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The Mission to Uphold Human Rights for Medical Practitioners: An Empirical Research to Upscale the Human Rights Violations, Lapse of Safety and Protection of Medical Practitioners in Selected States of India

Dr. Devakumar Jacob
Faculty,
School of Law, Tata Institute of Social Sciences, Mumbai

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The Mission to Uphold Human Rights for Medical Practitioners: An Empirical Research to Upscale the Human Rights Violations, Lapse of Safety and Protection of Medical Practitioners in Selected States of India

ABSTRACT

Medical practitioners, on the other hand, face numerous human rights violations which are undeniable. There are no adequate legal instruments to protect medical professionals, which is unfortunate. Most of them are in fear, and their safety and protection should be addressed systematically. It is unacceptable to use violence towards medical professionals. Not only does it have a negative influence on the mental and physical well-being of those working in healthcare, but it also affects their motivation to provide timely service to the needy. To upscale the safety and protection of medical doctors who are faced with physical attacks by the patient's relatives. Hence, this research signifies certain dedicated legal instruments to protect the medical practitioners and uphold the human rights framework.

KEYWORDS

Medical Practitioners, Well-being, Human Rights, Legal Safety, and Healthcare.

1. INTRODUCTION

The 'Medical Profession' is noble among all; 'medical doctors' are portrayed as living God and their service is significant in ensuring the physical and mental well-being of humanity. The progress of the medical profession has been impressive since its independence. As of November 2021, there were 1,301,319 allopathic doctors registered with state medical councils and the National Medical Commission. The country has 289,000 registered dentists and 1.3 million allied and healthcare professionals. By 2030, India will have one million additional qualified doctors; it currently produces 50,000 per year. Medical practitioners, on the other hand, face numerous human rights violations which are undebated. There are no adequate legal instruments to protect medical professionals, which is unfortunate. Most of them are in fear, threat, and their safety and protection should be addressed systematically. It is unacceptable to use violence towards medical

professionals. Not only does it have a negative influence on the mental and physical well-being of those working in healthcare, but it also affects their motivation to provide timely service to the needy. As a direct result of this violence, the provision of medical care is put in jeopardy, and the quality of health care that is received is diminished. Additionally, it causes enormous financial losses in the healthcare industry. Especially, India is known for its best medical service, and medical specialists constitute more; however, they have been facing gross violence in many ways.

2. OBJECTIVES AND SCOPE OF THE STUDY

- To map the magnitude of human rights violations against medical practitioners and critical care unit surgeons in India.
- To upscale the safety and protection of medical doctors who are faced with physical attacks by the patient's relatives.
- To estimate the legal and policy orders for addressing the rampant human rights violations against medical doctors in India.
- To evaluate the state-level legal and policy orders for dealing with India's chronic human rights violations against doctors.
- To trace the potential causes and circumstances for human rights violations of doctors in India.
- To investigate the spate of violence and human rights violations perpetrated against doctors in India.
- To figure out the cluster of violence and human rights violations against doctors in India.
- To endorse the doctor's human dignity and uphold the medical doctor's human rights in India.
- To assess whether the Indian legal system complies with the WHO, UDHR, and ILO framework for ensuring medical doctors' human rights.
- To emphasise the development of mutual responsibility between doctors and patients in critical care cases.
- To propose medical legal strategies to prevent human rights violations and violence against medical doctors.
- To assess medical institutions' preparedness to handle sudden violence and attacks against doctors and medical establishments.

3. RESEARCH DESIGN & METHODOLOGY

The proposed research deals with the application of human rights notions to medical service establishments where dedicated doctors, especially cardiologists, Neurologists, gynaecologists and other surgeons' rights are to be protected. The medical health industry has completely changed into a commercial-centric service; therefore, the need for empirical research arose, and a mixed-method approach will be applied to collect both qualitative and quantitative data from the target group of the population. As a first kind of study conceived to uphold the human rights of medical doctors, it is intended to adopt an exploratory research design to figure out the causes of such human rights violations and the need for legal mechanisms to safeguard them from such physical attacks. Targeting and intimidating such service-minded medical practitioners is a curse to the society where they live in fear, stress, and trauma, even some of them leave their profession, and a few have even committed suicide. Therefore, a thorough scientific study will be conducted by using qualitative research tools such as interview schedules and structured open-ended questionnaires to collect critical data on the causes and intensity of such gross human rights violations. Thick thematic narratives of the gruesome ordeal will be recorded for critical interpretation to expose the vulnerability and the need for the dignity of doctors. For quantitative data, a closed-ended survey questionnaire was administered to furnish the desirable data for measuring and scaling the gravity and magnitude of the physical and other attacks from selected states. A focused group discussion with a Neurologist, Cardiologist, Gynaecologist, and other physicians was conducted to understand the situation where they are prone to intimidating violence by the relatives of the patients. A customised interview was conducted with both the accused and the medical establishment management to prompt the critical data from the case illustration. Generated empirical data were thematically analysed to uphold human rights and ensure the safety and protection of the doctors.

4. SAMPLING METHODS

The universe and geographical location for samples and collection of data are slated in four selective states, UP, Bihar, Maharashtra, and Karnataka, where cases of such human rights violations of doctors are more prevalent, on the rise and the threat to life, physical intimidation is escalating. States that have regional legal instruments but do not effectively secure safety and protection for the doctors are grounds for selecting samples. The phenomenon of rampant attacks and destruction of medical premises is also focused on retrieving potential data. It's

significant to select these states for sampling. From the above-mentioned four states, 1000 samples were collected from 100 medical establishments, and at least 125 potential cases were covered. 50 Government hospitals were covered to justify the formulated objectives with realistic inferences to compel the state to codify a law for their safety.

