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A critical analysis of newspaper accounts of violence against doctors in India

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ABSTRACT

This paper presents a critical analysis of newspaper articles (N = 60) published in a leading vernacular newspaper about violence against doctors in India. Adopting a theoretical perspective that considers 'news as a cultural practice,' a qualitative content analysis was conducted to examine how the phenomenon is framed and presented in the news, i.e., what is problematized, what causal links are drawn or hinted at, what moral stance is taken or alluded to, and what solutions are proffered and why, to arrive at a nuanced understanding of various aspects of this social phenomenon. Three overlapping key themes emerged from the analysis, namely the narrative of victimization, the changing doctor-patient relationship, and the crisis facing the 'noble profession' of medicine. It reveals how the media shapes public opinion and attitudes towards the state of the medical profession while in turn, reflecting existing opinions, attitudes, and cultural values; the analysis also reveals missing perspectives such as the voices of the patients and the public. We highlight how the findings are not merely the dominant ways in which the rise in incidents of violence against doctors is reported and is understood in society, but how media might have shaped the popular discourse around the issue and why. We reflect on what the reportage says about the state of the medical profession and its standing in society in India.

1. Introduction

A recent survey commissioned and conducted by the Indian Medical Association (IMA), the apex membership body of all medical doctors in India, found that more than 75% of doctors have experienced some form of violence at work (Ambesh, 2016). Violence here refers to 'incidents when health workers/medical professionals are abused, threatened, or assaulted in the circumstances related to their work, including commuting to and from work, and involving an explicit or implicit challenge to their safety, well-being, or health' (WHO, 2023). The media have been invoked as one of the more powerful influences (Chakraborty et al., 2022) responsible for fueling the rise in incidents of violence against doctors in India. The aim of this analysis is to unpack and understand the phenomenon of growing violence against doctors through examining the diverse views being presented in the media. The analysis will show which, if any, stories dominate the media discourse about this issue, how the 'victims and perpetrators' of the violence are portrayed in these narratives and what the implications are for understanding the

social position of the medical profession in Indian society.

Given the ubiquity of news and its rapid and extensive distribution through a vast range of channels (print and digital alike), one can argue that how a social phenomenon is presented in the media increasingly shapes how society sees and understands the phenomenon. If one starts with the premise that the human experience and the understanding of the social is in part a social construction, then in today's media-saturated world, the mass media provides multiple resources (Giddens, 1991) - narratives, stories, scripts, discourses, systems of knowledge, ideologies - for members of society to construct the self and the social.

We take a social constructionist epistemic stance (McQuail, 2010) in making sense of what is reported in media. This, however, does not mean that we imply that mass media depictions of any social phenomenon are the 'truth', but rather that the reportage has the potential to reveal some of the ways in which the phenomenon is being understood in society. Framing is depicted as a central organizing idea in this approach which promotes the importance of some topics and information and neglects others at any given time (Borah, 2015). Thus, how the

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phenomenon is framed and presented in the news, i.e., what is highlighted, what is omitted, what is problematized, what causal links are explicitly drawn or hinted at, what moral stance is taken or alluded to, and what solutions are proffered and why can help understand the complex epistemic realities beneath the process of discourse construction within media depiction of the phenomenon. In this paper, we critically analyze the reporting around the incidents of violence against doctors in India, in a leading Marathi newspaper in Maharashtra, called *Sakal* to unpack what it might tell us about not just the societal understanding of the phenomenon, but also about how the medical profession constructs itself and views itself, and also to critically understand the media construction of the same through analyzing how the phenomenon is currently being reported. This content analysis of newspaper articles is approached using a theoretical perspective which sees ‘news as a cultural practice’ (Rao, 2010, p.10) and ‘media as culture’ (Bird, 2003). This perspective helps one to move away from a naïve notion of news as an objective representation of ‘reality.’ It enables the perception of it as the product of culturally coded acts of interpretations (Rao, 2010, p. 10). This broad interpretive approach also helps one understand the complex interplay between the mainstream societal discourses around the rise in incidents of violence against doctors and their media representation as mutually constituting entities.

