

*Violence against
Healthcare
Professionals in
India: Recent
Legal and Policy
Issues*

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make
better laws.*

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Contents

| | |
|--|----|
| Overview..... | 6 |
| I. Trends in Violence Against Healthcare Professionals | 8 |
| A. Overview of Existing Studies | 8 |
| B. Catalogue of News Reports on Violence against Healthcare Professionals | 10 |
| C. Need for a Comprehensive Study..... | 11 |
| II. Provisions of the Draft Bill, Deterrence and the Enforcement of Existing Laws | 12 |
| A. Overview of the Draft Bill | 12 |
| B. Draft Bill <i>vis-à-vis</i> the IPC | 13 |
| C. Enforcement of Existing Laws..... | 13 |
| D. Interrogating Deterrence..... | 14 |
| III. Addressing Violence at the Workplace, Changes to Medical Education and Rebuilding Trust | 16 |
| A. Ensuring Accountability at the Workplace | 16 |
| B. Reforms in Medical Education..... | 18 |
| C. Rebuilding Trust and Changing People’s Attitudes | 20 |
| Annexure I | 22 |
| Annexure II..... | 36 |

Overview

Legend has it that Asclepius, the Greco-Roman god of medicine, was killed by a thunderbolt from Zeus, king of the gods, who was afraid that Asclepius's healing powers would make men immortal.¹ Indian doctors 'enjoy'² the same god-like status as Asclepius, but have more to fear from the very mortals who revere them. Over the last few years, there have been several accounts of the rising incidence of violence against healthcare professionals,³ although there appears to be very little in the way of systematic, disaggregated information about the numbers of such incidents, their geographical distribution, or the kinds of establishments and healthcare personnel that are most susceptible to attack.⁴ Outrage against violent attacks on medical professionals reached a crescendo in June 2019, with the assault on two junior doctors at Kolkata's NRS Medical College and Hospital.⁵ The nation-wide protests by doctors that followed this incident, as well as the lynching of a 73-year-old doctor in Assam⁶ prompted the Ministry of Health and Family Welfare, Government of India, to propose the Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019 ("**Draft Bill**"), specifically criminalising violence against healthcare personnel. During inter-ministerial consultations, however, the Ministry of Home Affairs opposed the enactment of a special law to deal with violence against members of a specific profession since existing provisions of the Indian Penal Code, 1860 ("**IPC**") were considered sufficient to deal with such acts of violence.⁷

Although a legislation targeting the criminalisation of violence against healthcare professionals appears to have been laid to rest for the time being, the issue of violence in healthcare settings as a law and policy issue continues to remain relevant. In this context, this report briefly analyses trends in violence against healthcare professionals, evaluates the usefulness of legislative proposals such as the Draft Bill and identifies potential legal and non-legal ways of tackling such violence.

This report is divided into three chapters. The first chapter attempts to put together data on the trends in violence against healthcare professionals in India. **Annexure-I** collates news reports about incidents of violence between January 2018 and September 2019. The chapter also looks at existing studies which identify underlying causes of violence against healthcare professionals in India. These causes include overworked healthcare professionals who lack good communication skills and a general breakdown of trust between doctors and patients. Inadequate infrastructure at public health establishments and unethical practices within the private healthcare sector have precipitated this breakdown of trust. The chapter, however, concludes that there is a need for more comprehensive, country-wide studies to specifically identify causal factors and immediate triggers of violence, which can then inform legal and policy responses in the long term.

The second chapter takes a deep dive into existing provisions of the criminal law which can be

¹Encyclopaedia Britannica, 'Aesclepius', available at <<https://www.britannica.com/topic/Asclepius>> (last accessed 30 September 2019).

² For testimony about the uneasy neck that wears the stethoscope, see Vijaya Lalwani, 'Patients think we are god': As medicos strike, a doctor and a patient in Delhi share their stories' *Scroll.in* (18 June 2019), available at <<https://scroll.in/article/927368/patients-think-we-are-god-as-medicos-strike-a-doctor-and-a-patient-in-delhi-tell-their-stories>> (last accessed 30 September 2019).

³ Dinesh C Sharma, 'Rising violence against health workers in India' (2017) 389 *The Lancet*, available at <[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31142-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31142-X/fulltext)> (last accessed 30 September 2019); Avinash Supe, 'Violence against doctors cannot be tolerated' *The BMJ* (29 March 2017), available at <<https://blogs.bmj.com/bmj/2017/03/29/avinash-supe-violence-against-doctors-cannot-be-tolerated/>> (last accessed 30 September 2019); Kanjaksha Ghosh, 'Violence against doctors: A wake-up call' (2018) 148 *Indian Journal of Medical Research*, available at <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6206759/>> (last accessed 30 September 2019).

⁴ See Chapter I for some studies that have attempted to record such information.

⁵ 'NRS Medical College junior doctors assaulted' *The Telegraph* (12 June 2019), available at <<https://www.telegraphindia.com/states/west-bengal/nrs-medical-college-junior-doctors-assaulted/cid/1692258>> (last accessed 30 September 2019).

⁶ Gaurav Das, 'Assam: 73-Year-Old Doctor Lynched at Tea Estate, 21 Arrested' *The Wire* (2 September 2019), available at <<https://thewire.in/rights/deben-dutta-doctor-lynched-assam-jorhat>> (last accessed 30 September 2019).

⁷ 'MHA opposition puts bill to check violence against doctors on backburner' *The Economic Times* (15 December 2019) available at <<https://economictimes.indiatimes.com/news/politics-and-nation/mha-opposition-puts-bill-to-check-violence-against-doctors-on-backburner/articleshow/72677503.cms>> (last accessed 12 January 2019).

employed to deal with violence against healthcare professionals and also analyses the specific provisions of the Draft Bill. **Annexure-II** provides a clause-by-clause analysis of the Bill and makes recommendations which could be considered in future legislative proposals, if the need for such targeted legislation should arise. It discusses whether the Draft Bill would have been a more effective deterrent than similar provisions in the IPC. The chapter also discusses the enforcement of existing provisions of the criminal law in relation to incidents of violence and reasons for their perceived ineffectiveness. To the extent that there is information available, the implementation of State laws specifically targeted at violence against healthcare professionals is also briefly examined. The chapter concludes that the Draft Bill does not criminalise any new activity but only increases punishments for acts which have already been criminalised under the IPC. Given the importance of

effective enforcement as a deterrent and the poor state of enforcement in the Indian criminal justice system, a new law is unlikely to have any deterrent impact unless systemic issues in law enforcement are addressed.

The third and concluding chapter discusses solutions aimed at addressing violence in healthcare settings as well as addressing their systemic causes. These include the obligations of healthcare establishments themselves to create a violence-free workplace and the need for changes to medical education. Finally, the report suggests that the sustained attention that violence against healthcare professionals has received recently should be channeled towards building trust in doctor-patient relationships by focusing on public education and overhauling the regulation and governance of healthcare in India.

I. Trends in Violence Against Healthcare Professionals

A. Overview of Existing Studies

One of the most widely cited studies about violence against healthcare professionals in India is a study conducted in 2015 by the Indian Medical Association (“IMA”).⁸ However, the study does not appear to be available in the public domain and information about its key findings can only be accessed through news reports about the study. From these secondary reports, the key findings of the IMA study are:

- More than 75 percent of doctors in India have faced at least some form of violence, with 12 percent of such violence occurring in the form of physical attacks
- Escorts of patients have committed nearly 70 percent of such violence
- Nearly 50 percent of such violence has been reported from intensive care units (“ICUs”) or post-surgery
- Peak hours and the transfer of critical patients to other hospitals are most susceptible to violence

Since the study cannot be accessed, it is unclear whether it has catalogued the causes of such violence or considered violence against healthcare professionals other than doctors.

Another study published in 2018 analysed reports on violence against doctors in the national and local

news, using Google.⁹ Based on these reports, it selected 100 cases, in all of which doctors had also resorted to a strike because of the violence. This study provides some information about the geographical and sectoral spread of violent attacks against doctors—while more cases at Government hospitals were reported in Delhi and Uttar Pradesh, Maharashtra and Rajasthan had more reports of incidents at private hospitals.¹⁰ The data analysed showed that a majority of attacks were on male doctors and at private hospitals. 51 percent of the incidents reported were during the night shift, while 45 percent were in the emergency ward. However, missing from this study as well is an exploration of the causes of violence in the reported incidents.

Only very targeted studies are able to examine the causes of workplace violence against doctors, and even then, are based on doctors’ perceptions. For example, a study on violence against resident doctors at a tertiary care hospital in Delhi¹¹ found that almost 80 percent of the 169 doctors surveyed and interviewed believed that poor communication skills was the most common physician factor that led to workplace violence, while 56 percent felt that this could be attributed to poor conflict resolution skills.¹² Other factors included drug addiction among patients or their relatives, overcrowding in hospitals, shortages of medicines and other hospital supplies, and poor working conditions of doctors.¹³ Another study,¹⁴ again on violence against resident doctors at a tertiary care hospital in Delhi, asked resident doctors for their opinions on the cause of violent incidents. The most commonly cited cause of violence was ‘negative media guide’, with 80

⁸Sushmi Dey, ‘Over 75% of doctors have faced violence at work, study finds’ *The Times of India* (4 May 2015), available at <<https://timesofindia.indiatimes.com/india/Over-75-of-doctors-have-faced-violence-at-work-study-finds/articleshow/47143806.cms>> (last accessed 4 October 2019).

⁹ Rajesh Ranjan, Meenakshi, Mitasha Singh, Ranabit Pal, Jayanta K Das, Sanjay Gupta, ‘Epidemiology of Violence Against Medical Practitioners in a Developing Country (2006-2017) (2018) 5 *Journal of Health Research and Reviews* 153-60.

¹⁰ *ibid* 155.

¹¹Tanu Anand, Shekhar Grover, Rajesh Kumar, Madhan Kumar, Gopal Krishna Ingle, ‘Workplace violence against resident doctors in a tertiary care hospital in Delhi’ (2016) 29 *The National Medical Journal of India* 344-348.

¹² *ibid* 346.

¹³ *ibid*.

