Viewpoints

Ordinance Against Increasing Violence Against the Healthcare Providers in Nepal

Bibek Raj Parajuli¹, Sanjib Koirala^{2,3}

Corresponding Author:

Dr. Bibek Raj Parajuli, Email: bibekpokhara@gmail.com Contact: +9779846140086

ABSTRACT

Violence against doctors and other health care workers is a global problem. It is increasing in Nepal in recent years. Patients' relatives and third parties are threatening the doctors and hospital authorities demanding money for dead bodies in the name of negligence. Nepal Medical Association had been raising voice against these kinds of activities for a long time. Recently, an ordinance had been passed by the president of Nepal and tabled in the parliament in May 2022.

Keywords: Health workers, Ordinance, Violence

ARTICLE INFORMATION				
Source of S	upport: No external support		Conflict of I	nterest: None
Received:	23 September 2022	Accepted: 29 December 2	022 Published Online:	30 December 2022

 $\textbf{Copyright} \circledcirc 2022 \ \ \text{by the author(s), wherein the author(s) are the only owners of the copyright of the published content.}$

Licensing: It is distributed under the terms of the Creative Commons Attribution International License 4.0 under the CC-BY 4.0 license, and is free to access on the Journal's website. The author(s) retain ownership of the copyrights and publishing rights without limitations for their content, and they grant others permission to copy, use, print, share, modify, and distribute the article's content even for commercial purposes.

Disclaimer: This publication's claims, opinions, and information are the sole creations of the specific author(s) and contributor (s). Errors in the contents and any repercussions resulting from the use of the information included within are not the responsibility of the publisher, editor, or reviewers. Regarding any jurisdictional assertions in any published articles, their contents, and the author's institutional affiliations, the Journal and its publisher maintain their objectivity.

INTRODUCTION

In Nepal, there are increasing incidents where healthcare workers are abused by patients' relatives after the demise of a patient often without a full understanding of medical reasoning. The incidents at Nepal Medical College, Jorpati, Kathmandu1; Tribhuvan University Teaching Hospital (TUTH), Maharajgunj, Kathmandu in 20202,3 and the Bheri incident 4 are among the popular ones. Many incidents in the periphery sides were not reported and settled by the local authorities. Health workers and health institutions were targeted for money in the name of negligence instead of filing a case against negligence in Nepal Medical Council.

Two doctors were manhandled by the locals of Besigaun in Nepal Medical College, Jorpati, in May 2020 after the

death of their relative. Doctors were cursed, slapped and kicked; the mob even tried to hit the doctors with a steel bar. Later, a committee was formed for investigation, but due to the lack of proper laws, adequate actions could not be taken. I Such harsh activities by policemen deteriorate the morale of the front-line health workers who are expecting support at least from the security professionals. Further, even more threatening event took place in Bheri Hospital in Nepalgunj, where a doctor and a staff nurse on duty at COVID ward were physically assaulted by the relatives of a deceased patient. They tried to kill them by strangulation. Moreover, three nurses were compelled to jump out of the roof at the cost of saving their lives. 2

In a study by Prajapati et al, 23% of health workers were insecure at their workplaces. Out of all health workers,

¹College of Medical Sciences, Bharatpur, Nepal.

²Nepal Medical College and Teaching Hospital, Jorpati, Kathmandu, Nepal, 3NMVS Research Academy, Nepal Medical Volunteer Society, Morang, Nepal,

more doctors were insecure, about 30%. Health workers working in central regions were more secure (around 83%) compared to other parts of Nepal. Sixteen percent health workers were facing some arguments nationwide and this rate was high in Terai region (18%) as compared to other regions of Nepal. Gender-based and sexual harassment on female health workers were 63% and 56.5% respectively on rural areas of Nepal. Only 31% of health workers suffering in the workplace had received treatment and compensation.5 In another study by Roshna et al in Baglung district in 2013, in the duration of one year, two-thirds of health workers (65%) had reported at least one type of violence in their workplace. Out of them, 46.5% were physical, 29.3% were verbal and 36% were sexual. The reasons behind not reporting violence were lack of incidental reporting policy, anti-violence measures and support from the management.6,7,8 The violence is not limited to the doctors only. In a study among nurses in a tertiary hospital in Kathmandu, 68% of the nurses had experienced violence at any point in time. Fourty four percent of nurses had experienced general harassment which was the second most commonly experienced after verbal abuse which was experienced by 55% of nurses. 18% had experienced physical misconduct at any time in the past.6

The Nepal Medical Association (NMA) and many other doctors' associations have been demanding "jail without bail" for a long time. 3 To appease health professionals, an ordinance was issued by the president of Nepal and tabled in the parliament of Nepal on May 2022.4 The ordinance's crime and punishment related regulation has provisioned that setting ablaze facilities in the health sector will be liable to a jail sentence of three years or a fine amounting to Rs 2,00,000 to Rs 5,00,000. Vandalising the health sector can attract a jail sentence of up to three years or a fine of Rs 3,00,000.4

