

Rising Violence against Doctors: Roots and Remedies

Rajesh Agrawal*

Received: 08 December 2024; Accepted: 02 January 2025



ABSTRACT

Medical violence [MV] includes any Violence by anybody in health care setting. MV may be against doctors or among themselves or towards the patient or other staff members or by the public to an institution. Violence Against Health Care Professionals [HCPs] is rising in recent years, and it refers to any aggression, physical assault, verbal abuse, harassment and threats. World Medical Association said violence against HCP is an international emergency that can undermine health systems and impact patient health and it has become part of the profession worldwide & India is no exception.

Various reasons for violence against HCWs are unrealistic expectations, Unacceptability of complications, poor health literacy, death of the patient, Perception of medical profession as a business, Short tempered, long waiting, Lack of health infrastructure, High cost, Media portraying a negative image of medical profession and Public impression is HCPs are earning Easy money and handsome amount. Non communication between HCP and relatives of the patient and Provocation by the politicians, local leaders, legal advisors to run their profession are other important reasons for MV.

There is no sympathy towards medical profession or HCP facing the issues, from any corner of the society and most painful is their own medical colleagues are also not supportive.

Violence against HCP is better avoided by fairer and clear explanation about the expenses, fees, duration of hospitalization and treatment and at the same time you can provide cheaper alternatives elsewhere will improve confidence in you. Giving them liberty to consult the consultant and centre of their choice and sympathetic attitude, towards patient and relatives may avoid many violences. If we do not rightly communicate then we may have to face legal complications and hire advocates and attend court of law and all these are much more expensive and time consuming.

Last and most important is to be vigilant and understand the psychology of the patient and at that point of time leave aside the ego and make certain compromises though they are very bitter to swallow. "It is better to lose a penny today than a pound tomorrow" what I mean is in case of dispute compromise some amount of money and time because most of the time financial issues are at the back of mind.

Keywords: Healthcare professional, Healthcare setting, Healthcare workers, Lack of trust, Medical violence, Violence against doctors.

Journal of The Association of Physicians of India (2026): 10.59556/japi.74.1740

DEFINITION OF MEDICAL VIOLENCE

Medical violence (MV) is a broad term that includes any violence by anybody in a healthcare setting or healthcare institution. MV may be against or by doctors (Drs) themselves or toward the patient or other staff members or by the public to an institution, healthcare professional (HCP), healthcare worker (HCW), hospital, or health infrastructure. "Medical violence" includes harmful, abusive behavior, physical, psychological, and emotional abuse by any of the HCWs or institutions or patients or their family members or the public in a healthcare setting that may harm the patient or HCWs and/or infrastructure.

Medical violence may be:

- Verbal: Racial abuse, cursing, yelling, or torture.
- Sexual harassment: Insulting gestures, sexual-type verbal or physical contact.

- Physical violence: Spitting, biting or beating, tearing clothes using weapons, or any unwanted physical contact.

World Health Organization (WHO) definition of violence: "The intentional use of physical force, threatened or actual, against one, another or against a group or community, resulting in injury, psychological harm, maldevelopment or death."

VIOLENCE AGAINST HEALTHCARE PROFESSIONALS

Violence against Drs is rising alarmingly in recent years, and it refers to any aggression, verbal or sexual abuse, or physical threat directed to HCWs or HCPs. The violence is usually done by patients, their family members, or sometimes provoked by colleagues. Here, we are discussing only rising violence against Drs or HCPs or

HCWs, usually used synonymously. HCWs are a group of people that includes doctors, nurses, paramedical staff, peons, ward boys, lab assistants, technicians, etc.

The World Medical Association said violence against HCWs is an international emergency that is affecting healthcare systems and affects patient health.

