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PROTECTION OF HEALTHCARE WORKERS AGAINST VIOLENCE WITH SPECIAL REFERENCE TO PANDEMIC TIMES: A LEGAL STUDY

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ABSTRACT

Workplace violence against doctors is not new, but it had reached pandemic proportions in recent years. Doctors are more worried about their own safety and well-being at work. The current scenario has worsened due to insufficient government spending on healthcare, which is compounded by the patient's poor socioeconomic condition and the ever-increasing expense of treatment. The motive of this research is to examine this crucial topic and to try to identify strategies to prevent it.

Doctors face a severe professional challenge in the form of workplace violence, which has a considerable impact on both physical & mental well-being. This has an impact on the country's health-care services. Patient-initiated verbal violence is more common in India, particularly in the emergency department, psychiatric wards, & ICU'S, where junior doctors and residents are most vulnerable. Patients' unhappiness and inadequate impulse control, bad administration, misunderstanding, infrastructural concerns, particularly inequalities in services between private & public hospitals, and unfavorable media are all significant precursors to violence against doctors.

This paper focuses to present a complete review of protection of healthcare workers & professionals against violence with a special reference to pandemic times, discussing the degree of violence, recent incidents of violence against health care professionals, judicial pronouncements related to violence against healthcare workers & professionals, legislation to tackle violence against doctors & the steps-ideas to eliminate violence against healthcare workers & professionals.

Keywords: Health Saviors, Covid-19 Pandemic Ordinance, Violence against healthcare workers

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INTRODUCTION

The rising incidents of violence against the healthcare workers poses intense repercussions upon the overall healthcare system. Though violence against doctors & medical staff is not limited to the Covid-19 pandemic, it has only got the attention of media now. In the beginning of June 2021, a video surfaced on social media where some people were ruthlessly beating a resident doctor. The video clearly revealed that the doctor was getting kicked & punched brutally with metal dustbins & bricks by the relatives of a covid patient who died probably due to lack of oxygen supply. Many such pictures & videos have been surfaced on internet since the beginning of this pandemic in India.

Over the last decade, violence against healthcare professionals in India has been a chronic, systemic, and intensified issue. Despite this, violence has increased because of the Covid-19 outbreak, making India one of the most unsafe countries for healthcare personnel. According to the Safeguarding Health in Conflict Coalition, the number of healthcare professionals assaulted in India increased extremely during the epidemic, from 49 in 2017 to 155 in 2020.

Healthcare workers & professionals are 4 times more likely than other workers & professionals to be assaulted in the workplace, with junior doctors and nurses in government institutions being particularly vulnerable. Working in an emergency room, intensive care unit, or secluded area appears to put healthcare professionals at danger, particularly during morning outpatient hours and late-night shifts. Miscommunication between healthcare workers and patients and their visitors, dissatisfaction with care, delayed medical provision, violations of visiting hours, the psychological stress of a patient's family members, hospital admission denial, and the sudden death of patients are all considered key factors.

This research discusses the state of healthcare workers during the Covid-19 pandemic through recent cases of violence on the healthcare workers in India. The violence is not only done upon doctors but also on the hospital property, clinics & ambulances. There has been an insufficiency of special provisions penalizing such offences. Though few states have enacted their own laws to penalize such offences, a specific law is desperately needed for this purpose which is both uniform & predictable. This issue is more relevant, as a doctor’s death directly affect the healthcare system. The doctor to population ratio in India is 1 to 1456, far more than the WHO’s recommendation for 1 to 1000[2]

[2] Vikram Sarabhai Library, IIM Ahmedabad. (Sep. 2, 2021), https://library.iima.ac.in/

This paper also goes over the provisions of the Epidemic Disease (Amendment) Act,2020, so you can see how the legislature & legislation have dealt with this problem. It also tries to figure out what the Act's provision are & whether they are fair.

It also analyses the report & makes some practical recommendations using current techniques.

Even though violence against healthcare professionals is not a unique phenomenon & is rather common, there has been a dearth of specific legal measures dealing specifically with the commission of such crimes.

In such instances, & the lack of a specific statute, the provisions of the Indian Penal Code, 1860 (IPC), particularly Sections 323, 325, 352 & 506, serve as last resort. Section 425 is enacted in the case of property damage.

So, if a single doctor is harmed than it can be a big problem for 1457 patients which will further result as a difficulty & strain to the whole healthcare infrastructure of the nation.

A 2019 STUDY BY INDIAN CRITICAL CARE MEDICINE

This study reveals that out of 295 Healthcare workers 11 which is 3.7% had faced physical violence, whereas verbal abuse was tolerated by 147 healthcare workers which is around 50%.

