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# Behind the Mask: Human Right Violations Against Healthcare Providers in India; A Critical Analysis

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SUMUKH C.<sup>1</sup>

## ABSTRACT

*Violence against healthcare professionals has become a global hazard. The escalating incidence of violence against medical workers in healthcare setting poses a critical challenge to patient care, workplace safety, staff well-being, and the overall quality of healthcare services. Despite the recognition of this issue, there is a lack of comprehensive understanding regarding the contributing factors, and the effective interventions that can mitigate and prevent violence against medical professionals. This paper looks into the causes for violence, the existing legal safeguards in India and its effectiveness, it explores the possibility of a uniform legislation involving a multifactor holistic approach to the issue. The paper through a doctrinal exploration of the issue concludes with various innovative suggestions to all the stakeholder of the Indian healthcare system in the fight to mitigate the evils of violence perpetrated on healthcare workers in the light of recent progressions of the post-pandemic world.*

**Keywords:** *healthcare workers, violence, pan-India legislation, Covid-19.*

## I. INTRODUCTION

“All of a sudden he drew a knife and stabbed my chest, hand and neck”<sup>2</sup>- Dr Dinesh Verma a senior doctor at a multi-specialty covid care hospital in Maharashtra was at the receiving end of a murderous attack by the relatives of a patient who had unfortunately died due to complications of the Covid 19 pandemic in early 2020. Dr Verma’s eventual death and a series of similar occurrences in different states of the country ignited nationwide protests in the backdrop of an unprecedented health emergency, forcing respective state governments across the country to acknowledge the need to tackle the rising cases of violence perpetuated against healthcare providers in the country.

The world health organization defines workplace violence as incidents wherein healthcare staff

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<sup>1</sup> Author is a student at School of Law Christ university, Bangalore, India.

<sup>2</sup> Indian express, ‘Man held for attack on doctor over patient death due to Covid-19, July 29, 2020 (<https://indianexpress.com/article/india/man-held-for-attack-on-doctor-over-parents-death-due-to-covid-19-in-latur-ima-doctors-protest-by-shutting-down-clinics-6529855/>)

are abused, threatened, or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being, or health.<sup>3</sup> Data from the World Health Organization reveals that 8% to 38% of healthcare workers encounter physical and verbal abuse at some point in their careers. The Indian picture presents a more alarming state of affairs with a contribution of over 3.4% of the total incidents of violence against healthcare workers worldwide, although India accounts for less than 1% of medical personnel in the world.<sup>4</sup> A 2016 study conducted in a hospital in Delhi revealed that nearly half of its staff had experienced both physical and verbal abuse at their workplace wherein resident doctors and female nursing staff of the hospital were at a greater risk when compared to their counterparts.<sup>5</sup> Subsequent studies have shown a concerning increase of such incidents from 49 reported cases in 2017 to 155 cases in 2020 which is exclusive of all the cases that were not reported to the appropriate authorities making India the most unsafe country for healthcare professionals to work.<sup>6</sup>

The plight of healthcare workers in India worsened with the onset of the Covid 19 pandemic and the unprecedented nature of challenges it brought along with it. The pandemic placed a humongous burden on an already stretched out healthcare system. A very poor doctor to patient ratio resulted in overworking of medical and paramedical staff in conditions they had never seen or prepared for causing immense stress, anxiety, fatigue and anger which acted as catalytic precursors to confrontation with confused and distraught patients and their care givers. Several instances of violence against frontline workers during the pandemic were brought to light by the media showcasing the extent and the gruesome nature of violence in various parts of the country. Doctors and nurses at the famous Gandhi hospital in Hyderabad were attacked with sticks and knives following the death of 4 covid positive patients in their hospital due to complications caused by the virus and lack of resources, in another shocking incident Indore locals pelted stones and vandalized mobile testing centers injuring 2 women doctors and several other staff who had to be rescued by the police, a doctor in Assam was beaten up with metal rods and bricks following the death of a patient due to lack of oxygen cylinders in the government run facility, several such incidents shocked the conscience of the medical fraternity

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<sup>3</sup> Health Workforce UHL, Framework guidelines for addressing workplace violence in the health sector. World Health Organisation, 2002

<sup>4</sup> U.S. Bureau of Labour Statistics (USBLS), Workplace Violence In Healthcare, 2018. <https://www.bls.gov/iif/oshwc/foi/workplace-violence-healthcare-2018.htm>.