Violence against Drs has become part of their profession worldwide, and India is no exception; the Indian healthcare system is facing many challenges, including workplace violence (WPV), multiple causative nexuses leading to substandard performance by HCWs.¹

A study conducted to compare the pattern of violence in a tertiary care government teaching hospital and a multispecialty private trust hospital in Sagar, Madhya Pradesh, India, revealed 96.5% verbal, 43.4% emotional, and 6.2% physical violence, and violence was more common in government hospitals compared to private hospitals. Most HCWs (87.6%) silently resolved without reporting, and only 1.8% reported to fight. Reasons at the root of violence were illiteracy and lack of morality (83.2%) among patients and relatives, lack of proper facilities, and a lack of trust in HCWs.²

Census of Fatal Occupational Injuries (CFOI), a Bureau of Labor Statistics, reported 5,333 fatal workplace injuries in 2019 in the USA, and 761 were intentional in nature.³

Occupational Safety and Health Administration (OSHA) reported that HCWs are five times more likely to be exposed to verbal and physical violence than those in other sectors.⁴ Violence against HCWs affects their performance negatively and alters doctor-patient relationships, leading to substandard healthcare; they may also get burned out or experience depression or sleep disorders.

National Institute for Occupational Safety and Health (NIOSH) 2018 survey found 20%

CEO, Diabetes Overweight Thyroid Clinic, Indore, Madhya Pradesh; President, API, Indore, Madhya Pradesh, India; *Corresponding Author

How to cite this article: Agrawal R. Rising Violence against Doctors: Roots and Remedies. J Assoc Physicians India 2026;74(10):86–88.

of nurses experienced physical violence at work.⁵

Medical violence is globally increasing and leading to increasing stress. At the root of all violence, cost of treatment and financial issues are present, and sensitivity and tenderness of the profession allow them to carry out all nuisances.⁶

Reports from Syria and Yemen are really worrying, highlighting that healthcare facilities are the targets, leading to loss of life and disruption of medical care significantly.⁷

Indian Medical Association (IMA) revealed 75% of Drs in India have experienced violence at some point in their lives, mostly verbal abuse. A cross-sectional study of 326 resident Drs from six departments of a tertiary care hospital in New Delhi in June 2022 showed WPV was present in 80.4% of HCPs; 75.6–84.5% experienced verbal violence, and 21.7% faced physical violence. Perceived delay in treatment and patient deaths were the most common causes of violence. HCPs were hesitant to report WPV due to time-consuming processes and a lack of organizational support. WPV had a negative impact on 73.3% of Drs' mental and personal well-being. The negative impact of WPV is not only limited to the psychosocial well-being of Drs but alters their approach to the patient and the surgical and medical interventions. Appropriate actions to safeguard HCPs and improve patient outcomes are necessary.⁸

A narrative review showed that:

- 156 HCWs were killed at workplaces between 2011 and 2018 in the US, equal to about 20 deaths a year.
- 10 Drs have been killed since 2017 in the Philippines because of their perceived political connections.
- 21 Drs were killed between 1988 and 2019 in Italy by patients and relatives.
- 101 serious MV incidents occurred between 2003 and 2013 in China, which claimed the lives of 24 Drs and nurses.⁹

A study found that violence against doctors is most prevalent in government hospitals. In general, the public used to say to Drs that you are the GOD or next to GOD, but in reality, there is no sympathy toward the medical profession or HCPs or HCWs facing the issues from any corner of society, be it the press, media, journalists, public, politicians, administration, police, and, most painfully, their own medical colleagues as well.

REASONS FOR INCREASED MEDICAL VIOLENCE?

- Public impression is that Drs are earning easy money and handsome amounts.

- Drs are a sophisticated class of people and the creamy layer of society, and the medical profession is very tender and sensitive, so they are very easily targeted.
- Litigations by way of female physical or sexual abuse (whether it is right or fake) will spoil the reputation of Drs, so it is very often easy and common.
- Noncommunication between Drs and relatives of the patient and nonunderstanding or lack of knowledge of the disease are common factors.
- Expensive and rising cost of treatment.
- Provocation by politicians, local leaders, and legal advisors to run their profession are common.
- Unrealistic expectations and unacceptability of complications and death of the patient.
- It's a bitter truth, but many a times violence is provoked by your own colleague because of jealousy or the competitive world or any other unknown reason.
- High expenditure in corporate hospitals.
- Ignorance of medical problems and perception of the medical profession as a business because of obvious reasons like referral practice, unnecessary investigations, blanket sets of investigations for every patient, and extraction of the Medclaim facilities by the corporate hospitals are the key reasons behind this belief.
- Lack of morality, short-tempered nature, and long waiting before speaking to a doctor.
- Lack of adequate health-related infrastructure.
- Role of media in portraying a negative image of the medical profession.

