Review Article

DOI: https://dx.doi.org/10.18203/2349-2902.isj20211858

Faith, social prestige and violence against surgeon in India and subcontinent: a narrative review

Karan J. Yagnik*

Department of Neurosurgery, Mayo Clinic, India

Received: 16 February 2021 Revised: 27 March 2021 Accepted: 06 April 2021

*Correspondence: Dr. Karan J. Yagnik, E-mail: drjhy@yahoo,com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Violence against surgeons is universal problem but unique in India. It is reported on a daily basis across India. A lot of literature is available. Analysis and review are required. This article is about the best solutions to violence's against surgeon. Various books, conference presentation and proceedings, workshop lectures, various electronic databases, symposium lectures, research papers and talks have been selected. Selected full articles were reviewed (total-13 article). This review is conducted for the practical knowledge to prevent violence against surgeon and hence patient-doctor satisfaction. Poor patient surgeon communication and lack of faith in medical system are major reasons for violence. There are more reasons which are discussed in details. Poor image of surgeons, cost of healthcare, poor quality of healthcare and poor communication is major factor for violence against surgeons. Low health literacy and lack of faith in the judicial procedure are also important factor. Media can explain all these things but they are not interested. Surgeon should understand the nature of patient and their relatives and act accordingly. Proper explanation in people's language can change things in tremendous way.

Keywords: Poor image of surgeons, Violence against surgeon, Surgeon-patient satisfaction, Poor communication

INTRODUCTION

Indian surgeons have traditionally been regarded highly by the society- next to god. But at present, highly overburden, influenced and poorly equipped government surgeons and some business minded surgeons have spoiled image of the surgeons-doctors in general. In India, doctor's day is celebrated by India medical Association that announces a them every year. In 2019 the theme was "zero tolerance to violence against the doctors and clinical establishment." This show "How crucial problem is?" Due to the increase in reports of violence or threat of violence are main source of stress for surgeon. It results in bad performance.¹⁻⁷

Anxiety, long waiting period, non-availability of crucial investigations, inordinate delay in referral, unhygienic condition in emergency and of course, lots of money

spend for surgery and treatment are major cause of violence. This is not possible to save every patient even at the best hospital with the best equipment and the best surgeon. Most of Indian hospitals are far from the word's the best hospital. The same analogy is applied to subcontinent hospital too.⁸⁻¹¹

DISCUSSION

Violence against surgeon, health workers at large-is unacceptable, systematic investigation, analysis and discussion is needed Though this is global problem but in India, it is becoming worst day by day. WHO, ILO ICN and PSI jointly developed frame work guidelines for doctor's workplace violence? The violence against surgeons in west is different from that in India and subcontinent Many remedies are suggested. Surgeon-patient relation is bilateral. We should analysis types of

patients and their relatives, types of surgeon and environment of society under which they are working. Society as a whole, increasing materialism and devaluation of the humanitarian values are main reason for very bad image of the surgeons (medical professionals.)

Environment under which surgeon is working

a) resident surgeon doesn't have regular duty hours. They may work all day and attend calls through night. Patient or their relatives are seeing that surgeon is sleeping and get angry. 1,2 b) communalizing surgeon-patient relation is also one of the reasons for violence. c) Server surgeons have problem adjusting to the cultural and work environment. d) political and top bureaucrats want VIP treatment at the hospital, especially in the surgery department. Their relatives and supporter's behaviour are insulting. e) The sensitization of every news for TRP is modern days fashion in India. Incident of so-called medical negligence is highlighted in tremendous way f) rare incident of surgeon's misbehaviour or medical negligence could become viral on social media. It creates negative image of surgeon g) general public do not have basic knowledge of medical science. Types of surgery, basic of medicine, Branches of surgery, supporting staff and their role, importance and essence of reports and test.

Types of modern Indian patients

Patients are not happy with surgeon; most common reason is my surgeon doesn't communicate with me. He/she may not have time. All patients are not of same type. Types of the patient is very important to talk with.

Ignorant or illiterate patients.

"Surgeon, you do what you think, is best for me" is usual attitude of such type of patient. They can trust any surgeon at my stage. They strictly follow advices and instructions have given by the surgeon.

Literate or informed patients.

They are aware of their rights, rules and regulation. Even though they strongly believe, "My surgeon is the best surgeon." They respect every decision of the surgeon and fully co-operate nursing staff.

Awake or empowered patients.⁶

They do not doubt surgeon but they want explanation. They have more information so they ask the questions and want discussion, clarification.

Latent or suspicious patients.⁶

They are doubting surgeon at every stage. A detail explanation of surgery, potential treatment and outcome is difficult to explain of surgery, potential treatment and

outcome is difficult to explain them since they doubt each action. Treat this type of patient with all patient cantered protocols. Reason out everything and review everything with these types of patient. More often this type of patient uses internet or goes for second opinion.

Types of surgeon

I am the authority.6

"Don't ask me the question. I am the surgeon. I Know, what I have to do?" This is the attitude of such type of surgeon. If some ask cross-question than "Am I surgeon or you are?"

I am simply an advisor.

This type of surgeon explains everything in detail. Allow patient to ask question and discuss every patient of surgery. They provide more than one option to choose to patient.

