Title:
Systemic violence against Healthcare Workers in India: Situational Analysis & Review of Legislations

Conference:
Consortium of Universities for Global Health (CUGH) 2022

Authors:
Aatmika Nair MBBS¹,², Sweta Dubey MBBS¹, Vincy Koshy MBBS¹,³, Madhav Bansal MBBS Student¹,⁴, Swasti Deshpande MBBS¹,⁵, Siddhesh Zadey BSMS MSc-GH¹,⁶, Kiran Khuntia¹,⁷, Shalmali Stapute¹

Affiliations:
1 Association for Socially Applicable Research (ASAR), Pune, Maharashtra, India.
2 Mumbai District TB Control Society, Mumbai, Maharashtra, India.
3 North Tees and Hartlepool NHS Foundation Trust, United Kingdom
4 Institute of Medical Sciences & Sum Hospital, Bhubaneswar, Odisha, India.
5 Deenanath Mangeshkar Hospital and Research Center, Pune, Maharashtra, India.
6 Department of Surgery, Duke University School of Medicine, Durham, North Carolina, United States
7 Rajarshi Chhatrapati Shahu Maharaj Government Medical College & CPR Hospital, Kolhapur, Maharashtra, India.

Conflicts of Interest:
None

Background:
Violence against healthcare workers (VAHCW) in India has been a chronic, systemic, and growing problem in the last decade. The COVID-19 pandemic has seen a further increase in violence, making India one of the most unsafe countries for healthcare workers (HCWs). The rise in VAHCW in India warrants the need to bring the issue to policy and political agenda. We aimed to review VAHCW incidence estimates, the factors associated with VAHCW and systematically assess the state-level legislations.

Methods:
Using data from the Safeguarding Health in Conflict Coalitions database, we looked at VAHCW in India during the pre-pandemic (2017) and COVID-19 pandemic period (January-December 2020) by multiple perpetrators including civilians, state forces and non-state actors classified based on the nature of attack. We mapped cases of vandalism from 2007-17 and news reports of VAHCW incidents from 2018-19 in India. We summarized existing state-wise legislation and categorised them into varying levels of penalties. The data extracted from the literature review was segregated into types of
personnel, hospitals, departments and work shifts where incidents of VAHCW were common.

Findings:
Incidents of assaults against HCWs in India jumped by 216%, from 49 in 2017 to 155 in 2020 (COVID-19 pandemic) while injuries rose from 17 to 28. The pandemic also observed an increase in threats to health workers. From two studies that reported incident counts, between 2007-17, Delhi and Maharashtra were leading followed by Uttar Pradesh, Rajasthan and Kerala. For 2018-19, West Bengal and Maharashtra observed a soar in VAHCW cases. In 17 states, the Medicare Service Persons And Medicare Service Institutions (Prevention of Violence And Damage To Property) Act classified VAHCW as a non-bailable offence with a fine of upto Rs 50,000 and imprisonment upto 3 years. Some states have altered the same Act with some more stringent than others. Out of 36, 4 states and 5 union territories in India do not have laws to tackle VAHCW. Despite widespread recognition of the problem by states, there is no national law in place. Incidents of violence were predominantly reported for junior doctors and nurses in government hospitals during morning outpatient hours and late-night shifts.

Interpretation:
India needs to invest in VAHCW surveillance by creating a multilingual database to understand the burden of the problem and formulate effective prevention programs. Enactment of a central/federal law and improved execution of existing state laws can grant justice to victims of VAHCW and prevent potential perpetrators of violence.

Source of Fundings:
None
Systemic Violence against Healthcare Workers in India: Situational Analysis & Review of Legislations

Aamitika Nair MBBS2,3, Sweta Dubey MBBS2, Vincy Koshy MBBS3, Madhav Bansal MBBS5,6, Swasti Deshpande MBBS5, Siddhesh Zadey BSMS MSc-GH1,2,3, Krunal Khuntia2,3, Shalmali Statpute2,3
1. Association for Safety and Health Research (ASHR), Pune, Maharashtra, India; 2. Indian Institute of Management (IIM), Bangalore, Karnataka, India; 3. North East and North East Foundation Trust, United Kingdom; 4. Institute of Medical Sciences & Sports Hospital, Hyderabad, Telangana, India; 5. Damanico Mangalam Hospital and Research Center, Pune, Maharashtra, India; 6. Department of Surgery, Sule University School of Medicine, Pune, Maharashtra, India.

Background
Violence against healthcare workers (VAHW) in India has been a chronic and systemic problem in the last decade making it one of the most acute conditions for healthcare workers. The COVID-19 pandemic has exacerbated the problem. The Indian Medical Association (IMA) and the Federation of Indian Medical Colleges (FIMC) have launched the "VAHCW" campaign in 2016, which has brought the issue to the forefront of the health policy and political agenda. In this study, we (1) reviewed VAHCW incidents from 2017-2020, (2) identified the factors associated with VAHCW, and (3) assessed the state-level implementation of VAHCW.

Methods

Data sources: Literature search with respect to VAHCW was done across Google Scholar, PubMed, and SciELO along with news articles, blogs, and journals and government websites. Data was collected from the year 2017 to 2020. VAHCW news reports searched on Google search engines, national and local news sites for 2020. Data for COVID-19 daily infections were extracted from the website of the World Health Organization (WHO).

Data analysis: The data extracted from the literature review was aggregated into types of personnel, departments, and work shifts whose incidents at VAHCW were common. We analysed the data extracted from the and classified based on the nature of attack, perpetrators, and time frame. Summarized existing state-wise legislation and categorized them into varying levels of protection.

Results

VAHCW incidents:
- The incidents of assault have taken a sharp rise from 4,893 in 2017 to 11,208 in 2020 during the pandemic.
- In 2020, the peak in the second wave of COVID-19 infections coincided with the rise in VAHCW in the months of April and May.
- While India, Maharashtra, and Uttar Pradesh were leading in VAHCW incidents from 2007-2017, West Bengal and Maharastra observed a near from 2018-19.

VAHCW Legislation:
- In 17 states, the Medicare Service Persons And Medicare Service Institutions (Prevention of Violence And Damage To Property) Act classified VAHCW as a non-bailable offense with a fine of up to Rs 5000 and imprisonment up to 3 years.
- States and union territories have made VAHCW an act with varying levels of severity.

Conclusions

Although the government has made a decision to amend the central law against VAHCW, it is not clear whether it will have an impact on the situation. The COVID-19 pandemic has further exposed this systemic problem in the country which requires a need for urgent monitoring and surveillance of such incidents. Protecting healthcare workers against violence requires action from policymakers, hospital administrators, policymakers, and researchers.

References

(Author-Title, Year of Publication, Journal Name, Volume, Issue, Pages)

Acknowledgements

(Author-Title, Year of Publication, Journal Name, Volume, Issue, Pages)