



Opinion Article

Breaking the Silence: The Urgent Need to Protect Female Resident Doctors

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Abstract

The brutal murder of a female pulmonary resident doctor at RG Kar Medical College in Kolkata has exposed the dangerous and often overlooked reality faced by female resident doctors in India. Overworked, under-protected and vulnerable to violence, these young resident doctors face extraordinary challenges in an already demanding medical profession. This article explores the systemic issues that contribute to the unsafe working conditions for female resident doctors, the prevalence of violence in healthcare settings and the urgent need for reform to protect those who dedicate their lives to the medical profession.

Keywords: Resident Doctors; Government Hospitals; Kolkata

Introduction

In the annals of medical history, few events have been as tragic and revealing as the recent rape and murder of a young female resident doctor at RG Kar Medical College in Kolkata. This incident, which sent shockwaves through the medical community and beyond, is not merely an isolated crime but a stark manifestation of the systemic vulnerabilities faced by female resident doctors across India.

Overwork in Overcrowded Govt. Hospitals

Resident doctors, particularly those in government hospitals, are subjected to grueling schedules that often extend beyond 36 hours of continuous work. For female residents, this relentless pace is compounded by societal expectations and additional responsibilities outside of the hospital, making them particularly vulnerable to burnout, mental health issues, and, as this case tragically illustrates, violence.

The 31 year old resident doctor in Kolkata had been working without any break for more than 30 hours, managing a high patient load in an under-resourced environment. When she sought a brief respite in the seminar room-a place that should have provided a sanctuary-she was instead met with unimaginable sexual violence and murder. Her murder is a reminder that the current system fails to protect the very individuals who are at the heart of patient care.

Violence Against Doctors and Healthcare Workers

Violence against healthcare workers is a growing concern in India. According to the World Health Organization (WHO), 8% to 38% of healthcare workers globally experience physical violence at some point in their careers, with the figure significantly higher in regions like India, where overcrowded hospitals and inadequate infrastructure create a volatile environment [1-4]. Female healthcare workers face an even greater risk, as they are not only subject to physical violence but also to sexual harassment and assault.

The Indian Medical Association (IMA) reports that 75% of doctors in India have faced some form of violence during their careers, with incidents ranging from verbal abuse to physical assault [4]. The underlying causes of such violence are complex, involving overcrowded facilities, long waiting times and insufficient communication between healthcare providers and patients [1-5]. For female doctors, these risks are exacerbated by gender-based violence, a pervasive issue that has been largely ignored or minimized.

The murder of the young doctor in Kolkata is a stark illustration of the dangers faced by female doctors and healthcare workers. It underscores the urgent need for systemic changes to protect these professionals from the threats that exist not just outside the hospital but within its walls.

The Plight of Female Resident Doctors

Women now constitute approximately 40% of resident doctors in India, yet they continue to face numerous challenges that their male counterparts may not encounter. Gender discrimination, harassment and a lack of support during pregnancy and motherhood are just a few of the additional burdens they carry [2]. Female residents often report feeling unsafe during night shifts or while performing emergency duties, especially in poorly lit and understaffed areas of hospitals.

The lack of female-only rest areas and inadequate security measures further exacerbate their vulnerability. In many cases, female doctors are expected to "tough it out" and endure the same harsh conditions as their male colleagues, with little consideration given to their unique challenges. The tragedy in Kolkata serves as a grim reminder that these systemic issues are not just inconveniences but potentially life-threatening problems.

A Unified Response: Protests and Demands for Change

The brutal murder sparked a wave of outrage across the medical community, leading to widespread protests and strikes organized by the IMA and other medical bodies. These demonstrations were not only a tribute to the young doctor but also a desperate call for systemic change to protect all healthcare workers, particularly women, from violence and exploitation. The protesters demanded stricter enforcement of laws against violence in hospitals, improved working conditions for resident doctors and the immediate implementation of security measures to protect female staff. A central demand was the fast-tracking of the Central Health Protection Bill, a piece of legislation aimed at providing legal protection to healthcare professionals against violence. The bill, if enacted, would introduce stringent penalties for those found guilty of attacking medical personnel or damaging hospital property.

Government Response and Future Measures

In response to the protests, both the West Bengal government and central authorities announced several measures to prevent such incidents in the future. These include the installation of CCTV cameras in all hospital corridors and critical areas, an increase in the number of security personnel and the establishment of zero-tolerance policies towards violence against healthcare workers.

The government has also promised to expedite the passage of the Central Health Protection Bill, which has been pending for several years. This bill is expected to serve as a deterrent against violence in hospitals by imposing strict punishments on offenders and mandating the creation of secure, gender-sensitive facilities within hospitals.

Conclusion

A Call for Systemic Change

The murder of the young resident doctor in Kolkata is a tragic and powerful reminder of the systemic failures that allow violence against healthcare workers to proliferate, particularly in government institutions where resources are scarce and pressures are immense. Her death must serve as a catalyst for change. The passage of the Central Health Protection Bill is a crucial first step, but it must be accompanied by a broader effort to improve working conditions in hospitals, raise public awareness and foster a culture of respect and support for healthcare workers. Only by addressing these systemic issues can we hope to protect those who dedicate their lives to the healing of others from the threats they face in their workplaces.

Conflict of Interest

Authors declare that they have no conflict of interest.

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