Most cases of physical violence 91% & verbal abuse 64% was faced by healthcare workers between the age group of 20-30 years. Verbal abuse was faced by 49.3% of the nurses, 53% of junior resident doctors, 61% of senior resident doctors & 36% of consultants. Out of 157 cases of workplace violence maximum number of incidents occurred in ICU's & emergency.

These numbers clearly shows that violence against doctors & all the healthcare workers is not something new & has existed prior to the pandemic as well.

However, the recent increase in such cases is alarming. Our healthcare system is already in an unsettled state, cruelty at this pace will only lead to a fall-down of our healthcare system. Besides on generous grounds such cases disregard the lives & profession of healthcare workers who worked day & night compassionately during this pandemic.

INDIAN MEDICAL ASSOCIATION ON VIOLENCE AGAINST HEALTHCARE PROFESSIONALS & WORKERS

"Healthcare violence has become an alarming problem for the country," according to the IMA.

There are broad, macro-trends that may be drawn from available data, which includes independently published testimonials and analysis of violence against health practitioners

(classified in most statistics as "doctors").[3] According to a survey done by the Indian Medical Association, 80 percent of doctors in India feel stressed in their jobs, and 75 percent of doctors have faced some type of violence during their careers. Patients, patient-attendants, or even mobs of 'miscreants' can engage in verbal, emotional, sexual, psychological, physical, and cyber intimidation, threats, abuse, and even extreme bodily harm and injury. 62.8 percent of clinicians are unable to see their patients without prior authorization.

RECENT INCIDENTS OF VIOLENCE AGAINST HEALTHCARE WORKERS

Violence against health professionals & workers in India is part of a bigger problem in which the burden of caregiving is unfairly pushed away from the state. As a result, violence against doctors, nurses, and paramedical caregivers must be addressed in the context of situations in which patients are left to conduct crucial medical activities on their own. This is especially visible during the current pandemic since hospitals are relying on patients' civic readiness to save lives.

The media has been swamped with accounts of regular people being forced to donate life-saving medical supplies such as oxygen cylinders, medications like Remdesivir, ventilators, ambulances, and even basic hospital infrastructure, particularly in the ‘second wave' of COVID-19. [4]There have also been stories of COVID-infected patients' relatives 'living' inside ICUs as caregivers (sometimes without protective gear) and performing sophisticated medical chores even outside hospitals, on streets, cremation grounds, and in their homes.

Among the countless incidents which have taken place recently, this section will discuss only few. Although all the cases of violence are equally reprehensible, discussing few will help to address the urgency better.

Recently Karnataka witnessed fresh cases of violence against healthcare professionals & workers. In this case after the death of a six-year-old baby who was suffering from dengue, relatives of the baby attacked a 50-year-old doctor & brutally assaulted him.

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[3] Kumari A, Kaur T, Ranjan P, Chopra S, Sarkar S, Baitha U. Workplace violence against doctors: Characteristics, risk factors, and mitigation strategies. J Postgrad Med (Sep. 2, 2021), https://www.jpgmonline.com/article.asp?issn=0022-3859;year=2020;volume=66;issue=3;spage=149;epage=154;aulast=Kumari

[4] Dora S K, Batool H, Nishu R I, et alorkplace Violence Against Doctors in India: A Traditional Review. Cureus 12(6. (Sep. 20, 2021)) https://vidhilegalpolicy.in/wp-content/uploads/2020/01/200131_Violence-against-Healthcare-Professionals-Recent-Legal-and-Policy-Issues.pdf

In Assam a dreadful incident took place which was recorded in a CCTV where it can be clearly seen that how a mob assaulted a junior doctor.

Government of Maharashtra recently told Bombay H.C that 674 cases of violence were registered from 2016 to April 2021.

A letter written to Mr. Amit Shah in 2020 brings to notice on the brutal attacks on health care workers.

The letter states the ordeal of Dr Dinesh Varma, head of Alpha Speciality Hospital who succumbed to injuries after he was stabbed with knife by a relative of a Covid positive patient.

The letter mentions of how the police charged the accused under a relatively permissive section 307 of IPC. Indian Medical Association also wrote to Union Home Minister Mr. Amit Shah, requesting an effective law against violence against healthcare workers. The IMA also demanded that the hospitals should be now classified as protected zones.

On June 4,2021 doctors across the whole country conducted protests. Like, in Madhya Pradesh 3000 doctors submitted their resignation after the Hon'ble M.P High Court declared their strike & protests as illegal. The strike in Madhya Pradesh was conducted to demand hike in salary & free medical treatment for the doctor's families.

