

# Patients' Right and Doctors' Safety: Where we are

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# Methods

Searched the literatures for  
Patients' Right and  
Doctors' Safety

Contacted Platform

Contacted some senior EC members of BSM

# **BANGLADESH MEDICAL AND DENTAL COUNCIL**

## **Code of Professional Conduct, Etiquette and Ethics**



**Bangladesh Medical & Dental Council (BM&DC)**

203, Shaheed Sayed Nazrul Islam Sarani (86, Bijoy Nagar), Dhaka-1000

[www.bmdc.org.bd](http://www.bmdc.org.bd)

# Hippocratic oath

- I solemnly pledge myself to consecrate my life to the service of humanity.
- Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
- I will maintain the utmost respect for human life from the time of conception.
- I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
- I will practice my profession with conscience and dignity.
- The health of my patient will be my first consideration.
- I will respect the secrets which are confined in me.
- I will give to my teachers the respect and gratitude which is their due.
- I will maintain by all means in my power, the honour and noble traditions of medical profession.
- I will treat my colleagues with all respect and dignity.

# Patients' Right

## **Citizen's Charter:**

- Describes some of the patients' right that was formulated and revised in 2015

## **Rulings by the High Court:**

- High Court has given different rulings at different times on the patients' rights

# How the doctors are serving the patients in busy Govt. Hospital



# Questions

Are these patients getting their rights?

Are we doing necessary things to  
fulfill their rights?

What should we do ?

How could we overcome this?

# Doctors-patients Relations

A patient always seek help from a health care setting and the doctors are providing the care

The expectation of the patients are very high and which is very reasonable and the first and foremost one is to get cured

There are some situations when the individual is terminally ill and naturally cure is not the consequence



# Mismatched expectation and the service

Deteriorates the relation between the doctors and patients

And then the doctors became the victim of the situation in most of the time

# Staff abuse at work settings

Medical staffs carry the greatest risk of abuse and threats, with 73%

65% on recreational premises and

63% on transport and public administration

Health Services Advisory Committee. Violence to Staff In the Health Services.  
Health and Safety Commission, London: HMSO, 1987

# WHO

The WHO states, between 8% and 38% of health workers suffer physical violence at some point in their careers

Many more are threatened or exposed to verbal aggression

Most violence is perpetrated by patients and visitors

Kicks, scratches, bites and spitting are the most common form of attacks

## Epidemic of violence against doctors a global threat, jail term no deterrent

TNN | Mar 26, 2017, 09:34 AM IST



MUMBAI: There is a new epidemic invading medical corridors across the globe - violence against medical staff.

While 40,000 doctors across private and public hospitals in Mumbai "bunked" work last week to protest manhandling by patients' relatives, there is now recognition that most doctors and nurses the world over experience intimidation - either physical or verbal - from patients and relatives.

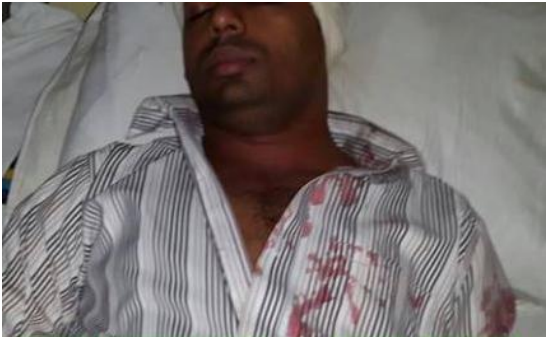
The World Health Organisation states, "Between 8% and 38% of health workers suffer physical violence at some point in their careers. Many more are threatened or exposed to verbal aggression. Most violence is perpetrated by patients and visitors." Kicks, scratches, bites and spitting

are the most common form of attacks.

The American Bureau of Labour Statistics shows 70% of all non-fatal workplace assaults in the US occur in healthcare settings. A simple online search shows medical papers on assaults on medical staff in many countries, ranging from Pakistan to China to the US. The Lancet last year reported a survey of 316 hospitals by Chinese Hospital Association that showed violence increased from 20.6 assaults per hospital in 2008 to 27.3 in 2012.

Are we safe at our work places?

No



# Violence on Doctors



2013 to August 2017

85 institutions were affected with  
149 incidence



# Reported Incidence of violence

## 2013-2017(partial)

Reasons for Incidents	No
Death after referral to higher centre/refusal to take to a higher centre	21
Administrative/ Political / Local power exercise	19
Death after injection push (Claimed by pt's party)	16
Delay in initiating treatment/ No waiting in que	16
Death of terminally ill patients	14
Brought death/Death declaration/Died during resuscitation	10
Others	55
<b>Total</b>	<b>149</b>

Data from Platform

### Others

1. Refusal to attend indoor patients/Home visit
2. Asking attendant to exit ward/emergency/hospital
3. Ambulance unavailability
4. For sending investigations
5. Lack of logistics
6. Issuing medical certificates/ attestation
7. Examining patient by doctor

