Doctors Strike - Kolkata Case

Why in news?

- Junior doctors in a medical college in Kolkata were recently attacked causing serious injuries, over the death of a patient.
- This has led to widespread protests by doctors, across the country.

What is the growing mob culture in this regard?

- The mob mentality has come to dominate India's social consciousness, causing impact across various sections of the society.
- Such violence is unique to the Indian Subcontinent.
- Notably, there is increasing institutionalisation of violence through politics, caste, religion, economics and gender discrimination.
- Institutionalised violence has, in turn, created a hierarchical social order.
- Doctors are amongst those at the top of this hierarchy.
- **Doctors** - In India, doctors in both public and private sectors are at the receiving end of violence.
- Violence at the workplace, in general, can have negative and disastrous effects on employee satisfaction and work performance.
- It is essential here to understand why reactions are different when it comes to doctors.

What is exclusive to the health sector?

- **Insensitivity** - Violence as a means of effecting "justice" is common in Indian society.
- But a large part of the intellectual class, including doctors, remains insensitive to this problem, till they are affected.
- This is largely because doctors have an insulated existence, unaware of the institutionalised violence faced by common people.
- Dalits, minorities, women and other underprivileged sections of Indian society suffer violence on a regular basis.
- But doctors being unaware of this is the most important reason for violence coming back to haunt them.
- As, insensitivity to such violence makes one vulnerable to it.
- **The doctor-patient relationship** in India is more than merely "professional" as doctors in India are considered next to god.

- The acceptance of this god-like status by Indian physicians is problematic, as at times, it works against them.
- The illiterate and deprived people unleash violence on their god-like doctors when they make money illegally, commit flaws, and fall short of such standards of divinity.
- **Corporatisation** - The rampant corporatisation of medical practice and erosion of medical ethics in private and public set-ups is another reason.
- Corporatisation is known to have changed the behavioural patterns of healthcare personnel.
- Misbehaviour, over-treatment, under-treatment and blatantly over-priced treatment have become a part of the medical culture, giving rise to dissatisfaction.
- **Limitations** - The country's medical fraternity, especially young doctors, should realise that they work with limitations of infrastructure.
- The poor conditions of government hospitals, especially in rural India, is well known.
- This leads to improper care and thus creates conditions rife for violence.
- With just one doctor for every 2,000 people, the situation is only worsened.
- State governments' reluctance to fill vacancies in public hospitals, and the increasingly high cost of medical education in the private sector add to the above.

What are the other concerns?

- The working hours for residents, who form the backbone of public-funded healthcare, is dreadfully irrational.
- But no one, not even the medical fraternity, wants to raise the issue with the administrative authorities concerned.
- Without raising such issues, it would be wrong for doctors, including those involved in the current agitation, to turn against patients.
- Strikes by doctors is also debatable from an ethical standpoint.
- Striking work complicates the issue in other ways too by loss of public sympathy and influence of the administrators, eroding the moral standing of the doctors.

What lies ahead?

- In the **Kolkata case**, it should be ascertained whether there was a delay in treatment due to manpower shortage, as the patient's kin claim.
- West Bengal CM must reach out to the medical community and restore normality.
- The Indian Medical Association (IMA) should help arrive at a solution that can address the concerns of both doctors and patients.

- Besides, doctors should, in fact, send out the message that they are not against patients.
- A simple way to assert this point would be to run the out-patient clinics outside their hospitals on days when they are on strike.
- **Doctors' demands** for a safe working environment and measures to ensure that unsuccessful treatments do not become a trigger for revenges have to be looked upon.
- But given the varied reasons for the issue, it is fair now that the doctors' attention is directed to systemic failures in the healthcare system.
- **At government hospitals**, efforts to scale up infrastructure and the capabilities have to be taken up.
- Solutions like fault-finding in security within hospital premises can only provide temporary relief.
- **Sensitising young doctors** towards the problems of the poor and underprivileged is a more workable and sustainable solution.
- Teaching behavioural sciences at undergraduate and post-graduate levels can be helpful at bringing the compassion that is needed.
- Acquainting the young doctors to the prevailing social prejudices could also be a way to inculcate compassion.

Source: The Hindu, Indian Express

Quick Fact

Indian Medical Association (IMA)

- IMA is the only representative, national voluntary organisation of Doctors of Modern Scientific System of Medicine in India.
- It looks after the interest of doctors as well as the well being of the community at large.
- It was established in 1928 as the All India Medical Association, and renamed as Indian Medical Association in 1930.
- IMA, in 1946, helped in organisation of the World body, namely, World Medical Association, and thus became its founder member.

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