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Review Article

Ensuring the safety of healthcare professionals: A review of current challenges and legal frameworks in India

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ABSTRACT

Healthcare professionals, particularly doctors, face significant safety challenges in India. Workplace violence, harassment, inadequate infrastructure, and the absence of appropriate legal protections worsen their vulnerability, especially during night shifts. Recent incidents of violence have drawn attention to the urgent need for reforms to ensure their safety. This review aims to critically evaluate the current safety concerns for doctors in India, analyse the effectiveness of the existing legal frameworks, particularly the newer BNS (Bhartiya Nyaya Sanhita) and BNSS (Bhartiya Nyaya Suraksha Sanhita) systems, and propose practical strategies for improving workplace safety, focusing on night shifts and high-risk environments. This review article synthesises data from multiple sources, including published surveys, legal reports, and recent studies on workplace safety for healthcare professionals in India. The literature review focused on legal frameworks, hospital infrastructure, and psychosocial impacts affecting doctors. Inclusion criteria for the review included studies and reports on workplace safety, particularly those relevant to night shifts, emergency departments, and rural healthcare settings. Exclusion criteria included articles not directly addressing the safety concerns of healthcare professionals or those focused exclusively on non-clinical staff. The review revealed that over one-third of Indian doctors' report feeling unsafe during night shifts, with female doctors and junior staff particularly vulnerable. Key factors influencing perceptions of safety included inadequate security, lack of duty rooms, and insufficient legal enforcement under the Central Protection Act. The implementation of the BNS and BNSS systems is promising, but enforcement stays inconsistent across regions. Psychosocial impacts, including anxiety and burnout, were common, leading to lower job satisfaction and compromised care quality.

Addressing the safety concerns of doctors in India requires a comprehensive approach, including stronger enforcement of legal protections under the BNS and BNSS systems, improved hospital infrastructure, and targeted psychosocial support. Future reforms should prioritise the establishment of secure environments and more robust legal accountability to mitigate workplace violence.

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1. Introduction

Healthcare professionals, particularly doctors, play a pivotal role in ensuring the well-being and health of society.¹ However, their safety often remains compromised, especially in countries like India, where incidents of

workplace violence and harassment have been on the rise.² The issue of safety for doctors gained significant attention following the tragic rape and murder of a young female doctor in Kolkata in 2024 during her night shift.³ This incident, coupled with growing reports of violence and verbal abuse directed towards healthcare workers, has underscored the urgency of addressing the safety concerns of doctors across the nation.

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Violence against healthcare workers, especially doctors, is not a new phenomenon in India. In fact, over the past decade, many cases of physical assaults, threats, and even deaths have been reported, particularly in emergency and high-pressure environments such as emergency rooms and intensive care units.⁴ This trend is worsened during night shifts when hospitals are less staffed, security measures are inadequate, and doctors are left vulnerable to attacks by patients, bystanders, or intoxicated individuals. Doctors, especially women and junior healthcare staff, often work in understaffed and poorly secured environments where they face threats to their physical and mental well-being.

Several factors contribute to this situation. The combination of high patient load, insufficient security personnel, and long working hours creates a stressful environment where healthcare workers are more exposed to physical and verbal attacks. Moreover, the strained healthcare infrastructure, particularly in government hospitals, leaves little room for security enhancements such as locked duty rooms, nearby bathrooms, or proper lighting.⁵ Such inadequate safety measures make doctors, especially female doctors, vulnerable to harassment, sexual assault, and violence, further worsening their stress levels and affecting their ability to provide optimal care to patients.

Public perception of doctors has also deteriorated in recent years, fuelled by widespread misconceptions about the medical profession.⁶ Doctors are often held responsible for delays in treatment, medical errors, or poor patient outcomes, regardless of the systemic issues that may have contributed to these problems. This growing distrust between patients and healthcare workers often leads to volatile situations where doctors are directly targeted for perceived lapses in care.