# Type of injury of the physicians

1. Death on Duty	3
2. Multiple fractures	6
3. Head injury	5
4. Sharp cutting injury	9
5. Bullet shot	3
6. Eye injury	2
7. Kidnapped	2
8. Unconscious	2

# Patient and Setting-Related Risk Factors

- Working directly with people who have a history of violence, abuse drugs or alcohol, gang members, and relatives of patients
- Working alone in a facility
- Poor environmental design of the workplace that may block employees' vision or interfere with their escape from a violent incident
- Poorly lit corridors, rooms, parking lots and other areas
- Lack of means of emergency communication
- Prevalence of firearms, knives and other weapons among patients and their families and friends
- Working in neighborhoods with high crime rates

# Organizational Risk Factors

- Lack of facility policies and staff training for recognizing and managing escalating hostile and assaultive behaviors from patients, visitors, or staffs
- Working when understaffed—especially during mealtimes and visiting hours
- Inadequate security in health delivery settings
- Long waits for patients, overcrowded and uncomfortable waiting rooms
- Unrestricted movement of the public in clinics and hospitals
- Perception that violence is tolerated and victims will not be able to report the incident to police and/or press

# Risk factors related to Doctors

- Lack of communication with patients and relatives
- Lack of confidence of the attending doctors
- Lack of humane qualities in the doctors

# Sensitization of the people against doctors

- Over-reporting of different health issues by media

# Risk Factors

আইসিইউতে ১৮ ইনজেকশনে রোগীর  
মৃত্যুতে মামলা

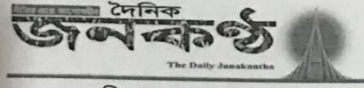
যুগান্তর রিপোর্ট

প্রকাশ : ৩০ নভেম্বর ২০১৭,  
১৩:০০:৪৩



হাসপাতালের আইসিইউতে সুমি আক্তারকে ১৮টি ইনজেকশন দেয়া হয়। আর এতেই সুমি আক্তারের মৃত্যু হয়।

# Risk Factors



রবিবার ৭ মে ২০১৭

তিন ডাক্তারসহ ৮ জনের বিরুদ্ধে মামলা  
বগুড়ায় ভুল অপারেশন

বৈশাখ, ১৭ জুলাই ২০১৭, ২ শ্রাবণ ১৪২৪, ২২ শাওয়াল ১৪৩৮



কুমিল্লায় ডাক্তারের অবহেলায়  
আ'লীগ নেতার ছেলের মৃত্যু

বাংলাদেশ প্রতিদিন

বৃহস্পতিবার, ১৩ জুলাই ২০১৭, ২৯ আষাঢ় ১৪২৪, ১৮ শাওয়াল ১৪৩৮

নৈরাজ্যের নাম চিকিৎসা খাত

শৃঙ্খলা প্রতিষ্ঠায় ব্যবস্থা নিন

কালের কণ্ঠ

২২ জুলাই ২০১৭, ৭ শ্রাবণ ১৪২৪, শনিবার, ঢাকা, বাংলাদেশ

ঢাকায় জ্বরে আক্রান্ত  
শরীয়তপুরে 'ভুল'  
চিকিৎসায় মৃত্যু

আমাদেরসময়

বৃহস্পতিবার, ১৩ জুলাই ২০১৭, ২৯ আষাঢ় ১৪২৪, ১৮ শাওয়াল ১৪৩৮

প্রাইভেট হাসপাতালে শিশুর মৃত্যু  
কিডনি বের করে নেওয়ার অভিযোগ

মানবকণ্ঠ

বৃহস্পতিবার, ১৩ জুলাই ২০১৭, ২৯ আষাঢ় ১৪২৪, ১৮ শাওয়াল ১৪৩৮

চিকিৎসকদের কর্মস্থলে নিরাপত্তা দিতে আইন হচ্ছে: স্বাস্থ্যমন্ত্রী

ইতিফাক

সোমবার, ১২ জুন ২০১৭, ২৯ জ্যৈষ্ঠ ১৪২৪, ১৬ রাময়ান ১৪৩৭

সিভিলসার্জনের কার্যালয়  
মাগুরা



মাগুরা: সিভিলসার্জনের উপর হামলায় প্রত্যেকের চিকিৎসা নিশ্চিত করা হবে। গতকাল রবিবার সকালে ১১টা থেকে সিভিল সার্জন অফিসের সামনে এই মানববন্ধন কর্মসূচি অনুষ্ঠিত হয়।



# Prevention of violence on doctors

The services should be improved by

- Providing increased numbers of doctors and other healthcare personnel
- Improving the infrastructural facilities in the setting of health delivery
- Increasing the budgetary allocation in health sector

# The building blocks for violence prevention program include

- To increase the health man power
- To ensure adequate medical supplies
- To control the visitors
- Improve the hospital securities
- Health reporting systems must follow a norms which must not sensitize the people against the doctor community
- To improve the doctor-patient relation by giving regular training to the health professionals
- Record keeping and program evaluation
- Participation of the society in delivering the smooth health service delivery

# Prevention

- A violence prevention program focuses on developing processes and procedures appropriate for the workplace in question
- And, as with any occupational safety and health program, it should be evaluated and reassessed on a regular basis

