



Dear Friends,

Greetings from FOGSI

It is a pleasure to connect with all of you, over the years the medical profession was revered as a noble profession.

**Vaidyo Narayano Hari!**

It means the **“Doctor is equivalent to God”** but in the present time, the challenges are different.

Violence against medical professionals is a global phenomenon and endemic in India, although the nature and seriousness vary from place to place many cases are not reported. It appears to be increasing in our specialty of Obstetrics and Gynecology. Despite stringent laws in some states against perpetrators of violence against healthcare workers and establishments, the violence continues unabated.

According to a study published by the Indian Medical Association in 2014, over 75% of doctors have faced violence at work. The causes are multifactorial; there has been a gradual erosion of the doctor-patient relationship leading to a trust deficit, and this has been fueled to a large extent by politicians and media. The consumerism of healthcare has also contributed, with expectations rising with increasing expenditure by patients in private healthcare, especially when the outcome is unsatisfactory. There is a lack of security in smaller establishments and a reluctance to file complaints due to fear of repercussions. The violence in the government sector has multiple reasons as well: poor health infrastructure, meagre budget allocation by Government in healthcare, overburdened tertiary hospitals, and urban-rural inequities. From the patients' perspective, the contributing factors include low health literacy, erroneous knowledge from the worldwide web, unrealistic expectations, anxiety and frustration, lack of faith in rule of law, and mob psychology. Also, there are local troublemakers with vested interests and local politicians who fuel anger against private healthcare to divert attention from failing public healthcare. Finally, there is a lack of political will to deal with violence against doctors in a strict manner.

We need to introspect, being critical of our colleagues and thereby inciting patients' relatives. At times, there is a failure of communication and attempts to overreach beyond our capability and fuelling unrealistic expectations. However, in the majority of cases, the doctors cannot be held at fault as far as competence and sincerity are concerned. We need to set our house in order while we advocate other measures to minimize or eradicate violence. We need to spend adequate time counselling the critical patients, keep the documentation

perfect and work within our competence levels. We also need to learn and train our colleagues to pick up cues to anticipate violence from the behaviour of the relatives like expressions of dissatisfaction with the medical treatment or the bill, or aggressive behaviour. We need to improve security systems including the installation of close circuit cameras and publicise their presence. Entry of relatives to healthcare establishments needs to be restricted. Finally, we need to be aware of the relevant law and rules.

In the recent past, we have witnessed unfortunate incidents where we have lost a young talented Obstetrician and several colleagues were physically assaulted in various parts of our country. I urge all of you to reach out for help in case of crisis to your local colleagues and us at FOGSI.

In some cities and organisations, the establishment of Quick Response Teams (QRT) has helped. QRT comprises colleagues in a geographical location who rush to help a colleague in trouble when an emergency message is sent. Several colleagues rush to the spot and this provides support to the doctor and makes the mob realise the doctor is not alone. FOGSI advocates the formation of QRT in all areas. In some cities, doctors' organisations have employed private security agencies that send adequate security to a member when there is trouble. It is also advisable to maintain a good rapport with the local police and administration. Staff at healthcare establishments need to be trained to anticipate violence, and there should be SOPs and drills to familiarise them with dealing with such situations.

If we want to minimise and stop violence against the medical profession, the most important issue is political will. There needs to be strict legislation against violence across the country (it already exists in some states) and the willingness to implement the legislation on the ground. The government needs to invest more in healthcare and support doctors while regulating the profession as well. If steps are not taken, the future will see more and more bright students shying away from becoming doctors. FOGSI is committed to fighting for its members to stop the violence. While FOGSI stands by all survivors of violence with whatever support they may need, it is also engaging with the Central government for action. We all need to be together in this fight.

Regards,

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