¹⁴ Rohit Kumar Gohil, Prashant Kumar Singh, Neeraj Saxena, Gaurav Patel, ‘Work place violence against resident doctors of a tertiary care hospital in Delhi, India’ (2019) 6 *International Surgery Journal* 975-81.

percent of the respondents naming it, followed by poor communication, dissatisfaction with the work of the doctor and nurse, the lack of improvement in the patient's condition and the presence of gang members.¹⁵ Other causes cited by the respondents in this study include failure to meet the requirement of patients and/or their relatives (although it is unclear how this is different from dissatisfaction with the doctor or nurse's work), the death of the patient and long waiting times.¹⁶

In academic writing in peer reviewed journals, healthcare professionals (largely doctors) have identified a number of causes leading to violence. We have classified these causes into three broad categories:

1. Lack of capacity in terms of infrastructure and personnel

A number of articles attribute rising incidents of violence and eroding trust in doctor-patient relationships to a severe lack of capacity in public health establishments.¹⁷ For instance, supply shortages in terms of availability of drugs, including life-saving drugs, diagnostic equipment lead to imposition of additional costs while staff shortages often shift the burden of nursing on patient's families. Patients and their families often complain about being constantly asked to pay for various facilities.¹⁸ Often, relatives do not have adequate amenities to rest and eat in public health establishments.¹⁹ This, it has been argued, leads to irritability and contributes to conflict situations.²⁰

It has been argued that rising costs of healthcare have often led to catastrophic health expenditure, which has a sharp impact on the financial status of

the families and may even push families below the poverty line.²¹ A majority of healthcare services in India are provided by private healthcare service providers which comprise a combination of private practitioners, for-profit hospitals, nursing homes and charitable hospitals, amongst others.²² Coupled with low insurance penetration and inadequate allocation of resources from the government, this leads to high out-of-pocket expenditure.²³ As a result, many incidents of violence are often reported at the stage of billing from small establishments.²⁴

Lack of capacity also translates to overburdened doctors and a shortage of other healthcare personnel. It has been argued that a patient's death is a common trigger for violence.²⁵ Due to the lack of counselors and social workers who may be better equipped to handle such situations, the task of communicating with the family of the patient falls on resident medical officers who are often junior and inexperienced.²⁶ Junior doctors often have no skills to deal with such situations, thus contributing to conflict. Long working hours and poor working conditions also put doctors under stress, making them prone to mistakes.²⁷

Fund shortages also lead to lack of security personnel who can promptly intervene and diffuse potentially violent situations.²⁸ Therefore, the lack of capacity has often been considered a dominant reason for violence in resource-poor healthcare settings.

2. Quality of primary care

It has also been pointed out that medical education in India since the 1970s has focused on specialist

¹⁵ *ibid*, 977. Note that these are the most commonly cited cause for victims of physical violence.

¹⁶ *ibid*, 978, Table 1.

¹⁷ Neha Madhiwalla & Nobhojit Roy, 'Assaults on public hospital staff by patients and their relatives: an inquiry' (2006) III (2) *Indian Journal of Medical Ethics*; Neeraj Nagpal, 'Incidents of violence against doctors in India: Can these be prevented?' (2017) 30(2) *The National Medical Journal of India*.

¹⁸ *ibid.*, Madhiwalla & Roy.

¹⁹ *ibid.*, Madhiwalla & Roy.

²⁰ *ibid.*, Madhiwalla & Roy.

²¹ Neeraj Nagpal, 'Incidents of violence against doctors in India: Can these be prevented?' (2017) 30(2) *The National Medical Journal of India*.

²² *ibid.*

²³ Editorial - It's a doc's life - Workplace violence against doctors' (2019) 67(7) *Indian Journal of Ophthalmology*.

²⁴ Neeraj Nagpal, 'Incidents of violence against doctors in India: Can these be prevented?' (2017) 30(2) *The National Medical Journal of India*; Indla Ramasubba Reddy *et al*, 'Violence against doctors: A viral epidemic?' (2019) 61(4) *Indian Journal of Psychiatry*.

²⁵ Neha Madhiwalla & Nobhojit Roy, 'Assaults on public hospital staff by patients and their relatives: an inquiry' (2006) III (2) *Indian Journal of Medical Ethics*.

²⁶ *ibid.*

²⁷ Indla Ramasubba Reddy *et al*, 'Violence against doctors: A viral epidemic?' (2019) 61(4) *Indian Journal of Psychiatry*.

²⁸ Neeraj Nagpal, 'Incidents of violence against doctors in India: Can these be prevented?' (2017) 30(2) *The National Medical Journal of India*.

training as opposed to general practice.²⁹ This has led to a large number of patients receiving care in the first instance from specialists in tertiary hospitals. This has caused investments in primary care to fall, which again results in patients getting diagnosed at an advanced stage at tertiary hospitals after having missed early diagnosis in primary care.³⁰ This overburdening of the tertiary health system contributes to triage. Consequently, doctors, especially in public health establishments, spend very little time with the patient, impeding the development of a meaningful doctor-patient relationship. Coupled with capacity constraints and high out-of-pocket expenditure that patients' families are not in a position to afford, such situations may snowball into violence.

3. Inadequate communication skills

It has also been pointed out that poor communication skills is an important cause of violence against healthcare personnel.³¹ The paternalistic origins of the doctor-patient relationship often lead to jargon-heavy conversations and condescending attitudes on the part of doctors.³² This has been attributed to the lack of focus on empathy in clinical training.³³ For instance, important aspects of clinical treatment such as explaining diagnosis, duration of treatment and breaking bad news are not given enough attention in medical education and training.

Factors such as poor media perceptions of doctors and health facilities,³⁴ low health literacy,³⁵ slow judicial process,³⁶ and the involvement of local politicians³⁷ have also been identified as key reasons behind violence in healthcare establishments.

B. Catalogue of News Reports on Violence against Healthcare Professionals

Since there are very few studies investigating the objective causes of incidents of violence against healthcare professionals, we analysed news reports of violence against healthcare professionals between January 2018 to September 2019 to note the reported cause or trigger of violence. We used search terms such as “violence against healthcare personnel” and “violence against doctors” on Google to search for news articles within the selected timeframe. 56 such news stories have been catalogued in Annexure-I, with details about the date of the violent incident, the act of violence, the victim of the violence, and its reported cause, although it might more accurately be termed the trigger. In at least 30 of these incidents, the death of the patient or delays in treatment appear to be the immediate triggers of violence, with healthcare practitioners also being accused of medical negligence. In the rest of the incidents, violence appears to have been prompted by aggressive relatives of the patient, the lack of adequate infrastructure (whether in the form of an ambulance or diagnostic facilities), caste-based discrimination, unruly patients and misbehavior or poor communication by doctors themselves. Some of these incidents have been perpetrated by one healthcare professional against another.

²⁹Siddhartha P Kar, 'Addressing underlying causes of violence against doctors in India' (2017) 389(10083) *The Lancet* 1979-1980.

³⁰*ibid.*

³¹Neeraj Nagpal, 'Incidents of violence against doctors in India: Can these be prevented?' (2017) 30(2) *The National Medical Journal of India*. IndlaRamasubba Reddy *et al*, 'Violence against doctors: A viral epidemic?' (2019) 61(4) *Indian Journal of Psychiatry*.

³² *ibid.*

³³*ibid.*

³⁴ *ibid.*

³⁵ *ibid*; Rajesh Ranjan *et al*, 'Epidemiology of Violence against Medical Practitioners in a Developing Country (2006-2017)' (2018) 5(3) *Journal of Health Research and Reviews in Developing Countries*.

³⁶ *ibid.*

³⁷ Editorial - 'It's a doc's life - Workplace violence against doctors' (2019) 67(7) *Indian Journal of Ophthalmology*; IndlaRamasubba Reddy *et al*, 'Violence against doctors: A viral epidemic?' (2019) 61(4) *Indian Journal of Psychiatry*.

However, this catalogue of news reports is not sufficient to point to any one significant cause of violence against healthcare professionals. Although the death of the patient overwhelmingly appears to trigger incidents of violence, it can hardly be classified as a *cause*. More rigorous research on violence against healthcare professionals is required before reasonable conclusions can be drawn regarding the frequency and nature of violence, vulnerable groups, and underlying factors and triggers. A Joint Working Programme of the International Labour Office (“ILO”), the International Council of Nurses (“ICN”), the World Health Organisation (“WHO”) and Public Services International on Workplace Violence in the Health Sector has carried out in-depth country case studies examining influencing factors and identifying settings in which such violence takes place.³⁸ For instance, the country case study on Thailand conducted a survey of 1090 personnel, and highlighted how younger, inexperienced health professionals and those who worked in shifts or at night were at higher risks of violence.³⁹ Such comprehensive studies aid in identifying the influencing and causal factors for violence, thereby informing strategies aimed at securing the occupational safety of healthcare professionals.

C. *Need for a Comprehensive Study*

In existing writing, structural factors such as the lack of capacity in terms of both infrastructure and personnel, the rising costs of healthcare, lack of quality primary care and poor communication skills have been identified as broad causal factors leading to violence against healthcare professionals. Our catalogue of news reports suggests that the death of the patient and delays in treatment are often the immediate triggers for violence. However, neither existing studies nor our catalogue of news reports provide a comprehensive picture of causal factors or the immediate triggers for violence. Therefore, while reasons identified in existing writing may inform solutions in the short term, there is a pressing need for a country-wide comprehensive study so that law and policy responses can be appropriately tailored.

³⁸Country Case Studies are available for Australia, Brazil, Bulgaria, Lebanon, Mozambique, Portugal, Thailand and South Africa, Joint Programme on Workplace Violence in the Health Sector, available at <https://www.who.int/violence_injury_prevention/injury/work9/en/> (last accessed 22 November 2019).

³⁹Workplace Violence in the Health Sector: A Case Study in Thailand, Joint Programme on Workplace Violence in the Health Sector (2003) 48.

II. Provisions of the Draft Bill, Deterrence and the Enforcement of Existing Laws

A. Overview of the Draft Bill

In India, currently, violence against healthcare professionals is addressed through a combination of general and special laws. General law, which applies throughout India, comprises provisions in the IPC while special laws comprise State-specific legislations that solely focus on violence against healthcare professionals. The provisions of the IPC, which are discussed in detail in this chapter, however, are general in nature and do not specifically address violence in a healthcare context. These include general provisions such as 'hurt', 'grievous hurt', 'assault', etc. This has led to calls for the enactment of specific legal provisions that criminalise instances of violence against healthcare professionals.⁴⁰ In response, close to nineteen States have already enacted their own laws that specifically address violence against healthcare professionals and establishments.

For the first time, the Draft Bill addressed the problem of violence against healthcare professionals at the national level. It criminalised both the commission and incitement to commission of violence against healthcare professionals as well as damage to the property of clinical establishments.⁴¹ For violence, a punishment of imprisonment for a minimum term of six months extending up to five years and a minimum fine of fifty thousand rupees extending up to five lakh

rupees was prescribed.⁴² For violence leading to grievous hurt, a punishment of imprisonment for a minimum term of three years extending up to ten years and a minimum fine of two lakh rupees which may extend up to ten lakh rupees was prescribed.⁴³ Therefore, apart from a maximum punishment, the Draft Bill also provided for mandatory minimums. Further, the Draft Bill made the offence cognizable and non-bailable.

The Draft Bill defined violence as meaning the following:

- i. harm, injury, hurt, grievous hurt, intimidation to, or danger to the life of, a healthcare service personnel in discharge of duty, either within the premise of a clinical establishment or otherwise; or
- ii. obstruction or hindrance to a healthcare service personnel in discharge of duty, either within the premises of a clinical establishment or otherwise;
- iii. loss of or damage to any property or documents in a clinical establishment"⁴⁴

Therefore, the definition of violence had three main components i.e. physical hurt or harm to healthcare service personnel, obstruction to the discharge of their duties and loss or damage to the property of the clinical establishment.

⁴⁰ 'IMA renews call for central law to protect doctors: Draft seeks 10-year jail, Rs 5 lakh fine for perpetrators' *Financial Express* (18 June 2019) available at <<https://www.financialexpress.com/india-news/ima-renews-call-for-central-law-to-protect-doctors-draft-seeks-10-year-jail-rs-5-lakh-fine-for-perpetrators/1610780/>> (last accessed 27 January 2020).

⁴¹ Section 5, Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019.

⁴² Section 5, Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019.

⁴³ Section 5, Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019.

⁴⁴ Section 3(d), Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019.