From these four regions, data from the respective regions' judicial officials, prosecutors, litigating lawyers, investigating officials, and the target group of victims of women doctors and supporting staff will be collected. A scientific survey will be conducted to measure flaws in bringing trial, investigation, and deliverance punishments. Given an understanding of the structural and procedural matters, a focused group discussion will be conducted with specific police investigating officials, judges, litigants, and other stakeholders. Unit study-1, For the Target group population of a hundred medical practitioners, including women Gynaecologists, Neurologists, and Cardiologists at 50 government hospitals, for which purposive sampling and quota sampling, respectively applied. Unit Study-2 medical board official, investigating officials, Judges, and Litigants from a hundred critical incidents in four zones, around forty convenient samples were applied. Study-3 Observation methods during the treatment at ICUs were covered to find the best practices and other lapses to improve the situation further. Unit Study-4 Survey was conducted to identify factors for such violence and human rights violations of doctors in selected city multi-speciality hospitals. Unit Study-5 by applying random sampling, nearly twenty academia, media, and civil society members were included in the survey to collect pertinent data. Collected quantitative and qualitative data were systematically and thematically analysed for desired inferences.

5. ORIGIN OF THE RESEARCH PROBLEM

In India, medical professionals are at risk; they are being subjected to acts of violence, and their human rights are blatantly violated. This disturbing trend has been growing over the past few decades. This is creating a situation that is comparable to a public health riot, unrest in India. There have been instances of a doctor being murdered, thrashed, assaulted, maimed, disabled, harassed, threatened, and socially maligned. In addition, there have been allegations of insulting messages spreading like wildfire over social media and news channels. Even more concerning is the fact that every day, people are finding ways to rationalise violent behaviours such as killing, beating, and inciting others to engage in additional violent behaviour, so setting off a vicious cycle. Most of them can avoid being held accountable for their actions in any way by the legal system. In the end, medical doctors became victims of rampant human rights violations. The notorious violence and the dark annals of human

rights violations are Dr. Rajas Deshpande, a neurologist incidence of Pune, grievous injury to the junior doctor at NRS Medical College, Kolkata, Dr.Seuj Kumar Senapati, a doctor at the Covid care centre in Hojai district in Assam, resident doctors of Lady Hardinge Medical College went on a strike after a patient's relatives allegedly intimidated and assaulted the doctors on duty at the associated Kalawati Saran Children's Hospital in Delhi. Across the state, medical doctors are facing a severe threat and risk where there is no mechanism to prevent violence, and their basic human rights are being neglected. Even though the Supreme Court directed the government to bring out a central law to protect these medical practitioners, in a public interest litigation by the Delhi medical association, urged the government to enact legislation to address the problem, still now no legal mechanism has come into action. Neither the Indian Medical Association nor any law enforcement institution has data on such human violations; there is no record of such outbreaks of violence in any quasi-judicial institutions.

Medical establishments and Hospitals must implement systems for reporting acts of violence against medical staff in accordance with World Health Organisation (WHO) requirements. The government has been urged to address the problem of attacks on healthcare professionals by the Indian Medical Association and other organisations. The IMA has petitioned the State to pass a central law using provisions of the Indian Penal Code to safeguard medical practitioners.

People who wish to opt for both private and government hospitals for medical needs, and the middle class who do not want to use government institutions owing to poor service quality, are willing to pay more. However, this may lead to higher (unrealistic) expectations for the quality of care received. Dissatisfaction stemming from an expectation gap might lead to acts of violence, but such acts shall be addressed legally. Some medical establishments have easier access to more recent forms of treatment, diagnostics, and medication. Meanwhile, medical costs around the world have skyrocketed. It becomes more expensive to get the treatment one needs. It was inevitable that corporate hospitals would emerge to fill the void in accessible, high-quality medical care. When all efforts fail, it causes frustration because of the wasted resources. High expectations of complete and quick improvement from the patient and their relatives are major contributing factors to increasing assaults. This indicates poor health literacy, which should be addressed systematically. The people should be sensitised to the importance. The loss of trust between the healthcare system and the patient population is another element that has contributed to violence in recent occurrences and has risen to the forefront during the COVID-19 crisis. This factor has

been in the spotlight since it came into the spotlight in the present crisis. These correspond to identified reasons, which include the high cost of procedures, medication, and hospital stay; inconsistent quality of treatment based on patients' ability to pay; perceived corruption of the doctor-pharmaceutical company nexus, among others. This highlights the urgency of rehauling the regulation and governance of healthcare in India to ensure accessibility and greater accountability on the part of healthcare establishments, both public and private. Therefore, it is mandated to study the importance of human rights violations of doctors for the effective safety and protection of dedicated medical practitioners. It seems human rights violations against doctors, especially in both private and government hospitals, need to be studied with the principles of human rights embodied in UDHR- especially Article 3, WHO, ILO, and Article 21 of the Indian Constitution, more importantly, special laws related to health care workplace safety and protection perspectives. The Medical Code of Conduct and guidelines of medical education shall also be tested on how these Etiquette & Ethics are applied to mitigate such human rights violations. It may be tested whether the PHRA 1993 of India applies to examine the lapse of the inadequate legal instruments that failed to protect the health workers, especially Doctors who work in critical care units, surgical specialists, and residential doctors who are untrained and novices in the medical profession, vulnerable to such attacks.

6. REVIEW OF LITERATURE

A wide range of literature in the form of research articles and government reports is systematically reviewed for substantive knowledge on the domain of human rights violations against doctors. The critical reviews of both international and national available works of literature attempted to disseminate the causes of such occurrences; however, many works failed to explain the degree and gravity of human rights violations from the UDHR and human rights standards. Especially, cited works reveal the concept of violence between medical practitioners and patient relations, but they failed to look at this violence from the human rights Lens. Therefore, this research capitalises on the gap to study the problem of human rights, indeed a matter of rights no one denies, and they shall be protected by effective legal mechanisms.

