

Short Communication

Assault on doctors

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Patient's attender assaulting the treating doctor is the commonest scenario. Nowadays this has been very much highlighted in the media. But still this problem is being continued in hospital. When patients consult a doctor for his problems, there is a healthy doctor patient relationship with mutual trust that is essential for successful management. Seldom senior doctors are also attacked even in their own private hospitals. And here are some suggestions for the prevention of the situation.

Key words: Assault, doctors, patient, illness.

INTRODUCTION

Assault on doctors now a day has become a common scenario in most of the media. And the causes for such situation can arise from many sources. Some of which are:

- 1) Doctors.
- 2) Hospital authorities.
- 3) Patient's attenders.
- 4) Illness factors.

Doctors

It is the doctor's duty to ensure that every patient is given due care (Dogra and Rudra, 2005). One of the reasons for misunderstanding between the doctor and the patient is lack of proper communication. The doctor may feel that he is doing the best in existing circumstances but if that is not appreciated by the attenders, and then it is useless (Mathiharan and Patnaik, 2006). Body language of the doctor matters a lot in treating any patient. Doctor's version is that they are busy in treating the patient and they have little time to spare for the attenders. Doctors sometimes misinterpret the attenders' behavior as being authoritative and react with anger for being dominated,

leading to heated arguments. One often made remark is that the doctor does not bother to attend to the patient when requested. Some doctors give instructions to the nurse, from their place by phone, without even seeing the patient (Parikh, 2004).

Hospital authorities

Prolonged duty hours and excessive work load make the doctors exhausted leading to tiredness and mood changes (Chandrashekhara, 1999). Unrestricted entry of attenders into the wards and treatment area leads to chaotic atmosphere there. Both of these lead to inefficiency in work. Delegating the responsibility of managing a busy emergency ward to junior doctors alone without adequate supervision by seniors' is troublesome (Gupte, 2005). Not providing the minimum expected facilities to the doctors for treating the patient hinders the performance of doctors (Chandrashekhara, 1999). Seldom the attending nurse and the paramedical staff can also induce or aggravate the existing problem.

Patients and their attenders

They have very high expectations about quality and time taken for improvement of patient. They want complete and quick improvement. Some of them will be in an emotionally charged state, especially, anxious about the

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diagnosis and prognosis of patient's illness (Chandrashekharan, 1999). This leads to persistent enquiries with the doctors which is irritating. Attenders expect to be periodically updated about patient's condition. After having paid huge amounts for the treatment attenders are worried about the proper implementation of treatment. In the unfortunate event of death of the patient, grief in relatives is expressed as anger (Jaiswal, 2004). Real or perceived negligence on part of doctor leads to anger by relatives.

Illness factors

There may be difficulty in diagnosis of the illness (Fauci, 2008). Patient may not respond to treatment as expected. Unexpected complications can crop up. There may be sudden deterioration in patient's condition. Patient may require additional investigations or surgeries than planned earlier. All this if not communicated properly may lead to anger.

DISCUSSION

A change is needed in the attitude and behavior of all parties concerned.

Doctors

Doctors should never assure 100% cure and avoiding negligence (Reddy, 2004). Each patient should be adequately examined, investigated and treated. If a patient is not improving, doctors should ask the question "Is there anything else to be done to this patient?" to themselves. Doctors should not only handle the illness in the patient but handle the attenders also. It is the doctor's responsibility to explain to the attenders the nature of the illness, investigations needed, line of management and probable course and outcome in a way that is understood by them. Periodic updating of the condition of the patient to the attenders is necessary (Rao, 2000). Overconfidence or too much cautiousness in patient care is to be avoided. A realistic appraisal of the situation and its clear communication is needed. Whenever appropriate attenders should be made involved in decisions about patient care and management.

Doctors may become insensitive to the needs of the patient and attenders. Each case has to be handled with the due care and enthusiasm as the other. Commitment to the profession is the need of the hour. Doctors should cultivate and maintain empathy while interacting with them. Doctors should first treat on humanitarian grounds. Do not instruct the nurse to give any injections without doctor's supervision. Empathy is the capacity to put oneself in the other person's position and understand his

thoughts and feelings about the situation (Chandrashekharan, 1999). Anger should not be responded with anger. Here lies the importance of psychology and psychiatry in medical curriculum which can enable budding doctors to develop proper communication skills and empathy. Nurses should be trained better to handle the patient's emotion and attenders doubts. Paramedical staffs are also given some training in handling the situation gently. If the doctors feel that they are too busy to give time to the patient's relatives, can we think of a Liaison Officer? Who can brief the relatives about the essential aspects of the case periodically? For this the liaison officer should be trained in medical aspects. The cost of treatment will increase if a liaison officer is employed. He can at best only supplementary to the doctor but cannot replace the doctor patient relationship. They can reduce the burden on the doctors if used appropriately. Attending nurses should be well trained in such situations so that while assisting the treating physician, they should be able to manage the attenders. Nurses are given training in such a way that even in the presence of treating Physician, they should be able to handle by explaining the details about the patient to the attenders. And sometimes soothing words to the patient and to the attenders will make the situation bit easy going for one and all. The same can be done to the other paramedical staff also.

Hospital authorities

Duty roster and hours should be planned scientifically so that there is less scope for physical and psychological exhaustion in the treating doctors round the clock (Indian Medical Council Regulations, 2002). There should be adequate supervision and support for the junior doctors by the senior doctors. A representative of the hospital from the administrative side should be available round the clock to sort out non medical issues. Entry in to the wards and treatment area should be restricted and managed by efficient security personnel. Basic minimum facilities for patient care should be provided. To appoint adequate staff as prescribed by the Nursing Council, (Potter-Perry, 2006). One Nurse should take care of two patients, one ward boy for four patients. In addition, training the nurses and other paramedical staff in handling such sensitive issues will also be an additive support to prevent such situations.

Patient's attenders

They should have realistic expectations about course and outcome of the illness in the patient. They should see that their behavior would not impede treatment. Getting emotionally charged and taking law into one's own hands is of no use. Such repeated incidents make the doctors

overcautious and result in not taking up a case for treatment. It has to be appreciated that medicine is not an exact science and doctors have their limitations (Jaiswal, 2004). Whether negligence has occurred or not should be decided by competent authorities and law should be allowed to take its course.

Conclusion

This is an effort to identify the problems arising in Indian scenario, where Doctors are being assaulted very frequently. The origin of the problem may be from Doctors body language, misinterpreting relatives' -behaviour. Prolonged duty hours being posted by the hospital authorities, unrestricted entry of attenders and presence of only Junior Doctors without adequate supervision by Senior Doctors add to the burning factor. Not only these but also high expectations and complete, quick improvement from patient and their relatives, with illness factor are adding to assault on Doctors.

Therefore, the Doctors should ensure that there is no negligence on their part to avoid such circumstances. He should maintain good rapport with patient as well as relatives. For this hospital, authorities can have a Liaison Officer. Moreover, duty roaster should be planned round the clock with Senior a doctor that minimizes the scope for physical and psychological exhaustion on treating doctor.

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