B. Draft Bill vis-à-vis the IPC

Currently, provisions of the IPC lay down the general criminal law that applies to all of India. Many of the elements of “violence” as defined in the Draft Bill were already covered by these existing provisions. This was also the chief reason relied upon by the Home Ministry to reject the Draft Bill. For instance, the IPC stipulates punishment for both voluntarily causing hurt⁴⁵ as well as grievous hurt.⁴⁶ Further, the IPC also prescribes punishment for assault or the use of criminal force against any person that leads to injury.⁴⁷ Punishment for criminal intimidation has also been specifically provided.⁴⁸ With regard to damage to property, the IPC prescribes punishment for mischief which includes destruction of property.⁴⁹ Only the element of obstruction to the discharge of duty by the healthcare professional is not specifically covered under the IPC, although it would be if it involved the criminal use of force or caused hurt to the healthcare professional.

Therefore, existing provisions of the IPC already provide punishment for all aspects of violence which the Draft Bill sought to criminalise. The Draft Bill, however, differed from existing provisions of the IPC with regard to increased sentences of imprisonment and higher quantum of fines. Further, in contrast to the IPC, where each of the offences (hurt, grievous hurt, damage to property etc) had different classifications, the Draft Bill uniformly made the offence of violence against healthcare personnel and clinical establishments cognizable and non-bailable. Moreover, the Draft Bill also imposed mandatory minimum punishments. A clause-by-clause analysis of these specific provisions has been provided in **Annexure-II** to this report.

⁴⁵ Section 323, Indian Penal Code, 1860.

⁴⁶ Section 325, Indian Penal Code, 1860.

⁴⁷ Section 352, Indian Penal Code, 1860.

⁴⁸ Section 506, Indian Penal Code, 1860.

⁴⁹ Section 425, Indian Penal Code, 1860.

⁵⁰For instance, see Section 2(d) of the Rajasthan Protection from Lynching Bill, 2019 that defines lynching as, “any act or series of acts of violence or aiding, abetting or attempting an act of violence, whether spontaneous or planned, by a mob on the grounds of religion, race, caste, sex, place of birth, language, dietary practices, sexual orientation, political affiliation, ethnicity”. Also, see Indira Jaising, ‘Why government should make new law on lynching’ *The Economic Times* (22 July 2018) available at <<https://economictimes.indiatimes.com/news/politics-and-nation/why-government-should-make-new-law-on-lynching-soon-before-its-too-late/articleshow/65085294.cms?from=mdr>> (last accessed 27 January 2020).

⁵¹See generally, India Justice Report: Ranking States on Police, Judiciary, Prisons and Legal Aid, Tata Trusts (2019).

It is, thus, clear that apart from differences in the punishments and classification of offences, the Draft Bill was substantially similar to existing provisions of the IPC. Therefore, the Draft Bill *per se* did not criminalise any new conduct or state of mind. What the Draft Bill achieved was only the criminalisation of violence against healthcare professionals and clinical establishments in a targeted manner.

This is distinct from other proposals to introduce new offences which criminalise a new conduct or state of mind. For instance, in the proposal to enact an anti-lynching law, the objective was to criminalise acts of violence motivated due to the identity of the victim.⁵⁰ Similar to hate crime laws, such offences are notable due to the expressive nature of the act. The act of lynching is not only committed against the victim but is also targeted at the community to whom the victim belongs. It is precisely this state of mind that an anti-lynching law seeks to additionally criminalise. In contrast, the Draft Bill only increases punishments and penalties for acts which have already been criminalised under existing laws.

C. Enforcement of Existing Laws

The enforcement of existing IPC provisions in instances of violence suffer from the same issues which are otherwise endemic in India’s criminal justice system. These include severe capacity constraints in the police force in different States and the problems of delays and high rates of pendency in the Indian lower judiciary.⁵¹ In the case of the State-specific laws criminalising violence against healthcare personnel, while there is a lack of available nation-wide data on their enforcement, evidence from a few States suggests that prosecutions under these laws have been extremely low. For instance, the Medico Legal Action Group

Trust filed applications under the Right to Information Act, 2005 to senior superintendents of police in Punjab and Haryana, where such laws have been in force for over 9 years, inquiring about details regarding complaints and punishments under these laws between 2010-2015.⁵² Analysis of the responses revealed that nobody had been punished under the State laws and in fact, in most cases the complaints were not even registered as First Information Reports (FIRs).⁵³ In the cases where FIRs were indeed registered, they were later cancelled after a compromise was reached between the aggrieved parties and a cancellation report was filed with the local magistrate.⁵⁴ Searches on case law search engines such as Manupatra also revealed very few reported judgments on State legislations, with the judgements only discussing bail applications or compensation claims, instead of prosecutions under these legislations.⁵⁵ While the well acknowledged slow pace of the Indian criminal justice system has certainly contributed to this situation, the sheer lack of reported judgements also indicates that existing State laws have seen very limited enforcement. This may have also precipitated demands for a central law addressing violence by medical professional organizations such as the IMA.⁵⁶

It is, however, unclear how the enactment of a special, central law would better address the issue of violence if existing State laws have seen limited enforcement and structural issues in the Indian criminal justice system are not addressed.

D. Interrogating Deterrence

The chief impetus for the enactment of a targeted law addressing violence against healthcare professionals was the rising number of incidents of violence and the need to protect the healthcare community from further such incidents.⁵⁷ It was believed that a targeted law would achieve effective deterrence and thereby protect the life and property of healthcare professionals. The theory of deterrence in criminal justice assumes that offenders make rational choices and therefore would avoid indulging in criminal conduct due to the high cost associated with the consequences.⁵⁸ Studies in jurisdictions such as the United States have indicated that policies aimed at better enforcement or which increase the likelihood of being caught and ensure speedier consequences are likelier to ensure deterrence than a mere increase in the severity of punishments.⁵⁹ Further, deterrence is likelier to work for offences which are pre-meditated and not the result of sudden or violent emotions.⁶⁰

In the context of the Draft Bill, violence against healthcare professionals is committed by families of patients in specific contexts and situations and is not the result of any sustained calm premeditation on their part. In fact, in most cases, it is the result of sudden or violent emotions. These emotions are brought on by underlying factors such as poor infrastructure, long waiting times, poor communication and skewed doctor-patient ratios which were discussed in the first chapter. Further, the fact that existing provisions of the IPC or similar laws that currently exist in Indian States have seen limited enforcement also point to their limited value

⁵² Neeraj Nagpal, 'Incidents of violence against doctors in India: Can these be prevented?' (2017) 30(2), *The National Medical Journal of India* 97-100.

⁵³ *ibid.*

⁵⁴ *ibid.*

⁵⁵ The search results were however restricted to reported decisions of the Indian higher judiciary i.e. the High Courts and the Supreme Court of India.

⁵⁶ 'Kolkata Doctor's strike: IMA writes to Amit Shah for central law against hospital violence', *India*

Today <<https://www.indiatoday.in/india/story/kolkata-doctors-strike-ima-writes-amit-shah-law-hospital-violence-1549087-2019-06-14>> (last accessed 14 September 2019).

⁵⁷ 'Consider enacting law to protect medical professionals from violence: Health Minister to states' *The Hindu Business Line* (15 June 2019) <<https://www.thehindubusinessline.com/news/consider-enacting-law-to-protect-medical-professionals-from-violence-health-minister-to-states/article27949910.ece>> (last accessed 16 December 2020).

⁵⁸ Do Criminal Laws Deter Crime? Deterrence Theory in Criminal Justice Policy: A Primer, Minnesota House Research Department (January, 2019).

⁵⁹ *ibid.*

⁶⁰ *ibid.*

in deterring acts of violence. Therefore, unless structural factors such as the underlying causes of violence and enforcement of offences by the police and timely prosecutions by courts are addressed, a

targeted law with higher punishments is unlikely to effectively deter violence against healthcare professionals.

III. Addressing Violence at the Workplace, Changes to Medical Education and Rebuilding Trust

While there is a need for a country-wide study in India to identify causes of violence more precisely and tailor effective policy and legal interventions, some steps can still be set in motion to address the identified causal factors. For instance, imposing specific obligations on the employer and making them more accountable may, to some extent, address the issues of lack of capacity in healthcare establishments. Similarly, poor communication skills and the shortage of healthcare professionals can broadly be resolved through reforms in medical education and by making suitable changes to the curricula. Further, addressing regulatory and governance issues in healthcare establishments and changing people's perception towards doctors may contribute to rebuilding trust in doctor-patient relationships. This chapter discusses some of these solutions.

A. Ensuring Accountability at the Workplace

Although the discourse in the context of violence against Indian healthcare professionals suggests that the remedy lies in the speedy enforcement of

criminal provisions against the perpetrators, there are several steps that healthcare establishments themselves can take to prevent violence and to provide redress to their employees. However, in India, hardly any steps are being taken at the organisational level to prevent and address violence in healthcare establishments. Most government hospitals do not have an established protocol for tackling violence.⁶¹ A majority of the hospitals do not have a system for reporting incidents of violence or grievance redressal for doctors.⁶² This points towards a critical gap- the absence of formal mechanisms, protocols and policies at the organisational level to prevent and address violence against healthcare professionals.⁶³

On the other hand, laws and policies globally are more inclined towards holding employers accountable to prevent and address workplace violence. The WHO, along with the ILO, ICN and Public Service International, has come up with Framework Guidelines (“WHO Guidelines”) to address workplace violence in the health sector.⁶⁴ These guidelines clearly lay down the responsibilities of employers and their organisations with respect to providing and promoting a violence-free workplace. These include ensuring the health and safety of workers, elimination of risks, routine assessment of the incidence of violence and its causes, developing policies, plans and monitoring mechanisms to

⁶¹ Paurush Ambesh, “Violence against doctors in the Indian subcontinent: A rising bane” (2016) 68(5) IHT available at <<https://doi.org/10.1016/j.ijh.2016.07.023>> (last accessed 1 October 2019).

⁶² Kanjaksha Ghosh, ‘Violence against doctors: A wake-up call’ (2018) 148 Indian Journal of Medical Research, available at <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6206759/>> (last accessed 23 January 2020).

⁶³ Teja Barai-Jaitly, ‘What Hospitals Can Do to Curb Attacks on Resident Doctor’ *The Wire* (17 June 2019) available at <<https://thewire.in/health/kolkata-doctors-attack-protests>> (last accessed 23 January 2020).

⁶⁴ International Labour Organisation (ILO), International Council of Nurses (ICN), World Health Organisation (WHO), Public Service International (PSI)- Joint Programme on Workplace Violence in the Health Sector, ‘Framework Guidelines to address workplace violence in the health sector’ (WHO, 2002), available at <https://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVguidelinesEN.pdf?ua=1&ua=1> (last accessed 24 January 2020).

combat violence, setting up adequate mechanisms for reporting etc.⁶⁵ They also suggest a range of post-incident interventions to be undertaken by the organisation like providing medical treatment, counselling, management support, representation and legal aid, rehabilitation etc.