<sup>5</sup> Anand T, Grover S, Kumar R, Kumar M, Ingle GK. Workplace violence against resident doctors in a tertiary care hospital in Delhi. *Natl Med J India*. 2016 Nov-Dec;29(6):344-348. PMID: 28327484

<sup>6</sup> Insecurity Insight. Violence against health care during the COVID-19, Geneva, Switzerland: 2021 [cited 2023 Jan 16]. <http://insecurityinsight.org/wp-content/uploads/2021/02/Violence-against-health-care-during-the-COVID-19-pandemic-in-2020-March-2021.pdf>

causing fear and apprehension to work in such hostile environments leading to an acute shortage of personnel in the midst of a global health emergency.

The Epidemic Diseases (Amendment) Act, 2020 was invoked by the central government to tackle with challenges presented by the covid19 pandemic on April 22, 2020. The act through various provisions aims to safeguard healthcare providers and frontline workers from any sort of physical or mental abuse, perpetrators of violence would be imprisoned for a period of 3 months to 5 years along with a fine of rupees 50,000 to 2,00,000 INR.<sup>7</sup> The law being a temporary fix to a systemic issue leaves the medical fraternity unprotected and susceptible to violence once the act is repealed post pandemic. The medical associations and doctor unions along with various courts have in multiple cases expressed the need for a central legislation to deal with the issue.

The escalating incidence of violence against medical professionals in healthcare settings poses a critical challenge to patient care, workplace safety, staff well-being and the overall quality of healthcare services. Despite vast media coverage and recognition of the issue, there is a lack of comprehensive understanding regarding the root causes, contributing factors and effective interventions that can mitigate and prevent violence against medical professionals, hampering with the establishment of a safer and more conducive healthcare environment. Immediate addressal of the issue of violence against doctors and healthcare professionals is crucial for maintain a sustainable healthcare ecosystem that ensures the safety and wellbeing of medical staff and patients alike. This paper will look into the possibility of a pan India legislation to remedy the root causes of the issue along with an explorative analysis of innovative approaches and practical recommendations to establish a more safer and conducive work environment within the Indian healthcare setting, ultimately leading to improved healthcare services and patient outcomes.

## **II. CONTRIBUTORY FACTORS TO VIOLENCE AGAINST HEALTH CARE WORKERS**

Violence against healthcare professionals in India like in parts of the world is a result of various complex factors. It is crucial to acknowledge that this problem is multifaceted and the contributing factors can differ based on the region and circumstances. Incidents of violence towards healthcare professionals in India cannot be confined to an individual or group of people. Violence is mostly perpetuated by malcontent patients and their family members, third party bystanders, local pressure groups, social organizations, agitated crowd, mobs and religious

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<sup>7</sup> PRS Legislative Research. The epidemic diseases (amendment) bill, 2020. 2020. <https://prsindia.org/billtrack/the-epidemic-diseases-amendment-bill-2020>

groups with vested interests. The crux of the issue lies in the common misconception that any fatality during medical treatment is the result of failure or negligence of doctors and medical staff, this misconception stems from the patient's unrealistic psychological mindset that once admitted in a good hospital with expensive and quality treatment options everything will be cured and the life will be saved.

