

Increasing Violence In Healthcare System By Patient Relatives: Causes, Impact And Way Forward

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Abstract:

Healthcare is a fundamental need of every human-being. An effective and reliable healthcare system is backbone of every sustainable society. With increase in population greater stress is faced by healthcare system in every country. In result of this stress numerous evils have taken birth within healthcare system. One of the evolving evil is increasing violence in healthcare by patient relatives. This paper undermines study of various causes which has resulted in birth and growth of this evil? Moreover, the impact of such violence is also worth consideration. The impediments created by violence have badly affected healthcare facilities. Lastly, this study put-forth various recommendations to overcome this evil and strengthen healthcare organizations to achieve sustainable healthcare system for our society.

Keywords: Health Care, violence, perpetrators, medical personnel's, relatives

Introduction:

Health care workers are on greater risk of threat and violence in their work places all over the world. This phenomenon has become great concern quite lately in all walks of life. This challenge is equally faced by both developed and under developing countries. Although the causes vary from country to country however the impact is very large.¹ States, international and non- international organizations are working

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on the project to ensure the safety of medical personnel's and trying to minimize this globally emerging issue.

The abrasion of health care workers protection is not only a challenge in war times and emergency circumstances but is growing day by day in large cities where crime and violence is widespread. This is evident from numerous reports of violence and threats on print and electronic media in countries having no war like situation. Apart from violence against health care workers the patients and their families also hampers the provision of health facilities to other persons. The havoc created in such like situation often leads to strikes by the doctors and nurses who hamper the working of outpatient departments (OPDs) and emergency and accidents centers.

Our country is facing a serious problem of violence against health care staff. The events of violence have certainly increased in the last few years. War against terror, sectarian violence, poverty, unemployment, corruptions and political turmoil of country has been reported to cause increase in violent response by citizens to every problem. In the chaotic situation people respond emotionally and irrationally due to trust deficit on institutions and governing system. This instability is the root cause of many problems in our country.²

In Pakistan nation-wide study, conducted in 2011, on violence and abuse faced by junior physicians in the emergency departments of nine public hospitals in Pakistan showed that nearly 76.9 per cent of the 675 doctors interviewed had experienced violence — 65 per cent verbal and 11.9 per cent physical.³

Male doctors were at higher risk of facing violence than their female counterparts and most acknowledged that violence perpetrated on them affected their performances. In Pakistan Karachi city is badly plagued with this health care in danger issue. About 66% of the health staff faces violence from public and patients relatives. Study found that ambulance and hospital staff are at high risk in Karachi. Due to excessive rush hours in

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city and check posts checking make the issue more huge and heinous for health care staff.⁴

The healthcare in danger (HCiD) program initiated by Red Cross and Red Crescent Movement Project works for strengthening security and delivery of neutral and effective health facilities in armed conflicts and other natural calamities. Under the supervision of ICRC in 2008 research was made to study and examined the impact of violence against health care workers in 16 different states. Various attacks and violence were classified in four different heads i.e. attacks motivated by military advantages; political, religious or ethnic concern; unintentional attacks; theft for medicines and equipment's.

2. Causes of Violence against Health Care Workers

2.1 Overcrowding and limited facilities.

Overcrowding and limited facilities in health care units is also a cause for violence against health care workers. OPDs are overcrowded and lines of patients face a single window. Number of doctors and nursing staff are comparatively less than required number in hospitals. There are limited resources in hospitals both interim of man power and material or infrastructural facilities. The operation theaters are too limited patient waiting for days to be operated. A per recent statistics the ratio of 500 patients per doctor is reported in OPD management. This factor of over crowd and limited facilities creates havoc in patients and their relatives. Their anger and frustration as a result of this crippled system cause violence against health care workers.

2.2 Satisfaction from Health-Care Personnel's

One of the prevailing reasons for violence against health care workers by patient relatives is their satisfaction from the staff .Patient's relatives alleged that their loved ones are not properly handled and that the nursing and doctorial staff give less attention to patient, especially in public hospitals. Additionally, senior doctors are not present on time in hospitals. In causality

and emergency situations a patient get even worse due to delay in emergency response mechanism. The doctors give less time to patient in hospitals as they are more inclined to private practice in their clinics. Some respondents reported that negligence of doctors even leads to death of patients. Consequently, this ends in violence against health care workers by patient relatives.⁵

2.3 Social Instability, Illiteracy and Poverty.

Social instability, illiteracy and poverty of our society are also the factors contributing to violence against health care workers. The patients and their relatives are in state frustration due to their miserable life standard because of poverty, unemployment, inflation and many other factors. Their inability to understand the basic health knowledge. These entire factors collectively make patients and their relatives impatient; and as a result their reasoning with health care workers ultimately cause violence.