Similarly, in the US, the Occupational Safety and Health Act of 1970 (“**OSH Act**”) requires employers to provide their workers with a workplace free from recognized hazards that are causing or likely to cause death or serious physical harm and to comply with the occupational safety or health standards.⁶⁶ With the OSH Act, the Occupational Health and Safety Administration (“**OSHA**”) was also set up to ensure safe and healthful working conditions by setting and enforcing standards.⁶⁷ Though OSHA has not issued any specific standards with respect to workplace violence,⁶⁸ it has issued guidelines in this regard.⁶⁹ These guidelines suggest measures like identification of risk factors and workplace violence hazards. It thereafter focuses on the prevention of such hazards and risks through safety and health training, record-keeping, evaluation etc. Since these guidelines are merely advisory in nature, efforts are being made to give teeth to these guidelines. As a result, the US Senate recently passed the Workplace Violence Prevention for Health Care and Social Service Workers Bill (Violence Prevention Bill), which directs OSHA to issue an occupational safety and health standard that will require covered employers within the healthcare and social service industries to develop and implement a comprehensive workplace violence prevention plan. In line with global policy developments, Indian healthcare establishments should also focus on implementing similar violence prevention programmes.

Additionally, post-incident, there should be a focus on mandatory reporting and creating a panel to investigate cases of violence against healthcare professionals. While each case of violence against healthcare professionals is unique in its circumstances, there are lessons to be learnt from each one in order to prevent the next one from taking place. Research indicates that a large number of cases of violence at healthcare establishments go unreported.⁷⁰ According to an online survey of resident doctors in Maharashtra by Centre for Enquiry into Health and Allied Themes (CEHAT),⁷¹ a total of 44 respondents (37%) reported not having made any formal complaint against the violence after the incident of violence. Some of the reasons for not taking any action were: it was of no use to report such an incident (56.8%), there were no procedures available in the hospital to formally report such violence (29.5%), or they did not know about procedures to report such violence (27.3%). Further, 58% of the residents reported that the hospital administration took no action in the context of the incident and several residents even reported being blamed for the incident. Merely 30% hospitals recorded a medico-legal case in such incidents.

While the Draft Bill did impose an obligation on the in-charge of the healthcare establishment to report an offence, it only made such reporting mandatory on receiving a written request from the aggrieved healthcare service personnel.⁷² The study conducted by CEHAT suggests that the aggrieved healthcare professional may not approach or file a written request to the in-charge in all cases. Thus, it is necessary that the healthcare establishment should have a formal mechanism for the reporting of each incident of violence.

⁶⁵ibid.

⁶⁶Section 5, Occupational Safety and Health Act, 1970 (United States of America).

⁶⁷ See About Occupational Safety and Health Administration, available at <<https://www.osha.gov/aboutosha>> (last accessed 23 January 2020).

⁶⁸ Workplace Violence, Safety and Health topics, Occupational Safety and Health Administration, available at <<https://www.osha.gov/SLTC/workplaceviolence/standards.html>> (last accessed 23 January 2020).

⁶⁹ Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers, Occupational Health and Safety Administration, available at <<https://www.osha.gov/Publications/osha3148.pdf>> (last accessed 23 January 2020).

⁷⁰ Greg Pitcher, ‘BMA survey finds one-third of doctors attacked physically or verbally in 2007’, *Occupational Health & Wellbeing: Personal Today* (10 Jan 2008), available at <<https://www.personneltoday.com/hr/bma-survey-finds-one-third-of-doctors-attacked-physically-or-verbally-in-2007/>> (last accessed 27 January 2020); Anand T, Grover S, Kumar R, Kumar M, Ingle GK ‘Workplace violence against resident doctors in a tertiary care hospital in Delhi’ (2016) 29(6) *The National Medical Journal of India* 344–348.

⁷¹ Centre for Enquiry into Health and Allied Themes (CEHAT), Seth G.S. Medical College and King Edward Memorial (KEM) Hospital and Maharashtra Association of Resident Doctors (MARD), ‘Exploring the Phenomenon of Violence faced by Resident Doctors in Public Hospitals of Maharashtra by Patient/S and/or Relative/s and/or Escort/s Factsheet’ (CEHAT, 2018) available at <<http://www.cehat.org/uploads/files/VAD%20factsheet%2020%20Sept%202018.pdf>> (last accessed 23 January 2020).

⁷² Section 6, Healthcare Service Personnel and Clinical Establishments (Prohibition of violence and damage to property) Bill, 2019.

Further, a panel should be constituted in the aftermath of each such incident to investigate what happened, what could have been prevented, and what could be learnt in order to prevent future instances of violence. Based on the WHO Guidelines, a report form could be designed to include details such as the site of the incident and activity at the time of the incident. Moreover, employers should also focus on post-violence care and support including medical treatment, counselling etc., along the lines of the WHO Guidelines.⁷³

Failure on the part of the employer to fulfil the specific obligations described above should also be accompanied by consequences. The Draft Bill did not specify any consequences for the failure of the in-charge of the healthcare establishment to report an offence.

Thus, holding healthcare establishments liable for compensating their employees for not fulfilling their obligations in the event of any incidents of violence may go some way towards ensuring their accountability as regards providing a safe workplace for healthcare professionals.

B. Reforms in Medical Education

1. Communication and Empathy

According to the WHO, among the organizational attributes that cause a predisposition to violence against healthcare professionals are hospitals

working with insufficient resources, including inappropriate equipment, functioning in a culture of tolerance or acceptance of violence, working with a style of management based on intimidation and noted for poor communication and interpersonal relationships. In the typically overcrowded emergency rooms of India, manned by the typically overworked resident doctors, adequate communication with patients and their relatives has become a rare commodity. As the first chapter discusses, poor communication, coupled with factors like insufficient time spent with patients, has contributed to the rise in violence against healthcare professionals.

Various studies⁷⁴ and literature⁷⁵ on Indian medical training system show that it may be inadequate in imparting holistic medical education. A core complaint in most of these studies has been the lack of formal training in proper communication skills to medical students. Medical education envisages a concurrence of the head (cognitive skills), the hands (psychomotor skills) and the heart (empathic skills). Yet, in India, the emphasis has largely been on the head, barely the hands, and almost not at all on the heart. Not being equipped with affective skills, Indian medical graduates are found lacking in effective and empathic communication.

To better prepare Indian medical graduates to the realities of working in a hospital in India and to also train them to be “globally relevant” health professionals, the Medical Council of India (“MCI”) has proposed new teaching-learning approaches, including a structured longitudinal programme on attitude, ethics and communication (“AETCOM”)

⁷³International Labour Organisation (ILO), International Council of Nurses (ICN), World Health Organisation (WHO), Public Service International (PSI)- Joint Programme on Workplace Violence in the Health Sector, ‘Framework Guidelines to address workplace violence in the health sector’ (WHO, 2002)

<https://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVguidelinesEN.pdf?ua=1&ua=1> accessed 24 January 2020

⁷⁴Mukesh Kumar, Madhur Verma, Timiresh Das, Geeta Pardeshi, Jugal Kishore and Arun Padmanandan, ‘A study of workplace violence experienced by doctors and associated risk factors in a Tertiary care hospital of South Delhi, India (2016) 10(11) Journal of Clinical & Diagnostic Research LC06–LC10; Ranjan R, Meenakshi, Mitasha Singh, Ranabir Pal, Jayanta K Das, Sanjay Gupta, ‘Epidemiology of violence against medical practitioners in a developing country (2006-2017)’, (2018) 5(3) 153-160; Akhilesh Agarwal, Anshu Agarwal, Kushal Nag, Saurav Chakraborty and Kamran Ali, ‘Doctor patient communication-a vital yet neglected entity in Indian medical education system’ (2011) Indian Journal of Surgery 73(3)184–186.

⁷⁵Rita Sood & BV Adkoli, ‘Medical Education in India – Problems and Prospects’, (2000) 1(3) Journal, Indian Academy of Clinical Medicine 210-212; Sundeep Mishra, ‘Violence against Doctors: The Class Wars’ (2015) 67(4) Indian Heart Journal 289–292; Vinod Kumar C.S, Suneeta Kalasuramath, Chethan Kumar S, V.L. Jayasimha, Shashikala P, ‘The need of attitude and communication competencies in medical education in India’ (2015) 3(1) Journal of Educational Research & Medical Teacher 1-4; Dr. Shubham Pant ‘Why are physical attacks on doctors commonplace in India’ *Huffington Post* (20 May 2015) available at www.huffingtonpost.in/dr-shubham-pant/ek-doctor-ki-maut-india_a_b_7288100.html (last accessed on 24 Sep 2015).

competencies.⁷⁶ These 27 case-based modules are designed to be transacted over a period of 139 hours in a longitudinal manner across four years of MBBS training. They offer a framework of competency-based learning in the AETCOM that a medical professional must possess at the time of graduation. The program is expected to be implemented in every medical college across the country starting this academic year.

While this is a positive step taken by the MCI, there are several lacunae within AETCOM that need to be addressed:

- i. The program does not explicitly address the socio-political reasons underlying the flare-ups involving patients and their relatives. In a country like India, there could be several socio-political issues related to caste, class, religion, and language and several of the skirmishes between patients and healthcare professionals are rooted in them. These issues must be introduced and discussed in the classroom so that medical graduates may be cognizant of potential skirmishes and how best to control them. Besides, the awareness and understanding of the diversity of the patient population can only help them become better doctors.
- ii. While modules have been laid down by the MCI, it also declares that they are “conceptual frameworks only and institutions and faculty are at liberty to make modifications while implementing the same at their own settings.” This may not be a step in the right direction. Standardisation of the curriculum with set texts (encompassing moral philosophy, ethics, and literature) is a better solution considering all medical colleges may not have the faculty or the resources to create customised curricula.
- iii. The modules do not address issues such as treating victims of sexual abuse or attempting to understand the unique challenges faced by members of the LGBTQIA+ community. This needs to be

- corrected, as these are potentially emotionally charged circumstances that doctors need to be equipped to deal with.
- iv. The course also does not include techniques for non-violent crisis prevention.
- v. While the module addresses the issue of death, it does not offer students techniques to deal with the grief of the patient’s attendants. Death of a relative in the hospital is among the commonest triggers for violence against healthcare professionals. Grief counselling, therefore, is an essential part of medical training and AETCOM does not include this in its ambit as of now.

Addressing these lacunae in AETCOM will contribute to preventing the triggering of violence due to the lack of communication skills in doctors. However, since the implementation of AETCOM is still in its infancy, the same needs to be adequately monitored to ensure that it is optimally utilised and has a positive impact on medical education.

2. Increasing the number of seats in medical colleges

As has been previously discussed, overcrowding in hospitals, overworked doctors, understaffed hospitals, insufficient patient interaction time, perceived inadequate treatment or negligence, miscommunication or inadequate communication from medical personnel, have all been cited by multiple sources as reasons for the growing incidence of violence against healthcare workers. One solution that has often been suggested is increasing the number of medical seats. Despite the recent increase in the number of medical colleges, India faces severe shortage of doctors and nurses. With the latest expansion in 2019, there are now 70,978 MBBS seats in 529 colleges in India.⁷⁷ Of these, 269 colleges accounting for 35,688 seats are government-run, while the remaining 260 colleges accounting for 35,290 seats are in the private sector.⁷⁸ As of 2017, 3,123 institutions prepare 1,25,764 nurses each year, but with India’s

⁷⁶Attitude and Communication (AT-COM) Competencies for the Indian Medical Graduate. Reconciliation Board. Academic Committee of Medical Council of India. July 2015.