JUDICIAL PRONOUNCEMENTS RELATED TO VIOLENCE AGAINST HEALTH CARE WORKERS

Health care workers & professionals includes doctors, Nurses, Mess boys, Ambulance drivers, Lab technicians, Security workers & others.

In **"Azra Usmail & Others v. U.T Of Jammu & Kashmir"** the High Court of J&K stated that such violence can have dangerous repercussions like spread of dangerous infection, endanger the lives of health care workers & harm to public property.

The court observed that "the professionals & the workers committed in the treatment of Covid-19 patients & in the prevention of the virus are working ahead the call of their duties & also overtime. To make sure the full awareness of the professionals addressing the Covid-19 issues, it is required that they are to be kept free of any personal stress & needs".

Hon'ble Supreme Court in **"Jerryl Banait v. Union of India"** dealt with a matter in which the doctors who had gone to treat & examine certain patients were brutally attacked & faced stone-pelting.

The S.C in this case observed & directed that "The Pandemic which is spread in the whole country is a natural calamity. In wake of such crisis all citizens of the country should have to act in a matured & responsible manner to help the government & the healthcare professionals to perform their duties in a fight with Covid-19 virus. The events as noted above are bound to implant as a sense of insecurity among health care professionals from whom it is expected that they will protect the country from the Covid-19 virus. The Supreme Court also mentioned that it is the responsibility of State & the Police Administration to provide adequate security at all the places where the patients who are suffering from the virus are diagnosed or who have been quarantined. The Police security should also be provided to Doctors & Medical Staff when the visit any place for screening the citizens to find out the symptoms of the virus.

In **"Sanpreet Singh v. Union of India"** the High Court of Karnataka ordered the Karnataka Government secure the proper nourishment & necessary care of the healthcare workers. In addition to this Court also ordered District Magistrates to solve all the grievances of these workers.

In **"Abdul Naser v. State of Kerala"** the Kerala High Court noticed that apart from subjecting doctors to distress & anguish, attacks & violence on them adversely affects the treatment & diagnosis of the patients. It basically leads to a pause in functions, endangering the life of many citizens which is a matter of grave concern.

LEGISLATIONS TO DEAL WITH VIOLENCE AGAINST HEALTHCARE WORKERS

For the very first time in the country, the **Healthcare Service Professional & Clinical Establishments** (Prohibition to Violence & Damage to Property) Draft Bill addressed violence against healthcare workers at the national level.

It penalizes both the commission & the abetment to commission of violence against healthcare workers & damage to the property of clinical establishments.[5]

However, this bill was not enacted citing the reasons that the existing provision under Indian Penal Code already covers the elements of violence as defined under the draft bill.

The **Epidemic Disease (Amendment) Act 2020** is an amendment to the **Epidemic Disease Act 1897.**

[5] Section 5, Healthcare Service Professional and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019 (Sep. 9, 2021), https://www.lawctopus.com/academike/violence-on-healthcare-professionals/

The 2020 amendment act defines "acts of violence" committed by any person against any healthcare worker serving in the tough times of epidemic as one, which may cause, harassment, injury, an obstruction to services, damage to property or documents in custody.

The act also describes 'healthcare professional' & 'property' providing a wider scope for better safety of healthcare professionals & workers. Section 2B of the act provides that no person shall include in any act of violence against healthcare service professionals & workers or cause any damage or loss to any property during the epidemic.

Section 3(2) of this act provides for the commission & abetment of an act of violence. Section 3(3) is about the commission of an act of violence against the healthcare professional & worker, causing grievous hurt as defined under section 320 of IPC. Section 3(A) of the act provides that the inquiry or trial must end within a year & if not concluded within one year the judge must have to record all the reasons for this problem & increase the time accordingly. Though, this period cannot be extended for more than 6 months at a time.

When prosecuting any person for causing serious harm to a healthcare professional or workers, the Hon'ble court will believe that the person is guilty of an offence until he is proved innocent.

In a prosecution of an offence under section 3(3) needs a culpable mental state on the part of an accused, the court will presume the existence of such mental state. However, it shall be
defense for an accused to prove that he had no such mental condition with respect to the act charged as an offence in such prosecution.

In addition to a punishment provided for the crime, the person convicted will also be liable to compensate as may be directed by the court for causing hurt or grievous hurt to any healthcare professional or worker.

Moreover, in any case of damage or destruction to property or loss caused, the compensation payable will be twice the amount of the fair market value of the affected property & the loss caused.