2.4 Encumbrance process in health care.

Patients have to follow an encumbrance process to get treatment. Out Patient Departments (OPDs) are operated by small staff who could not handle it properly. The laboratories and other investigation centers in hospitals are at far distance from the hospital and also a time consuming. It takes a day for the process of admitting a patient. For an operation patients had to wait for weeks and in some departments like gastrointestinal wards patients have to wait even for months. The hospital staff does not provide assistance to illiterate and poor patients who wander here and there in search of doctors and wards. Furthermore, the supporting staff often demands bribe. All these result in frustration of patient relatives which ends in violence.

2.5 Shortage of Staff.

With the tremendous growth of populations in our country, the resources are consumed quickly and resultantly there are deficiencies in material resources. As a result people face a lot of troubles. Medical care field is also affected by high population growth. Our survey shows that 10.75% i.e. 43/400 respondents believe that shortage of staff is a factor contributing to violence. When the patients are brought to hospital the relatives are not satisfied that how their loved ones are cared for. The on duty staff is either not present or is busy with other patients. In this regard the government is required to increase the staff in health care settings so to avoid violence against health care workers by patient relatives.

2.6 Patient and Staff relation.

The patients are brought to hospitals in very chaotic situations especially in emergency department. Their relatives are broken emotionally due to the pain and sufferings of their loved ones. In such circumstances they expect the health care workers to be humble, Careful and polite

. However, it has been observed that the staff often responds harshly and rudely mostly in government hospitals. This attitude happens due to either excessive work load or laps of communication between patient relatives and health care workers. This communications gap and poor coordination between the two sides provokes violence against the health care workers. It has been noted that mostly the young doctors and other new staff members often suffers due to this reason.

2.7 Poor Work Organization.

Talking of public hospital, many events reported of violence against health care workers are due to poor work organizations. This factor develops due to non-availability of human resources and infrastructure also. Contrary to this in private hospitals like *Rehman Medical institute* and *North West General Hospital* in Hayatabad Peshawar this factor is very low. The government has although brought many changes in health care organization,

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but still there is long way to make a proper work organization in public hospitals.

2.8 Staff work load.

With increase in human populations; diseases, accidents and other health hazards have also greatly increased. However the numbers of health care workers are very limited as compared to the patients in hospitals. Health care workers are burden with long duties due to which they often could not carry their professional jobs in proper way. Resultant, unprofessional conducts happen which causes violence. The governments need to bring in more health care workers in public hospitals and distribute the work load properly so that this factor is curtailed.

2.9 Irritating Staff Attitude .

The patients who are brought in hospitals are in serious physical and mental distress. Their relatives are even sharing that mental distress with them. In our survey have reported that in hospital the health care staff especially in administration behave too rood. There irritating attitude is either that they are very much tired of their long duties or that they are not happy with the affairs of the hospital administration. Resultantly their attitude with the patients and their relatives is too harsh and creates violence against the health care in danger. For the reason that the patients and their relative loss their temper when they are already in stress due to ill treatment of the hospital administration.

2.10 In-experience Care Givers.

Reports of negligence by doctors and nursing staff has widely being reported both in print and electronic media. We often hear that a surgeon forgot and operating tool inside patient body or a nurse wrongly administered an injection to patient which resulted in disabling a body part. All this happens due to inexperience care givers in health care settings. The noble profession of health care has been changed to a commercial field either due to some medical colleges and nursing schools which offer various programs just for making of making money

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or that clinical practice is consider more important than serving in hospitals. What so ever be the reason for it, but this factor has caused great violence against health care worker and even proven to be lethal in some circumstances.

2.11 *Culture and Morality.*

Speaking of *Khyber Pakhtoonkhwa* in the context of this factor many episodes of violence are reported due to culture constraints and immoral conducts. Although that this is not very much observable in settled areas like Peshawar but in some remote areas violence took place against health care workers due to the complaint of immoral act committed against female patients. Although that number of such reported events is too small and that an act of a few could not be made a base for bring bad name to this noble profession.