Violence is caused when this misconception and the bubble of hope is challenged by a milieu of varied factors such as:

- 1) **lack of effective communication** between doctors and patients causes a pattern of hostile attitude and behavioral changes in patients, family members, visitors or care givers who are already under intense emotional charge and expectations. <sup>8</sup>Misunderstandings due to failure to communicate clearly the diagnosis, treatment options and the potential risks of any treatment plan along with inadequate time and attention create an underlying conscience of impersonal care and neglect leading to frustration and ultimately physical or mental abuse against medical personnel in the hospital. The failure of the doctor to take prior informed consent from the patients and their caregivers is the leading precursor to medical claims and disputes all over the world<sup>9</sup>.
- 2) **Economic stress** is a major contributor to doctor-patient hostility in India. While western countries follow a complete government run insurance-based regime for healthcare, there is no universal healthcare insurance for all in India. If eligible under any governmental scheme, 33% of the medical bill is borne by the government and the rest has to be paid by the patient themselves. Financial implications of unexpected healthcare expenditure coupled with the ever-rising healthcare costs force families into a vicious cycle of debts and financial instability.<sup>10</sup> Financial burden, anxiety and the lack of any visible positive results from the treatment plan escalate to verbal abuse and violence.
- 3) **Inadequate healthcare resources** create the lack of quality healthcare often leading to widening of socio-economic disparities in the healthcare setting. Low doctor to patient ratio, overcrowded healthcare facilities, inadequate infrastructure and governmental funding can result in increased hostilities among helpless doctors and patients with limited

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<sup>8</sup> P. Ferri, M. Silvestri, C. Artoni, R. di Lorenzo, Workplace violence in different settings and among various health professionals in an Italian general hospital: a cross-sectional study, *Psychol. Res. Behav. Manag.* 9 (2016) 263–275.

<sup>9</sup>H.G. Stathopoulou, Violence and aggression towards health care professionals, *Health Sci. J.* 2 (2007). <http://www.hsj.gr>

<sup>10</sup> Fixing India's healthcare system: Strong political commitment is needed to build a system of universal health coverage and better regulations. (2014). Accessed: October 26, 2023

resources and access to healthcare. A study estimated the number of healthcare workers in India to be 20 workers per 10,000 people, with allopathic doctors comprising 31% of the workforce, nurses and midwives 30%, pharmacists 11%, AYUSH practitioners 9%, and others 9%.<sup>11</sup> The workforce and healthcare resources are not evenly distributed throughout the country causing a void in effective access to quality healthcare.

- 4) **Inadequate legal protection** and regulatory gaps concerning the protection of healthcare workers in India is a major contributory deterrent to the lack of awareness and consequences of violence and verbal abuse against healthcare workers. While individual state governments are left to their free will to enact legislations to protect healthcare workers in their respective states, the lack of a uniform pan India legislation leaves frontline workers throughout the country with uneven legal protections thus enabling state sponsored disparity.
- 5) **Role of media** is of paramount importance in shaping the positives and negatives of anything in this day and age. Media plays a role, in shaping perception and people's behaviour, sometimes this very ability and the power of the platform is misused to sensationalise or fulfil vested interests. While medical complications are very difficult for a common man to understand due to the use of medical jargons and the lack of awareness, misrepresentation by the media can create a hostile environment leading to increasing conflicts between doctors and patients resulting in diminished trust. Media platforms often engage in amplification of the issue and fosters blame culture which directly results in the increased risk of violence against healthcare workers as people often seek retribution.

Violence subjected towards healthcare professionals can result in repercussions impacting not only the individuals directly involved but also the overall functioning of the healthcare system. In an already understaffed healthcare system violence both physical and mental may have several psychological implications such as post-traumatic stress disorder, depression, anxiety and mental distress which leads to burnouts, decreasing the morale of the workers which can be a potential harm to the wellbeing of the patients under their watch. Doctors often tend to choose a safer treatment option rather than the most effective as they fear any negative result in the riskier yet effective approach, this state of fear hampers with medical innovation and impairs access to quality healthcare. Thus, the causes of violence against medical professionals are many and multifaceted ranging from economic aspirations, greed, frustration of modern living,

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<sup>11</sup> Rao M, Rao KD, Shiva Kumar AK, Chatterjee M, Sundararaman T. Human resources for health in India. *The Lancet*. 2011;377:587–98.

increasing intolerance, lack of communication, inadequate healthcare resources and the aggravating role played by institutions such as the media.

