



स्वास्थ्य सर्वोपरि

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VIOLENCE AGAINST HEALTH CARE PROFESSIONALS



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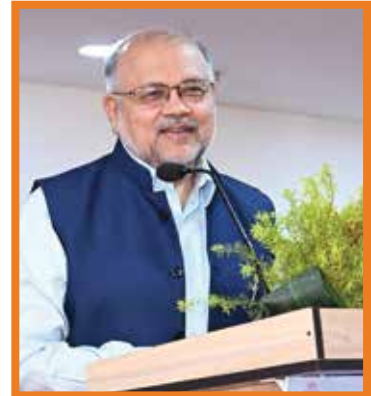
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EDITORIAL

Although the Medical profession is referred to as a noble profession, violence against Health Professionals is unfortunately not a new phenomenon, but frequency and severity of such violent incidents are increasing with every passing day. The reasons for this are numerous as well as complex. They need a deep exploration of underlying causes and a multifaceted approach to try and reduce them. In this editorial, an attempt is made to analyze some of the key factors with potential proposed solutions. These solutions will not be easy to get through and require a strong willingness on the part of policy makers first to acknowledge the problems and then try and solve them.



One of the primary factors is a general deterioration of society where morals and ethics have taken a backseat. In developing countries like India, position in society and material possessions are valued more while human qualities like empathy, compassion, technical expertise, gratitude, etc are overlooked. There is no quick fix for this malady, and it is obvious that a nadir is yet to be reached. Addressing this will require a cultural shift prioritizing acknowledgment/recognition of people for their skills and expertise rather than their position and possessions. Another step will be promoting and reemphasizing the importance of 'gratitude for what one has' rather than constantly complaining about what one doesn't have or yearning for something beyond logical means. The societal norm in certain sections of society, where violence (verbal and/or physical) is accepted to express dissatisfaction needs to be worked on. Till such time, law enforcement (to be discussed subsequently) will have to intervene to prevent this from happening.

Another important factor is the unrealistic expectations of the modern healthcare system. Modern healthcare looks to provide a cure for virtually every disease, which creates unrealistic expectations of the system. When the outcome is negative or falls short, these expectations manifest as anger, frustration, and violent acts; the frustration of spending exorbitantly on healthcare before such outcomes makes it more difficult to accept. Social media and traditional media at times exaggerate the expectations to very high level by making hype of new technology and sensationalizing medical errors /controversies spreading the mistrust. Additionally unnecessary/unreliable online information also misguides a patient into demanding unnecessary intervention and/or procedures.

That brings us to one more critical issue--communication. Conveying information about risks and outcomes is a skill that is disappearing with every passing day. This skill was cultivated from observing the way Senior Doctors used to communicate with patients and their attendants during mentorship (one underwent during internship and residency). Multiple factors have contributed to a decline in this skill in this era. Some of these are:

- Lack of communication skills in general. In this world of technology and AI, human beings are losing the art and skill of effective & decent verbal communication.
- Lack of confidence in practical application of the theoretical knowledge gained during study period as a doctor in day-to-day situations. This lack of confidence stems from two things:
 - a) Knowledge gained today is superficial and often incomplete with primary focus on passing competitive entrance examinations rather than learning. Emphasis is given to solving multiple choice questions instead of deep understanding and the least focus on acquiring practical skills. This is evident at various stages of medical career.
 - b) Lack of independent clinical practice, that was effectively done during the period of residency, especially senior residency.

A general lack of empathy in healthcare professionals towards the sufferers is another notable issue since the values of the medical profession are increasingly being overlooked and healthcare is being looked at only as 'service delivery'. Authoritative behavior of medical professionals at certain places (especially private sector institutions) needs to be curtailed. While Doctors working in Government set up are answerable to everybody (politicians, administrators, police, judiciary and press to name a few), those in the Private Sector have no answerability whatsoever.

Another issue that needs attention is a lack of trust. Today, the doctor-patient relationship that was based on mutual trust and long-term commitment has been reduced to that of a 'service provider' and 'consumer'. The consent one must sign in a corporate hospital is no less than the 'terms and conditions' one must sign while getting insurance including health insurance. Corporate hospitals are not alone to blame; it is because of a complete 'commercialization of health care, an apparent loss of trust and conversion of the 'sensitive and important doctor-patient relationship' into a pure business relationship.

The above mentioned 'Commercialization of health care' in the name of standardization and quality is another issue that needs serious and urgent addressal. From private medical education to private health care delivery, everything has become a business model. Unfortunately, health care as a sector cannot be looked upon only as

a profit-generating business model. We must not forget that it's a noble social service. This commercialization has led to an overemphasis on diagnostics and therapeutics with no efforts towards primordial prevention, that will help reduce disease burden. The only form of prevention this sector discusses is vaccination (revenue generated by pharmaceutical industry) and early detection and treatment (diagnostics and therapeutics by healthcare industry). These together have spiraled expenditure on health manifold, to make it out of reach for most individuals without some form of health insurance. But then, this leads to expectation as well as demand for only positive outcomes. Any negative outcome is unacceptable and rejected with violence as a byproduct of this unacceptance.

Lack of a well-organized healthcare system, coupled with the absence of a proper referral structure has exacerbated the challenges additionally. The ideal organization structure into primary, secondary and tertiary care health tiers is yet to be fully realized. This leads to overcrowding of large government hospitals, which leads to chaos and breakdown of health care at these institutions (prime areas for such violent incidents). Primary reason for this is Lack of primary practitioners in the community. As Doctors get higher degrees, they prefer to attach themselves to Institutions in urban areas.

Attention needs to be paid towards restoring the confidence of and in the MBBS practitioner. Today, everyone who is doing medicine is wanting to reach higher qualifications in the belief that they will be commercially more viable thereafter. One potential solution is to revise the payment structure with higher salaries and promotions offered to MBBS Doctors who are willing to serve in primary health care. Another potential solution is altering the education system, which can have two distinct approaches.

- a) Allow post-graduation after graduation, only after 2 years of rigorous primary community practice, either in the community, wherever one lives or in the Ayushman Arogya Mandirs (at a competitive salary, so that graduate uptake is good).
- b) Alternatively, allow a combined MBBS-MD/MBBS-MS degree to be issued after 8 years of complete training, whereby graduates choose their respective field after internship and based on their MBBS score (as was the case earlier).

In any case sub-specialization, DM/MCh. Should be allowed only after 3 years of compulsory Senior Residency in respective fields. This will increase the incubation period but is necessary for having complete and competent doctors as well as teachers in the field of medicine, not just degree holders married to their narrow fields of vision. i.e., one should stay competent in basic medical skills (professional as well as soft skills) even after further degrees. Once primary health care is strengthened, it will automatically decrease the burden on secondary and tertiary health care institutions.

Finally, while discussing about occupational health of all professionals, we hardly discuss about the occupational health of our healthcare force. There is dire need for an unbiased third-party audit of the working conditions of this health care force in terms of accommodation, sanitation, and canteen facilities in Government Institutions, as well as lack of basic amenities for patients visiting these Institutions. The work environment and working hours of healthcare professional are other issues which are already being discussed.

