VIOLENCE AGAINST THE DOCTOR IN THE DEVELOPING COUNTRIES DURING COVID-19 PANDEMIC. MENTAL HEALTH LINKAGES

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Dear editor,

COVID-19 pandemic has opened a "Pandora box" containing a multitude of problems, from physical to psychological manifestations, and from socioeconomic to the financial aspect (Kumar et al. 2020, Lazzari et al. 2020). Health professionals are the frontline workers during the COVID-19 pandemic. Consequently, they are supposed to have a maximum risk of getting the infection. Moreover, doctors are having an increased risk of mental health issues due to working in fearful and resources guarded situations, as well as the possibilities of vicarious trauma (Wilson et al. 2020, Menon et al. 2020). There have been 108 doctors in India and 100 doctors of Bangladesh reportedly died from COVID-19.

Violence against the doctor is one of the scariest and underattended problems during this pandemic especially in developing countries like India, Bangladesh, Nepal, and Pakistan (Reddy et al. 2019). There have been incidents of physical violence against doctors, harassments, rape threats expulsion from home, and denunciation of burial space to expired doctors during this pandemic. Indian medical association reported that more than 75% of doctors are victims of violence with few endings even to death (Lodha et al. 2020). Also, it has been reported in Bangladesh that an angry mob brutally beat physicians that ended up with death. Existing evidence revealed that 50% of violent incidents occur in ICU and almost 70% of incidents are caused by relatives of patients (Bawaskar 2014).

Some responsible factors could be speculated such as acute shortage of ICU beds in hospitals with a long uncertainty of course of COVID-19, delay in attending the COVID-19 patients, and ambiguity of treatment, poor infrastructure, increased emergency, and reduced workforce. Sudden mistrust of health care professionals due to contextual issues such as issuing false COVID-19 report shakes the doctor-patient relationship. Sensational media reporting can further provoke the mindset against doctors. Poor health literacy plays an important role as a distal factor that heralds improper communication.

Comparing a doctor with the divine is the norm in Asian culture. People value healthcare workers on one hand and harm them when they cannot save a patient's life on the other. If the society wants to overcome the struggle during COVID-19, they need to build trust and support with healthcare workers. Majority of these violent incidences have occurred in acute wards while trying to calm the patient down, but it is also imperative that psychiatrists are better trained at handling these situations than other specialties. If the healthcare warrior falls, others may find too hard to navigate through the pandemic

Violence against doctors is an indicator of the faulty health system in developing countries which need proper attention. Effective mode of communication and improving the doctorpatient relationship by explaining the patient about prognosis and treatment can be helpful in the long term. Media can shape the structure between the doctor and patient in the short term as well as in the long run. There should be a proper denunciation of violent events and a positive portrayal of all events related to achievements. Education of young doctors in the medical curriculum about do and do not about doctor violence should be taught. Proper documentation of patients may be incredibly useful for unexpected violence of attacks or filing lawsuits. There should be a protection team or adequate security team in every hospital in case of violence against doctors. There can be a message displayed in a hospital in the form of posters regarding violence as a criminal offense. There should be a limited entry of attendants or the public in the hospital. The use of technology like the use of CCTV can be used in case advert chance of violence. For policymakers, there is a need to make proper laws for assault against doctors, and roper protocol should be framed for tackling such an incident. And there should have initiatives to ensure transparency and accountability and explicit evidence supporting that such as a complain box and regular monitoring and improvement. Harmonized steps are needed from the central health authority, hospital authority, media personnel, professional bodies.

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