There could be several reasons behind the increasing violence in healthcare facilities. Doctor-patient communication is one of the main reasons. A study

conducted at a tertiary hospital in Lalitpur, Nepal concluded that 47.5 % of 101 participants showed medium to low overall satisfaction (communication interpersonal confidentiality skills. manner, maintenance and general satisfaction) with the healthcare facilities provided at the hospital. 9 In addition, a study conducted at a tertiary hospital in Kathmandu, Nepal found that 4% of 437 patients were not satisfied with the doctors' skills of explaining how to take medicines. 10 Apart from these, the management team of the hospital also can help in mitigating this problem by allocating suitable duty hours for healthcare staff to prevent burnout which will eventually improve patient safety and care, which ultimately leads to decreased violence against healthcare staff.11

CONCLUSION

The possible reasons behind the violence towards health professionals by patients' relatives may be stress due to sudden demise of loved ones, influence of alcohol, financial loss, aggravation by the broker for money and poor communication with the doctor and healthcare staff. In the present context of Nepal, patients are demanding a hundred percent guarantee in the treatment which is practically impossible. Treatment is done by using medical knowledge and skills for the betterment of patients. Even a man-made machine can't be guaranteed a hundred percent efficacy, so everyone must thoroughly understand that the human body is not in total control of doctors and they must not expect that every patient under a doctor's supervision will recover. Proper doctor-patient communication, proper counselling and allocation of fixed and manageable duty hours to the doctors and nurses may fix these issues to some extent. There should be a neutral arbitrator who can address concerns from both sides and provide a resolution. It's good news that the government has passed a law regarding this matter. However, it should be strictly implemented instead of remaining only on paper. Amendment is necessary according to the time and situation.

REFERENCES

1. Republica. Doctors "manhandled" at Nepal Medical College. myRepublica . 2020 May 27 [cited 2022 June 7]; Available from: http://myrepublica.nagariknetwork.com/news/94383/ [Full Text]

- Oli A. Health workers at Bheri hospital attacked by relatives of deceased patient. *myRepublica*. 2021 May 28 [cited 2022 June 10]. Available from: http://myrepublica.nagariknetwork.com/news/111519/ [Full Text]
- 3. The Kathmandu Post. Criminal code: Doctors to halt services except for emergency today. *The Kathmandu Post*. 2018 Sep 2 [cited 2022, June 10]. Available from: https://kathmandupost.com/national/2018/09/02/hospital-services-to-be-disrupted [Full Text]
- 4. Republica. Those involving in physical assault against medical professionals to face three-year jail sentence. myRepublica . 2022 May 18. [cited 2022, June 9]; Available from: https://myrepublica.nagariknetwork.com/news/those-involving-in-physical-assault-against-medical-professionals-to-face-three-year-jail-sentence/ [Full Text]
- 5. Prajapati R, Baral B, Karki KB, Neupane M. Perception of security by the health workforce at the workplace in Nepal. *J Nepal Health Res Counc*. 2013 May;11(24):153-7 [cited 2022, June 11]. PMID: 24362604. Available from: |PubMed|.
- 6. Bimala D, Bhattarai P, Sharma C, Thapa S. Workplace violence experienced by nursing staff at a tertiary hospital in urban Nepal. *The Columbia University Journal of Global Health*. 2020; 10(2) [cited 2022, June 8]. Available from: [DOI] https://doi.org/10.52214/thecujgh.v10i2.7084
- 7. Ambesh P. Violence against doctors in the Indian subcontinent: A rising bane. *Indian Heart J.* 2016;68(5):749-750. [cited 2022, June 5] Available from https://doi.org/10.1016/j.ihj.2016.07.023 [PubMed] [DOI]
- 8. Rajbhandari R, Subedi S, Kaphle HP. Workplace violence against health workers: a cross-sectional study from Baglung district, Nepal. *Int J Health Sci Res.* 2015; 5(2):274- 281. [cited 2022, June 12] Available from: https://www.ijhsr.org/IJHSR [Full Text]
- 9. Rajak K, Pandey S, Shah K, Malla M. Patient satisfaction with the behavioral competencies of their treating doctors: a hospital based study. J Patan Acad Health Sci . 2018 Jun. 29;5(1):63-8. [cited 2022,Dec 25]. Available from: https://doi.org/10.3126/jpahs.v5i1.24046
- 10. Khanal MC, Karki L, Rijal B, Joshi P, Bista NR, Nepal B et al. Patient Satisfaction in Doctor Patient Communication in a Tertiary Care Hospital of Kathmandu: A Descriptive Cross-Sectional Study. *JNMA J Nepal Med Assoc*. 2021;59(236):317-321. [cited 2022,Dec 25]. Available from: Doi: https://doi.org/10.31729/jnma.6289
- 11. Patel RS, Bachu R, Adikey A, Malik M, Shah M. Factors Related to Physician Burnout and Its Consequences: A Review. *Behav Sci (Basel)*. 2018;8(11):98. [cited 2022 Dec 26]. Available from: Doi: https://doi.org/10.3390/bs8110098