The survey of national-level reports, research articles and books is critically reviewed accordingly to the research gaps. The available literature deals with types of violence against doctors, whereas no seminal works have attempted to apply the human rights framework and to uphold the human rights principles to protect them by enabling the states to bring laws into compliance with UN human rights doctrines. Digant Shastri (2016) Violence Against Doctors explains the

phenomenon of multiple violence against doctors in the workplace. The training should help with assertiveness, refusal skills, anger management, and stress management. Doctors should avoid overreaching, treating beyond the scope of their training and facilities, to prevent both violence and litigation against them. False and unrealistic assurances to relatives should be avoided.

A critical analysis of violence against doctors in India, written by Shalyatantra- Nagpur, Maharashtra, India, in IAMJ, demonstrates the probable causes of violence against doctors, factors precipitating the violence, the long-term impact of violence on the healthcare system and the techniques to deal with these issues. All literature regarding violence against doctors was reviewed for this purpose. This article has given an overview of what can be done in the short run to address the phenomenon of increasing violence, such as the legislature, action on the part of doctors, early identification of warning signs, action on the part of management, and improvement in the healthcare system. It was concluded that improvement in the communication skills of doctors, betterment in the doctor-patient relationship and taking legislative action for the crime can help to overcome the incidents of violence against doctors.

Violence Against Medical Practitioners in India by Dr. Awdhesh Kumar and Dr. Mayank Gupta reveals that Incidents of violence against doctors in the Indian subcontinent have increased in the last few years. Violence against medical practitioners is not a new phenomenon. However, in recent times, reports and treatment slips of doctors getting thrashed by patients and their relatives are making headlines around the world and are shared extensively on social media. Almost every doctor is worried about violence at his/her workplace, and very few doctors are trained and experienced to deal with such situations. This article aims to discuss and highlight the risk factors associated with violence against doctors and the possible steps at a personal, institutional, or policy level that are needed to mitigate such incidents.

Charter of Patients' Rights for adoption by NHRC (2018). Patients' rights are Human rights! This Charter of Patients' Rights, adopted by the National Human Rights Commission, draws upon all relevant provisions, inspired by international charters and guided by national-level provisions, intending to consolidate these into a single document, thereby making them publicly known in a coherent manner. There is an expectation that this document will act as a guidance document for the Union Government and State Governments to formulate concrete mechanisms so that patients' Rights are given adequate protection and

operational mechanisms are set up to make these rights functional and enforceable by law.

Medical Violence in India by Ayush Bansal (2020) gives clear knowledge on violence against doctors. The last decade has witnessed a dramatic rise in cases of violence against medical professionals all over the world, particularly in India. The problem is not simple and needs an in-depth analysis of the reasons for this deteriorating doctor-patient relationship. Poor public health infrastructure, poor tolerance of patients and relatives, together with the high cost of treatment in the private sector and lack of communication between doctor and patient, are the basic reasons for this growing conflict. The time has come to address this issue before it is too late. The government, the public, and doctors need to understand that all of them will have to work together to solve this issue for the betterment of public health. This article provides insight into all the problems associated with rising medical violence.

Indian Medical Association (IMA-2019) is disturbed and concerned by the increasing incidents and cases of physical violence and assault/attack on doctors and their staff, clinical establishments, etc. It is in the interest of the public at large that such cases of physical violence against doctors must be condemned and controlled and must not be allowed to happen. The persons committing such offences and crimes can be punished under the appropriate section of the IPC. One of the most widely cited studies about violence against healthcare professionals in India is a study conducted in 2015 by the Indian Medical Association ("IMA"). However, the study does not appear to be available in the public domain, and information about its key findings can only be accessed through news reports about the study. From these secondary reports, the key findings of the IMA study are: More than 75 per cent of doctors in India have faced at least some form of violence, with 12 per cent of such violence occurring in the form of physical attacks. Escorts of patients have committed nearly 70 per cent of such violence. Nearly 50 per cent of such violence has been reported from intensive care units ("ICUs") or post-surgery. Peak hours and the transfer of critical patients to other hospitals are most susceptible to violence.

Another study published in 2018 analysed reports on violence against doctors in the national and local news, using Google. Based on these reports, it selected 100 cases, in all of which doctors had also resorted to a strike because of the violence. This study provides some information about the geographical and sectoral spread of violent attacks against doctors, while more cases at Government hospitals were reported in Delhi and Uttar Pradesh, Maharashtra and Rajasthan had more reports of incidents at private hospitals.10 The data analysed showed that a majority of attacks were on male doctors and at private hospitals. 51 per

cent of the incidents reported were during the night shift, while 45 per cent were in the emergency ward. However, missing from this study as well is an exploration of the causes of violence in the reported incidents.

A report of an independent, non-commissioned piece of work by the Vidhi Centre for Legal Policy (2020), an independent think-tank doing legal research to help make better laws, describes provisions of the Draft Bill, Deterrence and the Enforcement of Existing Laws. It points out the lapses in the enforcement of the IPC against such incidents. Addressing Violence at the Workplace, Changes to Medical Education and Rebuilding Trust. Reforms in Medical Education. Rebuilding Trust and Changing People's Attitudes are core areas emphasised. Basically, it is a desk-based analysis of data from 2018 to 2019. However, it discusses the various nuances pertinent to the lack of legal provisions and the need for a central law to address the problem.

Has Violence against Doctors Become the Norm in India? Kaushik Bharati and Sunanda Das (2019), in an editorial in the medical journal, delve into Violence in any form and in any setting should be condemned. However, acts of violence in hospitals are unpardonable and should be dealt with an iron fist. To avoid violence in healthcare settings, doctors and patients need to develop a better understanding of each other. Both doctors and patients have a role to play in avoiding unnecessary violence. Doctors, while focusing on treatment, should not forget to communicate with the patients about the progress of therapy. Patients, on the other hand, should realise that medicine is not magic and a doctor is not God. It is to be remembered that the fight is against diseases and not against doctors.