### III. EXISTING LEGAL FRAMEWORK AND PROTECTIONS

India has implemented various measures to safeguard healthcare professionals from acts of violence and abuse. These protective laws aim to serve the purpose of deterring future incident of violence and offer assistance to those affected in healthcare settings. Along with the numerous fundamental rights enshrined under the constitution of India, there are several provisions of the IPC and other special state legislations enacted by the respective states to protect the interests of healthcare professionals in India.

**The Indian penal code**, 1860 has numerous provisions such as **section 353** (Assault or use of criminal force to deter a public servant from performing his duty), **section 186** (obstructing public servant from discharge of his public functions), **section 332** (voluntarily causing hurt to deter public servants from duty). These provisions are mostly utilized to protect government doctors and health officials from instances of violence however when it comes to legal protections for the entire medical fraternity the government through its various mechanisms have promulgated the following safeguards.

The Epidemic Diseases Act, 1897 was the premier act formulated to deal with health emergencies in the country. In the wake of the Covid-19 pandemic the government through an ordinance on April 22, 2020 came up with the **Epidemic Diseases (amendment) Act, 2020** with the aim to serve the unprecedented needs during the covid-19 pandemic and bring out legal sanctions protecting frontline workers from violence and abuse. The act defines ‘act of violence as:

<sup>12</sup>**Section 1A.** (a) “act of violence” includes any of the following acts committed by any person against a healthcare service personnel serving during an epidemic, which causes or may cause–

- (i) Harassment impacting the living or working conditions of such healthcare service personnel and preventing him from discharging his duties;
- (ii) Harm, injury, hurt, intimidation or danger to the life of such healthcare service personnel, either within the premises of a clinical establishment or otherwise
- (iii) Obstruction or hindrance to such healthcare service personnel in the discharge of his duties, either within the premises of a clinical establishment

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<sup>12</sup> Section 1A Epidemic Diseases (amendment) Act, 2020

- (iv) Loss or damage to any property or documents in the custody of, or in relation to, such healthcare service personnel;

**Section 3(2)** and **Section 3(3)** prescribes a punishment of imprisonment for a term not less than three months but which may extend up to 5 years and a fine, which shall not be less than fifty thousand rupees extending up to two lakhs for both abetment and commission of an act of violence against healthcare worker respectively. The offense shall be taken into on the same weight as section 320 of the IPC dealing with act causing grievous hurt. The provisions of this act although extensive provides only a temporary fix to the systematic and vicious cycle of violence against healthcare professionals. Once the act stands repealed post pandemic the healthcare workers are yet again orphaned without a specific pan India legislative safeguard.

Apart from the provisions of the Epidemic Diseases (Amendment) Act, 2020, respective state governments have promulgated their own respective 'Medicare Act' also known as the **Prevention of Violence against Medicare Service Personnel and Medicare Institutions (prevention of violence and damage to property) Act, 2008**.<sup>13</sup> These acts formulated by the state governments criminalize acts of violence against medical professionals and any other act that obstructs healthcare services or that leads to physical damage of the medical establishment or its infrastructure. These laws are made keeping in mind the needs and circumstances prevalent in the respective states and thus is not uniform in its application. Various state governments such as the government of Karnataka, Andhra Pradesh, Tamil Nadu, Assam, Maharashtra and West Bengal have enacted similar legislations however the state of medical personnel in several other states remains grim.

