



Commentary

## **Violence against doctors: Mental health repercussions and remedies**

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### **Introduction**

Violence against healthcare workers, particularly doctors, exhibited an increasing trend in several parts of the world during the COVID-19 pandemic (Reddy et al., 2019; Devi, 2020). As compared to the pre-COVID-19 pandemic, during the COVID-19 period, there is an increase in violence against doctors and it is more so with the healthcare workers involved in contact tracing and screening (Priya & Pathak, 2020). Violence against doctors during COVID-19 pandemic is not limited to India; rather, several lower-middle-income countries witnessed similar incidents in an increasing fashion (Bhatti et al., 2021). Several factors have been identified that might be responsible for violence against the doctors and health care workers (Priya and Pathak,

2020). These are

- ◆ High workload
- ◆ Inadequacy of essential facilities
- ◆ Inadequate and poorly trained manpower
- ◆ Long waiting hours for the patients
- ◆ Delay in referral services
- ◆ High expenditure in healthcare

The pattern of violence ranges from verbal abuse, telephonic threats, physical assault, grievous hurt, and to even murder (Reddy et al., 2019). The policymakers are often appealed to deliberate on this matter and pass more stringent legislation for its prevention. Along the same lines, recently, India's upper house of parliament has passed the Epidemic Diseases (Amendment) Bill, 2020. The bill aims at abatement of violence against healthcare workers treating COVID-19 and considers violence of such type as a non-bailable offense with provisions of the penalty and imprisonment for up to seven years. Only the future can say whether the existence of regulations alone would be enough to stop such appalling behavior in developing countries, including India.

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Violence against doctors has several mental health repercussions. Repeated incidents of violence against doctors compounded by lack of proper protection mechanisms create an atmosphere of insecurity, worry, and apprehension (Reddy et al., 2019). Evidences support that the severity of emotional exhaustion, burnout, and depersonalization symptoms are significantly higher among doctors who have experienced verbal and physical abuse (Hacer and Ali, 2020). Those who work in resource-limited settings such as rural areas with poor infrastructure and security supports anticipate higher risks of violence and abuse. This is owing to the higher chances of clients' and their caregivers' expectations not being adequately met. Such a situation may give rise to disinterest and fear among the doctors to work in such settings. It also influences patient management by the doctors adversely (Kaur et al., 2020). Doctors who have encountered violence at the hand of patients or their caregivers exhibit reluctance to take risks while handling the emergency cases and get the clients extensively investigated before making the clinical decisions just to be on the safer side (Kaur et al., 2020). These actions damage the trusting relationship between the doctors and the public, further escalating the risk of violence.

Neither violence against the doctors nor the protests to prevent it are new phenomena. The governments respond in haste by prosecuting the offenders, passing new laws, or making amendments to the existing legislation. These measures should be directed to alleviate the situation rather than mitigating such incidents transiently. A key reason for this failure is poor implementation of the current deterrent laws against violence at the ground level (Shinde, 2018; Government of India, 2020). Current amendment in the Epidemic Diseases Ordinance, considering the COVID-19

pandemic tried to address the issue of violence against doctors (Kuppuswamy and Warriar, 2021). Thus, along with political commitment, intense scrutiny, and periodic reviews must be done properly to prevent recurring violence.

Equally important is identifying and addressing factors such as inadequate health infrastructure, low doctor-patient ratio, poor awareness among the public, misinformation, and undue expectations from doctors which is responsible for dissatisfaction with the services. Clear, correct, and appropriate exchange of information with patients and their caregivers help in leveling the expectations and may play an important role in preventing violence. Adequate documentation of these incidents may further aid in eliciting the root cause (McKay et al., 2020). Investing in these causes may improve the doctor-public relationship (Kar, 2017). Violence, in any form, against anyone, including healthcare workers is to be strongly condemned. Perhaps, more than newer acts, we require a change in the approach to address the problem.

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