Before concluding, it is important to discuss two more unrelated yet pertinent issues. One is related to 'respect for technocrats and professionals'. While lawyers and chartered accountants are well organized, health care professionals have lately been soft targets for politicians, bureaucrats, police, judiciary as well as press. The way they are at times addressed in public fora are just a tad short of 'derogatory', and no one in society appears to mind that. This is in sharp contrast to the fact that they are on the other hand equated with Godliness. For society to respect them, first the above-mentioned group of individuals will need to always avoid derogation of health care professionals. Second is related to the role of law enforcement. While changes mentioned by way of respect, attitude of the society and working conditions of Resident Doctors in Govt Hospitals will improve slowly, in the interim law enforcement against those engaging in violence against health care workers needs to be strict and time bound. Such perpetrators should not be allowed to hide behind any powerful personnel.

An exemplary punishment to such perpetrators of violence will go a long way in ensuring a peaceful working environment. In this context, employment of a superior quality security agency at every Govt Institution (as against the current norm of selecting L-1 from GEM) is of utmost importance. A comparison of the types of such security agencies in Govt and Corporate Sector is far too obvious. While it is almost impossible to go past security in a private sector, usually what is observed in the Govt. Sector is exactly the opposite.

The rise in violence against health professionals is a multifaceted issue that requires comprehensive and sustainable solutions. Policymakers must first acknowledge the gravity of the problem and work collaboratively with all stakeholders to implement necessary reforms. From fostering societal respect and improving communication to restructuring healthcare systems and addressing the occupational well-being of healthcare providers, the solutions are challenging but indispensable. Only through collective effort and unwavering commitment can we protect our healthcare workforce and rebuild trust in the system.

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HEALING THE HEALERS: Fostering Resilience, Addressing Clinician Wellness, and Cultivating Realistic Expectations from the Healthcare System

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Physicians confront myriad challenges in patient care daily, yet the accumulation of stress in overworked professionals can lead to burnout. This phenomenon is particularly poignant in primary care physicians, where clinician wellness becomes paramount for both individual physicians and the healthcare system at large. Media coverage and research publications increasingly highlight the mental burden and well-being of healthcare workers (HCWs), psychological stress, and even tragic cases of suicide.

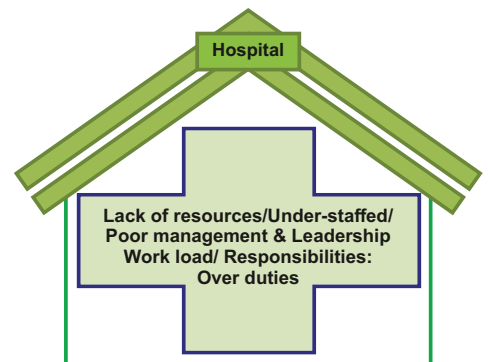
Efforts made to comprehensively tackle wellness and burnout among doctors throughout their professional journey, while also highlighting strategies to fortify areas of vulnerability among physicians. Physicians who ignore the warning signs of burnout may experience severe exhaustion, reduced productivity, and diminished quality of care. Various risk factors contribute to burnout, including excessive workloads, prolonged duty hours, sleep disturbances, and imbalances between work and personal life, limited professional enhancement, lack of rewards or notification of efforts, insufficient public support and lack of support in the work environment zone and external factors like economic, administrative, and legal issues. While physicians are esteemed for their intelligence and dedication to patient care, they also face challenges within a complex healthcare structure. At the same time, HCWs also face the friction, the brunt and uncertainty in a highly complex delivery and reimbursement structure. Every day, clinicians and hospital staff experience a marathon of adrenaline surge, stress, physical fatigue, mental strain, and emotional trough and crest. To survive these odds, they require enormous stamina, compassion, pessimistic vibes and unyielding resilience attitude to sustain the high-end uncompromised standards of excellence necessary for delivering personalized care.

However, burnout often arises from a combination of factors, includes disconnect with patients, administrative burdens, and the challenges of integrating advanced technologies into clinical practice. The life of a medical fraternity apparently often is a far cry from the life that one dreamed and hoped to have.

However, the government policy makers, bureaucracies, and medical schools must bear in mind that clinician's wellness and complete health is crucial, as it directly affect the quality of patient care. Medical competency and intellectual excellence are indeed relevant; yet more emphasis in a medical school should be placed on teaching civic sense, team play, leadership qualities, effective communication, emotional intelligence and other soft skills. Key topics such as personal growth and development, individual well-being,

crisis management, coping skills, civility, and self-awareness should be integral components of medical school curricula nationwide. One needs to find time to unwind, get refreshed, recharged, revitalize and gain self-empowerment.

In conclusion, prioritizing self-care is essential for healthcare professionals to prevent burnout and maintain quality care. Hospital management plays a crucial role in supporting clinicians by implementing effective solutions and monitoring their impact. By fostering a resilient workforce through evidence-based strategies and a supportive work environment, healthcare institutions can ensure a healthier future for both providers and patients. This involves implementing interventions such as delegating tasks, promoting teamwork, and offering mindfulness training, aiming to sustain those dedicated to serving others.



THE DIVINE PARADOX: When Gods Face Violence in White Coats

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In India, we often hear the phrase "Doctor is next to God," yet the stark reality of violence against healthcare workers presents a troubling paradox. How can a society that equates physicians with divine beings simultaneously subject them to abuse, violence, and inhuman working conditions?

A dedicated physician, after working for 24 hours straight, delivers difficult news to a patient's family. The exhaustion evident in his eyes doesn't garner sympathy; instead, it might trigger an impulsive and aggressive behaviour from distressed relatives. The same hands that were sought for blessing, moments ago now become targets of violence.

The irony is palpable in hospitals. The doctor, revered enough to be called upon to save lives, faces verbal abuse, physical assault, and sometimes mob violence within the same shift. No devotee would dare raise their hand against a deity in a temple, yet somehow, the sanctity of this reverence disappears within the hospital walls.

The working conditions tell an equally disturbing story. Young residents often work prolonged shifts, with minimal breaks for basic human needs like meals or rest. Senior doctors handle patient loads unimaginable to the developed world. In government hospitals, a single doctor might see hundreds of patients daily, working in facilities that lack basic infrastructure and security measures.

Perhaps the greatest irony lies in the daily routine of these healthcare professionals. They spend their days advising patients about the importance of regular meals, proper nutrition, adequate sleep, and stress management – yet they themselves barely find time to eat a proper meal, often subsisting on canteen snacks or quickly grabbed bites between emergencies. The very guardians of public health struggle to maintain their own wellbeing, trapped in a system that demands superhuman endurance while denying basic human needs.

The root of this contradiction lies in unrealistic expectations fueled by media portrayals and societal pressure. While the "God" status elevates the expectations from doctors to impossible standards, like a double-edged sword, it also strips them off their human vulnerabilities. When these divine expectations aren't met, the fall from grace is imminent: immediate and violent.

Recent incidents across India paint a grim picture. From junior doctors being assaulted in Maharashtra to senior consultants facing mob violence in Delhi, the statistics are alarming. According to Indian Medical Association data, over 75% of doctors face violence

or threat during their careers. It will be very unfortunate for the profession and the patient, both if the younger generations finds solace in 'defensive medicine'.

The solution requires a multi-faceted approach. There is a need to enhance the societal understanding that the doctors are highly trained professionals, not deities. The role and status of healthcare professional needs to be humanized. There is a crying need to re-ignite the perspectives that the doctors work within the limitations imposed by science and system, both. This will foster a more realistic and respectful relationship between the patient and the service provider. Second, the healthcare infrastructure needs an 'overhaul' focussing particularly on time as a resource and improving the patient-to-physician ratio. While the healthcare professional struggles to manage high volume of patients in a limited time-frame, medical procedure take priority over empathy, communication and counselling. The patient and the relatives are left dissatisfied escalating tension and fostering an environment of violence. Allowing doctors sufficient time for patient engagement would improve patient satisfaction and lead to a significant reduction in conflicts, thereby creating a safer and more supportive environment for both patients and healthcare providers. Last, but not the least, strict implementation of laws protecting healthcare workers is essential to maintaining order.