2.12 *Lack of Security.*

Due to ongoing security situations in our country at large and especially in KPK every profession and business is at risk. The doctors are facing constant threats from multiple actors. The security is not well maintained by government and hospital authorities. They are vulnerable and could easily be attack by any one either that be patient relatives or any other group.

2.13 *Delaying or Denying Access*

According to the report issued by the ICRC in 2013, it was reported that approximately 75% of people were abstain from giving access to the on various check points to the ambulances or private cars carrying their near one's to hospital for proper treatment. Ambulance are delay for hours on security check points which is fatal for the patients and lead to the hard conversation among the state security agencies and relatives.⁶ (Violent Accidents affecting the delivery of Helath Care 2014)

2.14 *Role of Government*

The government of *Khyber PaktoonKhwa* has taken great steps in health care setting. It has announce health emergency through programs like "Sahat Ka Insaf ", " Sahat Card".

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“Evening OPDS”, providing equipment’s to hospitals. The health care workers are given good remunerations, despite these steps; there is room for improvement. The health care setting should be made people friendly by removing the extra formalities and taxes.

3. Legal Framework deals with the issues of Health Care in *Khyber Pukhtunkhwa*

3.1 Supreme Law of the Land

Constitution of Islamic Republic of Pakistan 1973 is considered as supreme law of the land actually. It speaks in generality instead of providing specific rules for the violence perpetrated on HCPs. It provides broader spectrum and authority for the specific legislation in specific fields. Having character of key milestone, it supplies legal underpinnings for the protection of Health-workers, patients and other administrative and medical staff.

Fundamental rights and Principle of Policies includes provisions which deal directly and indirectly respectively with the protection of HCPs. According to article 4, persons are protected from any unlawful activities which adversely suffer the security of person, reputation and their property.⁷ Article 9 deals with the Security of person but with the caveat save in accordance with law. Other relevant articles like provisions on equality of law. Discrimination in access to public places, parochial and other differences shall be abolished deals with the protection of HCPs. (constitution of pakistan 2012).

While considering enabling framework pertinent to the medical personnel protection, article 38 of the constitution make state obliged for the protection with the aim of social and economic well beings of people

According to interview from Dr. Nasir Khattak, Neuro Surgeon Hayatabad Medical Complex, “Verbal violence perpetrated by sources is more common and its occurs daily. Nonetheless physical violence also occurred but not in routine

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work.”⁸ Nurses not feeling safe in their workplace and majority of study were witnesses to at least one physical or verbal assault at their workplace in the last six months.⁹ These findings pertinent to the provisions given in article 4 and 9 of constitution attract its direct applicability in aforesaid situation of violence.¹⁰

3.2 Khyber Pakhtunkhwa Health Care Commission Act, 2015 (Act V of 2015)

The intend clause in preamble of the KP Health care commission Act 2015 primarily emphasized upon regulation on health care services in public and private sectors, provide provision thereto and set out actions which needed to achieve high quality healthcare in the province.

The provincial assembly of KP passed aforesaid Act on 13 Jan 2015 w.e.f 22 Jan 2015.¹¹ Under this act a commission is established tasked with to ensure the safety of patient and to improve the quality of health care in public and private establishments. This commission is awarded with the far-reaching and significant powers regarding every matter relevant to the health care services. It provides opportunity to the government to make such policies and regulation in the province in order to enforce minimum standards of patient and health staff safety in public and private sectors.

Under this act, the commission is responsible to set standards for registration and issuance of license to the healthcare establishments, encompass the traditional treatments e.g Tibb and homeopathic treatment. The recognition of the role of traditional healthcare providers in all over healthcare sector is also coherent with the perspective of the ICRC.¹² (Towards Protecting Health Care in Karachi- A Legal Review n.d.) It regulates and monitors the licensed healthcare establishments and plays a role to provide technical, advisory and disciplinary support to them.

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Commission is empowered to nominate committee e.g Finance and Grant Committee, Technical Committee, Continuous Quality Improvement Committee and Performance Review Committee for assistance of the Chief Executive of Commission. Government may also grant support in policy matters regarding fulfillment of the various object of commission.