Although India has laws designed to protect healthcare workers, their implementation remains inconsistent.⁷ The Central Protection Act (CPA) was introduced to protect doctors from workplace violence, but its enforcement is lax. This lack of legal accountability further discourages healthcare institutions from prioritising safety measures.⁸ Inadequate hospital infrastructure, insufficient training of security staff, and lack of institutional support further compound the problem.

Safety is not just about physical protection but also about the mental and emotional well-being of doctors. The constant threat of violence, especially during night duties, leads to burnout, anxiety, and depression among medical professionals.⁹ Fear for their safety makes doctors hesitant to perform high-risk procedures or work in certain settings, affecting the quality of healthcare delivery.

In this context, the safety of healthcare workers has become a national concern, sparking protests and calls for reform from medical associations, such as the Indian Medical Association (IMA).¹⁰ The pressing need

to improve workplace safety for doctors calls for both immediate and long-term measures. Hospitals must focus on creating secure environments, with well-lit pathways, locked duty rooms, and trained security personnel, while governments need to enforce existing laws strictly and implement new regulations where necessary.

This manuscript aims to explore these pressing issues, analyse the current legal frameworks in place, and propose actionable solutions to enhance the safety and well-being of doctors, particularly those working in high-risk environments or during night shifts. It seeks to provide a comprehensive overview of the challenges healthcare workers face in terms of safety and to advocate for the urgent reforms necessary to safeguard these essential professionals.

2. Aims and Objectives

This review aims to critically evaluate the current safety concerns for doctors in India, analyse the effectiveness of the existing legal frameworks, particularly the newer BNS (Bhartiya Nyaya Sanhita) and BNSS (Bhartiya Nyaya Suraksha Sanhita) systems, and propose practical strategies for improving workplace safety, focusing on night shifts and high-risk environments.

This review is based on an extensive analysis of existing literature, reports, and legal documents concerning the safety of healthcare professionals, specifically doctors in India.

2.1. The sources reviewed include

1. Surveys conducted across India about the safety feelings of doctors, with a focus on night shifts and emergency departments.
2. Legal reviews of the current protections available to healthcare workers, including the transition from older frameworks such as the IPC and CRPC to the more recent BNS and BNSS systems.
3. Articles addressing psychosocial impacts of unsafe working conditions, including anxiety, burnout, and job dissatisfaction.

2.2. Inclusion criteria

1. Studies, reports, and articles focusing on workplace safety in healthcare, particularly about doctors working in high-risk environments like emergency departments.
2. Legal frameworks specifically designed to protect medical professionals, with a focus on Indian legislation such as the BNS and BNSS systems.
3. Literature addressing gender-based safety concerns, including the safety of female healthcare professionals during night shifts.

2.3. Exclusion criteria

1. Studies that do not directly address the safety concerns of clinical healthcare workers.
2. Reports focused solely on the safety of non-medical staff or healthcare professionals outside of India.
3. Articles addressing safety in non-hospital or non-emergency settings.

3. Safety and Indian Doctors

Surveys indicate that over one-third of Indian doctors feel unsafe or very unsafe while on duty, particularly during night shifts. Factors like the lack of secure duty rooms, the absence of bathroom facilities, and the need to walk long distances to reach wards worsen this sense of insecurity. Women feel more vulnerable, with over 36.7% reporting higher levels of fear compared to their male counterparts.¹¹ Junior doctors, including interns and postgraduate trainees, make up the majority of those feeling unsafe, due to their frequent night shifts and their lower positions within the hospital hierarchy.

4. Laws for Doctors

India has several laws governing the safety and conduct of healthcare professionals. The Indian Medical Council Act (1956), the Epidemic Disease Act (1897), and more recent legislation like the Clinical Establishment Act (2010) outline the duties and protections of healthcare workers. However, implementation is still a major issue, particularly in the enforcement of safety protocols in hospitals. Laws like the Central Protection Act (CPA) are designed to protect doctors from violence but are poorly enforced, leading to continued safety risks.

5. Laws Implemented by the Government of India for the Protection of Medical Professionals

The Government of India has implemented several laws aimed at safeguarding medical professionals from workplace violence, harassment, and legal liability. These laws are designed to provide a safe and conducive environment for healthcare workers, ensuring their protection from physical harm, undue legal prosecution, and ethical breaches.