⁷⁷ Rema Nagarajan, ‘Biggest-ever addition to govt MBBS seats: 2750 seats in 25 new colleges’ *Times of India* (14 June 2019) < <https://timesofindia.indiatimes.com/home/education/biggest-ever-addition-to-govt-mbbs-seats-2750-seats-in-25-new-colleges/articleshow/69780392.cms> > (last accessed 31 January 2020).

⁷⁸ *ibid.*

population increasing annually by about 26 million, these numbers are still too little.⁷⁹

The MCI's goal of bringing the patient:doctor ratio to 1:1000 by 2031 is a lofty one, but one that cannot be accomplished without addressing the need for more doctors, and therefore more medical seats and/or colleges. At the same time, it must also be ensured that the colleges have full faculties, the required lab equipment, access to a large and diverse patient pool, and resources to ensure holistic medical training. This will ensure that the increase in quantity does not compromise quality.

C. Rebuilding Trust and Changing People's Attitudes

In light of incidents of violence against healthcare professionals over the past year, there has been a spate of publications and discussions about the possible causes of the rise in this kind of violence. A few common causes were the perceived loss of respect for the profession among the general public, a pervasive misunderstanding about the functioning of a busy tertiary care centre (triage, especially), and high expectations of treatment outcomes. Several practising professionals have also noted the breakdown of trust between them and the patient population. Many reasons have been offered for the same, both by doctors and by the, sometimes sensationalistic, media portrayal of perceived medical negligence. These include high cost of procedures, medication, and hospital stay; inconsistent quality of treatment based on patient's ability to pay; perceived corruption of the doctor-pharmaceutical company nexus, among others.

Some of these reasons were also discussed as the broad causal factors discussed in the first chapter. All of this points to the overwhelming sense amongst healthcare professionals and in popular public perception that the regulation and governance of healthcare in India is in need of urgent attention. A variety of systemic factors have contributed to the current situation. In the case of public healthcare establishments, as discussed, there are concerns of serious lack of capacity in dealing with the healthcare needs of India's burgeoning population. This also points to the need for closer scrutiny of the government's healthcare policies which are aimed at ensuring greater access and addressing patient needs. On the other hand, in the case of private healthcare establishments, patients' rights groups have pointed to widespread malpractices which have compromised patient rights.⁸⁰ Currently, while the Clinical Establishments Act lays down minimum standards for healthcare establishments, it only remains operational in a handful of States and Union Territories.⁸¹ Thus, the issue of violence against healthcare professionals points to the need for delving deeper into the regulatory and governance issues affecting Indian healthcare.

At the same time there is a need to address public perception as well. While the complexity of the healthcare system in India cannot be explained in mere soundbites, the day-to-day functioning of hospitals and the daily challenges faced by doctors can be communicated to the general public. This would help in sensitising patients of the constraints under which most healthcare professionals currently operate and also help them reflect on their own rights and duties. Thus media campaigns, public service announcements comprising testimonials from doctors about the challenges faced by them during a working day in a hospital, what triage means, the desired etiquette of citizens in a hospital and the kind of punishment which would be applicable to perpetrators of violence in a healthcare service setting, should be aired on popular media. Just as there is a dire need for systemic changes within medical training and

⁷⁹ Sanchita Sharma, 'India's public health system in crisis: Too many patients, not enough doctors' *Hindustan Times* (29 August 2017) <<https://www.hindustantimes.com/india-news/public-health-system-in-crisis-too-many-patients-not-enough-doctors/story-39XAtFSWGfO0e4qRKcd8fO.html>> (last accessed 31 January 2020).

⁸⁰ Anant Phadke, 'Regulation of Doctors and Private Hospitals in India' (2016) 51(6) *Economic and Political Weekly* 46-55.

⁸¹ Currently, the Clinical Establishments Act is applicable in the States of Arunachal Pradesh, Sikkim, Mizoram, Himachal Pradesh, Uttar Pradesh, Bihar, Jharkhand, Rajasthan, Uttarakhand and the Union Territories of Andaman & Nicobar Islands, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Lakshadweep and Puducherry, see Frequently Asked Questions, <<http://clinicalestablishments.gov.in/WriteReadData/847.pdf>> (last accessed 23 January 2020).

healthcare delivery systems, so is there a need for changing attitudes among the citizenry. An awareness of the challenges faced by doctors may

make patients and their families more empathetic towards doctors, which will contribute to building trust in doctor-patient relationships.

Annexure I

The table contains a catalogue of news reports relating to violence against healthcare professionals between January 2018 and September 2019.

| S. No. | Date | Incident | Causes | Source |
|--------|--------------------|--|---|---|
| 1. | September 17, 2019 | Father and 17-year old son beat up medical officer at sub-district government hospital, Kamptee, Maharashtra | Asked to wait for nurse to return before tetanus injection could be given | Viraj Deshpande, 'Government hospital doctor thrashed by patient's kin' <i>The Times of India</i> (Nagpur, 18 September 2019) https://timesofindia.indiatimes.com/city/nagpur/government-hospital-doctor-thrashed-by-patients-kin/articleshow/71174035.cms |
| 2. | September 1, 2019 | 73-year old doctor, Deben Dutta died due to assault by workers in Teok tea estate, Assam | Workers blamed doctor for being absent from duty and patient died during treatment | '73-year-old Assam Doctor Dies After Being Beaten Up by Tea Garden Workers Over Colleague's Death' <i>News18</i> , (New Delhi, 1 September 2019). https://www.news18.com/news/india/73-year-old-assam-doctor-dies-after-being-beaten-up-by-tea-garden-workers-over-colleagues-death-2292533.html , Press Trust of India, 'Doctor beaten to death in Assam: IMA demands Central law on violence against medicos, threatens country-wide strike' (Teok, 4 September 2019) https://www.firstpost.com/india/doctor-beaten-to-death-in-assam-ima-demands-central-law-on-violence-against-medicos-threatens-country-wide-strike-7285681.html |
| 3. | August 30, 2019 | Two resident doctors at Safdarjung Hospital while being on duty, brutally beaten by relatives of patient, sustaining injuries to face, hand, back, abdomen and limbs | Patient suffering from chronic liver disease, hypertension etc, died during treatment | Asian News International, 'Safdarjung Hospital Resident Doctors on indefinite strike after colleagues attacked' <i>India Today</i> (New Delhi, 30 August 2019) https://www.indiatoday.in/india/story/safdarjung-hospital-doctor-strike-resident-doctors-1593256-2019-08-30 'Doctors at Delhi's Safdarjung Hospital on Indefinite Strike After Brutal Assault on Colleagues by Patient's Kin' <i>News 18</i> (New Delhi, 30 August 2019). https://www.news18.com/news/india/delhis-safdarjung-hospital-resident-doctor-strike-after-patients-died-during-treatment- |

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|----|-----------------|--|--|--|
| | | | | family-attack-colleague-2289899.html |
| 4. | August 12, 2019 | Doctors and nurses of state-run SSKM Hospital, Kolkata assaulted by family member of patient | Patient died; alleged delay in treatment and negligence | Press Trust of India, 'Doctors, Nurses Assaulted After Death of Patient at Govt Hospital in Kolkata' <i>News 18</i> (Kolkata, 12 August 2019). https://www.news18.com/news/india/doctors-nurses-assaulted-after-death-of-patient-at-govt-hospital-in-kolkata-2268419.html |
| 5. | July 31, 2019 | Patient admitted in ICU at Late Kashinath Hospital in Narpoli, Bhiwandi, attacked staffers and damaged medical equipment | Patient's relatives were asked to wait outside by doctor | Dr. KK Aggarwal, 'Violence Against Doctors: Lethal Blow' <i>India Legal</i> (11 August 2019). http://www.indialegallive.com/viewpoint/violence-against-doctors-lethal-blow-70584 |
| 6. | July 14, 2019 | Three resident doctors and a security guard of Nair Hospital in Central Mumbai, attacked by 13-15 relatives of a patient; also damaged hospital property | Patient died during treatment for TB and pneumonia. | Dr. KK Aggarwal, 'Violence Against Doctors: Lethal Blow' <i>India Legal</i> (11 August 2019). http://www.indialegallive.com/viewpoint/violence-against-doctors-lethal-blow-70584 Press Trust of India, '3 Resident Doctors of Mumbai Hospital Attacked by Dead Patient's Family' (Mumbai, 15 July 2019) https://www.ndtv.com/mumbai-news/3-resident-doctors-of-mumbais-nair-hospital-attacked-by-dead-patients-family-2069519 ; Vallabh Orzarkar, 'Patient's relatives assault Nair hospital doctors, staff over death of 50 year old man' <i>Mumbai Mirror</i> (Mumbai, 15 July, 2019) https://mumbaiirror.indiatimes.com/mumbai/other/patients-relatives-assault-nair-hospital-docs-staff/articleshow/70220383.cms |
| 7. | July 7, 2019 | A third-year student of Maulana Azad Medical College, New Delhi, on duty in medical emergency department beaten up by family member of a patient | Patient died of heart failure | Dr. KK Aggarwal, 'Violence Against Doctors: Lethal Blow' <i>India Legal</i> (11 August 2019). http://www.indialegallive.com/viewpoint/violence-against-doctors-lethal-blow-70584 'Maulana Azad Medical College doctors on indefinite strike after assault' <i>The Telegraph</i> (New Delhi, 8 July 2019) https://www.telegraphindia.com/india/maulana-azad-medical-college- |

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| | | | | doctors-on-indefinite-strike-after-assault/cid/1694062; 'Doctors at three Delhi hospitals go on strike over assault on medical student' <i>India TV News Desk</i> (New Delhi, 8 July 2019) https://www.indiatvnews.com/news/india-doctors-at-three-delhi-hospitals-go-on-strike-over-assault-on-medical-student-protests-533520 |
| 8. | June 29, 2019 | Doctor at Hindu Rao Hospital, Delhi, thrashed and injured by family of patient; they also broke some furniture and equipment at the hospital | Patient died during treatment; alleged negligence due to delay in treatment | Dr. KK Aggarwal, 'Violence Against Doctors: Lethal Blow' <i>India Legal</i> (11 August 2019). http://www.indialegallive.com/viewpoint/violence-against-doctors-lethal-blow-70584 Saurabh Trivedi, 'Two doctors assaulted after patient dies in hospital' <i>The Hindu</i> (New Delhi, 1 July 2019) https://www.thehindu.com/news/national/other-states/two-doctors-assaulted-after-patient-dies-in-hospital/article28237642.ece |
| 9. | June 21, 2019 | 29-year old woman assaulted hospital staff and female constable at Shatabdi Hospital in Kandivali | Woman under influence of alcohol, taken for medical check-up and was waiting for medical examiner when she lost her temper and displayed aggressive behaviour | Ada Khan, 'Shatabdi Hospital doctors strike work after woman's drunken ruckus' <i>The Hindu</i> (Mumbai, 21 June 2019) https://www.thehindu.com/news/cities/mumbai/shatabdi-hospital-doctors-strike-work-after-womans-drunken-ruckus/article28090583.ece |
| 10. | June 18, 2019 | Two arrested for filming a video hurling expletives and abuses on hospital doctors and staff, threatening them at Wenlock Hospital, Mangaluru | Alleged apathy in not treating injured patient for an hour and half leaving him unattended; alleged negligence and asking patient to be taken to a private hospital | Prajwal Bhat, 'Two arrested in Mangaluru after video of man abusing hospital staff goes viral' <i>The News Minute</i> (Mangaluru 18 June 2019) https://www.thenewsminute.com/article/two-arrested-mangaluru-after-video-man-abusing-hospital-staff-goes-viral-103861 |
| 11. | June 18, 2019 | Assault on doctors and medical staff by relatives of 6-year old minor rape victim at Maharishi Valmiki Hospital, New Delhi; chairs thrown | Patient referred to another hospital for a medical test, due to absence of required facilities for the procedure | Anonna Dutt, 'Week after Kolkata incident, Delhi hospital staff injured in scuffle with patient's kin' <i>Hindustan Times</i> (New Delhi, 19 June 2019) https://www.hindustantimes.com/india-news/nov-violence-breaks-out-at-delhi-hospital/story-Y1PI936GSHcFO464qwJbK.html |
| 12. | June 17, 2019 | Junior resident doctor at AIIMS Trauma Centre | Patient asked to wait due to doctor attending to a high-risk patient | Press Trust of India, 'Doctor in AIIMS Delhi assaulted, strike called |