2. Methods

Sakal is a popular Marathi-language daily newspaper with a daily readership of 6 million, primarily across Maharashtra and Goa states of western India. The newspaper was established in Pune, Maharashtra, in 1932 with the aim to offer “non-opinionated journalism” – then, a unique style of journalism, quite different from the opinion-oriented form of journalism that marked the politically charged atmosphere of erstwhile colonial India. Scholars taking a historical overview of Marathi journalism argue that *Sakal* marked the beginning of a new era of journalism in Maharashtra. Public education, public awareness, and public service were the three pillars on which *Sakal*’s journalism was founded. These principles also guided its further growth and direction, perhaps reflecting a public sphere model of journalism (Briggs and Hallin, 2010). This vision evolved over time to the current vision that refers to a focus on social impact and transformation - the newspaper’s website (Sakal Media Group, 2023) states that they are driven by the philosophy of “Social First” and that this is central to their identity. As our theoretical framework revolves around looking at the news as a cultural practice, this brief introduction to *Sakal*’s ideological location helps us contextualize our analysis of the news reports around the issue of violence against doctors. While newspapers abound in Maharashtra, we selected *Sakal* for our analysis because of three main reasons: it is published in Marathi, the native, official language of the state of Maharashtra, and spoken by approximately 80 million; *Sakal* is one of the most popular newspapers in the state; crucially, unlike other newspapers, *Sakal* maintains an extensive archive, which we had full access to. Inevitably, since we are looking at a single newspaper located in one part of the country, we recognize that the analysis presented here may not be representative of the broader discourse in the media in the study region as a whole, and the situation in other parts of the country. As we discuss further in the limitations section later, the aim here is to contribute to a critical examination of the state of the medical profession in society, in India, as well as consider the wider implications for understanding the reconfiguration of medical professionalism (Calnan, 2020).

We conducted a content analysis on the 60 articles published in *Sakal* on the subject of violence against doctors in Maharashtra over a ten-year period (2012–2022); we found news pieces primarily from between 2016 and 2021. We conducted a qualitative content analysis (Shoemaker and Reese, 2014; Mac Namara, 2005) to understand what the media content says about society and the culture producing it. We did so by recognizing both sides of the debate, i.e., how the mass media shapes

public opinion, attitudes, and perceptions (effects). But, at the same time, it reflects existing attitudes, perceptions, and cultural values (Mac Namara, 2005 p3).

Two approaches to qualitative content analysis are recognizable in literature (Mac Namara, 2005). The first, narratology, focuses on the narrative or storytelling within a text with emphasis on meaning that may be produced by its structure and choice of words (p.15). Drawing from this methodological insight, in our paper, we carried out a close, critical reading of the headlines, and specific phrases used to convey certain points as well as the use of metaphors and irony to unpack deeper, cultural meanings. As we analyzed the Marathi language media content, linguistic specificities and connotations were also explored; we signpost these using verbatim quotes in Marathi. The second approach draws on semiotics and focuses attention on signs and sign systems in texts and how readers might interpret/decode those signs (p. 15). In our analysis of the newspaper content, we broadly followed what has been identified as narratology, while also occasionally drawing on the semiotic method, mainly where we tried to decode some pictorial representations or use of idioms and phrases. Researchers (MS, SK) read and interpreted the media texts with the aim of teasing out underlying aspects of both content and contexts to arrive at the potential meanings, both manifest and latent.

3. Results

Four broad categories of news content stood out. These were: pieces reporting agitations, pieces reporting specific views of the doctors, special articles written around the issue, and news pieces reporting initiatives taken by the doctors’ community and civil society to address the issue. We present our analysis across three levels: first, at the level of what is being reported under each category, second, at the level of how it is being reported, and third, what this kind of reporting reveals; we observed that even though these categories represent different content, there are some common themes/concerns that run through across all four categories - we reflect on these in the discussion section later. These categories of how news is reported together also point to the various kinds of explanations being offered in the media for the rise in violence. These include - poor enforcement of laws against violence, the lack of high-quality medical facilities in public institutions, the rising cost of healthcare in private settings, and poor communication between doctors and patients.

3.1. Protect the health protectors: Reporting agitation

We found a large number of news articles that talked about the rise in violence against doctors while reporting on agitations and collective actions organized to protest against these occurrences (e.g., Fig. 1: 2017, March 17).

These agitations were organized by the Indian Medical Association



Fig. 1. Doctors protesting - Dated 17/03/2017. Source: *Sakal* 18/03/2017

(IMA), the membership organization of doctors trained in Allopathic medicine in India which looks after the interests of doctors and the well-being of the community at large (IMA, 2020). They were organized in the context of violent attacks on doctors in different parts of the state or the country. While most news reports involved descriptive reporting of the agitation, a pro-doctor stance was apparent in most. For instance, while reporting a protest organized by the IMA (in Solapur district), one news article presented the list of demands put forward by doctors. In presenting these demands, the article seemed to lay out for the public the details of the applicable law, the ‘Prohibition of Medical Violence Act’ and recent amendments to the law, which provide for greater punishment for the perpetrators of violence. The news article highlighted the slogan used by the protesting doctors, “Protect the Protectors” (2021, June 18), and laid out a ‘particular’ context in which these demands were being made. To specify, even if the central subject of the news article was the agitation organized by the IMA, the article began by narrating how during the COVID pandemic, more than 700 doctors had died – had sacrificed their lives while serving society. The Marathi expression that is used in the article is ‘700 Doctaranni Pranachi Aahuti Dili’ (2021, June 18). In using this expression, the article makes an emotive appeal to establish a sacrificial context. The news report effectively sets up an image of the doctors as selfless martyrs in the context of Covid-19; it talks of the rise in the incidents of violence against them and frames it as the absence of gratitude on the part of society.