Indian courts in multiple instances have highlighted the need for better legislations to deal with the issue of violence against healthcare workers by incorporating a zero-tolerance policy toward such instances. In the case of **Jerryl Banait v. Union of India, 2020**<sup>14</sup> the apex court was addressing an incident wherein doctors who were conducting covid-19 screenings for local patients were subjected to verbal attacks and instances of stone pelting on their vehicle. The supreme court observed that:

*“The pandemic which is engulfing the entire country is a national calamity. In wake of calamity of such nature all citizens of the country have to act in a responsible manner to extend helping hand to the government and medical staff to perform their duties to contain and combat the*

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<sup>13</sup> Solving systemic violence against healthcare workers in India. The BMJ. 2021; (published online Oct 4) (Accessed 24 October 2023) <https://blogs.bmj.com/bmj/2021/10/04/solving-systemic-violence-against-healthcare-workers-in-india/>

<sup>14</sup> WRIT PETITION (CIVIL) NO. 10798/2020, Supreme court of India.

*COVID-19. The incidents as noted above are bound to instil a sense of insecurity in Doctors and medical staff from whom it is expected by the society that they looking to the call of their duties will protect citizenry from disease of COVID-19.<sup>15</sup> It is the duty of the State and the Police Administration to provide necessary security at all places where patients who have been diagnosed coronavirus positive or who have been quarantined are housed. The Police security is also provided to doctors and medical staff when they visit places for screening the people to find out the symptoms of disease.”*

The Kerala High Court in the case of **Abdul Naser v. State of Kerala, 2020<sup>16</sup>** pointed out that subjecting doctors to agony and anguish, attacks and violence can adversely affect the treatment of all patients in the facility practically leading to a halt in effective functioning of the healthcare system. The hon’ble judge noted that violence against medical professionals jeopardises the health and safety of patients and doctors making it a matter of grave concern.

Although there exist limited legislative and judicial safeguards the lack of effective implementation coupled with factors such as inadequate penalties serving as an ineffective deterrent, lengthy and complicated legal battles leading to delayed justice, underreporting of incidents of violence against medical workers, inadequate security measures and the lack of awareness puts the healthcare workers in a sorry state of affairs. It is of paramount importance to come up with comprehensive solutions to these systemic issues plaguing the already burdened healthcare system in the country.

### **Preventing violence against medical professionals; what can to be done?**

Taking a collaborative approach, towards tackling violence against healthcare workers is incredibly important. This approach is most effective as it involves bringing together the knowledge, expertise, resources and influence of different stakeholders to create a safer and more respectful healthcare environment. By addressing the issue from the all angles such as preventive actions, policy changes, increased awareness and fixing responsible individual accountability we can ensure the wellbeing of health workers, patients and enhance the effective delivery of healthcare services. The following are some of the steps that can be taken by respective stakeholders to prevent incidents of violence against healthcare workers in India.

### **What can the government do?**

The government is the most important stakeholder in a country’s healthcare system. The policies formulated by the government have a direct bearing on creating a safe and violence

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<sup>15</sup>Violence Against Healthcare Professionals in India: We Need to Stop This Barbarism! , Academike June 9, 2021

<sup>16</sup> Bail Appl. No. 374 of 2020, Crime no. 347/2018 of Atholy police station, Kozhikode