Moving ahead, it is vital to remember: the hands that heal deserve protection, not violence. The mind that carries years of medical knowledge deserves rest, not endless shifts. The professional we call "saviour" is, first and foremost, human. It's time they are treated such.

Human dignity and safety should never be sacrificed at the altar of divine expectations. After all, what does it say about a society that turns against those, it calls "gods"?

**THE PROFESSIONAL WE CALL "SAVIOUR" IS,
FIRST AND FOREMOST, HUMAN**

Remember:

**The hands that heal deserve protection
Not Violence**

ROLE OF COMMUNICATION SKILLS Among Healthcare Professionals

Dr. Deepak Kumar Sharma, Professor, Central Institute of Orthopaedics, VMMC, Safdarjung Hospital, Delhi.

**“If you think communication is all talking, you haven't been listening”
- Ashleigh Brilliant**

Communication has a significant role in our daily lives and is even more prominent in healthcare. Data has shown that non-communication or less communication with patients and relatives is the primary cause of dissatisfaction and violence at a healthcare facility. If we want to reduce the violence in the health sector, then our healthcare workers should be trained in such a way that they communicate in a responsible, gentle & touching way. Communication is directly related to our inner condition. Sometimes, we are worried about one situation and feel uncomfortable, but if we are happy from the inside, the same problem may not affect us much, and we may feel comfortable. So, how we behave or communicate with others depends on our inner state. So, at work, the environment should be such that everyone feels happy and connected.

Communication is a two-way process in which we speak & listen. If we analyse, we will find most of us have a habit of speaking more than listening. At hospitals, patients come with pain, worries, and stress. They want to share everything with their healthcare provider, but most of us think we know everything about the disease and handle thousands of similar patients, so we habitually speak more than listen.

If we don't listen to the patient's problems properly, this leads to dissatisfaction among patients & their relatives, which is the primary cause of violence at healthcare facilities.

Listening is an essential aspect of managing a patient, as investigation is critical to managing the disease of the patient's body. Similarly, listening is a vital component of managing the emotional part of the patient, which is even more critical than disease in initial contact with patients and relatives.

If we listen to the patient, half of the treatment is done, and they feel calm, satisfied and comfortable. At this stage, they think they have been heard & understood now, and the treatment will be done as required. To develop such skills, healthcare professionals should connect to their inner selves and listen carefully without prejudice. At this stage, a connection develops between the patients and healthcare providers; now, they become comfortable with each other, and it is easy to communicate.

Another part of communication is speaking. The healthcare workers talk to the patients to give instructions or guidance, not for sympathy. If we talk in a way that makes the patients

and relatives comfortable, they follow it better. So, during communication, we should talk in a soft & gentle way; it should contain the necessary words and not hurt them emotionally. As the words contain energy and impact the patients, we should use appropriate words to connect with the patient better.

The professionals often have long duty hours and face challenging situations, such as COVID-19. One may get irritated and angry. In this situation, they should take a short break from their duty and connect to their inner selves, which makes them calm and relaxed. This reduces the chance of any heated argument & violence.

To conclude, healthy and correct ways of communication have a significant role in our healthcare industry, which is lacking to some extent nowadays. The author feels that good communication skills should be a part of the healthcare training curriculum; with these measures, we can reduce disputes, litigations, and violence at the workplace in the healthcare industry.



Make sure it's connected
before you start talking

Silent Battles

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*I read the newspaper, I follow the news,
It is filled with incidents which make me feel unsafe.
A woman in a white coat travelling far from house to work,
The small walk from the metro station to the hospital seems long,
And I am literally dragging my feet along.
What if? What if, what I read in the newspaper, were to happen to me?
Do I have an actionable plan?
My OPD room on the first floor with closed doors feels unsafe now,
I urgently arrange for a doorbell.
I am extra polite to my patients,
Doubting every move, my senses are extra cautious.
I don't want to tell difficult truths to them,
I wish I had more time to counsel and communicate,
I must not hurry, there should be no haste,
No intention must be perceived as waste.
But how can I make acne vanish in a week?
How can I clear the blemishes and tan in a day?
How can I give flawless skin without discipline?
Are the expectations from us too high?
Are we promising to deliver what we know we can't?
Is that the reason, people come back in rage?
And they don't want to admit their mistakes?
Spending money on fairness creams and steroids,
Damaging their skin and then blaming it on the doctor?
There is only so much we can do.*

Cont...

*I feel threatened here. Even in my seemingly benign dermatology OPD.
The stalking, the lewd remarks, the threats, the jokes, the stalling,
It's only all about the doctors now, isn't it appalling?
Pharmaceutical companies are charging so much for their basic medications,
Medicines not working, antimicrobial resistance on the rise,
There is pollution and too much heat and sweat and secretions,
Is it all just to create a doubt on the doctors' dedication?
We swore to "do no harm" but where did we go wrong?
Or is it that I am finding the fault at the wrong place?
Doctors are also humans and not Gods.
We have our restrictions and limitations.
No magic wand we have that we may wave,
and make all the disease and misery go away.
There are long waiting lines and too much rush.
But my dear friends, doctors must also hush,
A 5-minute break and there is social media uproar,
How dare a doctor drink water and take a snack,
Aren't they being paid to work all day?
The 36 hours shift nobody sees,
Nor the missed lunch breaks and festivals, nor time not devoted to family,
And in response this is what we get,
Feeling unsafe at my workplace, feeling small and scared.
Should I quit? Look for an alternative profession?
But to find satisfaction in treating others is all I have ever known,
This is what I do, this is who I am,
I will swallow my fears and hope the world understands,
That in these halls of healing where hope is sown,
We doctors can't fight this violence alone.*

VIOLENCE IN HEALTH CARE SETTINGS:

Contributing Factors and Solutions

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Introduction: Violence in health care settings is a serious issue affecting health care professionals worldwide. Contributing factors include unrealistic expectations, social influences, and media portrayals. This article discusses key perspectives, contributing factors, and strategies to prevent violence in health care environments.

a. Perspectives on Violence in Health Care Settings

i. Social Aspects

Society often expects quick, perfect outcomes from health care professionals, leading to frustration when medical realities fall short. Limited understanding of medical complexities can fuel aggression when patients or their families become dissatisfied with care.

ii. Health Care Professionals' Viewpoints

Health care workers feel increasingly vulnerable to violence, especially in emergency settings. A lack of security, overwhelming workloads, and disrespect from patients contribute to stress, and job dissatisfaction.

b. Unrealistic Expectations from Health Care: A Key Factor

This is the major driver of violence. When patients expect guaranteed success from treatments, dissatisfaction can lead to aggressive behavior. The gap between what patients expect and what medicine can deliver fuels frustration. As rightly said: Doctors Treat, but God Heals!

