

**Editorial:**

**Hospital attacks- a recurring menace**

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Attacks on hospitals by unruly mobs are on the increase now-a-days in Kerala. Hospitals were kept out of purview of public outrage since time immemorial. Hospitals were never attacked even during fierce war. Relief organisations like Red Cross are permitted to work even in war front. What are the reasons behind the rising trend in hospital attacks? Is it due to loss of faith in the medical profession due to blatant commercialisation?

Hospitals are places for solace for the suffering whether it is acute or chronic health problem. Everyone in the community has to depend upon the hospitals at some time or other for their health needs. Both government run hospitals and privately managed hospitals are vulnerable to attacks. Often the altercation begins with the death of loved ones, which the relatives cannot bear. The hospitals are blamed for providing inadequate care and the relatives of the patient often feel that the patient should not have died. Is it because of an over expectation from the side of relatives and well wishers or is it simply a case of sheer medical negligence?

One common observation is that the problems are not created by the immediate bystanders of the patient. The blame is on the well wishers who have over reacted and created problems and mostly under influence of alcohol. Sometimes unruly mobs have attacked hospitals one or two days after the death of the patient. This clearly means that the incident has arisen out of well calculated plan to attack the hospital. This may be due to some off-the cuff remarks of the patient's bystanders who might allege that the medicines were administered wrongly or appropriate nursing or medical care was not available at the right time.

Even though medical negligence is alleged to be the reason for the death of the patient, very often the real truth is the lack of perception about the seriousness of the patient's sickness by the relatives. No doubt, the doctors are to be blamed if there is medical negligence, but very often they face the ire even otherwise. Obstetric practice faces the danger of unexpected deaths of the foetus or mother and this is absolutely unacceptable to the relatives because pregnancy and delivery are considered normal phenomenon. Surgical accidents during induction or recovery from anaesthesia or cardiac arrest are causes of unexpected sudden deaths in the hospitals.

Doctors very often fail to inform the patient or relatives all the potential complications of the disease process as well the possible adverse effects of medical intervention. Every time when something unexpected happens to the patient, the relatives should be kept fully informed. This will prepare them to face the most dreaded outcome. Doctors and paramedical staff should have training to tackle tricky situations through better communication skills. However many doctors and paramedics are very poorly trained in communication skills and they shy away from briefing patients problems properly. Divulging every small detail of potential complications will obviously frighten away patients from modern medical system which in turn will lead to loss of revenue for the hospitals. This could be another reason for the failure of doctors to brief the details of illness or the disease outcome properly.

The hospitals and the doctor community will have to find out an appropriate method to inform the patients and relatives adequate information about the disease process and the treatment options with all potential

complications. Unfortunately patients in the third world do not have the education or expertise to take decisions for themselves and doctors are expected to take the right decisions on behalf of their patients. The habit to taking decisions on behalf of patients is deeply rooted in the present day health care in third world countries, hence the blame also is to be borne by the doctor for having taken the decision unilaterally.

We have to encourage decision making by the patients and relatives. They should be appropriately informed about the disease at all stages. The hospital counsellors must be able to counsel the patients and immediate relatives to take the best decision for themselves. Any complaint about lack of attention by medical or paramedical staff should be promptly looked into and a senior administrator should interact with the patient and relative at the earliest. The hospitals must have an open mind about allowing second opinions and they should not shun away

patients who asked for a second opinion. Medical auditing by organisations like IMA should be routine in all instances of hospital attacks. The hospitals charges should include insurance coverage for the patients against untoward incidents or deaths and also against damage to the hospital by way of hospital attacks.

Hospital attacks cannot be justified under any circumstances. Legislation against hospital attacks with provision for stringent punishment should be passed by all states without delay. But are stringent rules alone enough to tackle this menace? Even though legislation may be helpful to claim damages, it may not necessarily prevent all hospital attacks. What we require is a robust law enforcing machinery willing to take action without looking at the political colour of the culprits. Unfortunately the law enforcing machinery is often alleged to be acting according to the tune of ruling politicians and fair enquiry and punishment of culprits remains a remote dream.

