**‘Ethical abuse’ of doctors in teaching hospitals and violence against doctors- do we need to address this hidden link and hidden curriculum?**

ABSTRACT

Violence against doctors is on the rise and there is an urgent need to curtail it. Recently in India it had lead to the brutal murder of an elderly doctor. While there are several broad and interconnected factors leading to abuse against doctors, intra professional factors also need to be examined. Lack of empathy and communication skills are often cited as the leading causes in this domain. Ethical issues among doctors, its ramifications and intergenerational transmissions of faulty ethics probably acting as the distal causes of violence against doctors need to be explored. Does intra professional ‘ethical abuse’ of doctors exist?

Violence against doctors is rampant (1). The causes can broadly be conceptualised as policy, social, professional and local factors (2). It is progressively increasing and has become a copy cat phenomenon akin to copy cat suicides, thanks to faulty media reporting (3). This can lead to various consequences to the doctors, like loss of professional reputation, loss of life and limb, and many psychological issues (2). Medical science is an inexact science and no two persons, their physiologies and pathologies are similar. Amidst the conundrum of often clear, sometimes atypical and occasional intriguing patterns, the ingenious clinician picks up or misses the findings and diagnoses. It sometimes is a search for a flicker of light in the dark labyrinthine tunnel. The non acceptance of death, whether by negligence or not, by the caregivers of patients leads to attack against doctors. While lack of communication skills and empathy among medical professionals (2,3,4) have often been considered as the main doctor related factors for violence, intra professional ethical issues have not received much attention.

The main treating doctor is often not the sole person accountable for patient care. It is like leading a team of orchestra and not always harmonious music ensue. There can be dissonant notes, for good or for bad. In teaching hospitals, the residents are often not taught on how to address conflicting issues and how to disagree scientifically, objectively and come to a rational conclusion. Power and hierarchy gradients play a role in clinical decision making, rather than clinical prowess many a time. This may lead to patient mismanagement and casualties. Compromised ethics engulfed in conspiracy of silence may also loom large in this horizon. The young residents perceive or exaggeratedly perceive that exams have to be passed by sycophantic behaviour and not by their merit. They tow in line, fearing the monster of an exam. Thus they learn the wrong lessons for ‘their right reasons’ through the hidden curriculum.

In this process, do faculty with unfavourable power and/or hierarchy gradients get crushed ethically and emotionally? Do such powerless faculty have platforms to voice or whistle blow? What if the whistle along with the whistle blower is silenced? Is there a growing distortion in the framework of value systems of the doctors? Does this amount to ‘***ethical abuse*** ‘of the powerless faculty, ultimately giving distorted messages to a generation of learners, paving way to intergenerational transmission of faulty values? Do they ultimately lead to attenuated or compromised ethics which can in turn lead distally to the risk of assault by recipients of medical care?

Is this ‘***ethical abuse’*** not akin to incestuous sexual abuse, in which the victims/survivors are shrouded in conspiracy of silences, and secondary traumatisation is often worse than the abuse itself? Therefore, many a sexual abuse goes unreported and the survivors suffer in silence and agony. The perpetrator, on the other hand may slither away to continue the abuse. Does a similar phenomenon exist in the medical profession via intra professional ethical issues? If so,can we christen it as ‘**ethical abuse of doctors’** and actively contemplate on addressing this issue?

Are the public smelling a rat somewhere and trying to smoke out the rat by burning the house, when in fact the rat could be an illusion or a hallucination? Perhaps some rats would have burrowed their paths into slimy holes too. A mob psychology also contributes its share towards violence against doctors! Many a time it is a hapless doctor with ethical practice and no unduly sweet tongue that gets the bitter treatment; the sweet ones with bitter ethics may nibble away the carrots! We need to contemplate on what lies at the roots of exaggerated and distorted perception against the doctors by the public.

We have already witnessed nothing short of death by brutal assault of a septuagenarian doctor in Assam (5) and a severe head injury of a junior doctor in Kolkata (6) for no fault of theirs, recently in the Indian scenario. Could they be cases of distal misdirected aggressions?

If we do not reflect and perform genuine and fearless internal and intra professional audits and reflective practices, we may have to witness more of such tragic incidents.

**Solutions**

In teaching institutions, the summative assessment of residents should be conducted in institutions different from their parent institutions to ensure absolute quality assurance and objectivity. Faculty need to conduct exams fairly and objectively and evaluation systems should also be designed in such a manner. There should be system in place in each institution to address the vexing and entangled mess of ethical issues in patient care in a secure environment with effective feedback and continuous monitoring. There should be an ethical committee in each institution, apart from research ethical committee, to monitor the clinical work. Bioethics teaching should actively be inculcated in the undergraduate and post graduate teaching curricula.

Genuine reflective practice should be promoted with loud positive reinforcement of ethical clinical practices and behaviour so that they serve as models for posterity, who also are at a loss as to whom they should role model. Faulty role models with favourable power hierarchies need to be condemned. This would ensure that ethics in medical practice does not die a slow death and doctors are restored their respectful position in society.

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