Given that the media reports analyzed here are also from the COVID period, the context of COVID is also often invoked to establish the victimhood of doctors. Our analysis suggests that how society and the media perceive and report on doctors post-COVID has an additional layer of complexity in the immediate aftermath of the pandemic. For instance, the reporting style, i.e., presenting the incidents of violence against doctors in juxtaposition to the discourse of doctors as warriors (in our battle with COVID), along with the verbatim reporting of the protest’s slogan, suggests a conscious decision to support the narrative of victimization. The slogan “Protect the health protectors” suggests the arrival of ‘difficult times’ whereby the protectors themselves now need to be protected – it very effectively uses irony to establish the claim to victimhood. Titles such as “*Kamasathi Anukul Vatavaran Tayar Kara,*” (2021, June 8) which means ‘Create a conducive atmosphere for work’, and “*Arogya rakshakanchnya surakshitatcha prashn kadhi sutanar?*” (Sutar, R. 2017, March 20) which means ‘When will the issue of safety of the health protectors be resolved?’ depict collective feelings of fear for safety at work, despite themselves being the protectors of society’s health. Such reporting, i.e., invoking a moral high ground for and on behalf of doctors, referring to sacrifices made by doctors, and repeatedly pointing to the irony in those protecting societal health having to worry about their own protection, is an attempt by the media to establish a narrative of unfair treatment and victimization of doctors.

We found that this rather simplistic portrayal of doctors as victims, perhaps the only victims, and the state of the medical profession as being dire and under siege was a consistent theme across news articles. The titles such as ‘Services in *Sasoon Hospital Paralyzed*’ (2017, March 21) and ‘Doctor Serious’ along with a pictorial representation of agitating doctors carrying placards with the slogan “Save the Saviors” (Fig. 2: 2019, June 15), nicely illustrate this – it uses the medical metaphor of someone being seriously ill to portray the state of the medical profession in India.

3.2. Am I in the Right profession: Reporting voices

A further theme that emerged from the newspaper articles involved the formal bringing together of the voices of medical professionals. While this was explicitly the case only in two news articles, these two pieces were long features and were written with a view to present doctors’ perspectives and reflections on the rise in violence against them. In presenting doctors’ views however, the newspaper articles



Fig. 2. Doctors protesting - dated 14/06/2019.
Source: Sakal 15/06/2019

treated the doctors as a homogenous category, with no acknowledgment of possibility of the doctor’s social location in terms of their class, caste, gender, or religion as being a determinant of their vulnerability or not to violence. While we recognize that newspaper articles cannot usually dwell into a subject in-depth, this absence of recognition across all news pieces, we contend, is salient.

The antecedents of one of these articles are worth noting – this piece drew on the voices of ten practicing doctors, all representatives of various doctor’s associations from regions in and around Pune. The article collated (with some curation) what they were told - the ten doctors had independently reached out to the newspaper in the content of Indian Medical Association’s (IMA) then decision to organize a protest about the violent attacks. Before presenting the individual voices of these ten doctors in the introduction, *Sakal*’s team of journalists condemn the violent attacks and demand effective implementation of laws for punishing the perpetrators. The introduction reflects on the possible reasons underpinning the phenomenon, talks about the need for self-reflection amongst doctors, and the need for developing a healthy dialogue between doctors and patients (2017, March 24). Even though it appears from the introduction to the news report that these two positions would get equal attention, it turns out not to be the case. Of the ten *Voices*, nine offer doctors’ perspectives and underline their sense of victimhood. Only one discusses the different manifestations of the problem in the case of public and private health providers, and also tries to locate the issue in the broader context of the state of the health system and the state of the medical profession in India. In discussing the differences in the types of discontent across public and private facilities, this doctor argues that in contrast to private settings, where the cost of medical treatment is the main source of discontent, inconveniences caused by the lack of good quality care is main source of discontent in public hospitals. Through making this distinction, the ground for differentiated intervention approaches to tackle the issues in the two settings is established. The article concludes by arguing for interventions to improve doctor-patient communication and for doctors as a profession to self-reflect and change.