Many instances of violence against doctors in India have been reported in recent years by the media, while others have gone unreported or hushed up. Sassoon General Hospital-August 2016, two postgraduate resident doctors at Sassoon General Hospital attached to B.J. Medical College in Pune were severely assaulted, following the death of a male patient suffering from liver cirrhosis. The doctors were Dr. Abhijit Jawanjal and Dr. Sadiq Yunus. Dhule Civil Hospital-March 2017, Dr. Rohan Mhamunkar, a resident doctor of Dhule Civil Hospital in Dhule, Maharashtra, was severely beaten up. He received multiple injuries, including an orbital fracture, which caused a blurring of vision in the affected eye. The medical fraternity across the country protested against the incident. Many doctors wore helmets to work to express their solidarity.

JJ Hospital-May 2018, Two doctors at the Sir Jamsetjee Jeejeebhoy

Hospital, popularly known as JJ Hospital in Mumbai, were violently assaulted, following the death of a patient. The two doctors were Dr. Atish Parikh and Dr. Shalmali Dharmadhikari. The former suffered a fractured cheekbone, while the latter sustained injuries in her arm. Resident doctors across Maharashtra protested about the unsafe conditions in hospitals, making doctors vulnerable to attacks.

NRS Medical College-June 2019, A violent attack on doctors that made the headlines took place at the Nil Ratan Sircar (NRS) Medical College in Kolkata on 12th June 2019. In this incident, two interns received near-fatal injuries at the hands of a 200-strong mob after a 75-year-old patient died. The relatives of the patient alleged medical negligence on the part of the doctors. Of the two doctors, Dr. Paribaha Mukherjee sustained severe head injuries. The protests by doctors spread from Kolkata and became a nationwide protest in which over 800,000 doctors went on strike. On 18th June 2019, after 7 days of protest, the junior doctors at NRS Medical College called off the strike after meeting Chief Minister Mamata Banerjee.

Teok Tea Estate Hospital-August 2019. The latest heinous attack took place on 31st August 2019 at the Teok Tea Estate Hospital in Jorhat, Assam. A 73-year-old doctor, Dr. Deben Dutta, was brutally beaten up by a mob of 250 tea garden workers, following the death of a tea plantation worker. www.jcdr.net Kaushik Bharati and Sunanda Das, Has Violence against Doctors Become the Norm in India? Journal of Clinical and Diagnostic Research. 2019 Oct, Vol-13, Dr. Dutta suffered severe head and leg injuries and was shifted to Jorhat Medical College and Hospital (JMCH), where he later succumbed to his injuries. Subsequently, 21 people from the tea estate were taken into custody. Following the incident, there were widespread protests by doctors in Assam and elsewhere. Doctors at JMCH, Jorhat Civil Hospital, family referral units, and Primary Health Centres (PHCs) in Assam called a one-day strike. Moreover, the Indian Medical Association (IMA) strongly condemned the attack.

The Epidemic Diseases (Amendment) Act (2020) recognises any violence against healthcare service personnel as a cognizable and non-bailable offence.8 Under this Act, the perpetrators of violence would be imprisoned for 3 months to 5 years and fined 50,000- 2,00,000 INR. However, it is an inadequate and temporary solution to a systemic issue, as it would be dissolved once the pandemic is declared over, leaving this accreting problem unsolved.

The Ministry of Health and Family Welfare (MoHFW) drafted a central bill titled 'The Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill (2019)' with a clear

definition of violence against healthcare personnel, health workplace, and health workforce, which is ill-defined in the Epidemic Diseases Act. This Bill proposes imprisonment for 6 months to 7 years with a fine of 50,000- 5,00,000 INR in case of grievous injury, while the punishment would be for 3-10 years and with a penalty of 2,00,000-10,00,000 INR. In addition to punishment, the convicted person is liable to pay for damages in cases of vandalism and reparation of 1,00,000 INR for hurt and 5,00,000 INR for grievous hurt to the HCW victim. Most importantly, the Bill was framed and finalised through democratic engagement, seeking public suggestions, and hence has greater societal acceptability.

Criminal Public Interest Litigation (PIL) in the High Court of Judicature in Bombay, Maharashtra, to improve the state's Medicare Act.16 In the affidavit submitted by the petitioner, the number of incidents tapers throughout the cascade of legal action from the reports of VAHCW to the conviction of perpetrators.17 In 2019, in the state of Maharashtra, out of 157 violent incidents, only 77 were reported, 71 were charge-sheeted, only two were decided, and none of them were convicted. The petition has argued that this pattern has continued through the years in the state. The PIL mentions several precedents and requests the High Court to exercise its power to make extensive changes in the Maharashtra Medicare Service Act such as: a) clearly defining workplaces and services, b) exhaustively enlisting healthcare personnel to be protected under the law, c) including different forms of damages including mental harassment and economic damages, d) introducing graded penalties fitting the severity of crimes and severe punishments for repeat offenders, and e) making vandals pay compensation for property damage. Setting up a distress helpline, creating a platform for HCWs to lodge complaints and conducting security audits of hospitals could be additional steps to mitigate damages due to VAHCWs.

According to an online survey of resident doctors in Maharashtra conducted by the Centre for Enquiry into Health and Allied Themes (CEHAT) (2015), a total of 44 respondents (37%) reported not filing a formal complaint about the violence following the incident. Some of the reasons for not taking action included: it was pointless to report such an occurrence (56.8%), there were no procedures available in the hospital to formally report such violence (29.5%), or they were unaware of such processes (27.3%). Furthermore, 58% of residents said that the hospital administration did nothing in the aftermath of the incident, and several residents even reported being blamed for it. In such cases, only 30% of hospitals registered a medico-legal case.