Chapter 4 of the Act deals with Complaints, Inspection and Investigation procedure. Any aggrieved person can complaint against the healthcare providers and establishments to the commission with sixty days from the cause of action and commission will order to inspection team to make inquiry into the matter and conduct inspection of the healthcare establishment. After investigation, commission hold powers to impose penalty which may extend to fifty thousand rupees on healthcare establishment.

Although his act is in essence emphasized on the protection of the patient and improvement of the health care services but there is no single provision included regarding protection of the Health Care providers against harassment, undue pressure and damage to the property during their professional services. Without safety given to doctors and medical professionals, how they will award their professional services to the patient in distress. ICRC starts HCiD Campaign “Violence against Health- Care must end- It is the matter of Life and death” launched Globally on Aug 10, 2011 which is initiative step towards the protection of Health care Providers.

3.3 Khyber Pakhtunkhwa Medical Teaching Institutions Reforms Act, 2015 (Act IV of 2015)

On Jan 13, 2015 KP passed another reform act with the aim to give autonomy to the government owned institutions and affiliated hospitals in the province to improve medical health care services and patients care. Under the act, doctor’s work as a consultant in any medical institution is bound to do private practice in hospitals. This act comes into force from Jan 15,

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2017. This act was one of the tremendous step taken by provincial assembly of KP to improve performance, enhance effectiveness, efficiency and responsiveness for the provision of quality healthcare services to the people of the Khyber Pakhtunkhwa. This act does not contain the provisions which directly deal with the issue of violence in health care sectors nonetheless it contains provisions relevant with the protection of patient care.

3.4 THE KHYBER PAKHTUNKHWA INJURED PERSONS AND EMERGENCY (MEDICAL AID) ACT, 2014

KP Injured persons Aid act was promulgated on Dec 12, 2014 with the limited application to the province of Khyber Pukhtukhwa. The objective behind its promulgation was to provide medical aid and treatment to the injured persons and emergency situations. This act does not exclusively deals with the violence against health care providers but it contains certain provisions which can employed to give protection to patients and health care professionals.

According to this act “injured person” means “a person injured due to traffic accident, assault or any other cause who is in need of an immediate treatment.” further in succeeding section it is provided that injured person shall be treated on priority basis.

This act ban the interference of police officers during the period patient is under treatment. This caveat is added to restrict the indulgence of police or any other investigation agency for investigation purpose during the critical and emergency situation. For instance if a person is heavily injured by gunshot, investigation cannot be conduct during the patient is under treatment unless in written proof from Incharge of Hospital. In other words police cannot interfere in work of Health-care professionals during emergency situation without in written prior permission of Incharge of hospital.

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3.4 The Khyber Pakhtunkhwa Regulation of Lady Health Workers Program and Employees (Regularization and Standardization) Act, 2014

KP Regulation of LHW bill was passed on June 24, 2017 but enforced after July 29, 2014 but KP Provincial Assembly. The object of the act is to protect lady health workers to ensure the community embedded employees for the effective health service delivery to local area in the province. This program was run by Federal but under the Eighteen Amendment it devolved to the province.¹³ Although it does not explicitly provides the protection of LHW but in PPC any harassment or assault made against LHW shall be deals under PPC and harassment in work places act.

The ministry of health under the premiership of late Benazir Bhutto in 1994 initiated ladies health worker project with prime object to provide health facilities to suppress communities. By now the numbers of lady health workers has reached about 110,000 in the field of health care. Despite of such huge human resource available with health department the polio eradication programs throughout the countries is badly affected due to access and security concern. In number of occasion like a North West city of Peshawar the ladies health workers have refused to discharge their duties due to threats and violence. A number of killing and attacks has been made on health care workers specially working in polio programs. There are some regions where law enforcement agencies have no access due to local insurgences.

4. AREAS OF REFORMS AND RECOMMENDATIONS

4.1 Reforms in Medical and Dental College Accreditation:

There should be Strict and conclusive accreditation policy of medical and dental colleges. All those colleges which fail to qualify as per accreditation policy those should ordered to close due to poor quality and standards. Those institutions which fail to get accreditation should be given some time to improve and

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make up the deficiencies and after thorough examination and scrutiny should then be given accreditation and failing which they should be closed down permanently.

4.2 Enrolments and Courses in medical and dental colleges

The enrollments in each medical and dental college are to be done through transparent, impartial and merit process conducted by independent organizations and testing agencies. The number of enrolments in even college is to be based on the infrastructure, number and quality of teachers and other teaching facilities. Pakistan Medical and dental council should further strengthen their SOPs regarding affiliation of institution and their enrolment procedures.