While this emphasis on the ‘doctors as victims’ narrative is clear, how this narrative is constructed through the voices of doctors is also salient. In the article, doctors raise various points. Ineffective implementation of protective laws leading to the feeling unsafe is one of the commonly invoked concerns. An emotional appeal by one of the doctors, such as “doctors always treat their patients with good intention, but they are also

human beings, so society should understand their limitations" (2017, March 24), invokes the selfless/altruistic intentions of the medical profession, the complexity of the work they do, and the linked inevitability of human error. Non-cooperation and non-compliance of patients were other concerns invoked to establish the victimhood position. As one doctor said, "Many times when a patient is brought, he/she is already in a critical condition. In such cases, relatives should understand the situation" (2017, March 24). The lack of awareness among patients regarding medical science and the complexities involved in medical practice is another way through which the victimhood narrative is constructed. Finally, the piece establishes doctors' victimhood by highlighting the adverse effects of violence on their mental health.

A more deliberate staging of the narrative of victimization was evident in another news article that sought to reveal young doctors' views about the medical profession. The title of this news article: "*Asurakshit vatavaranane doctor dhaastawale*" (doctors are horrified/anxious due to the unsafe atmosphere) (2017, March 23), is suggestive of the state of mind of young doctors. In Marathi, an expression such as '*dhaastawale*' refers to a feeling of surprise/shock and fear. Here, this usage suggests a situation of doctors that is slightly worse than just being frightened but includes a sense of being threatened. Through this, the news report establishes a victimhood narrative of doctors under siege. The narrative of victimization is best illustrated in the expression of a young MBBS doctor preparing for specialist training. He said, "Have I invested my efforts in the right profession is the question that has haunted me for quite some time." (2017, March 23). While expressing his pain, he categorically focused on two aspects of the medical profession; the amount of hard work involved and the nobleness of the profession. He begins his narrative by valorizing the magnitude of the study put into this endeavor, saying, "*Jiv todun abhyas kela.*" (2017, March 23). This expression in Marathi is used to describe the very high levels of efforts put in by doctors as part of their studies and training – the phrase translates into "We have studied to the brink/point of breaking of our souls". He further narrates, "*After bearing so much hardship while studying, the time has now come to use one's knowledge for the society, and we don't see a safe and conducive atmosphere to do so in the country.*" (2017, March 23). Another young doctor expressed his worries about the future of the medical profession by imagining a situation where good young students will no longer be attracted to the profession. He said, "*If the attitude towards doctors does not change, good young students will not turn to this profession.*" (2017, March 23).

The two news articles presenting the voices of medical professionals can thus be read as attempts to present doctors' perspectives and predominantly to underline their victimhood position. This is done through problematizing the asymmetry between the hardships endured through long years of study and trainings and the outcomes achieved; through highlighting the lack of a safe, conducive work environment; through the hypocritical and often one-sided, invocation of the selflessness and sacrifice expected of those practicing the medical profession; and the low levels of awareness amongst people about the fallibility of medical science and the limits of medical interventions.

3.3. The Third Eye: special articles

Two special articles by doctors and *Sakal's* journalists are discussed here - they represent doctors' perspectives in two different ways. One by directly addressing doctors' pain and the other by using a medicalized analogy calling the phenomenon a 'serious social disease.'

One article, published under a regular column called '*Prasangik*' (meaning - relevant to the context), addresses the need for and importance of legal protection mechanisms for doctors. While highlighting various loopholes and limitations of the existing law, the author recommends stricter laws, effective implementation, and the formation of a committee to address patients' complaints; the author concludes by making a case for improving the doctor-patient relationship (Joshi, R. 2021, April 1). Even though the article makes a cursory reference to the

need for improving the doctor-patient relationship, the overall tone reinforces the notion and narrative of doctors as victims. The second article, written by a medical doctor who heads a health development-focused non-government organization (NGO), valorizes the medical profession as a noble one – arguing that all doctors have taken a vow of 'service'. The author seems to embellish this claim by talking about the importance of social awareness about the human body, illness, and medical science in general. The reason for such attacks, the author claims, is the lack of knowledge amongst the public about the human body and its functioning; the author ends by appealing to NGOs to spread social awareness regarding medical science. While this attribution of 'ignorant' status to the public is not unusual, what the article does is, it rejects the possibility of the medical profession having some responsibility for the situation and assigns the blame to the lack of awareness amongst the public – and claims the 'victim' role for doctors.

Another piece, written by, the erstwhile President of Maharashtra State IMA, criticizes the unusually rapid legal action that was taken against medical workers in response to a fire in intensive care unit at a government hospital in Ahmednagar district (11 patients died in the fire). The title of this article, 'Doctors were the ones who burnt themselves in the hospital fire' (Pingale, 2021, November 19), points to a strong sense of victimhood. While the author refers to the incident as an unfortunate and painful accident, he highlights the low conviction rates in the cases where there have been violent attacks on doctors – alluding to the injustice therein. That this case is made in a public forum like *Sakal*, by a key representative of the medical profession, is in some ways can be read as public expression of collective distress, despair, and disappointment with how doctors are being treated in and by society.

