KARNATAKA STATE OBSTETRICS AND GYNECOLOGY ASSOCIATION
ETHICS AND MEDICOLEGAL COMMITTEE

MEDICOLEGAL BULLETIN

Week 20:Violence Against Doctors in Obstetrics & Gynecology – Prevention, Legal Rights, Documentation, and Crisis Management

1.REAL-LIFE CLINICAL SCENARIO

A26-year-old woman with severe postpartum hemorrhage underwent emergency obstetric hysterectomy after failed conservative measures. Despite aggressive resuscitation, she developed disseminated intravascular coagulation (DIC) and died in the ICU. Shortly after the news was conveyed, a large group of relatives entered the labour room and ICU area, assaulted doctors and nursing staff, damaged hospital equipment, and threatened the treating obstetrician with criminal action.
The clinical management was later found to be appropriate.
The immediate challenge became protection of healthcare workers and preservation of evidence.

2. MEDICOLEGAL RISKS IN SUCH CASES

Obstetric practice carries one of the highest risks of workplace violence because outcomes involve both mother and baby.
Common triggers include:

- Maternal death
- Stillbirth
- Neonatal death
- Unexpected hysterectomy
- ICU admission
- Delayed referral from another hospital
- Poor communication
- Misinformation spread through social media
- Media pressure

Violence may be physical, verbal, psychological, or involve damage to hospital property.

3. WHAT THE LAW EXPECTS

Healthcare professionals have the right to work in a safe environment.
Following any incident of violence, doctors should:

- Ensure immediate safety of patients and staff
- Inform hospital administration without delay
- Call the local police immediately
- Preserve CCTV footage
- Document the sequence of events accurately
- Identify witnesses
- Seek medical examination if assaulted
- File an FIR wherever appropriate

Many Indian states have laws protecting healthcare personnel and medical establishments from violence. Where such legislation exists, it should be invoked promptly.

4. DOCUMENTATION – THE DOCTOR'S STRONGEST DEFENSE

Immediately after the incident, document:

- Date and exact time.
- Clinical status before the incident.
- Persons involved.
- Damage caused.
- CCTV preserved.
- Injuries sustained by staff.
- Maintain factual language.

Patient details
Reason for adverse outcome
Nature of assault
Police informed (time and officer's name)
Witness statements
Actions taken by hospital administration

Avoid emotional or accusatory statements.

5. PRACTICAL SAFE PRACTICE – WHAT TO DO

- Communicate honestly with relatives from the beginning
- Involve senior consultants early in difficult cases
- Restrict overcrowding in critical care areas
- Activate hospital security immediately if tension rises
- Preserve all medical records
- Continue patient care wherever safely possible
- Inform professional associations if major violence occurs
- Cooperate fully with the police investigation

Preparation before an incident is often more effective than reaction afterward.

6. COMMON MISTAKES TO AVOID

- Attempting to physically confront angry relatives
- Deleting CCTV recordings
- Altering medical records after the incident
- Arguing emotionally with family members
- Failing to inform police promptly
- Allowing unauthorized persons into critical care areas
- Posting details of the incident on social media

Protect yourself legally by remaining calm, professional, and well documented.

7.CLINICAL–LEGAL PEARL

Your first responsibility is patient care.

Your second responsibility is your own safety and that of your healthcare team.

A doctor cannot continue to save lives in an unsafe environment.

8. REAL COURT CASE INSIGHTS (FOR UNDERSTANDING)

Indian courts have repeatedly condemned violence against healthcare professionals and emphasized the duty of the State to protect hospitals and medical personnel.

Judicial observations consistently recognize that adverse medical outcomes do not justify assault, intimidation, or destruction of hospital property.

Courts have also stressed that hospitals should implement appropriate security measures, maintain CCTV surveillance, and promptly report incidents to law enforcement.

Proper documentation, preserved evidence, and timely police intimation significantly strengthen the doctor's legal position.

9.TAKE-HOME MESSAGE

Violence against doctors is not merely a law-and-order issue—it is a patient safety issue.

Safe hospitals require effective communication, adequate security, transparent documentation, and prompt legal action when violence occurs.

Every obstetrician should know not only how to manage postpartum hemorrhage and eclampsia, but also how to respond professionally and legally when faced with aggression.

Remember:

Compassion reduces conflict.

Documentation strengthens your defense.

The law must protect those who protect lives.

Next Week's Topic:Delayed Diagnosis of Gynecological Malignancy – When Does It Become Negligence?

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