Sir, Violence against doctors, which are frequently reported in newspapers, has intimidatingly increased all over the world including India. As per the World Health Organization (WHO), health workers suffer from physical violence between 8% and 38% at some point of time in their careers. The Indian Medical Association report (2015) says more than 75% of doctors had faced violence at work. In spite of various laws and safety measures, continuing attacks on doctors pose a great threat to the health-care system of the community and yet remains under-reported. Since media helps to shape the understanding of the general public on a given issue, a descriptive content analysis of news on physical violence against doctor was done.

The top ten English national daily newspapers of Indian Readership Survey 2017 with online versions were selected to extract standard reliable information on violence against doctors at workplace during January 01, 2017–December 31, 2017, using Google and official website search. The standard WHO definition of workplace violence was utilized. We found 93 reported incidents of doctor–patient violence in India during the year 2017, of which, 18% were reported from Maharashtra followed by 11% from Karnataka. Of these 93 incidents, 155 health professionals were attacked including 125 (81%) doctors, 10 (6.5%) staff nurses, and 20 (13%) other health personnel. Further time-, place-, and person-related characteristics of violence that were reported in the newspaper are given in Table 1.

Nearly 50% of the incidents happened during the delivery of emergency services. Patient relatives and visitors were identified as perpetrators in 73% incidents, among them 70% were males and more than two perpetrators were involved in 40% events. Of the reported 93 incidents, 10% were simple injury, 9% were grievous, whereas 82% were not reported. Shockingly, two doctors were even killed.

The most common reasons attributed to violence were intolerance to news of patient’s death in 26% incidents, alleged delay in treatment in 17% events, poor communication and substance use among caregivers in 9% events each. In-hospital management issues, 6% were due to inadequate specialists and facilities.

We found that type of injury was not reported in 82% of incidents, whereas the previous study by Ranjan et al. found it to be only 6%. This might be due to differential reporting patterns among national and local newspapers included in the study. The reasons identified by our work were almost same as reported by a previous study conducted at a tertiary care hospital of New Delhi.

The present may not offer the complete representative picture of the situation; however, it has generated the findings, which aligns with the current recommendations in health professionals training.

In conclusion, doctors of younger age, working in the Government hospital setting, involved in provision of emergency health services during odd working hours were attacked commonly by patient relatives. Measures to safeguard these risk groups and to avoid such risk factors need to be formulated and implemented strictly. The care-giver’s emotional turmoil, perception of delayed treatment and poor communication skills of the service providers were found to be the common reasons. Most of the reported reasons for such violence were preventable. Hence, it is recommended that senior doctors should accompany juniors on all working hours to manage emergency crisis. Health Professions Education should emphasis heavily on importance of communication skills, ethical practice, patient’s rights, and professionalism throughout their training program. Hospital management should support doctors and ensure all safety measures including an action protocol for mob violence. Media also has the responsibility in being neutral and disseminating the

Table 1: Time, place and person characteristics of violence against doctors that were reported in the online national newspaper, 2017

| Background characteristics | n (%) |
|-----------------------------|------|
| **Time related**            |      |
| Day of the week (n=51)      |      |
| Weekday                     | 38 (74.5) |
| Weekend                     | 13 (25.5) |
| Timing of the day (n=54)    |      |
| 8 PM - 8 AM                 | 35 (64.8) |
| 8 AM - 8 PM                 | 19 (35.2) |
| **Place related**           |      |
| Type of health facility (n=72)|      |
| Government hospital         | 50 (69.4) |
| Any private hospital        | 22 (30.6) |
| **Person related**          |      |
| Designation of affected doctors (n=82)*|      |
| Trainee doctor              | 32 (39.0) |
| Junior duty doctor          | 28 (34.1) |
| Specialist                  | 22 (26.8) |
| Gender of the doctor (n=64) |      |
| Male                        | 45 (70.3) |
| Female                      | 19 (29.7) |

*Of the reported 125 doctors, designation was mentioned only for 82 doctors
information about doctor-patient relationship. Reporting the full details of any mishap and their consequences of after events avoid misconception of public about health personnel.

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There are no conflicts of interest.

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