This category also contained articles written by *Sakal's* journalists; they were published under a column called 'The Third-Eye'. These articles were different because they explicitly sought to trace the possible reasons behind the rise in attacks on doctors. The reasons offered include the changing nature of the medical profession, particularly the increasing reliance on modern technologies and tests, and the corporatization of medical practice. These articles contend that there is a need to make the doctor-patient relationships healthier, arguing that doctors need to develop skills to communicate better with patients and their relatives. A stronger appeal is also made to doctors to be more reflective.

Unlike the articles written by doctors, and perhaps expectedly, these special articles and cover stories written by *Sakal's* journalists tend to take a pro-patient position by primarily placing the responsibility for the situation on doctors' shoulders. That these articles are published under a column called 'Third Eye' that is accompanied by a pictorial representation of a device looking like a spotlight, connotes a claim to provide 'objective' insights about or shed light on the issue. One of these articles includes a picture of 'people holding hands' (Fig. 3, 2017, March 19) placed next to a statement about the importance of and the need for improving doctor-patient communication.

The article suggests that 'communication failures' are the core problem – laying the responsibility on doctors' shoulders. While these articles written by *Sakal's* journalists do not overtly contest the doctors' narrative of being the 'victim', in arguing for the need to make the doctor-patient relationship healthier, they seem to be voicing a view that is probably common in society. This standpoint includes the societal assignment of responsibility for the situation to the medical profession. This shift away from the narrow focus on and rendering of victimhood does imply a particular ideological as well as representational politics which *Sakal* as a newsgroup might want to embody; a politics containing an appeal to social justice, social transformation, and, more importantly, a politics of becoming a voice of the people and the society at large. *Sakal's* avowed ideological position and given their journalistic commitment to public education, public awareness, and public service, what we encounter in how *Sakal* engages with the issue of violence against doctors, can be understood as an interplay of both how the issue is understood in society, and how *Sakal* with its specific ideological and representational position wishes to present it within and with a view to



Fig. 3. An image of people holding hands to convey the importance of improving doctor-patient relationship.
Source: Sakal 19/03/2017.

shape public discourse around the issue. This positioning and presentation highlight how a societal discourse and its media representations build on each other in a complex, intertwined manner.

3.4. Bring back Family Doctors

A common narrative found in the articles were reports of various initiatives taken by stakeholders, including doctors, media, and government agencies, to address the issue of growing violence against doctors which included suggestions of possible solutions. These news articles include reportage of initiatives viz organizing a play, discussion panels, special seminars for medical professionals, and forums. While the initiatives that are reported in these articles are primarily framed within the context of the increasing cases of violence against doctors, they also engage with the broader context of the challenges faced by the medical profession due to its rapidly changing nature, with its internal contradictions, and to the changes taking place in the nature of the doctor-patient relationship. A cursory look at the headings such as *Upacharanmadhye Paradarshakata Aana* (Bring transparency to medical treatments), *Rugnansobatache Naate Drudh Vhave* (Strengthen the relations with patients), or *Doctor-Rugna Salokhyasathi Prayatna* (Initiatives to bring harmony between doctors and patients) of the news reports under this category again indicates the importance being accorded to (by the newspaper) the need to improve the doctor-patient relationship, the salience of a healthy dialogue between doctors and their patients, the need to improve transparency in how services are provided, getting the medical profession to be more socially responsible, and also, the need to increase health and medical literacy amongst the populace. The reporting suggests that while presenting the various initiatives, the newspaper is consciously trying to present and frame the issue within a broad social context as against presenting it narrowly as a matter of law and order and as a perpetrator-victim binary.

However, while the newspaper engages with the issue of violence against doctors in its broader context, it somehow continues to take a pro-doctor stance of sorts, but only through its rejection and disapproval of violence and of those who resort to violence as means of grievance redressal. The newspaper notes but does not endorse the doctors' claims of victimhood position. In doing so, they reinforce the mainstream social

discourse about the ideal doctor-patient relationship – signposting a particular image of the social contract between the medical profession and Indian society. Even though these news reports do not endorse doctors' claims of being the victims, they do present an idealized view of the location of the medical profession within society-as something which needs to be 'protected' from forces that are resorting to violence, and also from its internal contradictions such as market competitions and commercialization. To establish the case, one of the news articles invokes the notion of 'Family Doctors' (2019, August 12) through an emotional appeal. This notion of a family doctor was/is a phenomenon unique to the Indian context whereby families, typically urban middle, and upper classes, had a very accessible go-to doctor who both ministered medicine and served as a social confidante. While this institution of the family doctor was limited to the few privileged and urban, it was always presented as a universal – again primarily through and in the mass media, particularly in films. This invocation is thus strategic in that it helps to contrast the state of the current profession, the erosion of trust, and the rise in violence against doctors against an apparently romanticized ideal of how the medical profession was and thus ought to be.

