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.