

Riots After Medical Mishaps. How can we Improve?

Amit Joshi¹

¹Department of Orthopedics, Shree Birendra Hospital. Kathmandu Nepal.

Recent surge in dissatisfaction of patients and patient party has raised several questions to be answered not only from the government side but also from physician's part¹. An increasing trend of demanding compensation for any mishaps during treatment process has affected not only the capital but also the periphery. Rioting and stoning hospitals have become everyday news now. Recently the government hospitals have also been attacked and doctors from government hospitals are forced to pay compensation without any legal verdict. In response to riots created by patient party, physicians also have responded with strikes and shutting down hospitals and sometimes even emergency services. In most of the occasions government administration has to intervene to settle the problems. However, these settlements proved to be temporary and case to case basis and similar violent act continued to happen and in some instances manhandling of doctors were also reported.

These events have definitely created insecurity amongst the physicians, this may be the reason why Nepal Medical Association has drafted several demand points and the most important demand was "security of physicians and hospitals". Although these demands were positively taken by the government of Nepal, it seems not possible to provide security physically to all the doctors and mushrooming numbers of hospitals all over the country. So, there is a need to explore the area where the changes may bring substantial improvement in present scenario of deadlock. Various aspect of solving the problem was proposed by various stakeholders but an insight analysis was lacking. This editorial was not intended to produce a solution to current problem. The Aim of the editorial is to explore a relatively untouched aspect of solving the problem. Whenever there is a riot following a medical mishap, four direct stake holders are evident with different views and opinion.

1. Patient and patient Party
2. Government and Security Forces
3. Physician
4. Hospital Administration.

Bringing any change in behavior of any of the four stake

holder is crucial in solving the existing problem. But a key question is where it is easy and results are fast. A surface analysis was attempted in this editorial.

1. Patient and patient party: Under the Consumer Protection Act, every patient has right to know about the incident and their family members are also authorized to know everything about the patient. Patients can seek opinion from another doctor in the same hospital, their family physician or any other specialist². However, physicians are reluctant to do so, and we feel apprehended when some of our patients come and ask for a second opinion. It is not easy even for those who have accepted the fact and started counseling the patient and the party. But when problem occurs, those who were counseled are not around, or the say "you have not explained this".

Educating patients and their party seems the demand of the day but this is next to impossible in a short period of time. Patient education and health literacy increment is a gradual and long process which is very much associated with country's prosperity. So, wishing that a patient and patient party must behave appropriately in cases of mishaps or government should educate them in a very short period of time frame, just seems impossible and changes in behavior of patient and patient party to reduce riots after medical mishaps does not look like a very viable option.

2. Government and Security Forces: demand put forward by Nepal Medical Association to the government of Nepal was taken positively was a good gesture from the government side, but we have to realize that providing physical security to all the doctors and hospital is not possible. Formation of rules and regulation to provide adequate security coverage to health professional and discourage hooligans is the maximum

Correspondance

Dr. Amit Joshi

Department of Orthopedics,
Shree Birendra Hospital, Kathmandu Nepal.

Email: dramitjoshi7@gmail.com

they can do. On the other hand, with the existing political instability in our country, there are more rule breakers than rule makers. So, only making rules does not serve any purpose until there are people who follow and obey the rules.

So, at present, the government and security forces hardly can do anything. Mediation between the fighting parties and showing intent to solve the problem is maximum we can expect from them. Hence looking forward to have a solution from government side is a futile act.

3. **Physicians:** Physicians are educated hence easy to teach; they are limited in numbers and accessible to the fraternity. So, this stake holder has huge potential to solve most of the problems associated with medical mishaps. On the other hand, any change in behavior of the physicians today will show results immediately. The purpose of this editorial is neither to criticize any of the stakeholders nor to emphasize the role of physician in solving the problem. The objective of this editorial is to raise a key point that, change in physician behavior is easier to bring about and will have impact immediately. It is not possible to point out all the factors that need improvement from physician's side but this is a direction which could be explored in a greater detail to come up with immediate solution to some extent.

4. **Hospital Administration:** in fear of physical damage to hospital infrastructures, the hospital administrations are prompt in negotiation and ready to pay ransom. This attitude of paying without any legal verdict might have encouraged the hooligans. Hospital administration should create a platform through which the physicians can launch an improved doctor patient relationship. The hospital administration should provide facilities to both the patients and physicians so that a best practice could be instituted³.

Bringing any change in behavior of patient and patient party is difficult and takes a long time. Government also has limited resources and action plan to solve this problem immediately. However, change in behavior of physicians and hospital administration is easy and will have immediate impact on the event which has caused insecurity amongst the physicians themselves.

Reference:

1. Shrestha R. *Medical negligence: An insight. Kathmandu University Medical Journal. 2008;6(4): 533-4.*
2. Blendon RJ, Desroches CM, Brodie M, Benson JM, Rosen AB, Schneider E et al. *Views of practicing physicians and the public on medical errors. N Eng J Med 2002 Dec 12;347(24):1933- 40.*
3. <http://www.medicalmalpractice.com/resources/medical-malpractice/medical-malpracticeintroduction/medical-negligence.htm>