Letter from Mumbai

VIOLENCE AGAINST DOCTORS

Increasingly, newspapers report on irate relatives beating up doctors and nurses and destroying hospital property. Mobs, never welcome, are especially to be condemned when they damage institutions whose *raison d'être* is the welfare of ailing humans. While injury to doctors and nurses commonly results in short-term damage, destruction of hospital property can result in permanently shutting down of the institution—as happened in a Mumbai suburb. *Cutting off the nose to spite the face* appears to be the most apt description of such an act. The local populace is forever denied a life-saving facility hitherto available at its doorstep.

Medical memory in Mumbai is forever scarred by the news that made headlines in local newspapers on 12 January 2001. 'Fifty-year-old Dr Vasant Waman Jaykar, who was attached to Jaslok and Lilavati Hospitals, was shot dead at about 1:30 p.m. after he was leaving his dispensary in Lata Kunj Building, 12th Road Khar … Commissioner of Police M.N. Singh said the murder of Dr Jaykar was [the] fallout of a deceased patient's relative seeking revenge. It is believed that prime suspect Deepak Sewani nursed a grievance against Jaykar for the death of his younger brother Ball, who was suffering from cirrhosis, a chronic disease of the liver in February '99.'[1,2]

Dr Jaykar was a gentle, scholarly physician, respected for the pains he took on behalf of his patients. It was not uncommon for him to visit the library of his *alma mater*, Seth G.S. Medical College, in the afternoons to look up references to papers that might help patients whose illness puzzled him. Late in the night he often searched through medical websites with a similar intent. His colleagues considered him a fount of knowledge.

Several studies have attempted to unravel the making of an aggressive crowd. In the instances dominating our newspapers now, one or more family members take umbrage at the manner in which a relative is being treated in the clinic or hospital. This is expressed in a violent manner should the patient die and the family attribute the tragic event to negligence or worse by hospital staff members. Their utterances and the loud wailing by some members of the family attract neighbours, acquaintances and even unconcerned bystanders. By contagion, unrest spreads through them. All it takes is one hot-headed individual demanding that the perceived wrongdoer be taken to task. Civilized behaviour is rapidly discarded as emotion replaces reason. The 'madding crowd', unconcerned about anything other than revenge for the presumed harm done to the patient, embarks on viciousness and mayhem. Unlawful assembly degenerates into riotous conduct. The larger the mob, the greater the terror evoked by it.

The obvious remedy is nipping the insurgence in the bud, before the horde is on the move. An alert police force can use a variety of tactics. Reading the Riot Act, ordering the dispersal of the group on pain of legal action may work in the early stages. When violence is already under way, batons, water cannon, rubber bullets and dogs can be used.

Alas! There lies the rub. In most reported instances, police and institution security personnel are not in evidence at the site till after the mob has dispersed, doctors and nurses lie bleeding and the clinic or casualty department or ward has been reduced to shambles.

A vicious cycle is now a common consequence. Mob violence is followed by a flash strike by key hospital personnel to the detriment of the health and treatment of inpatients. Should this result in further damage to one or more patients or a death, further waves of violence could be provoked. Perfunctory promises by administrators on beefing up security end the strike but little improvement actually follows, setting the stage for the next lot of tragic events.

Ms Mercy Khaute has dealt in some detail with law and social disorder in the context of healthcare services in India. She points out that the Prevention of Damage to Public Property Act, passed in 1984, is seldom enforced. She suggests preventive measures such as rigorous adherence to the principles of ethical medical practice; prompt attention to symptomatic patients, especially those in pain; meticulous maintenance of patient medical records; ensuring unequivocal and uniform communication of medical facts to the patient and family and universal display of empathy by all hospital staff members. Total transparency in all financial dealings with patients and clear display of charges for consultations, tests and treatment will also help.[3]

Patient redressal forum

At the King Edward VII Memorial Hospital in Mumbai, this worked well. Several years ago, the dean set up a committee

headed by the Assistant Dean. It consisted of two senior and respected heads of clinical departments, one from a non-clinical department, a senior nursing sister, a social worker not connected to the hospital, a respected journalist and a secretary.

Display boards in various parts of the hospital carried information on this committee and invited representations from anyone dissatisfied with any form of medical care provided in the hospital. These representations had to be in writing. Since many patients attending the hospital could not write, a facility was provided where their dictation was transcribed and read back to them to ensure accuracy.

These documents were sent to the secretary to the forum. Copies were sent by the secretary to the complainant, each member of the forum, the person against whom the complaint had been made and to the head of the department where that person worked. The date and time on which this complaint would be discussed was made known to all, including the complainant. Since meetings were held at least once a week, each complaint was taken up in a few days.

The complaint and facts on it were discussed in the presence of the aggrieved person. Free and frank discussion was encouraged. Where necessary, a second meeting was held on this complaint after obtaining additional data. A conclusion was reached and recorded in the file. A recommendation was made on disciplinary action if this was found necessary. The file was sent to the Dean for administrative action.

A final note was sent to the complainant on the proceedings of the meeting and action taken. Patients and relatives appreciated this system.

NATIONAL INSTITUTES AND ALL INDIA INSTITUTES

The terms 'National' and 'All India' are not notional terms. They carry an important message. We learn that the institute serves the nation and not just the city or the state or region in which it is placed.

Such institutes must have the welfare of the entire country at heart. Teaching institutes must have students and teachers from all over India. Hospitals must cater to patients from every corner of the country though, for practical reasons, the majority will be from the city, state and region. No Indian citizen can be denied access on the basis of domicile.

Since we now have an increasing number of such institutes, it behoves us to assess their activities and enquire about the extent to which they are fulfilling their national duties.

Let me take the example of the All India Institute of Medical Sciences, New Delhi (AIIMS).

The brainchild of Rajkumari Amrit Kaur and Pandit Jawaharlal Nehru, AIIMS was established as an autonomous institution in 1956 through an Act of Parliament. It was intended to serve as a nucleus for fostering excellence in all aspects of the healthcare system. Dr C.G. Pandit, in his thought-provoking autobiographical work,[4] tells us that one of the principal purposes for setting up this institute was the training of teachers who would then join medical colleges throughout the country as staff members. In this way, the high standards envisaged of AIIMS would be progressively instilled into the various departments of all our medical colleges, resulting in all round improvement.

As he entered the evening of his life, Dr Pandit confessed that this hope remained unrealized as most of the products of AIIMS travelled abroad and seeded already well-established institutions in the developed nations.

This is a goal that remains vital to the welfare of the country and needs to be revitalized and implemented.

Is it too much to expect our national institutes to do more for the country? Well-placed as they are with respect to obtaining national and international grants, scholarships, travelling fellowships and other facilities conducive to high standards, they can take the lead in guiding national and state policies on health, formulate guidelines on vexatious topics such as the clinical use of stem cells and initiate measures at improving ethical medical practice and rooting out corruption in the medical profession. They can also take on the role of watchdogs, aborting unhealthy trends before they take root.

REFERENCES

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4 Pandit CG. *My world of preventive medicine*. New Delhi:Indian Council of Medical Research; 1982

SUNIL PANDYA