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| | | verbally abused and manhandled by attendants of patient | | till Tuesday morning' <i>Business Standard</i> (New Delhi, 17 June 2019) https://www.business-standard.com/article/pti-stories/resident-doctor-manhandled-at-aiims-trauma-centre-colleagues-go-on-strike-till-tuesday-noon-119061700585_1.html |
| 13. | June 15, 2019 | Junior doctor of Patna Medical College and Hospital attacked by patient's relative, suffering a fracture in right hand and neck | Asked attendant to vacate patient's bed | 'Doctor-patient violence plays out: A report card from other states' <i>The Indian Express</i> (15 June 2019) https://indianexpress.com/article/india/bengal-protests-how-doctor-patient-violence-plays-out-a-report-card-from-other-states-5781528/ |
| 14. | June 10, 2019 | Two doctors at Nil Ratan Sircar Medical College and Hospital, Kolkata, brutally attacked by relatives of patient; one junior doctor sustained a depressed skull fracture | Patient died during treatment; negligence alleged and threats made. | Dr. KK Aggarwal, 'Violence Against Doctors: Lethal Blow' <i>India Legal</i> (11 August 2019). http://www.indialegalive.com/viewpoint/violence-against-doctors-lethal-blow-70584 'Resident doctors condemn attack on Kolkata physician' <i>The Tribune</i> (Chandigarh, 12 June 2019) https://www.tribuneindia.com/news/chandigarh/resident-doctors-condemn-attack-on-kolkata-physician/787001.html ; 'Why are doctors protesting across the country?' <i>The Hindu</i> (14 June 2019) https://www.thehindu.com/videos/watch-why-are-doctors-protesting-across-the-country/article27933938.ece ; Amrit Dhillon, 'Doctors in India strike over violent attacks by patients' families' <i>The Guardian</i> (New Delhi, 17 June 2019) https://www.theguardian.com/world/2019/jun/17/doctors-in-india-strike-over-violent-attacks-by-patients-families ; Binayak Sinha, 'Intensive Don't Care Unit' <i>The Economic Times</i> (Kolkata, 14 June 2019) https://economictimes.indiatimes.com/blogs/et-commentary/intensive-dont-care-unit/ |
| 15. | June 4, 2019 | Doctor at Ram Manohar Lohiya Hospital, Fategarh, | Doctor objected to entry of relative in the operation theatre, wearing shoes; alleged | Express News Service, 'How doctor-patient violence plays out: A report card from other states' <i>The Indian Express</i> (15 June 2019) |

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| | | assaulted and abused by distant relative of 6-year old patient undergoing operation for removal of cyst in thigh | misbehaviour by doctor against girl patient | https://indianexpress.com/article/india/bengal-protests-how-doctor-patient-violence-plays-out-a-report-card-from-other-states-5781528/ |
| 16. | April 13, 2019 | Doctor at state-run Indira Gandhi Memorial Hospital, Tripura, beaten up, dragged out of hospital and attempted to be killed by 25-year old patient's relatives | Pregnant patient died due to cardiac arrest; alleged negligence | Press Trust of India, 'Tripura: Doctor of govt hospital beaten up after pregnant woman's death' <i>India Today</i> (Agartala, 13 April 2019) https://www.indiatoday.in/india/story/tripura-doctor-govt-hospital-beaten-pregnant-woman-death-1500842-2019-04-13 |
| 17. | March, 2019 | Relatives of 80-year old patient attacked woman doctor at HB Kanwatia Hospital attached to Sawai Man Singh hospital, Jaipur | Doctor had referred patient to Sawai Man Singh hospitals and was completing formalities when attacked over alleged delay | Express News Service, 'How doctor-patient violence plays out: A report card from other states' <i>The Indian Express</i> (15 June 2019) https://indianexpress.com/article/india/bengal-protests-how-doctor-patient-violence-plays-out-a-report-card-from-other-states-5781528/ |
| 18. | January 14, 2019 | Patient and friend assaulted resident doctor and punched him in the face at Safdarjung Hospital, Delhi leading to grievous injuries in nose to the doctor | Patient complained of acute abdominal pain which did not subside while being treated | 'Patient, friend assault doctor; ER services hit at Safdarjung' <i>The Times of India</i> (New Delhi 12 January 2019) https://timesofindia.indiatimes.com/city/delhi/patient-friend-assault-doc-er-services-hit-at-safdarjung/articleshow/67517594.cms |
| 19. | December 28, 2018 | Pediatrician assaulted by two persons in clinic at Himayatnagar, leaving him with four fractured ribs and damaged lungs | Doctor refused to see one of the assailant's wife and child out of turn; wife alleged doctor misbehaved with her | Express News Service, 'How doctor-patient violence plays out: A report card from other states' <i>The Indian Express</i> (15 June 2019) https://indianexpress.com/article/india/bengal-protests-how-doctor-patient-violence-plays-out-a-report-card-from-other-states-5781528/ Amrita Didyala, 'Doctor suffers damage to rib and lung in attack by patient's kin' <i>The Times of India</i> (1 January 2019) https://timesofindia.indiatimes.com/city/hyderabad/doctor-suffers-damage-to-rib-and-lung-in-attack-by-patients-kin/articleshow/67332572.cms |

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| 20. | December 25, 2018 | Four persons (sons and relative of patient) went on rampage at Global Hospital, Lakdi ka Pul, vandalizing furniture and hospital equipment; roughed up security manager and assaulted two policemen who responded to call | 55-year old woman patient died of cardiac arrest after testing positive for swine flu | Express News Service 'How doctor-patient violence plays out: A report card from other states' <i>The Indian Express</i> (15 June 2019) https://indianexpress.com/article/india/bengal-protests-how-doctor-patient-violence-plays-out-a-report-card-from-other-states-5781528/ |
| 21. | December 23, 2018 | Doctor on duty in Royd nursing home, south Kolkata, alleged harassment and physical assault by relatives of an 18-year old patient while patient's ECG was going on | Patient in acute chest pain, relatives asked to conduct some tests before he could be admitted | 'Doctor 'assaulted' at nursing home' <i>The Times of India</i> (23 December 2018) https://timesofindia.indiatimes.com/city/kolkata/doctor-assaulted-at-nursing-home/articleshow/67212107.cms |
| 22. | December 02, 2018 | Doctor assaulted by few residents of Kaupur Village, Bhadrak, Odisha at the District Headquarters Hospital | Inability to provide free hearse service to relatives of one of two deceased villagers | Express News Service, 'Doctor assaulted at Bhadrak District Hospital' <i>The New Indian Express</i> (Bhadrak, 2 December 2018) http://www.newindianexpress.com/states/odisha/2018/dec/02/doctor-assaulted-at-dhh-1906165.html |
| 23. | November, 2018 | 6 persons arrested for attacking staff at government-run Wenlock Hospital | Allegation of not attending to friends brought in injured condition | Express News Service 'How doctor-patient violence plays out: A report card from other states' <i>The Indian Express</i> (15 June 2019) https://indianexpress.com/article/india/bengal-protests-how-doctor-patient-violence-plays-out-a-report-card-from-other-states-5781528/ |
| 24. | November 22, 2018 | Relative and supporters of BJP MLA opened fire in a hospital in Ambedkarnagar, Uttar Pradesh; assaulted principal and doctor of Mahamaya Medical College, torching 6 vehicles and taking doctors hostage and | BJP MLA's mother in law admitted to Mahamaya Medical College was referred to King George's and there was unavailability of ambulance | Arshad Afzaal Khan, 'BJP MLA's kin, supporters attack doctors in UP, 1 critical' <i>The Times of India</i> (Faizabad, 22 November 2018) https://timesofindia.indiatimes.com/india/bjp-mlas-kin-supporters-attack-doctors-in-up-1-critical/articleshow/66743134.cms |

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| | | assaulting the staff | | |
| 25. | November 12, 2018 | Four people including a woman beat up two doctors in the casualty department of Jaipur Golden Hospital | The assailants had left their medicines at a particular place, 3 days prior to the incident, which had gone missing | Press Trust of India 'Angry Over Missing Medicines, Patient's Family Beats up Doctors of Delhi Hospital' <i>News 18</i> (New Delhi, 12 November 2018) https://www.news18.com/news/india/angry-over-missing-medicines-patients-family-beats-up-doctors-of-delhi-hospital-1936787.html |
| 26. | October 30, 2018 | Senior resident doctor threatened and beaten up by relatives of a patient in Sushrut Trauma Centre | Accusation of medical negligence | 'Doctor beaten at Sushrut Trauma Centre by patient's attendants' <i>DNA India</i> (New Delhi, 30 October 2018) https://www.dnaindia.com/delhi/report-doctor-beaten-at-sushrut-trauma-centre-by-patient-s-attendants-2680801 |
| 27. | October 18, 2018 | FIR filed in Patna due to JNU Students allegedly manhandling AIIMS intern and security guard, causing obstruction to work at AIIMS Patna | Kanhaiya Kumar and 100 supporters asked to not crowd the orthopaedic ward in which Sushil Kumar was admitted; claimed that doctors misbehaved, spoke rudely | Faryal Rumi, 'Physical assault on AIIMS-Patna doctors: FIR lodged against Kanhiya Kumar' <i>The Times of India</i> (Patna, 15 October 2018) https://timesofindia.indiatimes.com/city/patna/physical-assault-on-aiims-patna-doctors-fir-lodged-against-kanhaiya-kumar/articleshow/66218802.cms |
| 28. | October 14, 2018 | Doctor on duty in Emergency department assaulted by relatives of two female patients in government-run Subhash Chandra Medical College, Jabalpur | Doctor belonged to a Scheduled Tribe and relatives demanded treatment of women, injured in accident by an "upper caste" doctor | 'MP: Demanding treatment by upper caste person, patients' kin 'assault' doctor from Scheduled Tribe' <i>The Indian Express</i> (New Delhi, 14 October 2018) https://indianexpress.com/article/india/madhya-pradesh-doctor-claims-patients-kin-assaulted-him-wanted-to-be-treated-by-upper-caste-person-5401649/ 'Madhya Pradesh: Relatives of patients assault Scheduled Tribe doctor, demand an upper caste one' <i>Scroll.In</i> (12 October 2018) https://scroll.in/latest/898304/madhya-pradesh-doctor-assaulted-after-patients-relatives-demand-someone-from-an-upper-caste |
| 29. | September 25, 2018 | Violent scuffle between junior doctors and kin of patient in BHU, leading to vandalized ATM, two bikes being set ablaze at Sir Sunderlal Hospital, BHU, Varanasi | Inability to provide bed due to non-availability in male ward | 'BHU on fire! Doctors at Sir Sunderlal Hospital beaten up, police booth, bikes set ablaze after scuffle' <i>Financial Express</i> (Varanasi, 25 September 2018) https://www.financialexpress.com/india-news/bhu-on-fire-doctors-at-sir-sunderlal-hospital-beaten-up-police-booth-bikes-set-ablaze-after-scuffle/1325694/ |