4. Discussion

Findings from our analysis of the news articles from *Sakal* reveals that the social phenomenon of violence against doctors – both physical and psychological violence - has received significant attention in the mainstream media, suggesting that it has many of the ingredients for a newsworthy story in this type of newspaper (Baggott, 2015). In many ways the findings point to the centrality of the broader context of the market logic-based organization of health care in India as a structural driver. This is associated with the rise of a distinctive policy direction in India which promote the private provision of health care and enable the commercialization of medicine or at least strengthen the private or corporate sector's control over the medical profession. This institutional logic shapes how healthcare is organised, viewed, approached, and appraised by patients, providers, and crucially the media. This market logic where the state plays a limited role with a weak public health system also serves as a meta-explanatory frame for understanding both, the rising incidents of violence against doctors but also the stance taken by the newspaper on these incidents.

In this section, we discuss our findings along three overlapping themes, which we argue, have emerged as the dominant concerns regarding the phenomenon. These are: the narrative of victimization, changing doctor-patient relationships, and a 'noble profession' in crisis and under siege. Even though we discuss these themes separately, these are interconnected and built on each other. We locate our findings in the conceptual frame provided by theories of social contract (Cruess and Cruess, 2004; Cruess, 2006; Reid, 2011; Welie, 2012) and theories of medical professionalism (Calnan, 2015; Calnan, 2020; Hafferty, 1995; Lupton, 1997; McKinlay and Marceau, 2002; Reid, 2011; Pescosolido, 2013), and 'news as a cultural practice' while also proposing possible areas for future research on the state of the medical profession in India. While discussing our findings we reflect on questions that emerge more globally - questions about the identity of the medical profession, the social contract between the medical profession and societies, and factors influencing the realignment of power relations between doctors and patients. We conclude by highlighting the need for critical examination of the changing state of the medical profession in India and how it might mirror changes occurring in the position of the medical profession in other parts of the world.

4.1. Narrative of victimization

The dramatic rise in incidents of violence against doctors in India is indeed a strong and emotive issue interspersed across all the news articles and is used to voice discourses of exasperation, victimhood, and

injustice. The narrative of victimization is a prominent aspect of media representation of the phenomenon of growing incidents of violence against doctors.

In the media pieces we reviewed, presenting doctors as the ‘victims’, perhaps the only victims, is a prominent aspect of the representation of the phenomenon. One of the significant facets of this presentation is an attempt to single out this experience as being qualitatively different from the experience of violence faced by other groups in society. We contend that this heightened, magnified claim to victimhood needs to be understood considering the particular social status that doctors identify with. The idea of status and identity is drawn from professional power, based on specialized knowledge and expertise and life-saving practices. Similarly, it is also drawn from and is effectively defined in the context of the ‘social contract’ between the medical profession and the society it serves. In the following discussion, we engage with and problematize this heightened sense of victimhood in light of the theoretical understandings around the ‘social contract’, while addressing another theme that appears in the news articles quite prominently, i.e., the changing nature of the doctor-patient relationship. We also explore the possible connection between this very particular understanding of the social contract and the heightened nature of the victimhood position claimed by doctors, without either fully subscribing to their claim or rejecting their experience as victims of violence.

4.2. Changing doctor-patient Relationships

The changes in the nature of the doctor-patient relationship is another prominent theme invoked in the news reports. The relationship between the doctor and the patient is fundamental in the healthcare system. We contend that it is underpinned by a social contract between the medical profession and the people it serves. As [Cruess and Cruess \(2004\)](#) observes, society grants medical professionals “status, respect, autonomy in practice, the privilege of self-regulation, and financial rewards on the expectation that physicians would be competent, altruistic, moral, and would address the health care needs of individual patients and society (p.4). The idea of status and power associated with the medical profession, we contend, also becomes defined in the context of this social contract, as one of the characteristics of this social contract revolves around the idea of the dominant, paternalistic doctor in control and the passive dependent patient. We argue that there is a disconnect between the understanding of this social contract and the changes happening between the two contracting parties, i.e., the medical profession, and the society and the medical profession. Unpacking and discussing this disconnect can help us better understand the phenomenon of violent attacks on doctors, the media presentation of these incidents, and the current state of the medical profession in India – such an understanding, we argue, is a useful starting point to design and develop interventions to tackle the problem.