# Conclusion

- Patients attend doctors or health care setting at very vulnerable moment of their life and seek cure
- There are some issues for gap between the patients' expectation and service
- As a result the doctors are under fire
- We need to sit together with the professional bodies, health authorities, media and public representatives to solve the issues responsible for the deterioration of doctor-patient relationships

# Acknowledgement

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Dr. Abu Bakar Siddik

Dr. Mohib Nirob

Prof. HAM Nazmul Ahasan

THANK YOU

for your patience attention

# Apparent reasons of the incidence

Delay in treatment initiation

Death declaration/Died during resuscitation

Death as a result of refusal to Higher center referral

Power exercise/Political/Administrative/Police/others

Death after injection push

Refusal of EMO of UHC to Home visit

Others:

1 Lack of logistics e.g. Oxygen, Ambulance service

2 Issuing medical certificates

3 Asking attendant to exit emergency during patient management 4 For Sending Investigations outside/inside

5 Non availability of Cabin

# Proposed Interventions:

1. Restriction of entry of attendants in emergency/wards by means of paid entry pass
2. Increasing number of armed security in hospital premises
3. Provision of alarm system and security camera in hospitals for reporting and vigilance
4. National emergency contact/hotline for health workers for incident notification and immediate response
5. Formation of high level National Rapid response team comprising members from DGHS, BMA, Specialist Societies
6. Identification of at risk hospitals and initiation of preventive measures
7. Promoting rapid pass of Doctor safety bill
8. CME and training of Doctors on breaking bad news, counseling, communication, patient responsiveness
9. Strengthening patient's complaint mechanism and establishment of grievance redressal mechanism
10. Institutionalise incident reporting and response by establishment of Institution safety committee, investigation committee and Information center for media.



- Burden of patients

# Risk Factors of

- A paper about Greece's hospitals post the economic meltdown of 2007-08 showed while violation of visiting hours and long waiting periods were among the most common triggers of violence, economic hardships were the root cause for such reactions.

Public health specialist Dr Abhay Shukla is certain the poor budgetary allocation for health is the root cause for the violence. He said an inadequate budget meant inadequate infrastructure, fewer doctors and an overstrained system. But experts said more security wouldn't alleviate the situation. "It isn't more security guards, but more doctors who are needed," said Dr Sandip Rane.

# Doctors safety

- Same photos focusing doctors

# Our perspectives

- Bangladesh Medical and Dental Council Code of Professional Conduct Etiquette and Ethics 1980

- It sets out the principles that characterize good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community.
- “Ethics” is used to refer to matters involving (1) moral principles or practices and (2) matters of social policy involving issues of morality in the practice of medicine.
- The code is addressed to doctors and is also intended to let the community know what they can expect from doctors.
- It is consistent with the Declaration of Geneva and the international code of medical ethics, issued by the World Medical Association.

- This code is not a substitute for the provisions of legislation and case law.
- If there is any conflict between this code and the law, the law takes precedence. This code is not an exhaustive study of medical ethics or an ethics textbook.
- It does not address in detail the standards of practice within particular medical disciplines; these may be found in the policies and guidelines issued by the professional bodies.
- While good medical practice respects patients' rights, this code is not a charter of rights.

# Violence Prevention Programs

A written program for workplace violence prevention, incorporated into an organization's overall safety and health program, offers an effective approach to reduce or eliminate the risk of violence in the workplace.

The building blocks for developing an effective workplace violence prevention program include:

- (1) Management commitment and employee participation,
- (2) Worksite analysis,
- (3) Hazard prevention and control,
- (4) Safety and health training, and
- (5) Recordkeeping and program evaluation.

The Medical and Dental Council Act, Section 28 Provides that if any registered medical/ Dental Practitioner or registered Dentist has been convicted of any criminal offence or after due inquiry found guilty of infamous conduct in any professional respect by the Council, the Council may in its discretion direct the removal of the name of the medical Practitioner or dentist from the register.

The word "Convicted" is obviously used in relation to a duly constituted court



# What BMDC suggest

## **Not to do the following**

1. Certificates: No registered Medical/ Dental Practitioner shall give any certificate
2. Attempts to make improper profit
3. Abuse of professional knowledge, skill or privileges:
4. Abuse of Medical/ Dental practitioner patient relationship:
5. Disregard of personal responsibility to patient:
6. Offenses discreditable to the medical/ dental practitioner and his profession:
7. Abuse of financial and opportunities afforded by the medical/ dental practice:
8. Canvassing, advertising and using false title etc:
9. Announcement, Radio television
10. Change of address or conditions of practice:
11. There is not rule preventing Medical/ Dental practitioners from charging one another for their services:

- Are those sufficient to protect the doctors?

- Why the doctors are the target of the public ?
- Why there is violence against doctors?
- What are the other reasons behind?

## Photos of doctors working

- Night shift
- Corridor

- The effect is not so trivial. Those physicians who were exposed to it had depression, insomnia, post-traumatic stress disorder, agoraphobia and even a level of fear and/or anxiety that can cause work absenteeism