

1. **medicos** (noun) – physician, medical practitioner, doctor of medicine.
2. **credible** (adjective) – convincing, acceptable; reasonable/valid.
3. **reluctant** (adjective) – unwilling, disinclined, opposed.
4. **reach out** (phrasal verb) – contact someone for help/assistance/cooperation.
5. **concede** (verb) – admit, acknowledge, accept.
6. **address** (verb) – attend to, tackle, deal with.
7. **deficiency** (noun) – defect, fault, imperfection.
8. **afflict** (verb) – burden, affect, trouble.
9. **as a whole** (phrase) – all together, as a group, as one/in a mass.
10. **reprisal** (noun) – retaliation, counterattack; revenge/retribution.
11. **invariably** (adverb) – always, every time/each time; habitually/inevitably.
12. **systemic** (adjective) – constructional, organizational.
13. **adversely** (adverb) – unfavourably, disadvantageously, badly.
14. **optimal** (adjective) – finest, greatest, most favourable.
15. **constraint** (noun) – restriction, limitation, restraint.
16. **apparent** (adjective) – clear, evident, obvious.
17. **with regard to** (phrase) – in respect of, concerning, with reference to.
18. **personnel** (noun) – employees, staff, workforce.
19. **stringent** (adjective) – strict/stern, severe, tough/rigorous.
20. **assault** (verb) – strike, hit, attack.
21. **envisage** (verb) – foresee, predict, forecast.
22. **imprisonment** (noun) – incarceration, confinement/captivity, detention.
23. **besides** (adverb) – as well, in addition, further.
24. **perpetrator** (noun) – a person who does immoral, harmful and illegal activities; criminal, culprit, evil-doer.
25. **ironically** (adverb) – paradoxically, unexpectedly, strangely.
26. **epicentre** (noun) – the main point of unpleasant or problematic situation.
27. **fraternity** (noun) – group, profession; a group of people with same job, interest and etc.
28. **indulge in** (verb) – become involved in (an undesirable activity).
29. **paramedical** (adjective) – relating to health-care workers (nursing, radiography, emergency first aid, physiotherapy, and dietetics) who provide clinical services to patients under the supervision of a physician(doctor).
30. **cognisable** (adjective) – perceptible; clearly identifiable.
31. **invoke** (verb) – cite, refer to, adduce.
32. **grievous** (adjective) – painful, severe, hurtful.
33. **lie in** (phrasal verb) – be present, be contained, exist.
34. **adverse** (adjective) – unfavourable, disadvantageous, bad.

Preventing violence: on protection to doctors

All it took West Bengal Chief Minister Mamata Banerjee to **end the week-long strike** by junior doctors in the State was a meeting with the agitating medicos and a credible assurance that their safety was a priority for her government. The attack on a junior doctor on June 10 over the death of a patient had sparked the agitation, which spread to other parts of the country when it appeared that the State government was reluctant to negotiate with

the striking doctors. Now that Ms. Banerjee has reached out to young doctors and conceded that their demands are genuine, the government, in West Bengal and elsewhere, must focus on addressing the deficiencies afflicting the health-care system as a whole. Reprisal attacks on doctors by agitated relatives of patients who die during treatment are known to happen. Such violence is invariably the result of systemic problems that adversely affect optimal attention to patients, such as infrastructural and manpower constraints. It is apparent that doctors work in stressful environments, sometimes under political pressure with regard to admissions. Several States have enacted laws to protect doctors and other health-care personnel from violence. Last week, Union Health Minister Harsh Vardhan wrote to State governments highlighting the need for stringent action against anyone who assaults doctors. He asked States that do not have a law to protect doctors against violence to enact one, and circulated a 2017 draft of a law that envisaged imprisonment besides recovery of compensation from perpetrators for loss or damage to property.

However, is such a law really effective? Ironically, **West Bengal**, the epicentre of a strike that involved nearly the entire medical fraternity across the country, has such a law too. Like the law in most other States, the West Bengal Act provides for a three-year prison term and a fine, which could go up to ₹ 50,000, to anyone indulging in violence against any “medicare service person”, which covers doctors, nurses, medical and nursing students and paramedical staff. The offence is cognisable and non-bailable. It also provides for recovery of compensation for loss. Many other States have similar laws, with the one in Tamil Nadu providing for a prison term that could go up to 10 years. It is clear that having this law did not prevent the incident that sparked the latest agitation. There are no figures available on how many times the medical service person protection law has been invoked. In any case, causing simple or grievous injuries to anyone is a criminal offence under the Indian Penal Code. Treating the issue as a law and order problem is just one way. The real solution may lie in improving health infrastructure, counselling patients about possible adverse treatment outcomes, and providing basic security in medical institutions.