Social contract theory offers the analytical resources to conceptualize the ever-changing relationship between the medical profession and the society it serves. [Welie \(2012\)](#) has argued that the very idea of a normative profession and its standing and status in society “makes the most sense if it is understood as a social contract, which entails certain social responsibilities” (p.348); using Welie’s reflections on the application of social contract theory to healthcare settings, we navigate the complex terrain of changing doctor-patient relationships and the medical profession in this section. This social contract and the doctor-patient relationship have undergone significant changes in India in the past few decades. There is a significant body of scholarly work ([Kaba and Sooriakumaran, 2007](#); [Kane and Calnan, 2016](#); [Paul and Bhatia, 2016](#); [Joshi and Joshi, 2018](#); [Anand, 2019](#); [Tripathi et al., 2019](#)) which describes how in the past, respect was the dominant feeling towards doctors, but how now there are other feelings that are operant, often in parallel – i.e., feelings of suspicion, distrust, and anger. To quote [Anand \(2019\)](#), “a doctor is no longer a confidant of his patients and their families” (p. 41). This change, we contend, reflects a disconnect in the understanding of

the social contract between medical professionals and the people it serves, which has also shaped the presentation of the doctor-patient relationship in the newspapers.

The doctor-patient relationship is one of the prominent themes invoked in the news articles while discussing the phenomenon of growing violence against doctors. The articles talk of the doctor-patient relationship by taking a formal pro-patient position while simultaneously focusing on doctors’ failures in gaining and maintaining a harmonious dialogue with patients and their relatives. The articles also take a pro-doctor stance while voicing concerns about the changes in the attitude of the patients towards doctors and the medical profession in general, with the latter typically being framed as patients being irresponsible citizens, lacking the knowledge and awareness about the complexities of medical science, and thus disrespecting and being violent towards doctors. In expressing concern about the state of the doctor-patient relationship, the news articles resort to simplistic pro-doctor or pro-patient positions. We argue that this simplistic rendering points to either a lack of understanding (amongst those in the media) about the disconnect one sees between the understanding of the doctors and the larger discourse that prevails in society concerning the nature of the social contract, or some hesitation in engaging with the disconnect – or perhaps both. What we have found and attempted to unpack here is not yet sufficient to explain if and how these disconnects result in conflictual rather than harmonious (doctor-patient) relationships; it is also not sufficient to establish if and how divergent understandings about the social contract might explain the rise in incidents of violence. This requires further systematic inquiry. This conflict has been studied to some extent in other countries, with different forms of health care systems; in the United Kingdom for instance, [Brown et al. \(2015\)](#) found that the doctor-patient relationship is changing whereby patients are becoming less deferent, the relationship is becoming more informal, and doctors are becoming more distanced from their local community ([Brown et al., 2015](#)).

4.3. A “noble” profession in crisis

A large body of sociological literature has theoretically engaged with the state of the medical profession particularly doctors working in high income countries with relatively robust health care infrastructures. The focus has been on the recent changes the medical profession has been undergoing and the extent to which its social status, power and authority is under threat and has led to some reconfiguration ([Calnan, 2015](#); [Calnan, 2020](#)). For example [McKinlay and Marceau \(2002\)](#) a discusses possible reasons for the ‘decline of the golden age of doctoring’ in the US such as the changing nature of the state and loss of its partisan support for doctoring; the bureaucratization (corporatization) of doctoring; the emerging competitive threat from other health care workers; the consequences of globalization and the information revolution; the epidemiologic transition and changes in the public conception of the body; and changes in the doctor-patient relationship and the erosion of patient trust. Major intrinsic factors identified by [McKinlay et al. \(2002, p379\)](#) are the weakening of physicians’ labor market position through oversupply, and the fragmentation or weakening of physician’s union (in India, the Indian Medical Association). Others ([Lupton, 1997](#)) have argued that the rise of the enlightened consumer is likely to influence the shape of the doctor-patient relationship (p. 480).

These insights from sociological theories of professionalism help us understand why the moral appeal to save the ‘noble profession’ appears as a dominant theme in the news articles. It also indicates that these concerns regarding the changing nature of the medical profession are no longer limited to the academic sphere but may have also become part of the popular discourse. With this, we turn our attention to the nature of media representation of this concern and discuss what it entails. There are two major ways in which concerns regarding the state of the medical profession are invoked in the newspaper articles. In some form or the other, the nobility and altruism of the profession are invoked to express

disappointment in how the natural order of 'harmonious relations' between the medical profession and society is under threat. All news reports also somehow discuss the broader context of the challenges faced by the medical profession due to its rapidly changing nature, particularly the impact of corporatization. What stands out is that the discourse about the 'noble profession' is invoked not only to critically look at the internal contradictions within the profession leading to the state of crisis but also invoked (especially by the doctors) to claim victimhood. As we saw, when the specific concerns about the future of the medical profession are presented (through the voices of young doctors), these concerns are based on assumptions about the 'pure' and 'noble' nature of the medical profession. Such a presentation somehow spotlights the disconnect between the medical professionals and the people it serves with respect to the understanding of the changing nature of the medical profession. The concern about the 'loss of the noble status' of the medical profession and its future is articulated by the voices of younger doctors in these media reports. We contend that in future research it is important to explore these concerns and to better understand both - what status society is willing to accord to doctors, and also, what status doctors would like to have for themselves.