ADDRESSING VIOLENCE AT THE WORKPLACE, CHANGES TO MEDICAL EDUCATION & REBUILDING TRUST

Inaccurate administration of public hospitals due to a lack of resources and staff, excessive treatment expenses, and lengthy stays in private hospitals are all factors that contribute to conflict. Fear, mistrust, and falsehoods regarding covid-19 exacerbated violence against healthcare workers throughout the pandemic.

While a nation-wide study is needed in India to identify the causes of violence & develops appropriate policy and legal measures, some actions can still be taken to solve the problem more precisely. Causes have been identified. For example, imposing certain responsibilities for the employer, as well as making. To some extent, making them more accountable may help in. addressing the issue of healthcare capacity shortages establishments. Similarly, medical changes can help to address weak communication skills and a shortage of healthcare experts by providing appropriate education and making appropriate modifications to the curriculum.[6] In addition, regulatory and legal issues must be addressed. Issues of governance in healthcare organizations and changing people's attitudes about doctors could help to contribute the re-establishment of doctor-patient relationship. Some of these solutions are discussed in this chapter.

ENSURING ACCOUNTABILITY AT WORKPLACE

Although the rhetoric around violence against Indian healthcare professionals argues that the solution lies on swiftly enforcing existing laws, in addition to criminal provisions against the perpetrators, healthcare facilities can take several initiatives to prevent violence and to reduce costs give its employees with redress However, in this case, India is taking very few moves in this direction. Preventing and responding to violence at the organizational level in health-care facilities, most government hospitals there is no clear protocol for combating violence. Most hospitals lack a framework for reporting violent episodes or resolving doctor grievances. This identifies a key gap - the lack of formal education at the mechanisms, protocols, and policies prohibiting and responding to violence at the organizational level professionals in the medical field. On the other hand, laws and practices around the world are increasingly geared toward making employers answerable for preventing and addressing workplace violence. The WHO, along with the ILO, ICN & other organizations, Public Service International (PSI) has devised a Framework Guidelines (also known as "WHO Guidelines") are a set of guidelines developed by the World Health Organization. In the health-care industry to handle workplace violence. These guidelines clearly define the obligations of employers and their organizations in terms of establishing and maintaining safe working conditions, encouraging a workplace devoid of violence These include the following: ensuring workers' health and safety, Risks are eliminated,

[6] Violence Against Healthcare Professionals in India: -Recent Legal & Policy Issues (Sep. 24, 2021) https://vidhilegalpolicy.in/wp-content/uploads/2020/01/200131_Violence-against-Healthcare-Professionals-Recent-Legal-and-Policy-Issues.pdf

and regular assessments of the situation are performed. The prevalence of violence and the aspects that contribute to it & as well as its causes are all on the rise. Policies, plans, and systems for monitoring & combating violence, establishing sufficient reporting channels, and so on. They also recommend several post-incident interventions that the police should carry out. A company that provides medical treatment, counselling, assistance from management, and representation as well as legal assistance, rehabilitation, and so on. Similarly, the Occupational Safety & Health Act of 1970 ("OSH Act") in the United States compels employers to maintain a safe and healthy workplace for their employees. Hazards that have been recognized as being or is likely to cause death or serious bodily damage, as well as to comply with the Occupational Safety & Health Administration's (OSHA) regulations. The Occupational Safety and Health Act (OSH Act) The Occupational Safety and Health Administration (OSHA) was also established to make sure that employees are working in a safe and healthy environment by establishing and enforcing rules. OSHA has published suggestions in workplace violence, while no clear regulations have been issued. In this area these recommendations include actions to do, such as risk factor identification and workplace dangers of violence. Following that, it concentrates on the through safety, such hazards and risks can be avoided, as well as health training, record-keeping, and evaluation, to name a few. Because these principles are only suggestions, Attempts are being undertaken to impart teeth to these in nature guidelines.

As a result, the Workplace Violence Prevention for Health Care and Social Service Workers Bill was just enacted by the US Senate (Violence Prevention Bill), which mandates that OSHA enact a workplace safety and health requirement. This will necessitate covered employers within the scope of the law. The healthcare & social service industries are expected to grow and put in place a thorough workplace policy to prevent violence. In accordance with worldwide policy trends, Indian healthcare institutions should concentrate on implementing similar violence prevention measures & prevention programmes are available. Moreover, there should be a focus on mandatory reporting & the formation of a panel to review occurrences of violence against healthcare staff following an incident. While each episode of violence against healthcare personnel is unique in its circumstances, there are lessons to be learned from it to avoid the next one from occurring. According to research, a high majority of incidences of violence in healthcare facilities go unreported. According to an online survey of Maharashtra resident doctors conducted by the Centre for Enquiry into Health and Allied Themes (CEHAT), 44 respondents (37 percent) said they had made no formal objection about the violence following