Dr GS Jaiya, a former IAS officer who had worked closely with several

international bodies, including the WHO, said the problem is multi-pronged. It is not just a problem related to the absence of laws in the country. To address this issue, we need to follow a multi-pronged approach. For instance, the patient's expectations of doctors are rising. Also, the number of medical establishments and doctors in the country is inadequate to handle the number of patients thronging healthcare centres. There is always a rush of patients in both government and private hospitals. Because of this, doctors cannot spend as much time with the patients as they used to in the past. So, the communication chain between the doctor and the patient is broken. When the breakdown of communication happens, such incidents of violence and assault occur. Kerala report (2020) Amendments to the hospital protection Act are likely as doctors come under frequent attacks in Kerala. Though close to 200 cases of violence against healthcare workers have been reported in the State since 2020, none of the culprits have been booked under the Act, says the IMA State unit. The doctors have urged the government to amend the Act to declare the area within a 500-metre radius of a hospital as a special protection zone.

Violent Acts against Doctors and Healthcare Professionals in India: Call for Action by Raman Kumar (2019). Doctors in India are facing violent acts against them, and there is an increasing trend in recent years, leading to a Public Health Riot-like scenario in India. There are reports of a doctor being murdered, thrashed, beaten, injured, handicapped, harassed, threatened, and socially maligned, with news of demeaning messages spreading such as wildfire through social media and news channels. More alarming is that common people are justifying the acts of killing, beating, and provoking others to do more such acts, thereby triggering a vicious cycle. Most of them get away without any legal proceedings being instituted against them. A recent incident of grievous injury to the junior doctor at NRS Medical College, Kolkata, drew National and International attention. More recently, a retired senior doctor volunteering part-time at a tea estate in Assam was killed by a mob. The author calls for action and the earliest resolution of this issue with the active involvement of all stakeholders.

Protection of healthcare service personnel by Anya Bharat Ram (2020) emphasises the importance of law, amidst news reports of violence against healthcare workers during the spread of the COVID-19 pandemic. The Epidemic Diseases (Amendment) Ordinance, 2020, was promulgated on April 22, 2020. The Ordinance amends the Epidemic Diseases Act of 1897. The Act provides for the prevention of the spread of dangerous epidemic diseases. The Ordinance amends the Act to include protections for healthcare personnel combating epidemic diseases and expands the powers of the central government to prevent the spread of such diseases.

Benjamin Mason Meier, Hannah Rice, and Shashika Bandara (2021). Monitoring Attacks on Health Care as a Basis to Facilitate Accountability for Human Rights Violations. Violence against health care systems is described as an assault on health and human rights. Despite the evolution of global standards to protect health workers and ensure the delivery of health care in times of conflict, attacks against health systems have continued throughout the world-violating humanitarian law, undermining human rights, and threatening public health. The persistence of such violence against health care, especially in humanitarian crises related to armed conflict, has prompted global institutions to develop systematic monitoring mechanisms in an effort to alleviate these harms, seeking to protect health workers from being harmed for their healing efforts. This article examines the development and implementation of the World Health Organisation (WHO) Surveillance System of Attacks on Healthcare (SSA) as a systematic mechanism to collect and disseminate data concerning attacks on healthcare systems. Although the SSA provides a foundation for monitoring attacks in conflict zones, this research considers whether the SSA has collected the necessary data, categorised these data appropriately, and disseminated sufficient information to facilitate human rights accountability, analysing the political, methodological, and institutional challenges faced by WHO. The article concludes that refinements to this monitoring mechanism are needed to strengthen the political prioritisation, research methodology, and institutional implementation necessary to ensure accountability for violations of health and human rights.

7. INTERNATIONAL STATUS

The trend in the global status of medical practitioners is reviewed in countries such as the USA, Canada and Britain, indicating that they are vulnerable to such attacks. Neighbouring states such as Bangladesh, Pakistan, and Nepal are consulted in detail. The United Nations Framework on human rights is systematically applied to substantively ensure the human rights of medical practitioners.

UDHR (1948) is widely regarded as a groundbreaking document that provides a comprehensive and universal set of principles in a secular, apolitical document that is beyond cultural, religious and political ideologies The Declaration was the first instrument of international law to use the phrase "rule of law", thereby establishing the principle that all members of all societies are equally bound by the law regardless of the jurisdiction or political system. In International law, a declaration is different from a treaty in the sense that it generally states aspiration or

understanding among the parties, rather than binding obligations. For this reason, the Universal Declaration of Human Rights is a fundamental constitutive document of the United Nations and, by extension, all 193 parties of the UN Charter.

International Humanitarian Law- Geneva Convention (1864) Violence against health care workers has come to be formally proscribed under international humanitarian law, with this longstanding global condemnation of attacks on medical volunteers and military medicine laying a legal foundation for modern efforts to protect health personnel in armed conflict. Beginning in the 19th century, international humanitarian law—shaped by the Geneva Conventions, two world wars, changes in technology, and advancements in ethical norms—has evolved to solidify a wide array of protections for health workers in times of conflict. These protections of health systems under international humanitarian law, placing obligations on both state and nonstate combatants, have provided crucial support for human rights to promote public health. Manifested in a series of conventions and protocols, these protections reflect international agreements to codify ethical norms under international law and defend medical operations in wartime contexts.

A combined study of the International Labour Office (ILO), the International Council of Nurses (ICN), the World Health Organisation (WHO) and Public Services International on Workplace Violence in the Health Sector has carried out in-depth country case studies examining influencing factors and identifying settings in which such violence takes place. For instance, the country case study on Thailand surveyed 1090 personnel and highlighted how younger, inexperienced health professionals and those who worked in shifts or at night were at higher risk of violence.