I am the surgeon, stick to all surgery protocols.

These types of surgeon spend time with patient. They use patient centred interview technique and allow patient to take decision.

Smart or working as per situation.

This type of surgeon, immediately judges type of patient. They are quite flexible to change their, attitude according to patient's psychology.

Suggestions

Rebuilding trust and faith in surgeon, following steps are suggested.

a) Ban social media for spreading rumour against surgeons b) make surgery reasonable so patients can afford. There should be transparency on rates of different investigations, rents and other expenses at hospital c) allow more and more charitable trusts to help people at crucial juncture d) surgeon-patient relation should not be communalized e) there should be a proper complain redressal system at hospital f) senior surgeon faces less violence than the junior. At least one senior person must be present all the time at hospital g) to control the anger and excitement, hospital may take help of social workers h) the common public has no faith in the judicial system. In the instance of patient death, they believe in exacting immediate revenge. Explain them, in particular case they will obtain justice.

Reforms in medical education

Polite, proper and effective communication with patient and the attendants is an art. Miscommunication or lack of the skills required for effective communication with patients is an important cause of violence against surgeons in India. Inform patients and their relatives about risk of surgery, costs and complication of various medical procedures. All above should be including in medical education.

Educate public for changing their attitude

General public must have basic knowledge of medical science-types of surgery, basic of medicine, branches of surgery, role of supporting staff, importance and essence of reports and tests. Seminars, conferences, talks could be helpful to educate the public. Social media is very helpful tool too. It some news against surgeon is fake, refuse it immediately.

Budget

Our healthcare budget was 1.29% of our GDP in 2019-20 and the fact that India ranks 145 among 195 countries in healthcare access and quality. Shortage or unavailability of medical facilities like beds and drugs, ventilators, oxygen and medical instrument and are functioning in nearly collapsed buildings. At least surgeons are not responsible for such situation.

Important points

1) underpaid and overburden surgeons, overburden residents witnessed cases of suicides owing to work pressure and harassment from seniors. Residents or intern stipend is around 25% of what would be 2) VIP culture: Political and top bureaucrats want VIP treatment and facility at hospital. Their support see's behaviour is insulting. It is envying to normal people 3) since most of the patients have lack of health insurance, sometimes the diagnosis comes financial disaster. ¹³ 4) death or diagnosis of serious disease of only one earning member family is disaster to entire family. ¹³

CONCLUSION

Indian surgeon is not happy with patients and Indian patients are not happy with Indian surgeons. There are big shift ignorant patients to latent or suspicious types of patients. On other hand surgeons cannot change their nature (or type). Doubting each action of surgeon by the patients or their relative is very much painful for surgeon. Workplace violence has significant effect on the psychosocial well-being doctors. Results in adverse effect on patient management. It was observed that mob violence is commonly seen at hospital in communally sensitive or politically sensitive area or in slums. Recent report shows surprisingly its spreads all over without any limits. High rate of such incidence is reported from china, Pakistan, Bangladesh and Shri Lanka too. Surgeon has no reason to

wait not to stop violence against them. All short of preventive measures must be taken.

Recommendations

Violence against doctor is under reported in India. There is a need the country to understand prevalence, nature and regional differences in violence perpetrated again surgeons in India.

Funding: No funding sources Conflict of interest: None declared Ethical approval: Not required

REFERENCES

- Dora SSK, Batool H, Nishu RI, Hamid P. Work place violence against doctors in India: A Traditional review cures. 2020;12(6):c8706.
- Agrawal SK. Health care in India and Violence against doctors: the missing link. Indian J Nephrol. 2019;29:4.
- 3. Ghosh K. Violence against doctors: A wake-up call. Indian J Med Res. 2018;148(2):130-3.
- 4. Ambesh P. Violence against doctors in Indian subcontinents: A rising-bane. Indian heart J. 2016;10:16.
- Kaur A, Ahamed F, Sengupta P, Majhi J, Ghodsh T. Pattern of workplace violence against doctors practising modern medicine and subsequent impact on patient care in India. Plos one. 2020;18.
- Agarwal KK. Modern day doctor patient relationship TEDx Mansarover Park. 2018.
- 7. Nagpal N. Incidents of violence against doctors in India: Can these be prevented? Med society. 2017;30(2):2017.
- 8. Agrawal V, Shrivastave S, Mehta D, Sharma R. Violence against healthcare professionals in India: Recent legal and policy issues. 2020;1-30.
- Lindquist B, Koval K, Mahadevan A. Workplace violence among prehospital care providers in India: a cross sectional study. BMJ Open. 2019;9:e033404.
- 10. Singh M. Intolerance and violence against doctors. Indian J Pediatr. 2017;(84):10.
- 11. Why Indian media is the reason for violence. 2018.
- 12. Parikh N. Medicine and the Media: A symbiotic Relationship? AMA J Ehtics. 2007;9(1):163-5.
- 13. Girgis L. Why doctors are losing the public trust? Physician's weekly. 2017.

Cite this article as: Yagnik KJ. Faith, social prestige and violence against surgeon in India and subcontinent: a narrative review. Int Surg J 2021;8:1679-81.