5.1. The central protection act (CPA)

This law, formally known as the Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Act, was enacted in response to increasing incidents of violence against healthcare workers.¹² The CPA makes acts of violence against doctors and other healthcare personnel a punishable offence, with provisions for imprisonment and fines. Under this law, anyone found guilty of attacking

healthcare workers or damaging hospital property may face imprisonment for up to five years and heavy fines. The law also mandates that medical institutions must report any such incidents to the police.

5.2. The Indian penal code (IPC, sections 323, 352, and 355)

These sections of the IPC deal with physical assault and the use of criminal force. Under Section 323, any individual who voluntarily causes hurt to a medical professional can be charged with criminal assault. Sections 352 and 355 further outline the penalties for criminal force and the use of force to dishonour a person, providing legal protection to doctors facing physical or verbal abuse during their duties.

5.3. The epidemic diseases (Amendment act, 2020)

This act was introduced during the COVID-19 pandemic to protect healthcare workers from violence and harassment. It specifically addresses the growing attacks on doctors and healthcare workers during epidemic outbreaks. Under this law, any violence against healthcare workers or damage to healthcare infrastructure is a cognizable and non-bailable offence, with punishments including imprisonment for up to seven years and fines up to Rs. 5 lakhs. The law also ensures that healthcare workers receive compensation for any damage to their property or harm caused to them.

5.4. The medical termination of pregnancy (MTP act, 1971)

This act protects medical professionals from legal prosecution when performing abortions within the prescribed legal limits. It provides legal cover to doctors who follow the guidelines laid out in the act, thus safeguarding them from criminal charges in cases of medical termination of pregnancies.

5.5. The transplantation of human organs and tissues act, 1994

This law protects doctors who are involved in organ transplantation by regulating the process and ensuring it is carried out ethically. The act defines the procedure for obtaining consent, and conducting transplants, and penalises illegal organ trade, thereby protecting medical professionals from being implicated in organ trafficking.

5.6. The Indian medical council (Professional conduct, etiquette and ethics) regulations, 2002

These regulations were implemented to ensure that doctors adhere to a strict code of conduct while also offering protection from unethical legal action. The regulations define the responsibilities of medical professionals, but they

also safeguard doctors from false accusations and undue legal prosecution, provided they are working within the scope of their professional ethics.

These laws stand as a critical step towards ensuring the safety and legal protection of medical professionals in India. However, their effective implementation remains a challenge, and there is a continued need for awareness and enforcement to ensure that doctors and healthcare workers can perform their duties without fear of violence or legal repercussions.

6. Steps for Safety

Based on survey feedback, the following steps have been identified as critical for improving doctors' safety:

1. Secure duty rooms: Hospitals must provide locked and secure duty rooms located near wards or casualty areas.
2. Bathroom access: Doctors should have access to nearby bathroom facilities to avoid the risk of walking long distances during night shifts.
3. Improved security: Hospitals should hire trained security personnel, preferably ex-servicemen or strong individuals, to watch high-risk areas such as emergency rooms.
4. CCTV cameras and alarms: Installing surveillance cameras and panic alarms in key areas would help watch and respond to potential threats quickly.
5. Enforce legal protections: Strengthening the implementation of the CPA and ensuring that hospitals follow legal safety standards is essential.

The review identified several key factors contributing to unsafe working conditions for doctors in India:

1. Perceived insecurity: Surveys show that over 35% of doctors feel unsafe during night shifts, with female doctors and junior staff feeling particularly vulnerable. These feelings of insecurity are worsened by a lack of secure duty rooms, inadequate lighting, and insufficient security personnel in hospital settings.
2. Legal frameworks: The review of the legal framework revealed that the Central Protection Act stays under-enforced. However, the introduction of the BNS and BNSS systems offers an improved legal structure for protecting healthcare workers. These newer statutes include stricter penalties for violence against healthcare professionals but face challenges in consistent implementation.
3. Psychosocial impacts: Unsafe working conditions have been linked to higher levels of anxiety, depression, and burnout among healthcare professionals, which negatively affects their job performance and quality of patient care. Fear of violence and harassment is particularly pronounced in understaffed night shifts.