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| 30. | September 17, 2018 | Lady doctor brutally beaten up by over a dozen men, relatives of patient, at LallaDed, premier maternity hospital in Kashmir | Patient delivered a stillborn baby who died intrauterine | Samaan Lateef, 'Lady doc beaten up at Lalla Ded after patient delivers stillborn' <i>The Tribune</i> (Srinagar, 17 September 2017) https://www.tribuneindia.com/news/jammu-kashmir/lady-doc-beaten-up-at-lall-ded-after-patient-delivers-stillborn/654420.html |
| 31. | September 16, 2018 | A group of nurses thrashed a doctor (a civil surgeon) with slippers, accused of molesting a co-worker at Katihar, Bihar | Alleged molestation of trainee-nurse | 'Nurses beat doctor accused of molestation with slippers in Bihar's Katihar' <i>Financial Express</i> (16 September 2018) https://www.financialexpress.com/india-news/watch-nurses-beat-doctor-accused-of-molestation-with-slippers-in-bihars-katihar/1315253/ ; Jimmy Jacob, 'Nurses Beat Up Doctor Accused of Molestation In Bihar Hospital' <i>NDTV</i> (Patna, 16 September 2018) https://www.ndtv.com/india-news/nurses-beat-up-doctor-accused-of-molestation-at-hospital-in-bihars-katihar-1917338 |
| 32. | September 12, 2018 | Pediatrician beaten up with cricket bat and wooden stick outside his private clinic at Kasarvadavli, Thane, Mumbai by suspected relatives of a patient | Allegedly doctor hit the child | Shrutika Sukhi, Doctor beaten up near clinic, cops suspect attack by patient's kin, <i>The Times of India</i> (Thane, 12 September 2018) https://timesofindia.indiatimes.com/city/thane/doctor-beaten-up-near-clinic-cops-suspect-attack-by-patients-kin/articleshow/65776119.cms ; https://mumbaiirror.indiatimes.com/mumbai/crime/pediatrician-attacked-by-unknown-bikers-in-thane/articleshow/65774302.cms |
| 33. | September 01, 2018 | Patient slapped and grabbed neck of postgraduate trainee | Patient suffering from wrist injury, underwent surgery and assaulted trainee for being asked about his medicines | 'Accused cop says sorry to 'assaulted' doctor' <i>The Telegraph Online Edition</i> (Alipore, 1 September 2018) https://www.telegraphindia.com/states/west-bengal/accused-cop-says-sorry-to-39-assaulted-39-doctor/cid/1664991 |
| 34. | August 26, 2018 | Junior doctors including woman doctor assaulted by 30 relatives of patient at NRS Hospital, Kolkata | Patient died while being taken to get a CT scan; patient not attended to immediately and died soon after being administered an injection | Press Trust of India, 'Kolkata: Junior doctors go on strike against alleged assault by relatives of patient' <i>DNA India</i> (26 August 2018) https://www.dnaindia.com/india/report-kolkata-junior-doctors-go-on-strike-against-alleged-assault-by-relatives-of-patient-2655151 ; |

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| | | | | 'Doctors thrashed after 37-year-old dies at NRS, patients bear the brunt' <i>The Times of India</i> (27 August 2018) https://timesofindia.indiatimes.com/city/kolkata/doctors-thrashed-after-37-year-old-dies-at-nrs-patients-bear-the-brunt/articleshow/65556801.cms |
| 35. | August 7, 2018 | Relatives of patient severely beat up doctor and paramedics at a health centre in North Dinajpur, West Bengal; furniture in storeroom, emergency and some wards ransacked and racks containing medicines toppled | Alleged delay in treatment resulting in patient's death; patient had been referred to super-specialty hospital in Raiganj, about to leave when patient died | Kousik Sen, 'Relatives attack doc after patient death' <i>The Telegraph Online Edition</i> (Raiganj, 7 August 2018) https://www.telegraphindia.com/states/west-bengal/relatives-attack-doc-after-patient-death/cid/1217137 |
| 36. | July 27, 2018 | Resident doctor at Sion Hospital, Mumbai, Rohit Tated, assaulted by kin of patient after 36 hours of duty. Doctor went into state of trauma following the attack | Patient died during treatment | Aditi Gupta, 'Violence against doctors on the rise, hospitals need better security measures' <i>The Statesman</i> (27 July 2018) https://www.thestatesman.com/india/violence-against-doctors-on-the-rise-hospitals-need-better-security-measures-1502665989.html |
| 37. | July 8, 2018 | Junior doctor sustained injury after mob attack at NRS Medical College and Hospital | Allegations of medical negligence | 'Doctors thrashed after 37-year-old dies at NRS, patients bear the brunt' <i>The Times of India</i> (27 August 2018) https://timesofindia.indiatimes.com/city/kolkata/doctors-thrashed-after-37-year-old-dies-at-nrs-patients-bear-the-brunt/articleshow/65556801.cms |
| 38. | July 2, 2018 | Gynaecologist at Civil Hospital Thane assaulted, abused by pregnant patient's relatives, sustaining minor injuries | Argument over doctor's decision to wait for the woman to go into labour instead of performing caesarean section; Doctor asked two drunk relatives to not shoot videos of mothers feeding children in maternity ward, tried to take phone. | Shrutika Sukhi & Sumitra Debroy, 'Now, registry to keep count of doctor attacks' <i>The Times of India</i> (2 July 2018) https://timesofindia.indiatimes.com/city/mumbai/now-registry-to-keep-count-of-doctor-attacks/articleshow/64820425.cms Press Trust of India, 'Maharashtra: Female doctor assaulted in hospital, three persons arrested' <i>Times of India</i> (1 July 2018) https://indianexpress.com/article/india/maharashtra-female-doctor-assaulted-in-hospital-three-persons-arrested-5241505/ |
| 39. | May 30, 2018 | NIMS, Hyderabad | Patient died due to multiple organ failure; | Ashish Pandey, 'Doctor attacked by patient's relatives in NIMS |

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| | | resident doctor chased and thrashed by relatives of 46-year old patient | relatives accused doctor of negligence and attacked him | Hyderabad' <i>India Today</i> (Hyderabad, 30 May 2018) https://www.indiatoday.in/india/story/doctor-attacked-by-relatives-of-patient-in-nims-hyderabad-1245755-2018-05-30 |
| 40. | June 18, 2018 | 23-year old doctor at Government Stanley Medical Hospital assaulted by 75-year old, patient's attender who slapped the doctor | Patient screamed in pain while doctor inserted an intravenous line, putting her on drips | 'Attack on doctor at Stanley hospital sparks protest' <i>The Times of India</i> (Chennai, 18 June 2018) https://timesofindia.indiatimes.com/city/chennai/attack-on-doctor-at-stanley-hospital-sparks-protest/articleshow/64630172.cms |
| 41. | May 25, 2018 | Orthopaedic surgeon beaten up by patient's relatives at the Civil Hospital, Ahmedabad | | Abhinav Joshi, 'Assaulting Doctors Is Not the Solution' <i>The Logical Indian</i> (31 May 2018) https://thelogicalindian.com/opinion/indians-assaulting-doctors/ |
| 42. | May 23, 2018 | Intern assaulted by driver of Jorhat Deputy Commissioner at Jorhat Medical College Hospital | Emergency nosebleed of Deputy Commissioner's niece, temporary driver faced "unwanted behaviour from intern and slapped him" | 'JMCH strike over doctor assault' <i>The Times of India</i> (Jorhat, 23 May 2018) https://timesofindia.indiatimes.com/city/guwahati/jmch-strike-over-doctor-assault/articleshow/64283259.cms |
| 43. | May 20, 2018 | Four persons arrested for assaulting resident doctors and damaging property at JJ Hospital | Patient died | Shrutika Sukhi & Sumitra Debroy, 'Now, registry to keep count of doctor attacks' <i>The Times of India</i> (2 July 2018) https://timesofindia.indiatimes.com/city/mumbai/now-registry-to-keep-count-of-doctor-attacks/articleshow/64820425.cms Abhinav Joshi, 'Assaulting Doctors Is Not the Solution' <i>The Logical Indian</i> (31 May 2018) https://thelogicalindian.com/opinion/indians-assaulting-doctors/ |
| 44. | May 19, 2018 | Two doctors in JJ hospital, Mumbai, assaulted and attacked by relatives of patient Zaida Sheikh | Patient died while being treated for gall bladder ailment and on informing the relatives, doctors attacked and accused of negligence | Asif Riviz, 'Day after JJ hospital staffers called off strike, patient at Goregaon Hospital' <i>Mumbai Mirror</i> (24 May 2018) https://mumbaimirror.indiatimes.com/mumbai/crime/now-patient-attacks-lady-doctor-at-goregaon-hospital/articleshow/64296537.cms ; 'Five arrested for beating up doctors in Mumbai's JJ hospital' <i>The New Indian Express</i> (Mumbai, 19 May 2018) |

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| | | | | http://www.newindianexpress.com/nation/2018/may/19/five-arrested-for-beating-up-doctors-in-mumbais-jj-hospital-1816806.html |
| 45. | May 2018 | 45-year old patient allegedly assaulted 26-year old woman doctor at Siddharth hospital in Goregaon West, Mumbai | | <p>Shrutika Sukhi & Sumitra Debroy, 'Now, registry to keep count of doctor attacks' <i>The Times of India</i> (2 July 2018) https://timesofindia.indiatimes.com/city/mumbai/now-registry-to-keep-count-of-doctor-attacks/articleshow/64820425.cms</p> <p>'After JJ Hospital another Attack on Lady Doctor in Goregaon Hospital, Mumbai' <i>Medical Report Today</i> (27 May 2018) https://medicalreportertoday.com/after-jj-hospital-another-attack-on-lady-doctor-in-goregaon-hospital-mumbai/</p> |
| 46. | May 11, 2018 | Assault on doctor at nursing home in Uttarpara | | <p>Abhinav Joshi, 'Assaulting Doctors Is Not the Solution' <i>The Logical Indian</i> (31 May 2018) https://thelogicalindian.com/opinion/indians-assaulting-doctors/</p> <p>Aditi Gupta, 'Violence against doctors on the rise, hospitals need better security measures' <i>The Statesman</i> (27 July 2018) https://www.thestatesman.com/india/violence-against-doctors-on-the-rise-hospitals-need-better-security-measures-1502665989.html;</p> <p>Sumati Yengkhom, 'Kolkata: Doctors protest against hospital violence' <i>The Times of India</i> (Kolkata, 11 May 2018) https://timesofindia.indiatimes.com/city/kolkata/kolkata-doctors-protest-against-hospital-violence/articleshow/64129026.cms</p> |
| 47. | May 7, 2018 | Doctor in emergency ward of private nursing home assaulted by family members and neighbours of former Trinamool councillor | Patient died in nursing home; assault triggered by accusing doctor of being ayurvedic practitioner, due to death certificate not being signed by an MBBS degree holder | 'Degree doubt triggers assault' <i>The Telegraph Online Edition</i> (7 May 2018) https://www.telegraphindia.com/states/west-bengal/degree-doubt-triggers-assault/cid/1416363 |
| 48. | April 27, 2018 | Senior doctor slapped senior | Atmosphere of fear created by doctor, | Press Trust of India, 'AIIMS Doctors Call Indefinite Strike Over Alleged |