Remedial Measures:-

- **Patient Education:** Educating patients on the realities of medical care can align expectations with possible outcomes.
- **Communication:** Clear, honest communication about treatment options and limitations is the key to reduce dissatisfaction and prevent violence.

c. Social Media's Depiction of Health Care Professionals

Social media often highlights negative stories about health care, such as cases of alleged malpractice. These portrayals distort the public's perception of medical professionals, increasing distrust and hostility. Viral content amplifies isolated incidents, further damaging the reputation of this noble profession.

d. Increasing Litigation in Health Care

Litigation has increased in health care, with patients more likely to sue when outcomes are not as expected. The fear of lawsuits creates stress for health care workers and strains patient-provider relationships, contributing to a defensive approach to care.

e. Legal aspects

Addressing violence in health care settings necessitates a comprehensive understanding of the legal frameworks designed to protect health care professionals and ensure accountability. Key legal considerations include:

- i. Workplace Violence Legislation
- ii. Reporting and Accountability
- iii. Legal Protections for Health Care Workers
- iv. Duty to Care and Non-Abandonment
- v. Confidentiality and Reporting
- vi. Creating a Culture of Safety

f. Professional Ethics

Health care professionals must uphold ethical standards, but they also need legal protection from unfounded claims. Strengthening legal safeguards and ensuring ethical practices are essential for fostering a supportive work environment.

g. Role of Communication Skills among Health Care Professionals

Effective communication plays a crucial role in preventing violence. Misunderstandings or a lack of empathy can escalate tensions. Training in communication and de-escalation techniques is essential for managing patient interactions and reducing the likelihood of aggression.

h. Facilities for Health Care Professionals

These measures should be revised & improvised by competent authority to assure & insure safety of health care professionals at their respective work place.

i. Perspectives from Government vs. Private Health Care Settings

Government hospitals often face overcrowding and limited resources, increasing the risk of violence. Private hospitals, though better equipped, may encounter violence when patients are dissatisfied with costs. Improving conditions and security in both sectors is crucial to protecting health care workers.

CONCLUSION

Violence in health care settings stems from unrealistic expectations, social media distortions. Addressing these issues through patient education, improved communication, and legal protections are pivotal for ensuring the safety of health care professionals and maintaining the quality of care.

FEELING PATIENTS' PAIN AND SHARING THEIR BURDEN: A Skill Long Forgotten

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When I started my MBBS at a government institute in 1998, there was an unwritten rule: while taking a patient's history, dress properly, speak politely, and show respect. It was understood that we should have compassion toward them, make them feel comfortable, and be sensitive to their complaints. In other words, we were expected to show professionalism, sympathy, empathy, and have good communication skills—things we always learned by observing our seniors. We were never explicitly taught the literal meaning of sympathy, empathy, or professionalism. Instead, we learned these skills through observation, commitment, and dedication to our profession.

Now, after many years of being a faculty member and observing today's generation of students, I feel that, while not all, the majority lack communication skills and empathy. Today, it seems students are racing against time; they want to finish the task somehow and move on to the next. In this race, they are ignoring the fact that patients are human beings, too. They have emotions, and they are longing for attention and time. Students fail to realize and respect the fact that it is purely because of patients' suffering that they can learn about the epidemiology of a disease. We can blame this lack of skills on technology, westernization, social influence, hectic schedules, or being overburdened. But to some extent, we, as seniors, are also at fault. Maybe we are not setting the right example. Maybe we are not being ideal mentors. There must be some reason why students, unlike us, are not drawn to their seniors to learn these skills.

I completely stand against violence in healthcare settings and strongly condemn it. However, if we just introspect slightly, stay unbiased, and consider the following scenario: A doctor in an emergency sees a child who has arrived in very critical condition. The doctor, exhausted, denied sleep and proper meals for many hours, is brutally honest and tells the mother that there is no point in treatment and to prepare for the final rites. Imagine the state of the mother and relatives. Put yourself in their shoes.

I can never justify violence against doctors, knowing how much a doctor works and sacrifices throughout their life. But a simple word of compassion—saying, “I understand what you must be going through,” or, “I assure you I will try my best till the end,” or, “I will not leave any stone unturned”—could make a world of difference. A mother who loses her child will at least have peace of mind, knowing that the doctor tried their best, and it was her child's destiny, not the doctor's failure. Sadly, no one wants to accept shortcomings and introspect.

It is no wonder the NMC had to finally incorporate AETCOM as part of the MBBS curriculum—something that now needs to be taught, assessed, and evaluated to ensure that these long-lost emotional skills are regained by today's generation.

FROM HARM TO HARMONY:

Confronting Violence against Healthcare Workers for a Safer Tomorrow

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The backbone of any healthcare system is its workforce, whose essential services greatly impact the system's efficiency, efficacy, and care quality. A nation's health outcomes are significantly influenced by the magnitude and calibre of its healthcare personnel.

According to the World Health Organization (WHO), physical violence affects between 8% and 38% of healthcare professionals during their careers, with an even larger number experiencing threats or verbal abuse. Patients and visitors are the primary perpetrators of most violent incidents.

Regrettably, current research often underestimates the gravity of this issue, presenting statistics that fall short of the actual situation. This disparity is largely due to many victims choosing not to report their experiences, which obscures the true extent of the problem and hinders effective resolution efforts.

Workplace violence (WPV) can have dire repercussions, potentially leading to anxiety, post-traumatic stress disorder (PTSD), and professional burnout. These conditions may increase the likelihood of clinical errors, posing significant risks to both patient safety and security. Studies show that the combined occurrence of workplace violence (WPV) is significantly more frequent in Asian countries than in European ones. This difference can be explained by various elements, such as disparities in healthcare systems, fewer healthcare workers per 1,000 people, and lower government spending on health in Asian nations. As an example, healthcare facilities in countries like India often face extended wait times, leading to increased workloads for medical staff. This can potentially impair their ability to communicate effectively with patients, resulting in higher instances of WPV.

Gender-based disparities in WPV prevalence have also been noted. While women are less prone to experiencing physical violence, they more often encounter sexual harassment.

Healthcare professionals have identified several contributing factors to violent incidents, including the perpetrators' limited education, unfulfilled expectations, prolonged waiting periods, and discontent with the care received. Unrealistic patient expectations, often influenced by social media portrayals of healthcare, can be a root cause of many violent incidents. The disparity between online depictions and real-life experiences frequently leads to increased demands and frustration.

Research has shown that implementing communication skills training programs for community health workers can effectively decrease patient aggression. By improving their patient interaction abilities, these programs help defuse potential conflicts and create a more positive healthcare atmosphere.

Recent legislative measures in India have introduced new reporting requirements for organizations to enhance healthcare worker protection. These measures include establishing specific criminal offense categories and imposing harsher penalties on offenders. Growing evidence suggests that such improved workplace safety measures can contribute to a reduction in violent incidents.

To effectively address workplace violence, it is crucial to understand its contributing factors. These include organizational culture, staff workloads, communication barriers, and patient expectations. Environmental elements, such as insufficient security measures and high-stress situations, can also intensify tensions.

By identifying and examining these factors, organizations can develop targeted strategies to minimize risks and establish a safer work environment for healthcare professionals. Recognizing these dynamics is fundamental to cultivating a culture of safety and respect within healthcare settings.

**Workplace violence (WPV) can have dire repercussions,
potentially leading to**

**Anxiety,
Post-traumatic stress disorder (PTSD),
and Professional Burnout.**

**ESTABLISH A SAFER WORK ENVIRONMENT
FOR HEALTHCARE PROFESSIONALS**

PERSPECTIVES ON VIOLENCE IN HEALTH CARE SETTING and Related Issues

Dr. Garima, Associate Professor

Dr. Suresh K Singhal, Senior Professor and Head, Deptt of Anaesthesia, PGIMS Rohtak

A. Perspectives on Violence in Health Care Settings

i. Social Aspects

Violence in healthcare settings has become an increasing concern, affecting both patients and professionals. Patients may enter healthcare facilities with heightened emotions, influenced by fear of illness or the outcomes of their treatment. The resulting tension can manifest as verbal or physical aggression towards healthcare staff.