The World Health Assembly- Resolution 65.20 in May 2012, the WHO Director-General was to provide leadership at the global level in developing methods for systematic collection and dissemination of data on attacks on health facilities, health workers, health transports, and patients in complex humanitarian emergencies, in coordination with other relevant United Nations bodies, other relevant actors, and intergovernmental and non-governmental organisations. WHO -SSA (2016) The Surveillance System of Attacks on Healthcare, Monitoring attacks on health care as a threat to public health, the SSA collects and disseminates data on attacks on healthcare systems in order to comprehend the nature, scope, and magnitude of attacks. These attacks on health care would be defined by WHO as "any act of verbal or physical violence or obstruction or threat of violence that interferes with the availability, access and delivery of curative and/or preventive health

services during emergencies.

The Lancet Report (2015). Doctors in China are not unique in facing violence. However, for a third of doctors to have experienced conflict and thousands to have been injured, the scale, frequency and viciousness of attacks have shocked the world. Seventy per cent of physicians and 90% of support staff working in a hospital emergency room in Israel reported violent acts, mostly verbal abuse. Violence in Bangladesh has been reported to occur mostly in the hospital setting, but also in the private healthcare setting. In a study of 675 physicians in training in nine tertiary institutes across Pakistan, 76% reported verbal or physical violence during the previous 2 months. Another study from Pakistan by Imran et al. reported that 74% of respondents in a public sector healthcare facility in Lahore were victims of violence during the preceding 12 months.

USA Report 1990, in the USA, between 1980 and 1990, over 100 healthcare workers died as a result of violence. Another survey conducted in 170 university hospitals revealed that 57% of all emergency room employees had been threatened with a weapon over 5 years before the survey. A survey of 600 doctors in 2008 by the British Medical Association revealed that, though one-third of respondents had been a victim of verbal or physical attack in the past year, over half of them (52%) did not report the incident. Chinese doctors are often victims of violence.

Health at a Glance: Europe (2020) describes initiatives aimed at setting out a more comprehensive approach to crisis preparedness, surveillance and response presented by the European Commission in November 2020 – including the Pharmaceutical Strategy for Europe and the proposals to build a European Health Union by reinforcing the mandates of the European Centre for Disease Control and the European Medicines Agency – are some of the first, important steps towards this goal. These initiatives provide examples of greater public health cooperation across borders, in the context of reforming and strengthening the WHO.

Violence Facing Health Care Workers in Canada: Report of the Standing Committee on Health by Bill Casey (2019). Workplace violence is a pervasive problem in healthcare settings across Canada. Healthcare workers have a fourfold higher rate of workplace violence than any other profession. And yet, most of the violence experienced by healthcare workers goes unreported due to a culture of acceptance. The House of Commons Standing Committee on Health's report examines the scope and devastating impacts of workplace violence in healthcare settings. It also looks at its causal factors, such as complex patient needs, staffing

shortages, ageing healthcare infrastructure, and inadequate security personnel and response systems. The Committee's report provides nine recommendations that outline ways the federal government can collaborate with the provinces and territories and healthcare stakeholders to address this pressing issue.

Research Report, December 2022, Health and Brexit: six years on. The Health and International Relations Monitor project is supported by the Health Foundation; an independent charity committed to bringing about better health and health care for people in the UK. The previous report from this project looked at the current issues following the UK's fitful negotiation of exit and trade agreements with the European Union. Somewhat further on from the UK's formal exit from the single market, on 1 January 2021, they now look back to consider the impact of Brexit on health to date in total across these major areas: workforce, medicines, and the economy. We drew on a range of data available publicly and obtained under the Freedom of Information Act, supplemented by targeted interviews and a roundtable for organisations and experts with insight into changes in the NHS workforce. It poses important ethical issues related both to the damage incurred by health systems in the staff's country of training and to potentially abusive treatment of staff in the UK, where recruitment is not adequately monitored.

8. DISCUSSIONS AND SIGNIFICANCE OF THE STUDY

Doctors have always been thought of as healers and caretakers of the sick and infirm. In Indian civilisation, the medical professional has often been trusted and respected and even considered sacred in the cultures. Whereas nowadays, medical professionalism is subtle in the prism of doctors' patients' reciprocity protocol. The authorities need to enhance human resources, strengthen patient protocols, and provide appropriate training for medical professionals to prevent violence in hospitals. Global best practices suggest that healthcare establishments can take several steps to prevent violence and provide redress to their employees, but India rarely takes such organisational steps. The WHO recommends that healthcare facilities eliminate violence risks, routinely assess violence incidence and causes, develop policies, plans, and monitoring mechanisms to combat violence, and set up adequate reporting mechanisms. Moreover, medical practitioners are not covered under Indian labour laws; as a result, the medical corporation is not being held accountable for such lapses, leading to human rights violations of doctors.

Efforts must be made to understand the unique characteristics of acts of violence committed against medical professionals and to enact comprehensive legislation that protects and promotes their health and

safety. The absence of a central law that is explicitly focused on preventing violence against healthcare workers lessens the significance of the problem and fails to offer an acceptable level of safety for those who are on the front lines of providing medical care. It is proven that the existing legislative framework is insufficient to address such human rights violations legally. If doctors are human, why are they not given human rights? Do medical practitioners have minimum human rights? Of course, they do. Human rights are a set of universal moral principles that govern how all human beings, regardless of sex, ethnicity, religion, cultural background, or occupation, should be treated by others. These fundamental rights and liberties are benchmarks of human behaviour that are safeguarded by the law from birth until death. The Universal Declaration of Human Rights, which was written in 1948, established worldwide standards for human rights in order to give everyone the opportunity to live in a society that is free, just, and at peace. Article 21 of the Indian Constitution guarantees the life of every citizen, whereas the medical professionals' lives are not guaranteed on many occasions. In addition, as physicians, the medical professional code of conduct requires them to ensure that the rights of those who are the most defenceless are protected. Even though physicians and junior medical doctors are subjected to the highest standards of behaviour when it comes to protecting the rights of patients, they are nonetheless subject to human rights violations that put their own lives in jeopardy.