free environment for healthcare workers in the Indian healthcare setting. The government must consider a complete overhaul of the existing legislative framework to adopt a more holistic and uniform approach to addressing the issue.<sup>17</sup> The Government of India, through its Ministry of Health and Family Welfare, proposed and tabled a bill titled ‘The Healthcare Service Personnel and Clinical Establishments (prohibition of violence and damage to property) Bill, 2019’ following huge uproar by the medical community following several incidents of gruesome attacks on doctors and hospital staffs in various parts of the country. The proposed bill aimed at providing clear definitions to the terms ‘violence against healthcare, health workplace, workforce’ etc..., which was defined ambiguously in the Epidemic Diseases Act. The bill also prescribed enhanced punishments such as imprisonment ranging from 6 months to 7 years with a fine of 50,000 to 5 lakh rupees for causing grievous hurt to a medical worker and an enhanced punishment of 3-10 years of imprisonment along with a fine of 2-10 lakh rupees for causing extraordinary damage and death. If made into a law this bill would have been a comprehensive uniform pan India legislation to deal with incidents of violence against healthcare professionals however, the Ministry of Home Affairs stalled the passing of the bill citing that the bill would set an improper precedent for other professions and their fraternities to demand special protections based on their professions which would put the government in a fix.<sup>18</sup> The government has to revisit formulating a pan India legislation on similar lines considering the increasing seriousness of the issue.

The government can also help ease the burden on the healthcare system by increasing the health budget, improving doctor-patient ratio and adopting a Zero tolerance policy towards attacks on medical professionals. The central and state governments have to take steps to increase awareness regarding such issues and must ensure additional safety measures and infrastructure to curb this menace.

### **What can a medical Institution do?**

Medical institutions such as hospitals and colleges must take proactive steps to tackle attacks on healthcare workers and to create a safe working environment for all its staff. Some steps that can be taken by medical institutions are:

1. **Adopt a Xero tolerance policy**; it is crucial for the hospital to communicate its clear

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<sup>17</sup> Draft the healthcare service personnel and clinical establishments (prohibition of violence and damage to property) bill, 2019. PRS Legislative Research. 2019 <https://prsindia.org/billtrack/draft-the-healthcare-service-personnel-and-clinical-establishments-prohibition-of-violence-and-damage-to-property-bill-2019>

<sup>18</sup> The Economic Times TT. Violence against doctors: MHA rejects proposed legislation to protect doctors from assault. 2020; published online Jan 17. <https://economictimes.indiatimes.com/news/politics-and-nation/mha-rejects-proposed-legislation-to-protect-doctors-from-assault/articleshow/73330302.cms>.

stance against both physical and mental abuse subjected at its workers, the policy must clearly state that any form of violence including abuse, physical assault and harassment of any kind will not be tolerated. The hospital must outline the consequence the individuals will face if they engage in any sort of deviant behavior causing a threat to the safety of its workforce. By creating awareness and laying down a clear policy hospitals and medical colleges can discourage such actions and maintain a safe environment for healthcare professionals.

2. **Improved Education and Training initiatives**; medical institutions can incorporate conflict resolution training to all its staff and students, healthcare workers should undergo training in conflict resolution and de-escalation techniques. This will equip them with the necessary skills to diffuse situations before they escalate into violence. Healthcare professionals can be provided with a cultural sensitivity training involving effective communication techniques while dealing with patients from different backgrounds, understanding the nuances of their lives can foster a better doctor-patient relationship thus, reducing potential conflicts. Medical institutions can create awareness among healthcare workers to recognize early signs of aggression so that appropriate measures can be taken promptly.
3. **Enhance security measures and infrastructure**; medical institutions can adopt various modern techniques and infrastructure to ensure greater physical security in their facilities. Biometrics, CCTV surveillance, increasing the number of trained security personnel and hiring bouncers can help prevent instances of violence. The institutions can set up rapid action forces and create protocols to deal with any such incidents in a more effective manner. Hospitals and colleges need to ensure that they are in frequent contact with local law enforcement authorities, effective communication between the two bodies can help limit the extent of such attacks on healthcare workers.

### **What can be done by doctors?**

Doctors must adopt few essential practices to ensure their own safety and avoid instances of attacks and abuse. Every doctor must inculcate effective communication skills as ineffective communication is the origin and the first percussor to violence and abuse. Doctors must train themselves to follow and stick to good medical practices, follow medical ethics as prescribed by the Indian medical association and adopt soft skills such as empathy, patience and calmness.<sup>19</sup> The doctor must learn assertive refusal skills and anger management to help ease

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<sup>19</sup> Reddy IR, Ukrani J, Indla V, Ukrani V. Violence against doctors: A viral epidemic? *Indian J Psychiatry*. 2019;61,

his stress while dealing with a patient. The most important duty a doctor must abide by is to take a prior informed consent from the patient before adopting any treatment plans or conducting any procedures, the consent must be taken only upon clear explanation of the diagnosis, treatment plans and the associated risk factors.