Moreover, the social environment within hospitals—characterized by high-pressure situations and sometimes inadequate resources—can exacerbate these issues. When patients feel neglected or misunderstood, their dissatisfaction can escalate into violence.

Effective communication and patient engagement are crucial in mitigating these instances. Creating a supportive atmosphere where patients feel heard can significantly reduce aggression.

ii. Health Care Professionals' Viewpoints

Healthcare professionals often express a sense of vulnerability in their work environments. Many report experiencing threats or violence, leading to burnout and decreased job satisfaction.

Healthcare providers advocate for better training in conflict resolution and de-escalation techniques to manage potential violence effectively. They also emphasize the importance of institutional support, including mental health resources and clear reporting mechanisms for violent incidents.

By fostering a culture of safety and support, healthcare institutions can help protect their staff and improve overall workplace morale.

B. Unrealistic Expectations from Healthcare

Unrealistic expectations significantly contribute to violence in healthcare settings. Patients may arrive with preconceived notions about treatments based on anecdotal evidence or sensationalized media portrayals.

To address this, healthcare providers must engage in proactive education, clearly communicating potential outcomes and limitations of treatments. Implementing patient education programs can help set realistic expectations, reducing misunderstandings and

potential violence. Additionally, establishing emotional support systems can provide patients with an outlet for their frustrations, further alleviating tension.

C. Social Media's Depiction of Health Care Professionals

Social media plays a powerful role in shaping public perceptions of healthcare professionals. While it can serve as a platform for education and awareness, it can also propagate unrealistic portrayals that lead to dissatisfaction. Negative depictions can foster distrust and contribute to violent interactions in healthcare settings.

Healthcare professionals are encouraged to use social media responsibly to provide accurate information and share positive experiences.

By actively engaging with the community, they can counteract negative stereotypes and build a more informed public, which may help reduce instances of violence.

D. Increasing Litigation in Health Care

The rising trend of litigation in healthcare has created a culture of fear among providers. The threat of lawsuits can lead to defensive medicine, where unnecessary procedures are performed to avoid legal repercussions. This not only strains resources but can also contribute to provider burnout.

To mitigate this issue, healthcare institutions can enhance communication with patients, fostering transparency about risks and benefits.

Additionally, training programs focused on risk management can empower healthcare professionals to navigate complex legal landscapes effectively.

E. Legal Aspects

Healthcare professionals must navigate a complex legal environment that includes malpractice laws, patient rights, and confidentiality regulations. Understanding these legal frameworks is essential for safeguarding both patient and provider interests.

Regular training and updates on legal obligations can help reduce anxiety related to compliance.

F. Professional Ethics

Ethical considerations are central to healthcare practice. Professionals must balance patient autonomy with the principles of beneficence and non-maleficence.

However, the pressures of modern healthcare can challenge ethical decision-making, particularly when facing unrealistic patient demands.

Ethics training can provide healthcare professionals with the tools to navigate complex scenarios, ensuring patient-centered care remains a priority.

G. Role of Communication Skills among Health Care Professionals

Effective communication is crucial in healthcare, directly impacting patient satisfaction and safety. Poor communication can lead to misunderstandings, heightened tensions, and ultimately violence.

Training in communication skills can empower healthcare professionals to build rapport and trust with patients, mitigating aggressive behavior.

H. Facilities for Health Care Professionals

The working environment greatly influences healthcare professionals' well-being. Facilities that prioritize staff comfort, mental health support, and adequate resources contribute to job satisfaction and effective patient care.

Investment in supportive infrastructure can help reduce burnout and improve patient outcomes.

I. Perspectives from Government and Private Health Care Settings

Government facilities may face challenges such as limited resources, leading to heightened tensions, while private settings may prioritize profit, potentially affecting care quality.

Collaboration between sectors is essential to develop comprehensive strategies addressing violence, leveraging shared resources and best practices.

CONCLUSION

**Addressing violence in healthcare requires a
MULTIFACETED APPROACH
considering social dynamics, communication, & institutional support.**

By fostering a culture of understanding and respect, the healthcare community can work towards reducing aggression and improving the overall environment for both patients and providers.

PREVENTING VIOLENCE ON HEALTH CARE PROFESSIONALS in the Social Media Era

*Dr. Prashanth Mada, Assistant Professor, Forensic Medicine & Toxicology
AIIMS Bibinagar, Hyderabad, Telangana.*

According to a 2024 report, India has one of the largest social media user bases globally. Social media, when harnessed wisely, can be a powerful force for connection and communication, but it also poses significant risks by accelerating the spread of misinformation and harmful content at an alarming pace spiralling into violence on Health Care Professionals (HCPs).

In health care setting, social media helps in efficient dissemination of public health information, such as COVID-19 updates, playing a significant role in enhancing public understanding of preventive measures and health guidelines. But at times, HCPs and medical institutions are subjected to online criticism without fully understanding the complexities of medical treatments. For example, a routine post-surgery complication may be misinterpreted as a failure in care, accusing doctors or hospitals of negligence. The virality of such accusations can result in serious reputational damage and even incite violence.

The users hide behind fake profiles, fuelling unchecked criticism and spreading baseless claims leading to dissemination of negative perceptions. For example the false accusation that doctors were "profiteering" from COVID-19 treatments.

STRATEGIES TO PREVENT VIOLENCE ON HEALTHCARE PROFESSIONALS:

Enhancing Legal Protections for HCPs

- Expanding the defamation laws for rigorous enforcement to specifically protect health care professionals.
- Quicker legal proceedings to remove defamatory content immediately.
- Harsher penalties for individuals guilty of propagating defamatory information.
- Strengthening cyberbullying laws to allow anonymous reporting by medical professionals.

Improving Social Media Regulations

- Employ AI-driven algorithms and human moderation to flag and remove content that incites violence against HCPs.
- Mandatory fact-checking for health-related content by partnering with medical institutions.
- Misinformation should carry warning labels, reduce its visibility and prevent virality.
- Providing verified badges for certified health care professionals and institutions.

Public Education and Awareness

- Raising awareness about the importance of verified medical information and discourage sharing of unverified content
- Teach how to verify the credibility of sources, and the dangers of online misinformation.
- Educating patients that, not all medical outcomes are predictable or controllable to reduce the tendency to blame doctors for unforeseen outcomes.
- Promoting discussions about patient rights and responsibilities.

Guidance for HCPs

- To manage professional online profiles effectively and limit exposure to public scrutiny.
- HCPs and hospitals can proactively shape their reputations by building strong and credible online presences.
- By consistently posting accurate information, patient testimonials, and evidence-based health advice.
- HCPs should be trained to address concerns at a personal level, preventing patients turning to online escalation.

In the social media era, protecting health care professionals from online criticism and false narratives is essential to ensure that doctors can focus on patient care without fear of reputational harm and violence. By fostering a collaborative environment between health care institutions, social media platforms, and the public, the spread of false messages and the resulting damage to HCPs can be effectively mitigated.