the occurrence. Some of the major reasons for not acting were that reporting such an occurrence was pointless (56.8%), there were no procedures available in the hospital to formally report such violence (29.5%), or they were unaware of such processes (27.3 percent). Furthermore, 58 percent of patients claimed that the hospital administration did nothing in response to the occurrence, and other residents claimed that they were blamed for it. In such cases, only 30% of hospitals registered a medico-legal case. While the Draft Bill required the in-charge of a healthcare institution to report an offence, it only made such reporting mandatory if the aggrieved healthcare service personnel filed a written request. According to CEHAT's research, a disgruntled healthcare professional may not always approach or file a formal request to the in-charge. As a result, a systematic mechanism for reporting each occurrence of violence within the healthcare industry is required. In addition, following each such incident, a panel should be formed to examine that what happened, what could have been averted, and what lessons could be learned to prevent acts of violence in future. A report form based on WHO guidelines might be constructed to contain facts such as the incident site and activity at the time of the incident. Employers should also focus on post-violence care and support, such as medical treatment, counselling, & some other services, in accordance with WHO’s guidelines. Failure on the part of the employer to meet the above-mentioned specified requirements should be met with repercussions. The draught bill does not identify any penalties for a healthcare establishment's in-charge failing to report an offence.

Holding healthcare organizations responsible for compensating their employees for failing to meet their duties in the case of a violent incident might go a long way toward assuring their accountability in terms of maintaining a safe environment for healthcare workers.

REFORMS IN MEDICAL EDUCATION

1. Communication & empathy: According to WHO among the organizational attributes that cause a predisposition to violence against healthcare professionals & hospitals working with limited resources, including improper equipment, working in a culture of tolerance or acceptance of violence, working with an intimidation-based management style, and having poor communication and interpersonal interactions Appropriate communication with patients and their relatives has become a rare commodity in India's often packed emergency rooms, overseen by typically overworked resident doctors. Various research and publications on the Indian medical education system suggest that it may fall short of providing a comprehensive medical

education. The lack of formal training in good communication skills for medical students has been a major issue in many of these studies. The head (cognitive skills), hands (psychomotor skills), and heart (cardiac skills) must all work together in medical education (empathic skills). However, in India, the attention has been primarily on the head, with the hands and heart receiving little attention. Indian medical graduates are reported to be poor in effective and compassionate communication due to a lack of affective skills.

The Medical Council of India ("MCI") has proposed new teaching-learning approaches, including a structured longitudinal programme on attitude, ethics, and communication ("AETCOM"), to better prepare Indian medical graduates for the realities of working in an Indian hospitals & to train them to be "extensively relevant" health professionals.

Starting this academic year, the initiative is expected to be adopted in every medical college in the country. While the MCI has taken a significant step, there are some flaws with AETCOM that need to be addressed:

i. The programme fails to address the socio-political aspects that contributes to flare-ups involving patients and their families. In a country like India, there may be various socio-political concerns involving caste, class, religion, and language, and these factors may be at the basis of some of the conflicts between patients and healthcare providers. These topics must be reviewed and introduced in the classroom so that medical graduates are aware of potential conflicts and how to best manage them. Furthermore, awareness and appreciation of the patient population's diversity will only help them become better doctors.

ii. While the MCI has established modules, it also states that these are "conceptual frameworks only," and that institutions and faculty are free to make changes while implementing them in their respective circumstances. This may not be the best course of action. Because all medical colleges may not have the expertise or resources to construct personalized curricula, standardization of the curriculum with predefined texts (covering moral philosophy, ethics, and literature) is a better answer.

iii. The programmes do not cover topics such as addressing sexual abuse victims or seeking to comprehend the special obstacles that LGBTQIA+ people experience. This needs to be corrected, as these are potentially emotionally charged situations for which clinicians must be prepared.

iv. Techniques for nonviolent crisis prevention are also absent from the course.

v. While the module covers death, it does not provide students with strategies for dealing with the grief of the patient's relatives. One of the most common causes for violence towards healthcare staff is the death of a relative in the hospital. As a result, grief counselling is an important aspect of medical education, but AETCOM does not currently include it in its scope.

Addressing these flaws in AETCOM will help to avoid violence from being triggered by doctors' lack of communication skills. However, because AETCOM is still in its early stages of adoption, it must be closely evaluated to ensure that it is properly utilized and has a beneficial impact on medical education.