HOW TO AVOID VIOLENCE AGAINST HEALTHCARE PROFESSIONAL

"It is better to lose an hour today than to lose days, months, and years thereafter" and "It is better to lose a penny today than a pound tomorrow" by way of proper communication about the disease, complications, and outcome information with the patient and his or her most influential relative or friend. If it is not rightly communicated, then you may have to face legal complications and pay and spend time on advocates and attend court of law, and all these are much more expensive and time-consuming than an hour. Also, do compromise some amount of money because most of the time, financial issues are at the root of all issues.

Fair and clear explanation about the expenses, fees, duration of hospitalization, and treatment, and at the same time, you

can provide cheaper alternatives elsewhere, will improve your acceptability as well as confidence in you.

Give them liberty to consult the consultant and center of their choice.

Try to be sympathetic with patients and their relatives and never lose patience and never be aggressive.

Paramedical staff must be sympathetic and well behaved while talking or caring for the hospitalized patient in the wards. For example, chitchatting or laughing when a patient is asking for help or a patient's attendant comes to you to complain about his patient can make them irritable and aggressive.

Teaching and implementing communication skills and conflict management skills should be injected into Indian doctors for avoiding WPV. Joint efforts by the doctors, media, society, and governance will help find a solution for this epidemic.¹

Always avoid prolonged waiting as patients are the sufferers, and prolonged waiting increases suffering. It's a bitter truth that "no one, nowhere in the world, for any reason, likes to wait," and this issue of waiting should be addressed properly; it will also improve your efficiency or improve your efficiency.

Developing stress management programs, creating safe working environments, staff training on preemptive risk analysis, recognizing warning signals, de-escalation, restraints, evasion, and breakaway techniques must be an integral part of healthcare settings.

Infrastructure-related issues should be well addressed, like improving visibility through better lighting, transparent doors, CCTV, security with door locks, secured furniture, and weapons-screening guards, etc.

Last but not least, most of the violence can be avoided if you are vigilant and understand the psychology or mindset of the patient and if you leave aside the ego and make certain compromises like some amount of money and time.

ORCID

Rajesh Agrawal <https://orcid.org/0009-0007-1237-210X>

REFERENCES

1. Sunil Kumar N, Kartik M. Violence against doctors: Indian perspectives. In: Martin CR, Preedy VR, Patel VB, editors. Handbook of anger, aggression, and violence. Cham: Springer; 2023.
2. Khiyani S, Mishra S, Sahu R, et al. Pattern of violence among healthcare workers in a tertiary care government hospital and a multi-specialty private

- hospital in Sagar, India: a cross-sectional study. *Cureus* 2023;15(11):e48231.
3. Economic news release Census of Fatal Occupational Injuries Summary, 2022.
4. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers U.S. Department of Labor Occupational Safety and Health Administration OSHA 3148–06R 2016.
5. National Institute for Occupational Safety and Health (NIOSH), (2018) "Violence in the Workplace."
6. Khatri P, et al. Violence against health care providers: a systematic review. *J Fam Med Prim Care* 2018.
7. "Attacks on health care: A global problem." WHO. (2021).
8. Debnath A, Alam M, Goyal M, et al. The prevalence of violence against resident doctors and its subsequent effects on patient management in a tertiary care hospital in Delhi, India. *Cureus* 2023;15(5):e39116.
9. O'Brien CJ, van Zundert AAJ, Barach PR. The growing burden of workplace violence against healthcare workers: trends in prevalence, risk factors, consequences, and prevention - a narrative review. *EClinicalMedicine* 2024;72:102641.



ANNOUNCEMENT

MEDICAL EDUCATION & RESEARCH TRUST® ASSOCIATION OF PHYSICIANS OF INDIA (KC)

47th CME Programme in Internal Medicine

23rd Dr. K.S.S APPA National Symposium in Cardiology

Will be conducted from 24th to 29th October 2026 at API BHAVANA

All PG's are permitted to attend the Programme. In view of restricted number for the program,

PG Students are requested to register

KINDLY DISPLAY THIS IN YOUR DEPARTMENT NOTICE BOARD

E-mail: info@mert.org.in

Website: mert.org.in

For Registration Please Contact No: 080 22353525/080 41494070

Programme Directors

Dr. P Chandrasekhara

Dr. V Channarayana

Dr. K Ravi

Convenors

Dr. Avinash H R

Dr. Prashanth B V