Research by the Indian Medical Association found that nearly 80% of doctors confront violence in the workplace, while the World Bank estimates that 38% of health workers experience violence at some point in their careers. In light of the current situation, the motivations for these actions must be exposed. Assaulting a medical professional, or anybody else for that matter, is obviously abhorrent in any civilised society. People often resort to violence towards doctors out of grief and frustration because they incorrectly believe that the doctor has full control over the patient's biology and has not been adequately educated to know otherwise. Medical professionals face criticism for everything from making a wrong diagnosis to using substandard tools. Even when complications arise, they have a hard time accepting that their doctor acted in good faith throughout the entire process.

Human rights violations and Violence against medical professionals are committed by families of patients in various places and situations. In most situations, it is the outcome of unexpected or powerful emotions. These feelings are exacerbated by underlying causes such as poor infrastructure, long wait times, poor communication, and a skewed doctor-patient ratio. These factors facilitate the gruesome attack and

gross human variations in many situations. Gruesome physical attacks, destruction of the medical establishment, and breaking the medical devices and equipment, not allowing the medical doctors to continue the treatment of other patients, are atrocious human rights violations against dedicated doctors. The absence of stringent legal instruments to protect medical doctors from this perpetual violence and degrading ordeal needs to be studied scientifically. Non-compliance with the WHO guidelines to ensure minimum protection is an additional lapse to be investigated with evidence. Unreported crimes against dedicated doctors are a systemic human rights violation that should be thoroughly studied. Perpetrators escaping from inadequate, punishable law by playing the victim card is unfortunate. Beyond all, human rights have been applied to medical practitioners in questioning their medical ethics; so far, no research or discussion on how fundamental rights and human rights of these dedicated medical practitioners are violated has been dealt with sufficiently. The focus should be on the healthcare system and the government's failure to protect healthcare workers. Although a Medical Protection Act is in place to prohibit attacks on doctors and damage to their property, it is not a central law and is implemented only at the state level. This decentralised approach makes it challenging to enforce the act effectively, as it is not linked to the Indian Penal Code (IPC) and the Code of Criminal Procedure (CrPC). Consequently, victims face difficulties in filing complaints, and the police encounter obstacles in registering cases under the appropriate sections.

The scope of the study is to apply the human rights principle to ensure the right to life of medical doctors, as well as medical practitioners' safety and protection when they encounter human rights breaches. For example, shortages of pharmaceuticals, especially life-saving drugs, and diagnostic equipment result in the imposition of additional expenditures, and staff shortages frequently shift the responsibility of nursing to patients' families. Patients and their families frequently complain about having to pay for a variety of services. Frequently, families do not have appropriate facilities to relax and eat in public health facilities. A family's financial situation can be severely impacted by catastrophic healthcare bills, often causing them to fall below the poverty line. Private practitioners, for-profit hospitals, nursing homes, and nonprofit hospitals, among others, account for the vast bulk of India's healthcare service providers. High out-of-pocket costs are the result of limited insurance coverage and insufficient government funding. Overworked medical professionals and a shortage of support staff are two consequences of insufficient resources.

Medical practitioners faced a physical attack and threat in 2025

States /Ut	No. of Threats	Physical Attack	States /Ut	No. of Threats	Physical Attack
Ladhak	2	5	Chhattisgarh	14	50101
Jammu And Kashmir	8	7	Odisha	22	210
Himachal Pradesh	25	73	Sikkim	6	41
Punjab	123	148	Assam	36	168
Uttarakhand	34	75	Arunachal Pradesh	25	168
Haryana	42	143	Nagaland	17	59
Delhi	21	98	Manipur	16	22
Uttar Pradesh	196	,253	Mizoram	13	32
Rajasthan	150	269	Tripura	9	20
Gujarat	135	194	Meghalaya	12	13
Madhya Pradesh	157	131	Telangana	36	158
Maharashtra	155	237	Andhra Pradesh	26	176
Bihar	139	258	Karnataka	40	219
Jharkhand	124	166	Kerala	14	56
West Bengal	124	150	Tamil Nadu	49	155

It has been stated that the death of a patient is a common precipitating factor in violent acts. Communication with the patient's family sometimes falls to resident medical officers, who are often young and inexperienced, due to a dearth of counsellors and social workers who may be more suited to manage such circumstances. Young physicians

frequently lack the experience to handle such situations calmly, which can exacerbate tensions. Doctors' stress levels rise due to long hours and bad working conditions, increasing the likelihood of errors. Poor media opinions of doctors and health facilities, inadequate health literacy, a delayed judicial process, and the involvement of local politicians have all been cited as contributing factors to violence in healthcare settings. Such circumstances may escalate into violence if families are unable to finance them.

Human rights violations and Violence against healthcare professionals are committed by families of patients in various places and situations. In most situations, it is the outcome of unexpected or powerful emotions. These feelings are exacerbated by underlying causes such as poor infrastructure, long wait times, poor communication, and a skewed doctor-patient ratio. Furthermore, the fact that existing provisions of the IPC or equivalent laws in Indian states have experienced limited enforcement points to their limited utility.

There is a need for country-wide empirical research in India to identify the causes of human rights violations against doctors. For instance, imposing specific obligations on the employer and making them more accountable may, to some extent, address the issues of lack of capacity in healthcare establishments. Similarly, poor communication skills and the shortage of healthcare professionals can broadly be resolved through reforms in medical education and by making suitable changes to the curricula. Further, addressing regulatory and governance issues in healthcare establishments and changing people's perceptions towards doctors may contribute to rebuilding trust in doctor-patient relationships.