2. Increasing the number of seats in medical colleges: 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 as reasons for the rising incidence of violence against healthcare professionals & workers, as earlier discussed. Increasing the number of medical seats has been recommended as one approach. Despite recent increases in the number of medical colleges, India still has a serious doctor and nurse shortage. With the most recent growth in 2019, India now has 70,978 MBBS seats in 529 colleges. 269 colleges, or 35,688 seats, are managed by the government, while the remaining 260 institutions, or 35,290 seats, are run by the private sector. The MCI's objective of reducing the patient-to-doctor ratio to 1:1000 by 2031 is ambitious, but it will be impossible to achieve without addressing the demand for more doctors, and hence more medical seats and/or colleges. Simultaneously, it must be ensured that the colleges have complete faculties, the necessary lab equipment, access to a broad and diverse patient pool, and resources to ensure comprehensive medical education. This will ensure that the increased quantity do not result in a reduction in quality.

REBUILDING TRUST & CHANGING PEOPLE’S ATTITUDE

In the wake of recent acts of violence against healthcare professionals, there has been a flurry of publications and discussions about the likely causes of this spike in violence. The general public's perceived lack of respect for the profession, a widespread misunderstanding of how a busy tertiary care Centre works (particularly triage), and unrealistic treatment expectations were also prominent culprits. Several practicing professionals have also expressed concern about a lack of trust between them & their patients. Many explanations have been suggested, both by doctors and by the media's, sometimes sensationalistic, portrayal of alleged medical malpractice.

High costs of operations, medications, and hospital stays; uneven quality of treatment based on a patient's ability to pay; and the pharmaceutical business nexus's alleged corruption, to name a few.

All of this testifies to a widespread belief among healthcare experts and the public that India's healthcare legislation and administration are in desperate need of correction. The current scenario is the result of several systemic forces. As previously stated, there are severe worries about public healthcare establishments' capacity to meet the healthcare needs of India's rapidly growing population. This also focuses the need for a closer look at the government's healthcare policies, which are aimed at improving access and meeting patient requirements. Patients' rights organizations, on the other hand, have pointed to numerous malpractices in private healthcare establishments that have jeopardized patient rights. The Clinical Establishments Act, which establishes minimum criteria for healthcare establishments, is currently only in effect in a few states and union territories. As a result, the problem of violence against healthcare workers highlights the need to delve deeper into the regulatory and governance concerns that affect Indian healthcare.

Simultaneously, there is a need to address public perception. While the complexities of India's healthcare system cannot be articulated in soundbites, the day-to-day operations of hospitals & the daily obstacles faced by doctors can be shared with the general population. This would assist patients become more aware of the limits that most healthcare professionals face today & as well as let them think on their own rights and responsibilities. Thus, media campaigns, public service announcements, and testimonials from doctors about the challenges they face daily in a hospital, what triage means, the desired etiquette of citizens in a hospital, and the type of punishment which would be applicable to perpetrators of violence in a healthcare setting should be broadcast on popular media. Being aware of the difficulties that doctors endure may lead patients and their families to be more sympathetic to doctors, which will help to establish trust in doctor-patient relationships.

THE REQUIREMENT OF A BALANCED APPROACH: INSPECTING THE EXISTING LAWS FOR VIOLENCE AGAINST HEALTHCARE PROFESSIONALS & WORKERS

Ordinances are only in effect for a limited time. When the parliament is not in session, it has six months to pass any urgent legislation.

In September 2020, the Epidemic Diseases Ordinance 2020 was transformed into an Amendment Act. Given the medical situation that the country faced during the epidemic, harsh measures under the ordinance might be acceptable. Making it a law & on the other hand it may be unfair to many people.

Despite the fact we have IPC provisions & the Medicare Service Persons & Medicare Service Institutions (Prevention of Violence & Damage to Property) Acts or the MSPMSI Act in some states, the amendment was enacted to reduce repeated incidents of violence. To address the necessity for proper & tougher enforcement of such legislation, the same was justified. Even though the provisions are comparable to those found in existing statutes.

The acts Sections 3(C) & 3(D) provide for the "presumption to be guilty of the offence until the accused proves it otherwise."

Section 3(D) stipulates that unless shown otherwise, the inmates guilty mental state will be presumed to exist. The same must be proven "beyond reasonable doubt", according to sub clause 2 of Section 3(D).

The severe & regressive clauses appear to be unjust. Presumption combined with such a high standard of proof of innocence may result in the confinement of many innocent people. Similar provisions exist in Narcotic Drugs & Psychotropic Substances Act 1985 which requires the prosecutor to show the initial set of facts before shifting the entire burden to the accused as it does under the Epidemic Diseases (Amendment) Act.

Even though this Act has not yet taken effect in every state, the issue is genuine.