**Social media, used wrongly,
can be
A WEAPON OF MASS DESTRUCTION
but when used wisely
it becomes**

**A POWERFUL TOOL FOR CONNECTION,
KNOWLEDGE SHARING, AND PROGRESS.**

SOCIAL MEDIA'S DEPICTION OF HEALTHCARE PROFESSIONALS

Dr. R. Nivetha, Consultant-Public Health Specialist, APHO, Tiruchirappalli

In recent years, social media has emerged as a powerful force in everyday life, influencing diverse sectors, including healthcare. The portrayal of healthcare professionals (HCPs) on these platforms has sparked both praise and concern. While it has opened doors to education, networking, and patient empowerment, it has also introduced risks concerning professionalism, privacy, and online behavior.

Positive Aspects

One of the most significant advantages of social media for HCPs is its ability to facilitate professional networking and collaboration. Platforms such as LinkedIn, Twitter, and Facebook provide opportunities for HCPs to connect with colleagues, share research, and exchange best practices.

This interconnectedness promotes a more collaborative environment, improving patient care and advancing medical research. In addition, these platforms offer access to educational content, such as webinars and online courses, allowing HCPs to stay updated on medical advancements and enhance their clinical skills.

YouTube and Instagram have become popular tools for accessing this information, empowering continuous learning within the healthcare community.

Social media also plays a significant role in health promotion and patient education. HCPs can utilize platforms like Instagram and Twitter to disseminate accurate health information, dispel common myths, and raise awareness of various health issues. This approach empowers patients, helping them make better-informed decisions about their health and wellbeing.

In doing so, social media serves as an educational medium, ensuring that reliable medical information is available to a broad audience.

Negative Aspects

Despite its benefits, social media brings certain challenges for HCPs. One major concern is the blurring of professional boundaries. The informal and open nature of these platforms can sometimes lead to inappropriate behavior, such as casual or unprofessional interactions with patients, which can undermine trust and damage professional reputations.

Additionally, there are significant concerns about patient confidentiality. Even seemingly harmless posts or casual comments can inadvertently breach privacy, exposing sensitive information that could lead to legal and ethical consequences for the HCP.

Moreover, social media often exposes HCPs to cyberbullying, trolling, and harassment, which can negatively impact their mental health and overall well-being. These negative interactions highlight the challenges that come with maintaining a professional image online, where boundaries are sometimes unclear.

BALANCING ACT

To navigate these complexities, healthcare professionals must strike a balance between reaping the benefits of social media while mitigating its risks. Developing clear policies and guidelines on appropriate social media use can help uphold professional standards and protect patient privacy. Educational institutions and healthcare organizations should also incorporate digital professionalism into their curricula to prepare HCPs for the realities of the digital age. This approach ensures that future professionals understand how to maintain professional behavior in both online and offline settings.

CONCLUSION

Social media holds the potential to revolutionize the way

HCPs interact with patients and colleagues.

However with this opportunity comes

THE RESPONSIBILITY TO MANAGE ITS CHALLENGES.

By adopting a mindful and informed approach to social media, HCPs can harness its potential while preserving the ethical and professional standards that define the healthcare profession.

UNREALISTIC EXPECTATIONS FROM HEALTHCARE:

Key factor contributing to violence

Dr. Sahil Goyal, Asst. Professor of Community Medicine North DMC Medical College & Hindu Rao Hospital Delhi

Just like two hands are needed to clap, similarly there are two facets from where introspection needs to be done as to why does violence occur at first place in healthcare settings. Is it fault of doctors, patients, patient relatives, healthcare administrator or all of them? In ancient times, medical profession was believed to be the most noble profession out of all the career options. But as of today, the time has changed and so the belief among general public. A lot of people still choose medical profession nowadays but the happiness does not last long due to various kinds of tough challenges and obstacles, which are hard to explain to the general public. On one side, some medical professionals do not receive adequate resources to provide quality healthcare services and on the other hand, some medical professionals despite of adequate resources cannot follow ethical principles due to some kind of administrative directions.

As per recently released National Health Account (NHA) estimates for India 2021-22, out-of-pocket health expenditure out of Total Health Expenditure has reduced from 64.2% in 2013-14 to 39.4% in 2021-22 with the Government's successful flagship programmes like Ayushman Bharat-PMJAY scheme. The share of Government Health Expenditure (GHE) in the overall GDP of the country has increased from 1.13% in 2014-15 to 1.84% in 2021-22. Though such indicators are useful to predict whether health policies benefit the general public, it is equally important to know whether amicable environment is present for healthy doctor-patient relationship in the country.

It is important to be aware that there are various forms of violence that may occur among healthcare workers such as telephonic threats, intimidation, verbal abuse, physical but non-injurious assault, physical assault causing simple or grievous injury, murder, vandalism, and arson. Indian Medical Association suggests that up to 75% doctors have faced some kind of violence at work, which is similar to the rates from other countries in the continent. Few reasons for this could be attributable to reasons like shortage of doctors leading to overburdening of work and sleep deprivation, lack of strengthened healthcare delivery system, poor monitoring mechanisms, lack of political will, inequitable distribution of healthcare resources, lack of awareness among general public and the last most important reason being lack of communication skills development.

As per World Health Organization, 8 - 38% of healthcare workers suffer physical violence at some point in their careers. The reasons could be many that lead to initiation of violence in healthcare settings but in most situations, it could be preventable by understanding that patients and their relatives visit healthcare facility in anxiety or fear of losing their loved ones. The healthcare staff can show empathy, develop listening skills, develop good communication (verbal and non-verbal) skills and work with ethical principles at all times. The healthcare administration at every level of system should ensure amicable working environment for healthy doctor-patient relationship.

UNREALISTIC EXPECTATIONS AND VIOLENCE: The Harsh Reality for Healthcare Professionals in India

Dr. S. K. Singhal, Senior Professor & HOD

Dr Manisha Manohar, Associate Professor, Anaesthesiology and critical care, Pt. BD Sharma PGIMS, Rohtak

Workplace violence has become a distressingly common phenomenon in the Indian healthcare system. Doctors frequently face aggression, primarily fuelled by the unrealistic expectations of patients and their families. Many believe that government hospitals should deliver the same level of care as private facilities, despite systemic limitations. This gap between expectation and reality could be attributed to various factors, often resulting in dissatisfaction, loss of trust, and, in extreme cases, violence against healthcare professionals.

In Indian culture, doctors have traditionally been viewed as life savers, with almost divine abilities to heal any condition. This perception has created a dangerous expectation that doctors can save every life, irrespective of circumstances.

However, the masses remain unaware of the complexities of medical science, the limitations of available treatments, and the inherent risks involved. There is a lack of understanding of the fact that all medical conditions are not curable and that outcomes are influenced by factors beyond a doctor's control. Modern medicine's rapid advancement, along with sensational media reports of medical success stories, contributes to the belief that technology should solve almost any medical issue. When reality does not align with these expectations, especially in terminal cases, frustration and anger often turns toward healthcare providers.

The public healthcare system in India is chronically overburdened, understaffed, and under-resourced. Unfortunately, the majority does not fully comprehend these limitations and attributes negative outcomes to individual doctors rather than recognizing the broader systemic challenges.

Private healthcare setups further complicate the situation, as some providers over-promise or exaggerate treatment outcomes to justify high fees. This misrepresentation causes patients to believe that higher costs guarantee successful results.

A growing mistrust in the healthcare system, partly due to incidents of medical negligence, commercialized practices, and media sensationalism, exacerbates the situation. This distrust fuels the belief that if a treatment fails, it is due to the doctor's incompetence.

In times of crisis, fear, hope, and denial cloud families' judgment, leading them to expect miracles from medical professionals. Due to heavy patient loads, doctors often have limited time to explain the intricacies of a patient's condition or the realistic prognosis. This lack of communication leads to misunderstandings and assumptions, leaving families with false hopes based on misinformation.