Although the discourse in the context of violence against Indian healthcare professionals suggests that the solution lies in the swift enforcement of limited criminal provisions against the perpetrators, there are several steps that healthcare establishments can take to prevent violence and provide redress to their employees. However, nothing is being done at the organisational level in India to prevent and resolve violence in healthcare settings. Most government hospitals lack a formal protocol for dealing with violence. The majority of hospitals lack a framework for reporting acts of violence or resolving doctor grievances. A key gap: the lack of established organisational structures, protocols, and policies to prevent and treat violence against healthcare personnel.

Prohibition of Violence and Damage to Property Bill, 2019 is not yet codified, whereas in the United States, the Occupational Safety and Health Act of 1970 (OSH Act) require employers to provide their employees with a workplace free of recognised dangers that cause or are

likely to cause death or significant physical harm, as well as to comply with occupational safety and health standards.

The OSH Act also established the Occupational Health and Safety Administration (OSHA) to ensure safe and healthy working environments by establishing and enforcing standards. Though OSHA has not adopted explicit workplace violence regulations, it has published suggestions in this regard. These guidelines recommend measures such as identifying risk factors and workplace violence dangers. It then focuses on preventing such dangers and risks through safety and health training, record-keeping, evaluation, and so on.

Because these rules are purely advisory in nature, attempts are being undertaken to give them teeth. As a result, the Workplace Violence Prevention for Health Care and Social Service Workers Bill (Violence Prevention Bill) were passed by the US Senate, which directs OSHA to issue an occupational safety and health standard requiring covered employers in the healthcare and social service industries to develop and implement a comprehensive workplace violence prevention plan. In accordance with worldwide policy changes, Indian healthcare institutes should similarly prioritise the implementation of similar violence prevention measures.

9. SUMMARY

The Medical Council of India (MCI) has proposed new teaching-learning approaches, including a structured longitudinal programme on attitude, ethics, and communication (AETCOM) competencies, to better prepare Indian medical graduates for the realities of working in an Indian hospital and to train them to be "globally relevant" health professionals. However, this has not been applied is tested scientifically. A few prominent explanations were a perceived loss of respect for the profession among the general public, a widespread misunderstanding about the operation of a busy tertiary care centre (particularly triage-allocation of treatment to patients and especially battle and disaster victims), and unrealistic expectations of treatment outcomes.

Several practising professionals have also reported a breakdown in trust between themselves and their patients. Many reasons have been advanced for this, both by doctors and by the media's sometimes sensationalistic presentation of supposed medical carelessness. These include, among other things, the high expense of operations, medications, and hospital stays; variable quality of treatment based on patients' ability to pay; and perceived corruption of the doctor-

pharmaceutical business nexus. The key aspect of the research is the gross human rights violations of medical doctors. Especially, specialised medical doctors such as Neurologists, Cardiologists, Gynaecologists, and other Physicians who are in ICU units are more vulnerable and are at risk when critical care treatment fails. Physical assault, attacks on medical establishments, destruction of medical devices and other forms of intimidation are examples of human rights violations against doctors. Because the state and protective instrument failed in many ways, therefore, the scope was extended to investigate the flaws of legal mechanisms to ensure medical doctors' safety, security, and protection through the prism of human rights principles.

Human rights to doctors are inherited as human beings; for any reason, such medical practitioners' lives shall not be threatened, and they are entitled to the right to uphold human rights principles for their safety and protection from the workplace. No wonder why; seldom, the impulse of revenge from his miseries is outpoured on a doctor in its entirety by an ignorant common man. Over eighty per cent. of doctors across the country are reported to have faced at least some form of violence. The cases of violence against doctors by kins or attendants of patients have become a serious problem of late, compelling many doctors and medical professionals to go out on strike for days seeking the security of themselves and their belongings; therefore, the empirical research proposed the following outcomes.

- It is kind of a seminal study looking at the application of the human rights framework in the medical profession and how medical practitioners are prone to serious attacks and human rights violations, even though they render valuable service to patients.

- No research has been attempted from the medical doctor's human rights perspective; there is research done on health rights as human rights, doctors' medical ethics, and the medical negligence point of view, whereas this is the first kind of research attempted to uphold human rights to medical practitioners.

- This research certainly demonstrates the critical need for joint responsibilities between doctors, patients and relatives when it comes to the success of critical care treatment, surgery or failure. It brings out that the nuances of failure of treatment do not lie with medical treatment alone, it also with how the patient responds to the medicine, unexpected felonious in the medical devices, and the severity of drugs equally matter; therefore, this research prepares a protocol to address and safeguard the medical doctors.

- This promotes the importance of doctors' human rights in society and will sensitise the perpetrators to behave responsibly and mindfully. Ultimately, a protocol will be developed for appropriate behaviour in certain critical care treatments.

- It contributes to the medical institutions to formulate medical health literacy for the public and to adhere to practice in critical situations.

- It generates a critical database on human rights violations against medical doctors, accordingly, so the competent authority can develop grievance redressal mechanisms to ensure the safety and security of the medical doctors.

- Research prepared a black - white guidelines for medical establishments, especially multi-speciality and government hospitals, to protect young medical doctors who are vulnerable and potentially risk-prone to victims of such violence.

- The research, in turn, transformed commercially established medical infrastructures into minimum service-centric agencies that reduce the risk of violence against doctors.

- Especially, research developed SOP for the IMA to protect the cardiologist, neurologist and gynaecologist who are prone to such attacks by the relatives of the patients.

- It demarcated the priority to bring the perpetrators to bring for trial and punish them to prevent such violence in future.

- It developed a medical-legal strategy to identify the critical cases accordingly and provide immediate protection from the nearest police institutions, and share such a database that prevents further occurrences.

- It urged the government to expedite such criminal offences and punish them with stringent action.

- Additionally, because healthcare personnel in India are not covered by labour laws, creating an occupational health and safety framework in the health sector in India that is comparable to what is found in the United States can go a long way towards solving the problem of violence.

- The Prevention of Violence Against Healthcare Professionals and Clinical Establishments Bill, 2022, should be implemented as legislation to protect the medical practitioners.

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