Doctors must educate themselves on the warning signs of violence and follow the STAMP method of identification. The **STAMP method** involves paying attention to the patients behavioral patterns such as staring, tone of voice, visible anxiety, mumbling and visible pacing. If these signs are visible during a doctor-patient interaction, the doctor must distance himself and call of additional security to prevent the possibility of verbal abuse or physical attacks.<sup>20</sup>

Doctors can form doctor **welfare associations** comprising of all practicing doctors from a common locality or area. These associations can act as rapid action support groups designed to protect individual practicing doctors who work on a freelance model and are not associated with any institution. The associations can register itself with the local police station and establish contact with the local MLA to ensure support during any out toward incident. These associations will promote positive work ethics and a will create a good support system for medical professionals as all the doctors present a united front while dealing with aggressive crowds or angry relatives of patients. The association model helps reduce the doctors' constant mental state of fear and the feeling of helplessness if such incidents were to occur.

### **What can be done by patients and their caregivers?**

Patients and their caregivers in a healthcare setting are the most stressed and insecure stakeholders. The uncertainty of the disease, lack of awareness regarding the treatment plan, financial burden of medical bills all contribute to patient stress and anxiety. In such difficult times it is important that the patients and their next of kins understand properly the course of treatment that has been adopted by the doctors, the risk factors involved and the possible financial costs of the same. Patients must realize that spending money and going to the best hospital need not always lead to good results and the quality of care is directly dependent on the attitude of the patient and his next of kin. Patients have the right to seek answers regarding any questions they have about the treatment while respecting the boundaries and the hospital policy they are admitted in.

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<sup>20</sup> STAMP system can help professionals to identify potentially violent individuals . BLACKWELL PUBLISHING LTD. 2007, Accessed: June 26, 2023: [https://www.eurekalert.org/pub\\_releases/2007-06/bpl-ssc062007.php](https://www.eurekalert.org/pub_releases/2007-06/bpl-ssc062007.php).

### **What role can the media play?**

The media is the most important institution in the modern age that plays a huge role in shaping people's perception and behavior. Media can be the most effective ally in preventing attacks on medical professionals. Media platforms must help spread awareness regarding incidents of violence against healthcare workers and the consequences of such acts. The media can play the role of a nudger when it comes to formulation of new policy by highlighting the severity of any issue.<sup>21</sup> Media platforms can adopt a more realistic model of reporting sensitive issues and ensure that they do not become abettors to such offences that are detrimental to a safe working environment for healthcare workers.

## **IV. CONCLUSION**

With the departure from the ancient principle of "*Vaidhyo Narayana Hari*" the modern Indian society has moved on from treating medical professionals with immense respect and entrusting maximum faith by equating them to gods. In the modern commercialized world, doctor-patient relationship involves an underlying state of mistrust and doubt leading to conflicts and violence. With the worrisome state of ever-increasing incidents of violence, it is important to understand the root causes of the issues namely, lack of effective communication, financial implications, inadequate healthcare resources and infrastructure, sensationalism by the media and the most important cause being the lack of a strong deterring pan India legislation to tackle the issue. Crucial gaps in the system can be fixed by adopting a holistic approach involving all stakeholders who can play their parts in curbing the menace of violence against healthcare workers in India.

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<sup>21</sup>Ventola CL. Social media and health care professionals: benefits, risks, and best practices. P T. 2014 Jul;39(7):491-520. PMID: 25083128; PMCID: PMC4103576