

Jun 19 2017

Violence Against Doctors: A Subtle Violation of Human Rights

seyerek

*By Ananya Krishna

In the state of Maharashtra, generally, the people and the doctors are not aware of their rights and liabilities. This lack of awareness leads to the grief and anger of patients being targeted at the first person who can be held responsible for any injustices they face. The issue gets made into a battle between two factions, while in reality both sides are victims.

On March 12th 2017, in the city of [Dhule](#), a doctor from Dhule Civil Hospital was beaten up by the relatives of a patient because he referred the patient to a tertiary hospital- as a neurosurgeon was not available at the civil hospital. This was the [48th attack](#) on a doctor in Maharashtra since January 2015.

The World Bank stated that up to [38% of health workers suffer from some form of violence during their career](#), while a recent study by the Indian Medical Association stated that [nearly 80% of doctors face violence at their workplace](#). Amidst these circumstances it is important that the purpose behind these acts are brought to light. There is no doubt that an assault on a doctor or, for that matter, any individual is something unacceptable in any civilized society, but at the same time it is important to ensure that the accused had a guilty intent (*mens rea*) as well as performing an illegal act (*actus reus*).

Due to a lack of education, people have the assumption that any and every doctor has complete control over the biology of the patient, and therefore attack them out of grief and anger when something goes wrong. Doctors are blamed for a variety of things, ranging from an incorrect diagnosis to faulty equipment. It is hard for them to come to terms with the fact that, even when problems occur, the doctor carried out their work with the utmost sincerity.

Because of the centrality of a lack of education in these attacks, it may be more difficult to argue that the aggressors had a guilty intent (*mens rea*), but rather the lack of education, which is a state responsibility, is the reason for the attacks. Under such circumstances, it should be the state's responsibility to provide a proper remedy to all the aggrieved parties, both doctors and patients, and not to criminalize anyone unless, and until, a guilty intent can be proved beyond reasonable doubt.

So, under such circumstances the question arises as to how to protect the rights of the doctor without unnecessarily criminalizing every outburst of anger. The most evident and highly demanded solution is that [proper security](#) should be provided to the hospitals. It cannot be denied that an immediate solution should be along these lines, but it has to be kept in mind that this wall of security between the professionals and the people can eventually turn into a 'capitalist manifestation' (Cammett, 2009). [Ann Cammett](#) presented the idea that prisons are not to control crime but to allow capitalists to forward their economic interests by ways of prison construction. Similarly, this focus on security may lead to the satisfaction of capitalists engaged in the manufacture of surveillance systems. Further, as security is considered to be the only solution and hospitals start engaging private security agencies, they will simply be getting further trapped into the web of capitalism.

These security measures might protect the doctors, however, it risks alienating the patients. Most patients of government hospitals in India belong to the working class, who are generally less educated and thus more likely to be wary of doctors, so instead of facilitating peaceful dispute settlements, security measures may just suppress the dispute and render the patients powerless. This is even more likely to be the case in a country like India, where the common man is [apprehensive](#) of being involved with the police or the courts.

In such a situation putting restrictions on people will likely not work. History teaches us that no matter how many laws are made to curb criminal acts, crime does not cease to exist. Thus, it is important not just to curb crime but also to understand why people engage in criminal activities in the first place and to resolve these underlying issues. In the present situation it is first important that the people are educated in order to understand the basic nuances of the medical profession, essentially helping them to understand that the doctor is not omnipotent. Secondly, people should be made aware of their legal rights and the law enforcement agencies and the judiciary should be more cooperative and accessible for the people.

Presently, the [court](#) wants the doctors striking against the attacks to immediately get back to work, while directing the government to provide for adequate security. This shows, unfortunately, just how ignorant the judiciary seems to be of the ground-level realities, making it difficult to even hope that they will be able to solve the underlying problems. Thus, as stated in the beginning, both the patients and the doctors are the victims here. They are victims of subtle violations of human rights by the state, as it fails to provide them with the proper capabilities to lead a healthy and peaceful life.

Works Cited

1. Tabassum Barnagarwala, Dhule doctor beaten up by patients relatives, admitted in hospital (March 15 2017)

<http://indianexpress.com/article/india/dhule-doctor-beaten-up-by-relatives-over-patients-treatment-admitted-in-hospital-for-surgery-4568395/>.

2. Jyoti Shelar, Patient's Relative Assault doctor in dhule hospital (March 15 2017)

<http://www.thehindu.com/news/national/other-states/patients-relatives-assault-doctor-in-dhule-hospital/article17462885.ece>.

3. Avinash Supe, Violence against doctors cannot be tolerated (March 29 2017)

<http://blogs.bmjjournals.com/bmjjournals/2017/03/29/avinash-supe-violence-against-doctors-cannot-be-tolerated/>.

4. KK Agarwal, 80% doctors concerned about violence at work: IMA Survey (January 21 2017)

<http://imahq.blogspot.in/2017/01/80-doctors-concerned-about-violence-at.html>.

5. Arshad G Mohamad, Maharashtra doctor's strike: Violence against medics makes them defensive in practice, paranoid in outlook (March 25 2017)

<http://www.firstpost.com/india/maharashtra-doctors-strike-violence-against-medics-makes-them-defensive-in-practice-paranoid-in-outlook-3351632.html>.

6. Ann Cammett, Queer Lockdown: Coming to terms with the ongoing criminalization of LGBTQ communities (2009)

<http://scholars.law.unlv.edu/cgi/viewcontent.cgi?article=1626&context=facpub>.

7. Rajeev Dhawan, Harassing Hussain (2007)

<https://www.jstor.org/stable/pdf/27644194.pdf>.

8. Bobins Abraham, 40,000 Delhi doctors join protest even as Bombay HC orders those in Mumbai to resume work immediately (March 23 2017)

<http://www.indiatimes.com/news/india/40-000-doctors-from-delhi-s-indian-medical-association-join-protest-bombay-high-court-orders-striking-mumbai-doctors-to-resume-work-immediately-274076.html>.

***Ananya Krishna is a third year student at NALSAR University of Law pursuing his BALLB (Hons.).**

This entry was posted in [Culture](#), [Health](#), [Law](#), [Poverty](#), [Uncategorized](#) and tagged [crime](#), [doctors](#), [health](#), [India](#), [maharashtra](#), [mens rea](#). Bookmark the [permalink](#).