4. Gender disparities: Female doctors face higher risks, with over 36% reporting safety concerns, particularly during night shifts. Gender-specific vulnerabilities such as sexual harassment and inadequate restroom facilities were often noted in the literature.

7. Discussion

The issue of doctor safety in India has gained significant attention in recent years, especially following several high-profile incidents of violence against healthcare workers. Doctors, particularly those working in high-pressure and understaffed environments like emergency rooms and during night shifts, face daily risks to their physical and mental well-being. This review has revealed that the safety challenges faced by doctors are multifaceted, encompassing legal, infrastructural, cultural, and psychosocial dimensions.

7.1. Legal frameworks and the shift to BNS and BNSS systems

The legal landscape for protecting healthcare professionals in India has undergone notable changes with the introduction of the Bharatiya Nyaya Sanhita (BNS) and Bharatiya Nyaya Suraksha Sanhita (BNSS) systems, which have replaced older frameworks such as the Indian Penal Code (IPC) and the Code of Criminal Procedure (CrPC).¹³ These updated legal codes offer a more structured and comprehensive approach to addressing violence against healthcare workers.

The BNS and BNSS systems have strengthened provisions for safeguarding medical professionals, imposing stricter penalties for assaults, harassment, or obstruction of duties. Under these statutes, violence against doctors, damage to healthcare facilities, or threats to personal safety during duty hours are now considered severe offenses with non-bailable charges, ensuring greater legal protection. However, despite the existence of these robust legal frameworks, enforcement remains inconsistent across states and healthcare institutions.¹⁴ Many hospitals, particularly in rural areas, still do not report incidents of violence, and when they do, the legal process can be slow or ineffective.

For these laws to be fully effective, there must be better coordination between hospitals, law enforcement, and the judiciary. Hospitals should have designated legal representatives to handle such cases swiftly and ensure that perpetrators are prosecuted under the BNSS system. Moreover, training for healthcare workers on their legal rights, as well as routine legal workshops, can empower them to take action when their safety is compromised.

7.2. Infrastructure deficits and its role in doctor safety

One of the most critical findings of this review is the role that hospital infrastructure plays in exacerbating or

mitigating safety risks for doctors. The lack of secure duty rooms, inadequate lighting, and poor access to essential facilities like restrooms severely affect how safe doctors feel, particularly during night shifts.¹²

1. **Duty rooms:** Secure and well-located duty rooms are vital for ensuring that doctors can take necessary breaks without being exposed to potential threats. Many hospitals, especially those in government and rural sectors, either lack duty rooms altogether or have rooms that are not secure or too far from emergency departments. According to survey data, over 44.8% of doctors reported that they did not have access to a secure duty room during night shifts.¹⁵ Without access to these safe spaces, doctors—especially female doctors—are left vulnerable to harassment or assault.
2. **Lighting and surveillance:** Inadequate lighting in key areas such as corridors, pathways to wards, and entryways into emergency rooms further increases the risk of violence or harassment. Hospitals must invest in lighting and CCTV surveillance in high-risk areas. Surveillance not only acts as a deterrent but can also provide evidence in the event of an assault. Unfortunately, in many smaller hospitals and rural healthcare centers, these basic security measures are lacking or malfunctioning.
3. **Restroom facilities:** The review also highlighted a significant issue regarding access to restroom facilities, particularly for female healthcare professionals. In many instances, restrooms are located far from emergency departments, and the need to walk long distances during night shifts leaves doctors vulnerable. Hospitals should ensure that restrooms are situated close to work areas and are safe, well-lit, and monitored.

Improving these infrastructural aspects is crucial for reducing the sense of insecurity among doctors. The government should mandate that hospitals meet minimum safety standards and provide funding for infrastructure upgrades, especially in rural healthcare settings.

