

Rising Violence against Doctors: Can Competency-Based Medical Education through Its Competencies in Palliative Care Offer a Solution?

Sir,

The workplace violence against doctors is a global phenomenon. It is often difficult from the literature to understand its true incidence. The World Health Organization (WHO) has come out with physical violence rates against healthcare workers, in general, as between 8% and 38%,^[1] but nothing specific to medical practitioners. Besides, the available data showed wide variations depending on the area of practice and characteristics of the patient attended.^[2] We are all aware of the recent brutal attack by patients' relatives in one of the hospitals in Kolkata, which later prompted a nationwide strike by doctors, demanding better working conditions. Here, the victim was a junior doctor, which was often the case with such incidents. It would be junior doctors who would often bear the brunt of such violent acts since the probability of them being on-call or duty would be higher compared to senior consultants, and hence, a higher chance of being physically present in the hospital. When we recently did a survey among house surgeons in our college, 46% of them were of the opinion that junior doctors were often the soft targets in such crimes. In our survey, there was also a

question asking whether knowledge in palliative care would equip them to manage caregivers, especially those looking after older people. To our amazement, 29% were strongly affirmative while 43% opted that it might equip them to handle situations better. The reasons they pointed out were that knowledge in palliative care would help in developing good communication skills and also would help develop the quality of empathy among doctors. On further evaluation, we came to realize that these reasons were put forward by those house surgeons, who had completed their palliative care postings – in our medical college, house surgeons get 1 week palliative care posting as a part of their compulsory rotatory residential internship in the Department of Community Medicine.

In this context, the Editorial of your 25th volume, issue 3 becomes very relevant. As mentioned by Rao,^[3] the inclusion of palliative care competencies in the curriculum of newly introduced Competency-Based Medical Education (CBME) for MBBS students is definitely a step taken toward right direction. However, the question remains that how many of

our current teaching faculty are familiar with the concept of palliative care. Very few medical colleges in India have access to palliative care centers to demonstrate the attitude and skill aspects of palliative care competencies. There is a high chance that the focus will be on the knowledge aspect, confined to classroom teaching, with few case scenarios being discussed, by those who are not exposed to palliative care and its complexities. If not introduced properly, the palliative approach that intends to improve the quality of life of patients and their families facing the problem associated with life-threatening illness by addressing their physical, psychosocial and spiritual needs, will get misrepresented among medical students as end of life or “giving up.” This may not be very much different from their current understanding of palliative care.

The rising prevalence of chronic debilitating conditions is definitely throwing a major challenge to the overburdened healthcare system in India. These debilitating conditions, coupled with an increase in the elderly population, are going to cause a rise in palliative care needs. Although palliative components in CBME are the right step, it is not enough. It is important that the existing medical fraternity has to be familiarized correctly with the palliative approach, for it to trickle down properly to the rest.

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