POTENTIAL SOLUTIONS

1. Public awareness programs are essential to inform the public about healthcare realities, especially in government setups. These campaigns must aim to educate people about the complexities of healthcare delivery, resource constraints, and the factors influencing outcomes. However, given the political reluctance to acknowledge flaws in the healthcare system, such initiatives may need to be spearheaded by medical professionals and their associations.
2. To manage expectations effectively, healthcare professionals must prioritize transparent communication, explaining conditions, treatment limitations, and factors beyond their control. Patient advocacy groups comprising of the existing staff members can bridge the communication gap between healthcare providers and patients' families, explaining medical procedures, offering emotional support, and ensuring that expectations remain realistic
3. Addressing systemic challenges requires government investment to upgrade healthcare infrastructure, retain skilled staff, and maintain essential equipment.
4. Hospital administrations should aim to become financially self-sufficient, generating revenue beyond government funding. They could generate their own funds by minimally charging for various services (diagnostic services, inpatient service, OPD) they provide rather than keeping them entirely free. They can lease space within their premises to cafes, gift shops, or medical equipment stores, providing convenience to patients and visitors while generating rent income. Implementing an efficient medical waste management system where recyclable materials like plastics, glass, or certain metals can be sold to recycling companies. Given the emphasis on employee well-being in corporate set up, hospitals can offer tailored programs to business houses and charge a fee for these services. This not only generates revenue but also promote health awareness and build community partnerships. Hospitals can actively seek donations or Corporate social responsibility funds from businesses and individuals, emphasizing specific projects like building a new wing or upgrading equipment. This could be a significant one-time or recurring revenue source.
5. Hospital administrations should support frontline workers by implementing a robust security system, not just on paper but in practice as well. They must ensure that staff are well-informed about the standard operating procedures to follow in the event of violence. Furthermore, institutional backing through mandatory communication training workshops for healthcare professionals can enhance doctor-patient interactions, reduce misunderstandings, and alleviate the strain on medical staff, ultimately contributing to a safer work environment. Hospitals should adopt zero-tolerance policies for abuse and collaborate with law enforcement to protect medical staff.

Unrealistic expectations and distrust in healthcare are multifactorial in origin. Establishing a medical college building alone does not solve the issue. A doctor armed with knowledge is of no help unless a consistent, multipronged approach focusing on various aspects of healthcare is implemented. This is need of the hour.

MAJOR ACHIEVEMENTS & NEW INITIATIVES

by *LHMC & SSKH*

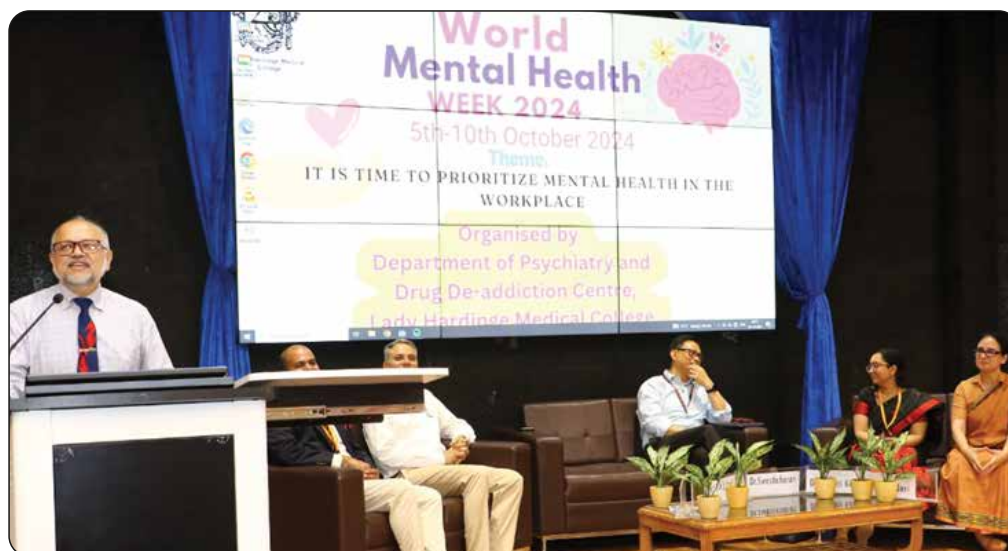
1. The Department of Emergency medicine has initiated a course of DNB in emergency medicine with 2 seats wef. January 2024.
2. Department of Pathology received the research excellence recognition in category of best team research for i-Drone project of ICMR.
3. The Department of Oncology started Brachytherapy for patients with cancer with imaging guidance.
4. The Department of Ophthalmology initiated Micro-invasive Glaucoma surgery and upgraded skill lab with operating microscope with screen and video recording facility.
5. The Department of Biochemistry began genetic analysis of Thalassemia and Duchenne Muscular Dystrophy.
6. The Department of ENT has established a vestibular function assessment lab.
7. The Department of Blood Transfusion started new facilities, such as therapeutic plasmapheresis and cytopheresis.
8. The Department of Microbiology has established the VRDL BSL laboratory.
9. Department of Gynaecology and Obstetrics started a dedicated lab for intrauterine insemination facility and started “UMMEED OPD” for follow up of women with stillbirths.
10. The department of General medicine initiated dialysis facility with two dialysis machines running currently and plan for induction of 18 more machines in a phased manner. Department also won third prize in Hypertension awareness week at All India level.
11. The Department of Forensic Medicine expanded cold storage facilities.
12. The Department of Surgery started the facility for minimally invasive treatment of varicose veins by radiofrequency ablation. They also performed colonoscopy and UGI endoscopy on admitted patients in collaboration with Department of medicine.
13. The Department of Pathology extended the molecular laboratory by including polymerase chain reaction (PCR) testing for mutations in acute leukaemia and myeloproliferative disorders.
14. Contribution of our Faculty members to the DGHS Newsletter
 - a. The effect of Vani on Medical microenvironment and health. Gaur K. DGHS newsletter Swasthya Sarvopari, 1st issue, April 2024.
 - b. Respectful Maternity Care: Are we missing something? Sehgal S. DGHS newsletter Swasthya Sarvopari, 3rd issue, October 2024.
15. Contribution of our Faculty members in drafting guidelines for,
 - a. Evidence based guidelines on the use of stem cell therapy: Neurological conditions, MOHFW, September 2024
 - b. Assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 (49 of 2016) – 2024.
 - c. The Minimum Standards for Prosthetics and Orthotics Clinical establishment under National Council for Clinical Establishments, Nirman Bhawan, New Delhi
 - d. Accessibility Standards for Healthcare under Accessible India Campaign.
 - e. Avian Influenza.

EVENTS & ACHIEVEMENTS



15th Oct, 2024: AIIMS Raebareli - THE WHITE COAT AND PINUP CEREMONY
new batch of undergraduate students MBBS (100 students), BSc Nursing (47 students)
and Bsc Allied Health (29 students) held in the presence of Chief Guest,
Dr. (Prof.) Atul Goel Director General of Health Service (DGHS)

EVENTS & ACHIEVEMENTS



5th - 10th Oct, 2024: Series of sessions held during World Mental Health Week at the Directorate, Lady Hardinge Medical College and NCDC. The sessions focussed on Mental health at Workplace and had active participation by various faculty, staff and students.