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| | | resident in front of attendees, nursing staff and colleagues | threat of failing students, misbehaviour towards women | Assault By Professor' NDTV (Delhi, 27 April 2018) https://www.ndtv.com/delhi-news/aiims-doctors-call-indefinite-strike-over-alleged-misbehaviour-of-professor-1843574 |
| 49. | April 21, 2018 | Resident doctor at Deen Dayal Upadhyay Hospital, beaten up by attendants of female patient; lady doctor on-duty abused by the attendants | Alleged delay in treatment | 'Deen Dayal Upadhyay Hospital doctors on strike after colleague's assault by patient's relatives' DNA India (21 April 2018) https://www.dnaindia.com/delhi/report-deen-dayal-upadhyay-hospital-doctors-on-strike-after-colleague-s-assault-by-patient-s-relatives-2607123 |
| 50. | April 11, 2018 | Patient slashed a KEM Hospital resident on the forearm while suturing the wound | Patient in inebriated state | Aditi Gupta, 'Violence against doctors on the rise, hospitals need better security measures' The Statesman (27 July 2018) https://www.thestatesman.com/india/violence-against-doctors-on-the-rise-hospitals-need-better-security-measures-1502665989.html ; |
| 51. | March, 2018 | Doctors and staff fled OT to escape assault by relatives of deceased patient in Civil Hospital Ahmedabad | Patient died during surgery | How doctor-patient violence plays out: A report card from other states, The Indian Express (15 June 2019) https://indianexpress.com/article/india/bengal-protests-how-doctor-patient-violence-plays-out-a-report-card-from-other-states-5781528/ |
| 52. | March 25, 2018 | Resident doctor assaulted with scalpel and paramedics roughed up by relatives of 26-year old patient at DY Patil Medical College, Pune | Patient died suddenly due to severe lung infection and cardiac arrest; relatives barged into ICU and slashed the doctor's face claiming negligence and "careless treatment" | Umesh Isalkar, 'Relatives assault doctor after death of patient, The Times of India (Pune, 25 March 2018) https://timesofindia.indiatimes.com/city/pune/relatives-assault-doctor-after-death-of-patient/articleshow/63447556.cms ; Vicky Pathre, 'Deceased patient's kin attack doctors at DY Patil Medical College' Pune Mirror (Pune, 25 March 2018) https://punemirror.indiatimes.com/pune/crime/deceased-patients-kin-attack-doctors-at-dy-patil-medical-college/articleshow/63447514.cms ; 'Resident doctor of DY Patil hospital brutally assaulted by relatives of a patient in Pune' Hindustan Times (Pune, 25 March 2018) https://www.hindustantimes.com/pune-news/resident-doctor-of-dy- |

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| | | | | patil-hospital-brutally-assaulted-by-relatives-of-a-patient-in-pune/story-GBOr1p8Hgn9eC3ld1HDqHK.html ; |
| 53. | February 27, 2018 | Two resident doctors assaulted by patient's kin at MAMC, Delhi leaving them grievously injured | | <p>Abhinav Joshi, 'Assaulting Doctors Is Not the Solution' <i>The Logical Indian</i> (31 May 2018) https://thelogicalindian.com/opinion/indians-assaulting-doctors/</p> <p>Vishal S, 'Delhi: MAMC doctors call for strike after yet another assault' <i>OneIndia</i> (New Delhi, 8 July 2019) https://www.oneindia.com/india/delhi-mamc-doctors-call-for-strike-after-yet-another-assault-2915491.html;</p> <p>'2 MAMC doctors assaulted, FIR registered' <i>The Hindu</i> (New Delhi, 28 February 2018) https://www.thehindu.com/news/cities/Delhi/2-mamc-doctors-assaulted-fir-registered/article22872367.ece</p> |
| 54. | February 22, 2018 | Junior doctors at Kolkata Medical College and Hospital assaulted by relatives of a 42-year old patient who had severe respiratory disease | Patient died due to alleged negligence; family alleged that doctors at Emergency room asked patient to be taken to Chest OPD and were referred back to Emergency room, "wasting an hour without treatment"; counter-claim that patient had been attended to and stabilized | <p>'Patient dies, kin assault doctors' <i>The Times of India</i> (Kolkata, 22 February 2018) https://timesofindia.indiatimes.com/city/kolkata/patient-dies-kin-assault-doctors/articleshow/63022174.cms</p> |
| 55. | February 7, 2018 | Two junior doctors at RG Kar manhandled | Alleged delay in attending to patient in ward | <p>'Doctors thrashed after 37-year-old dies at NRS, patients bear the brunt' <i>The Times of India</i> (27 August 2018) https://timesofindia.indiatimes.com/city/kolkata/doctors-thrashed-after-37-year-old-dies-at-nrs-patients-bear-the-brunt/articleshow/65556801.cms</p> <p>'Patient dies, kin assault doctors' <i>The Times of India</i> (Kolkata, 22 February 2018) https://timesofindia.indiatimes.com/city/kolkata/patient-dies-kin-assault-doctors/articleshow/63022174.cms</p> |

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| 56. | February 2, 2018 | Three junior doctors assaulted with wooden chairs and table at Chittaranjan National Medical College and Hospital; | Patient died while being shifted from emergency to ward; alleged negligence | <p>'Patient dies, kin assault doctors' <i>The Times of India</i> (Kolkata, 22 February 2018) https://timesofindia.indiatimes.com/city/kolkata/patient-dies-kin-assault-doctors/articleshow/63022174.cms</p> <p>'Angry kin beat up doctors after death in hospital' <i>The Times of India</i> (2 February 2018) https://timesofindia.indiatimes.com/city/kolkata/angry-kin-beat-up-doctors-after-death-in-hospital/articleshow/62748912.cms</p> |
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Annexure II

The table contains a clause-by-clause analysis of the Draft Bill.

| Clause | Nature of Issue | Issue/Comment |
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| Section (1)(3) | Policy | Section (1)(3) only covers clinical establishments that are either registered under the Clinical Establishments (Registration and Regulation) Act, 2010 or under any State Acts. It is unclear if the Draft Bill only covers clinical establishments which are <i>registered</i> under the State Act or simply fall within the scope of State Acts. Since many State Acts may not have registration requirements for all kinds of clinical establishments, the manner in which this provision is drafted may end up excluding certain establishments. Therefore, it is advisable that the Draft Bill be made applicable to clinical establishments without any reference to registration under existing laws. |
| Section 3(b) | Drafting and Policy | <p>Section 3(b)(i) currently refers to medical practitioners possessing recognised medical qualifications under the Indian Medical Council Act. However, the Indian Medical Council Act has since been replaced by the National Medical Commission Act, 2019. The reference in this Bill to medical practitioners should accordingly be updated.</p> <p>The definition of “healthcare service personnel” should also include mental health professionals under the Mental Healthcare Act, 2017.</p> <p>The definition of “healthcare service personnel” does not include various other professionals such as occupational therapists, speech therapists, nutritionists, pharmacists etc., who may also be providing healthcare services in clinical settings. The definition also does not account for persons who may interact with the families of patients to facilitate treatment in hospitals, such as social workers, bereavement counselors, transplant coordinators, and more recently, the Aarogya Mitra appointed under the PM-JAY scheme.</p> <p>Finally, the definition should also include administrative staff including ward boys, receptionists, security guards, peons, who are an integral part of clinical establishments and may be at the receiving end of violence.</p> |
| Section 3(d) | Law and Policy | <p>Section 3(d) defines violence as an “act which causes or may cause....” The use of the phrase “may cause” is overbroad, since the definition of violence is sufficiently wide to cover threats and intimidation. A more appropriate way to address this would be to punish both acts of violence as well as attempts to cause violence under section 5.</p> <p>Section 3(d)(ii) which includes any obstruction or hindrance to a healthcare personnel in discharge of duty within the definition of violence has also been drafted too broadly and may in some circumstances, conflict with the exercise of patient autonomy. There is a danger that such a wide definition may discourage patients from asking for more information, demanding access to medical records, asking for a second opinion etc. While it is a legitimate expectation that doctors not be hindered or obstructed in the discharge of their duties, criminalising such activities is a disproportionate response. We recommend that this sub-clause be removed from the definition of violence.</p> |
| Section 4 | Drafting | Section 4 prohibits persons from indulging in an act of violence or causing any damage or loss to the property of a clinical establishment. However, violence has already been defined under Section 3(d) to include such damage or loss to property. This additional mention of damage or loss to property is superfluous and might cause confusion about |

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| | | <p>the scope of violence under the Bill.</p> <p>The same comment applies to Section 5(1).</p> |
| Section 5 | Drafting and Policy | <p>For greater clarity, Section 5(1), should be re-drafted to cover all acts of violence other than grievous hurt, which is in any case specifically covered under Section 5(2).</p> <p>The Section provides a mandatory minimum sentence of six months and three years for acts of violence and grievous hurt respectively. This is excessive, given that there may be a wide range of acts that constitute violence, not all of which may be deserving of the same minimum sentence of imprisonment. This Bill has already increased the punishment that may be imposed for the same offences under the Indian Penal Code.</p> <p>We recommend that the law provide an upper limit of punishment only.</p> |
| Section 6 | Law and Policy | <p>It is unclear if this provision restricts healthcare service personnel other than the person in charge of a clinical establishment from informing the police station of the commission of the offences under the Draft Bill. If this is indeed the intent, then it is unclear what is the policy rationale underlying this restriction. It may create an artificial barrier to the reporting of offences by healthcare service personnel who may have actually been at the receiving end of violence. We recommend that this provision be redrafted to make it clear that individuals affected by violence may themselves make a complaint, while the support of the head of the clinical establishment will be available if the aggrieved person so desires.</p> |
| Section 9 | Law and Drafting | <p>Section 9 which refers to compensation in case of hurt and grievous hurt does not clarify if the court granting the compensation will be the same as the court trying the offence. Failing to mention this explicitly may cause confusion and lead to compensation claims being filed before civil courts, since criminal courts do not ordinarily deal with compensation claims.</p> <p>Further, instead of laying down absolute compensation amounts it may be more suitable to not prescribe compensation limits so that they can be based on the degree of harm. The manner in which this provision has currently been drafted gives the compensation the character of a penalty instead, which is not the intention.</p> <p>The provision also does not clarify if the compensation is required to be paid to the clinical establishment or the healthcare service personnel.</p> |
| - | Policy | <p>It is suggested that the Draft Bill contain provisions relating to compounding of offences which allow for the composition of offence by the clinical establishment/healthcare service personnel. This is especially relevant for offences under Section 5(1) where the nature of violence may not be sufficiently grave and adequate compensation may be more suitable than a prolonged criminal trial.</p> |

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