4.3 Code of Conduct for Doctors and other Health Care Workers

A proper code of conducted and profession ethics should be introduced in medical sector. In public hospital monitory body should be established which overlook the professional conduct of doctors and take necessary action in case of any complaint. Health care workers should avoid negligence and realistically disclosed patient's situation to their relatives rather than giving false hopes. Patient has right to the diagnosed and treated adequately. There is no room for negligence in provision of health care facilities. The doctors are required to abstain from over confidence and playing with lives of people only for their hit and trial mode of treatment.

4.4 Patient and staff relation

The health care workers should be trained to respond to any situation. They are required to realize the feelings and emotions of patients, their attendants and relative during treatment. There is need of proper communication among health care workers and patient relatives. This would lead to achieve the confidence of patient and their relatives. The medical and dental colleges should introduce “patient and health care workers

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communication skills” as an essential subject in their courses. Due to communication gap the confidence on health care workers has declined. It is also pertinent to mention that so far no efforts has been made to indulge patients perspective in decision making regarding provisions of health care facilities in various health centers. In most of the cases the health care workers specially the doctors does not brief the patient relatives regarding their patients’ health condition, the outcome result and diagnosis to be made. Patient relatives have all the right to be informed from day to day condition of their patient.

Moreover with increase in medical and dental colleges the number of health care workers had also increase; however less focus is made on developing proper communication skills and empathy towards patient. There is dire need to strengthen the health care workers relation to patients. The use of high tune language and snubbing patient and their relatives should be condemned. The patient has right to seeks second opinion from other doctors if not satisfied from the current doctor.

4.5 Media Reporting and Public Information

Every healthcare facility is required to have liaison office to deal with the matters related with the print and electronic media and respond properly and accurately to their queries. Furthermore No media person should be allowed to enter the healthcare facilities without permission and recording, coverage and reporting and rather they be briefed by the liaison officer or the hospital spokesman. In this regard Media in particular has to show responsibility while reporting health issues and those covering health must have some core knowledge of health issues and their management in health care facilities.

4.6 Security Measures

All healthcare facilities must have a heavy boundary wall with efficient security system in place which monitor entry of every entry and exit route to the facility. Twenty four hours

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surveillance should be made through cameras and Alarms. Every health care facility should have designated emergency exit routes and standby force to deal with security situations. Security guards should be posted inside the hospital particular in most sensitive areas like Emergency, Intensive Care Units, and Operation Theaters. Furthermore, security grills be done on routine basis and check and balance of security measure be done efficiently. The security guards should ensure that no offensive tool is brought into hospitals and no unnecessary personnel are allowed to enter into hospital premises. The case of security breach in hospital should be severely dealt with.

4.7 Professional Specialty Organization:

Professional specialty organizations should play their role and come up with a mechanism of self-monitoring of their members to ensure ethical medical practice. The hospital administrations should engage these organization to create check and balance on the professional conduct. These organizations should be impartial, neutral, independent and autonomous. This institute should be empowered to take steps to ensure professional conduct. Routine workshops and seminar are to be conducted to promote professional conduct.

4.8 Reforms in Administrations and Policies by Government:

The government should bring reforms in health care institutes. The reforms in management and financial setup of these institute are required. The health care units be made independent in their managements and the health budget in provincial and federal budget should be increased. The government should ban the strike culture growing in hospitals due to which many patients suffer. Young doctors should be given more incentives so that their needs are full filled and they work with good interest. (ICRC 2016)

4.9 Spread of Knowledge about the existing Legislation

As it is explain above the existing legislation in the KPK province of Pakistan to regulate the issue of health care and eradication of this new emerging evil against white coat of innocent health care staff. Efforts are going in the province for reduction of danger. It is necessary for government to spread awareness through various forums in public about the said legislation. Security forces, combatants, Para military services and health staff workers should aware about the said legislation.¹⁴

Conclusion

Health care is a basic need of human beings. The institutes, personnel and resources used in this sector shall in all times be protected and care. The changing dynamics of society also requires new tactics for dealing with issues. Health care in danger project of ICRC is an eye opener for world, that medical personnel and facilities are under threats and there is dire need for reforms and actions to protect them.

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