Other Activities

- One-day workshop on advanced neonatal ventilation at Lady Harding Medical College, New Delhi, on 3rd Nov, 2024., aimed to equip postgraduate students with theoretical knowledge and hands-on skills in both non-invasive and invasive ventilation techniques
- CME: Newborn Week 2024 – Theme "Optimizing Antibiotic Use to Prevent Antimicrobial Resistance in Newborns" held on 16th Nov, 2024 at Swarn Jayanti Auditorium, LHMC.
- The Department of Physical Medicine and Rehabilitation (PMR) organized a CME on the multidisciplinary approach to managing "Cerebral Palsy" at LHMC on 15th Nov, 2024.
- Basic Life Support (BLS) training sessions for staff and doctors were organized at various Points of Entry Health Units, including APHO Trivandrum and PHO Chennai.
- On the occasion of World Antimicrobial Awareness Week, a symposium and poster competition was held at LHMC on 23rd Nov, 2024.
- 6th Foundation Day celebrated at AIIMS Nagpur, graced by Chief Guest Shri Prataprao Jadhav, Hon'ble Minister of State for Health & Family Welfare, Government of India on 8th Oct, 2024.

EVENTS & ACHIEVEMENTS



13th-14th Nov, 2024: GMC Auditorium, Guwahati Medical College & Hospital, Assam two days training workshop successfully completed by Directorate General of Health Services in collaboration with DEPwD, in which 410 doctors were trained from North Eastern states.

EVENTS & ACHIEVEMENTS



Nov, 2024: Joint Public Health Sanitary Committee (JPHSC) meeting
at Port Health Organisation, Kolkata and Port Health Organisation, Egmore, Chennai

EVENTS & ACHIEVEMENTS



12th - 13th Nov, 2024: 4th National Steering Group Meeting held at CDER, AIMS



4th Dec, 2024: Sensitization Workshop on Collaborative Surveillance and Public Health Response to Mpox-Bridging Knowledge Gap, on at New Delhi



6th Dec, 2024: Hybrid Workshop on “Recent Advances & Role of Artificial Intelligence in OPMDs and Training for Biopsy Techniques” organised by O-PMD Hub, National Resource Centre for Oral Potentially Malignant Disorders at Lady Hardinge Medical College, New Delhi

EVENTS & ACHIEVEMENTS



23rd Dec, 2024: Hon'ble President of India Smt. Draupadi Murmu
Addresses 6th Convocation of VMMC & Safdarjung Hospital, where
Degrees were Awarded to 403 Graduates and Meritorious Students Honoured.

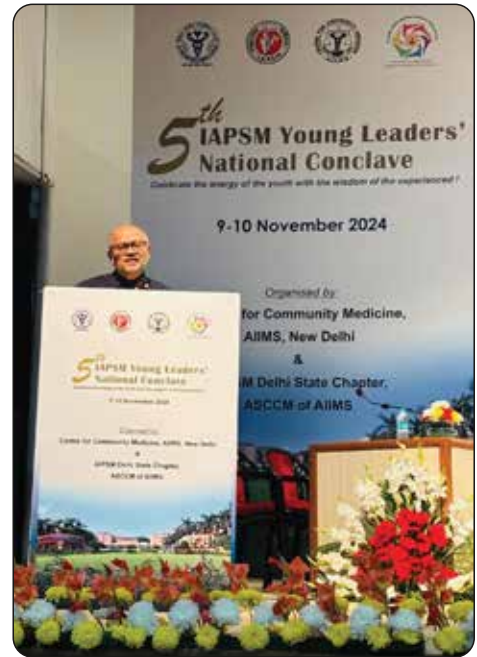


AIIMS Nagpur celebrated the successful Completion of 34 Kidney Transplants (25 deceased donor Kidney Transplants including Maharashtra's first Donation after Circulatory Death Kidney transplant & 9 living donor Kidney transplants). Dr (Prof) Prashant P Joshi, Executive Director appreciated the AIIMS Nagpur Transplant team and also felicitated Senior Urologist and Transplant Surgeon Dr Sanjay Kolte.



Orientation training on IHR-2005 at Port Health Organisation Chennai for post-graduates from Stanley Medical College, Chennai

NEWS & EVENTS



9th- 10th November 2024: CHEB organised 'Sparks Ingenuity', a series of ten competitions aimed at fostering innovative ideas in public health at the **Young Leaders' National Conclave 5th IAPSM** held at All India Institute of Medical Sciences (AIIMS), New Delhi. CHEB setup an exhibition at the event to disseminate vital health information & distribute health awareness booklets to around approximately 300 delegates and students across the country.

NEWS & EVENTS



Risk Communication and Community Engagement (RCCE): Presented by CHEB at the 'National Consultation on IHR (2005): Recent Amendments and the Way Forward' on 22-23 October 2024 at NCDC, Delhi, as a nodal for RCCE along with NCDC.



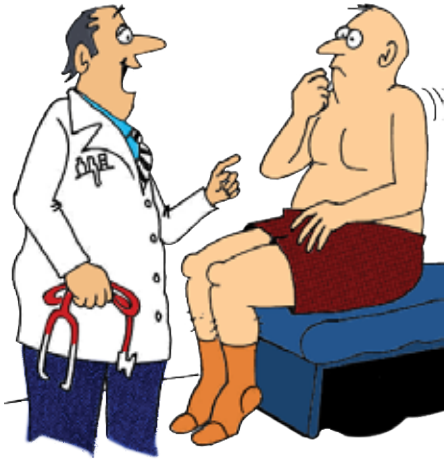
'National Conference on Sustainable Provision of Assistive Technology (NConSPAT) - 2024': CHEB spearheaded the panel II on 'Improve Access to Assistive Technology within All Key Development Sectors' on 8th - 9th November 2024 at ICMR HQ, New Delhi.

NEWS & EVENTS



14th - 27th November, 2024: CHEB actively participated in the India International Trade Fair (IITF) - 2024. The stall themes focused on 'Assistive Technology' and 'Navigating Menopause', drawing significant attention and attracting a large number of visitors. CHEB also engaged in various stall and stage-level activities, further promoting awareness & interaction with the visitors.

Medical Humour



“I specialize in referrals to specialist!”

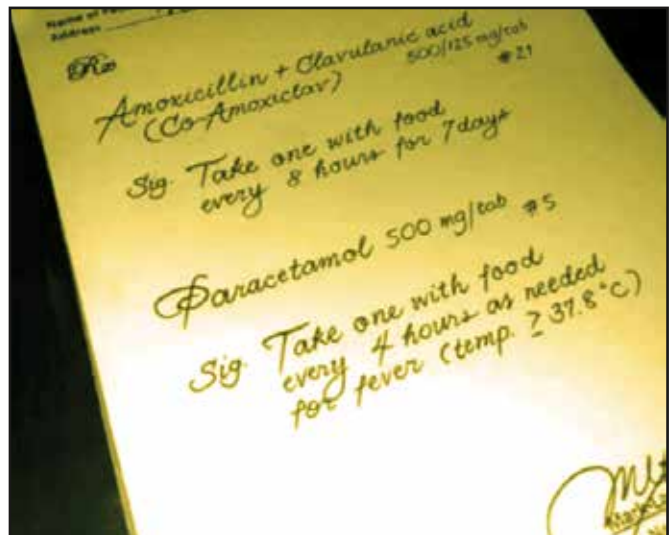
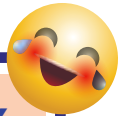


अति मार्मिक तस्वीर
अंत समय तक कार्यरत
चिकित्सा कर्मियों को नमन



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RESPECT HIM / HER

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