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 MBBS[1,2], Sweta Dubey MBBS[1], Vincy Koshy MBBS[1,3], Madhav Bansal MBBS Student[1,4], Swasti Deshpande MBBS[1,5], Siddhesh Zadey BSMS MSc-GH[1,6], Kiran Khuntia[1,7], Shalmali Stapute[1]

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

Aatmika Nair MBBS[1,2], Sweta Dubey MBBS[1], Vincy Koshy MBBS[1,3], Madhav Bansal MBBS Student[1,4], Swasti Deshpande MBBS[1,5], Siddhesh Zadey BSMS MSc-GH[1,6], Kiran Khuntia[1,7], Shalmali Stapute[1]

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.

Background

Violence against healthcare workers (VAHCW) in India has been a chronic and systemic problem[1] in the last decade making it one of the most unsafe countries for healthcare workers.[2] The COVID-19 pandemic has accentuated VAHCW incidence across states in India.[3] The rise in VAHCW in India warrants the need to bring the issue to policy and political agenda. In this study we- (1)Reviewed VAHCW incidents for 2007-2017, 2018-19, 2020, and 2021, (2)Determined the factors associated with VAHCW, (3)Assessed the state-level legislations for VAHCW.

Methods

Data sources- Literature review with respect to VAHCW was done across Google Scholar, PubMed, and SCOPUS along with news articles, blogs, and journals and Safeguarding Health in Conflict Coalitions database for 2017 and 2020 incidents. VAHCW news reports searched on Google search engine, national and local news sites for 2021. Data for COVID-19 daily infections were extracted from Institute for Health Metrics and Estimates COVID-19 projections

Data analysis- The data extracted from the literature review was segregated into types of personnel, hospitals, departments, and work shifts where incidents of VAHCW were common. We analyzed data extracted from the and classified based on the nature of attack, perpetrators and month-wise. We summarized existing state-wise legislation and categorized them into varying levels of penalties.

Results

VAHCW incidents-

- The incidents of assault have taken a sharp rise from 49 in 2017 to 155 in 2020 during the pandemic.
- In 2021, the peak in the second wave of COVID-19 infections correlated with the rise in VAHCW in the months of April and May.
- While Delhi, Maharashtra and, Uttar Pradesh were leading in VAHCW incidents from 2007-2017, West Bengal and Maharashtra observed a soar 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 50,000 and imprisonment up to 3 years.
- States and union territories have modified this act with varying levels of stringency.
- There is no central law and moreover, out of 36, 4 states and 5 union territories in India do not have laws to tackle VAHCW.

Parameters with respect to VAHCW	Findings
Cadre	Junior doctors and nurses
Departments	Emergency department, intensive care unit, isolated health centres
Shift	Morning OPD duty and late night shifts
Public health sector key factors	Limited resources and staff
Private health sector key factors	High costs and extended stays

Conclusions

There is a dire need for the **enactment of a central law against VAHCW** and at the same time **strict enforcement of existing state laws**. The COVID-19 pandemic has further exposed this systemic problem in the country which warrants a need for **regular monitoring and surveillance of such incidents**. Protecting healthcare workers against violence **requires action from citizens, hospital administrators, policy-makers, and politicians.**

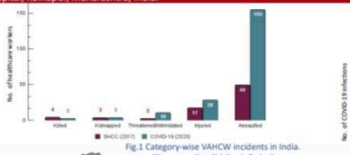

Fig.1 Category-wise VAHCW incidents in India. (Figure credits- Siddhesh Zadey)

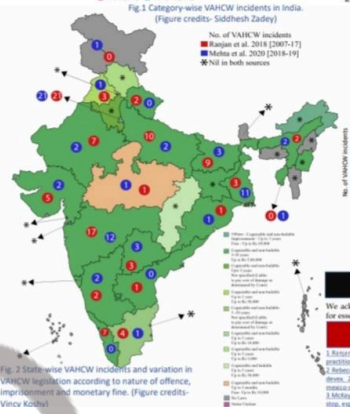

Fig. 2 State-wise VAHCW incidents and variation in VAHCW legislation according to nature of offence, imprisonment and monetary fine. (Figure credits- Vincy Koshy)

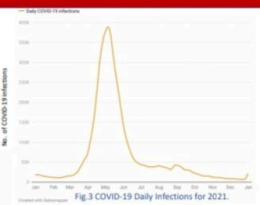

Fig.3 COVID-19 Daily Infections for 2021.

Fig. 4 Month-wise distribution of VAHCW incidents in 2021

Acknowledgements

We acknowledge the contributions of Aleesha Joykutty and Anoushka Arora for essential assistance with data curation.

References

1 Ranjan R, Meenakshi, Singh M, Pal R, Das J, Gupta S. Epidemiology of violence against medical practitioners in a developing country (2006-2017). *J Health Res Rev* 2018; **5**: 153.
2 Rebecca L. Root. Health workers in India, Mexico saw most COVID-19-related violence in 2020. devex. 2021; published online March 4. https://www.devex.com/news/horrific-workers-in-india-mexico-saw-most-covid-19-related-violence-in-2020-99211 (accessed Feb 3, 2022).
3 McKay D, Heisler M, Mishori R, Catton H, Kloiber O. Attacks against health-care personnel must stop, especially as the world fights COVID-19. *Lancet* 2020; **395**: 1743–5.