7.3. *Gender disparities in safety perception*

Gender plays a significant role in how safety is perceived and experienced by healthcare professionals. The review found that female doctors, particularly those working night shifts or in rural areas, feel significantly less safe than their male counterparts. More than 36% of female doctors reported feeling unsafe during night shifts, compared to 32.5% of male doctors.

Several factors contribute to this disparity:

1. **Sexual harassment and gender-based violence:** Female doctors face a unique risk of gender-based violence, which includes verbal harassment, stalking, and, in

extreme cases, physical assault. High-profile cases such as the tragic rape and murder of a young doctor in Kolkata have heightened fears among women in the profession.

2. **Inadequate gender-specific infrastructure:** Female doctors often lack access to separate and secure duty rooms or restrooms, which further compounds their safety concerns. Hospitals must prioritise gender-sensitive safety protocols, including separate facilities for female staff and ensuring that hospital corridors and duty rooms are always secure and well-lit.
3. **Cultural barriers:** In some regions of India, cultural norms and societal expectations also play a role in exacerbating the vulnerabilities of female healthcare workers. Hospitals should address these cultural barriers by fostering a gender-inclusive environment that prioritizes the safety of all staff, irrespective of their gender.

The creation of safe spaces, such as female-only duty rooms and dedicated security personnel to accompany female doctors during night shifts, should be mandatory in all healthcare institutions.

7.4. *Psychosocial impact of unsafe working conditions*

Beyond the physical risks, unsafe working conditions have a profound psychosocial impact on doctors. The constant fear of violence or harassment can lead to anxiety, burnout, and depression, which in turn affects the quality of care that doctors provide. Prolonged exposure to high-stress environments without adequate support leads to job dissatisfaction and, in some cases, suicidal ideation.¹⁶

1. **Burnout and mental health:** The review highlighted that the combination of high patient loads, insufficient staffing, and the threat of violence has led to alarming levels of burnout among doctors. Younger doctors and interns, who often work longer night shifts and are more exposed to high-risk situations, are particularly susceptible to mental health issues. Hospitals must take steps to offer mental health support to their staff, including counseling services and peer support groups.
2. **Fear of legal repercussions:** Another stressor for doctors is the fear of legal consequences, especially in cases where outcomes are not favorable for patients.¹⁷ This is exacerbated by the public's declining trust in healthcare professionals. Legal support systems must be put in place to protect doctors from unfounded accusations, while still holding them accountable within the boundaries of professional ethics.
3. **Training and de-escalation tactics:** Doctors, especially those in emergency departments, should receive regular training on de-escalation techniques and conflict resolution. Being equipped to handle difficult situations without allowing them to escalate to violence

is a key skill that can improve the safety and well-being of healthcare professionals.

7.5. Public perception and systemic trust issues

The public's trust in doctors and the healthcare system has been steadily declining due to perceptions of medical negligence, long waiting times, and inadequate communication. In high-pressure environments, this distrust can quickly lead to volatile situations, putting doctors at risk of violence from frustrated patients or their families.¹⁸

Addressing these systemic issues requires a multifaceted approach:

1. Improving communication: Clear and empathetic communication between doctors and patients' families can help reduce tensions in high-stress situations. Hospitals should prioritize training doctors in communication skills and ensure that they have enough time to engage with patients.
2. Tackling systemic healthcare deficits: Many incidents of violence occur because of overcrowded emergency rooms, long wait times, or lack of resources. Governments and healthcare institutions must address these systemic issues by increasing hospital capacity, improving triage systems, and ensuring that emergency rooms are adequately staffed.

8. Conclusion

The safety of healthcare professionals in India is compromised by a combination of inadequate infrastructure, insufficient security, and poor enforcement of legal protections. To ensure a secure work environment, hospitals must prioritise the implementation of safety protocols, provide basic amenities, and enforce laws aimed at protecting healthcare workers. Urgent reforms are needed to improve doctors' working conditions, particularly during night shifts, and to create a safer environment that enables them to provide quality care without fear.

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None.

10. Conflict of Interest

None.

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