Moreover, notwithstanding the changes, the act still contains severe flaws. One issue should not be forgotten is the fact that the main Act is over a century old. [7]It also ignores such challenges such as deadly Epidemic Diseases, worldwide connectedness, limited urban spaces, increased migration, new communicable diseases, & afflicted populations of various ages.

It's possible that why the IMA has urged Amit Shah to enact a standard, effective & comprehensive law to protect healthcare workers & professionals from violence. It cannot be overstated that India requires a modern framework to combat an epidemic of this magnitude.

The Epidemic Amendment Act's punitive measures can exacerbate the problem by instilling a sense of dissatisfaction & animosity among the public. Passing legislation like this to safeguard healthcare professionals could end up harming a lot of people who aren't in the industry.

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[7] Kumar, Mukesh & Verma, Madhur & Das, Timiresh & Pardeshi, Geeta & Kishore, Jugal & Padmanandan, Arun. (2016). A Study of Workplace Violence Experienced by Doctors. (Sep. 28, 2021), https://europepmc.org/article/PMC/5198359

There are always methods to handle these challenges in a balanced manner. For example, in **Abdul Naser v. State of Kerala**, the Hon'ble Kerala High Court considered what is already covered by state law. The court also said that the 3 elements must be considered in such instances when examining the plea for anticipatory bail.

1. The nature & severity of the doctors or hospital employee's injury, if any.
2. The degree of any damage to the property, if any.
3. The context in which the acts of violence were perpetrated.

These elements can help take a more holistic picture of the accused's crime by allowing for anticipatory bail, which is one of the most important remedies. The same presents an outline that might be used to eliminate any ambiguity while also instilling reasonability.

WHAT MUST BE DONE TO ELIMINATE VIOLENCE AGAINST HEALTHCARE WORKERS & PROFESSIONALS

While a balanced approach is necessary, we must also focus on unfairness & harsh treatment of healthcare personnel. What we must do to protect our doctors & healthcare workers is the more pressing matter.

This topic must be examined from a legal, sociological, & academic standpoint. These are several initiatives that healthcare organizations can take to address these concerns.

The first thing they can take is to establish an internal protocol for dealing with violence. Most hospitals lack a procedure for reporting violence or policies to prevent & treat violence at the organizational level[8]. Vidhi Legal produced research titled 'Violence against healthcare professionals in India: Recent legal Issues' in 2020. The gap in legislation to combat violence against healthcare professionals & workers, as well as the growing number of cases, were examined in the report. Even though the report was produced before COVID-19, it contains extensive recommendations that are worth noting:

To eliminate workplace violence in the health sector, the WHO, in collaboration with the ILO, ICN & Public Service International, has developed framework guidelines. These rules clearly define employers & organizations responsibilities in terms of ensuring & supporting a violence free workplace. These include guaranteeing worker health & safety, removing hazards, assessing

[8] Paurush Ambesh, Violence against doctors in the Indian subcontinent: A rising bane, Indian Heart Journal, (Sep. 28, 2021), https://www.sciencedirect.com/science/article/pii/S0019483216303157

the frequency of violence & its causes on a regular basis, & implementing policy, strategies, & monitoring procedures.

Legal aid, counselling, management support, medical care, rehabilitation & other post violence measures are also discussed in the report.

Furthermore, mandatory reporting & proper investigation must be prioritized.

Surprisingly, the occupational safety & health Act of 1970 (OSH ACT) in the United States was executed to ensure a safer workplace for healthcare professionals & workers. It focuses on preventing such dangers & risks by training, record keeping, & evaluation, among other things & it stipulates that any failure on the side of the employer must be dealt with suitable repercussions.

According to Vidhi Legal report, medical education should include effective skills, particularly empathetic abilities for effective communication. It is often owing to inadequate communication skills & as well as variables such as insufficient time spent with patients, that violence is on rise.

Finally, the public must be informed of the healthcare workers viewpoint. Patients & their families need to be educated about the medical profession & the issues it faces.

In addition, in hospitals, desired etiquettes must be instilled, with a focus on punishments that improve the behavior of people who tend to break these norms.

The World Health Organization's framework guidelines for addressing workplace violence in the health sector provides detailed guidance on how to deal with specific dangers.[9] Protocols for telling personnel that a colleague is gone from the base, the approximate or expected time of return, emergency alarm systems, & emergency codes to request help without alerting the aggressor are also included.

It makes sure that workspaces are not overcrowded & that waiting times are kept to a minimum. It suggests that employees use transportation facilities for improved safety. Instead of fragmented tasks, the framework recommends having recognizable entire unit tasks.