At another level, the phenomenon of growing violence against doctors is presented in the media through making a moral appeal to save a 'noble profession', which appears to contain a number of contradictions. Within the media reports, doctors and journalists identify and acknowledge the growing commercialization of healthcare provision and the presence of corruption and malpractices; however, they still (mainly doctors) continue to lay claim to nobility, apparently unaware of the contradictions in their arguments. Reid (2011) has attempted to explain this contradiction by drawing attention to the ethical limits of deploying the concept of the social contract as a full-fledged theory. He notes that conceptions of professionalism in scientific medicine draw on the idea of the social contract, and adds how the reasoning about responsibility, broader contexts and consequences of actions, and diverse perspectives about medical practice make sense in the context of the social contract. Reid however also draws our attention to the limitations of elevating the concept of the social contract to the level of theory, which according to him, results in a situation where contracting parties engender 'blind spots' about privilege, lack critical self-reflection and set false expectations by identifying appearance and reality with morality (p. 455). Informed by these theoretical insights, we further argue that this blind spot, to an extent, may explain the heightened perception of victimhood by doctors; and that to meaningfully respond to the problem, there is an urgent need for further careful empirical research to make sense of this contradiction. Certainly, one key voice that appeared to be evident indirectly through the narratives of journalists but not prominent, as with these three different forms of media narratives, is that of the patient and the public and how far these narratives resonate with the public. This absence of public or patient voices may, in some respect, reflect the continued high status of the medical profession, which is still above significant public scrutiny. This does raise questions about the explanatory range and power of the theoretical approach to the role of the media, i.e., news as a cultural practice that we have taken in this analysis, and which emphasizes how the mass media shapes public opinion, attitudes, and perceptions while in turn reflecting existing attitudes, perceptions, and cultural values. Such an analytical approach perhaps neglects the potential influence of power interests on the media (Henderson and Hilton, 2018) – in this case, the powerful social position of the medical profession. Hence, the prominence of some of the key themes, e.g., doctors as victims, in media stories may reflect media advocacy by (Baggott, 2015) and the powerful influence of some interest groups to shape the media agenda, which in this case is likely to be the medical profession and its elite representatives. Thus, the media reports, in this case, may be representing predominantly not the journalistic perspective or the voice of the public but those opinions, attitudes, and values of one group striving to maintain their social position and standing.

5. Conclusion

Through a critical analysis of articles published in a leading Marathi newspaper about the rise in incidents of violence against doctors in India, we have revealed how the phenomenon is framed and presented in the news, i.e., what is highlighted, what is problematized, what causal links are explicitly drawn or hinted at, what moral stance is taken or alluded to what solutions are proffered and why, and what is omitted, to arrive at a nuanced understanding of various aspects of the phenomenon. We conclude that the rise in violence against doctors in India is an important social phenomenon that requires a careful and thorough examination by researchers and attention by health and social policy actors. Studies need to be carried out in India to find out how far both practicing doctors and patients share the narratives identified in this media analysis and contrast with other countries where this social phenomenon is also increasingly prevalent (Elston et al., 2002) but may have manifested itself and been responded to in a different way.

5.1. Limitations

Our analysis of newspaper articles sheds some light on how popular discourse and media representation of a social phenomenon (incidents of violence against doctors) are mutually constitutive entities. However, we are also aware of the limitations of this exercise, specifically that we have focused only on one newspaper. The study would have benefited from a comparative element which could have showed what might be distinctive about this news outlet by contrasting these themes with print media narratives on this topic in other sections of the media in India. While the media reporting alludes broadly to Maharashtra state of India, the media content does not allow us to discuss this in detail e.g., addressing the regional differences in the health system across the state, and also across the country. These contextual differences might be significant, not least because of the differences in the state of the health system in different parts of Maharashtra state and India. This analysis of the media content thus represents a preliminary stage and the questions raised in the analysis will be explored in our ongoing research.

Disclosure of interest

The authors report no conflict of interest.

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Authors contribution

Sumit Kane: Conceptualization, Methodology, Writing - original draft, Reviewing, Editing. Mayuri Samant: Data curation, Methodology, Writing - original draft, Reviewing, Editing. Michael Calnan: Reviewing, Editing.

Data availability

Data will be made available on request.

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