

considerably to the costs to be paid by the patient merely to ensure safety to ourselves.

Lights and fans

In multi-storeyed hospitals there are a multitude of fans and lights in the corridors and waiting areas meant for the relatives of patients. It is not uncommon to see lights blazing everywhere during broad daylight and fans running at full speed when there is not a single soul in the region.

Suggestions for a centralized controlling system for the lights

that would ensure that all these are switched off at daybreak and switched on at dusk appear to have fallen on deaf ears. I am not aware of practices in the homes of the visiting patients but it does appear that the concept of the last person leaving an area switching off the fan has not found favour in hospitals. Would the spread of awareness of the fact that it is the patients who eventually pay for all these costs help? Or are we so inured to careless and wasteful behaviour that we don't really give a damn?

SUNIL PANDYA

Letter from Glasgow

VIOLENCE AGAINST WOMEN

I remember the incident vividly because it is indelibly etched in my memory. It was at the door of a temporary dwelling on the drive into Delhi from the Indira Gandhi International Airport to the hotel. The man slapped the woman repeatedly on the face while three small children clung to her legs. I have no way of knowing whether the man and woman were partners or were married, but the scene conveyed was one of domestic violence. I flinched and my daughter seated next to me shrieked in horror. A crowd quickly gathered and the minibus moved on—it was not the welcome to India I would have liked.

I have to stress that domestic violence (also called intimate partner violence), indeed violence against women, is prevalent throughout the world, not just India. But as my colleague who is always one to act as the devil's advocate (or as they say in Scotland, always ready to 'ask the "daft laddie" question') said: 'Violence against women—what's that got to do with doctors?' The 'daft laddie' question is the seemingly innocent question that can be asked if someone pretends not to know the background or details about a particular issue, e.g. if you are new to a post or task. The implication of my colleague's question on violence against women was obvious—there are so many other things to do that this seems to be less important. The simple answer to my colleague is that doctors and the health service pick up the pieces of violence against women in the short term with regard to (for example) injuries and the long term with regard to (for example) psychological harm to the victims. It is an important public health issue.

The UK Government defines domestic violence as '... any threatening behaviour, violence or abuse between adults who are or have been in a relationship, or between family members. It can affect anybody, regardless of their gender or sexuality. The violence can be psychological, physical, sexual or emotional. It can include honour-based violence, female genital mutilation and forced marriage.'¹ Of course, men can, and do, suffer from domestic violence as well as women, but the evidence is clear that the victims of domestic violence are overwhelmingly female.

Domestic violence perpetrated against women is just one aspect of violence against women. WHO reported that 'Violence against women, also known as gender-based violence, is now

widely recognized as a serious human rights abuse, and increasingly also as an important public health problem that concerns all sectors of society.'² The entry in the *Encyclopedia of Health and Behaviour Change*³ noted that violence against women in the USA is a major public health problem with 4000 women and girls dying annually as a result of homicide, with 30% being murdered by spouses or ex-spouses.

Violence against women takes many forms and includes not just domestic violence, but also rape and sexual assault, child sexual abuse, commercial sexual exploitation, sexual harassment and stalking, and harmful traditional practices, such as female genital mutilation, forced marriages and 'honour' crimes. Ultimately this violence against women is about power and the desire by men to wield that corrosive power against women.

It will come as no surprise to readers that violence against women is a problem in Scotland and the UK. For example, it is estimated in the UK that between 20% and 33% of women experience domestic violence, 23% of women experience sexual assault, and 7% of women experience rape through the course of their lives. The National Health Service (NHS) in Scotland has taken some steps to tackle violence against women. (Hence the 'daft laddie' question from my colleague noted above.) In September 2008, the Scottish government issued a document to initiate action entitled 'Gender-based Violence Action Plan'.⁴ The document contained a number of steps for the NHS to take and it made clear why this is an issue for the NHS. The reasons included:

- The pervasive nature of gender-based violence.
- The physical, emotional and psychological damage caused by it.
- The costs to the NHS.
- That it is a predictor of poor health and a risk factor for poor health outcomes.
- The fact that the NHS has a pivotal role in identifying and responding to gender-based violence.

Four key areas of action were identified in the Plan for the NHS in Scotland—routine enquiry of abuse within priority settings, i.e. health professionals asking patients routinely about abuse in (for example) maternity services, guidance on abuse to be disseminated

to health professionals, developing an employee policy on gender-based violence, and the health service working with other agencies on this issue. Work is now proceeding in the 14 NHS Boards in Scotland to produce 3-year Action Plans and to implement their Plans. In addition to that, NHS Boards are expected to provide leadership by a senior member of their management teams who will have the responsibility of ensuring that the necessary infrastructure is put in place for implementation of the Plans.

Routine enquiry of abuse is one of the key actions. This entails asking all patients coming into contact with a service, questions related to abuse. The 6 priority settings for routine enquiry are mental health, sexual and reproductive health, accident and emergency, addictions, primary care and maternity services, although it is recognized that routine enquiry will not happen immediately in all these services. Maternity services are important because it is acknowledged that pregnancy is a vulnerable time for women as it can act as a trigger for domestic violence. The health consequences for both the mother and child can be severe and so using the existing antenatal and postnatal care to ask about abuse is useful.

As a public health physician, I would reiterate that the health

impact alone of violence against women in physical and psychological terms makes this an important public health issue for health professionals. That is without even emphasizing the human rights aspects of the issue that women and girls need to be free from this abuse of male power. And that applies throughout the world—to Scotland as well as to Sudan, to the USA as well as the UAE, to Italy as well as India, to Austria as well as Afghanistan, to Poland as well as to Pakistan. This is an issue that shames us all and the need to act is unmistakable.

REFERENCES

- 1 UK Government Home Office. Domestic violence. Available at <http://www.homeoffice.gov.uk/crime-victims/reducing-crime/domestic-violence/> (accessed on 15 October 2009).
- 2 García-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts C. *WHO multi-country study on women's health and domestic violence against women—Initial results on prevalence, health outcomes and women's responses*. Geneva:WHO; 2005.
- 3 Anderson NB. Violence prevention—Intimate partner and sexual violence. In: *Encyclopedia of health and behaviour change. Volume 2*. Thousand Oaks, California:Sage Publications; 2004:808–9.
- 4 Scottish Government. *Gender-based violence action plan*. Chief Executive Letter (CEL) 41 (2008), Edinburgh.

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Obituaries

Many doctors in India practise medicine in difficult areas under trying circumstances and resist the attraction of better prospects in western countries and in the Middle East. They die without their contributions to our country being acknowledged.

The National Medical Journal of India wishes to recognize the efforts of these doctors. We invite short accounts of the life and work of a recently deceased colleague by a friend, student or relative. The account in about 500 to 1000 words should describe his or her education and training and highlight the achievements as well as disappointments. A photograph should accompany the obituary.

—Editor