.

**Failure of the Merck HIV vaccine : An Uncertain Step Forward**

An HIV vaccine remains the primary goal for a comprehensive strategy to curb the global HIV epidemic.

Future study designs might need to incorporate additional safeguards, and the process of informed consent will require careful attention to the Step results. An even greater emphasis will be placed on developing a vaccine that yields protective humoral responses. The failure of Step has not closed the door on the T-cell vaccine concept. However, the reflection that it has caused might be a crucial step towards a successful HIV vaccine.