It advises professionals to avoid overworking. It also proposes that professionals maintain a moderate or balanced approach & time at work, allowing them to communicate with one another. It also prioritizes the importance of orienting to the workplace environment, management regulations, grievance procedures, & teaching interpersonal communication skills, among other things. It also recommends self-defenses training for medical personnel, because of their unique character in dealing with the continual trend of violence against medical personnel, these

[9] Dr. Bharti Kaushik: Violence Against Doctors in India: Time to Take Action (Oct. 4, 2021) https://www.medindia.net/news/healthinfocus/violence-against-doctors-in-india-time-to-take-action-188466-1.html

products may be useful. They include practically all the important factors to examine while researching the possible causes of such violence.

The pandemic & present crisis have brought the issue of violence against healthcare professionals & destruction to healthcare facilities to the forefront.

Infrastructure is in short supply at all levels & should be protected. Beating up on doctors & other healthcare professionals may dampen young medical students' enthusiasm. The profession can be mentally & physically demanding & such incidents may prevent young doctors from fulfilling their oath.

It is more critical for the government to recognize that the healthcare infrastructure requires a huge expansion. It also ensures that the population to doctor ratio is improved, which can be accomplished by enacting regulations that promote egalitarian medical education. The episodes of violence that have occurred must move every citizen. Therefore, expressing solidarity to those on the frontline.

There are other steps that can be performed within hospitals to reduce the risk to employees. Standard guidelines for violent situations should be adopted by hospital administrations. Violence against healthcare workers can be reduced by using infographics, alarm systems, improved security, strict weapons prohibition, grievance cells to lodge disputes, limiting the number of visitors, counselling for bereaved families, and mock drills training healthcare workers to take prompt action like notifying security in an escalating situation. According to new findings, providing hospitals with detailed data on their organization's history of violence aids them in developing effective anti-violence action plans. A representative from the hospital should be assigned to contact with the media about such situations. Zero tolerance standards for violence must also be in place, with clear definitions of what is and is not acceptable behavior, as well as the repercussions of violations.

The media also plays a role in molding public perceptions of healthcare workers by providing a fair, rather than sensationalized, image of their work. News reports are an important data source for monitoring violence against healthcare professionals in India, and they should be thoroughly reported as a result[10]. The media has a responsibility to advocate for healthcare professionals' lives and raise awareness about legal consequences.

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[10] Violence Against Healthcare Professionals in India: We Need to Stop This Barbarism (Oct. 4, 2021) https://www.lawctopus.com/academike/violence-on-healthcare-professionals/

Citizens also have a moral obligation to reject any form of violence directed towards healthcare personnel. Citizen stewardship in activism, lobbying, and support for healthcare employees will be required to solve this systemic problem. Civil society and non-governmental organizations can raise awareness, develop links between communities and healthcare staff, and mobilize people to call on the government to take legal action and enhance healthcare spending.

Finally, healthcare professionals should be trained in safety and the early detection of signs of violence on an individual level to help them manage or prevent hostile situations. De-escalation training can assist healthcare personnel in reducing the severity of violent occurrences. If violence does break out, however, social media groups made up of healthcare professionals can be utilized to send out emergency messages. Involving patients in decision-making and improving professional training on how to communicate bad news to patients and their families can also help to prevent miscommunication-related conflicts.

Violence against healthcare workers must be recognized as a social issue that necessitates multi-level solutions. Continued violence might lead to widespread dissent among healthcare employees, disrupting the health-care system and, eventually, compromising patient care. The spike in violence during the covid-19 pandemic, along with public acknowledgement of our healthcare staff' critical societal role, makes it an ideal time to call on hospital administrators, policymakers, and legislators to take action. Keeping healthcare professionals safe is both a moral obligation and a practical need for every law-abiding society.

CONCLUSION

To eliminate violence against health care professionals, it must first be recognized as a significant public health issue. The Indian state bears the major moral obligation and accountability for ensuring the dignity of doctors and patients. The best durable method to ensure that strain on both doctors and patients is relieved is to fundamentally restructure and improve public health systems and hence the quality of care & life.

While the IMA's appeal to the Prime Minister and repeated demands for a central law to protect doctors are critical, broader calls for health justice must include not only resident doctors, nurses, and junior medical staff, but also the countless "invisible health workers" such as mortuary staff, sanitation workers, and cremation workers (many of whom come from "lower" caste and class backgrounds and face undocumented levels of daily violence). Without guaranteeing dignity to the most marginalized health workers, doctors' dignity is morally insufficient.

India needs to invest in national and local surveillance of violent episodes by building a complete database that will enable us to understand the true scope of the problem and formulate an effective prevention strategy. Governments must take efforts to provide justice to healthcare professionals who have been subjected to violence and abuse while on the job, including enacting a federal statute and improving the enforcement of current state l.