

Physician, Heal Thyself

The number of SCs, STs and OBCs in the medical profession is minuscule. Yet, the upper caste intolerance of provision of some space for these socially oppressed sections of the society in the medical profession explodes every time reservation is contemplated; this intolerance masquerades as concern for the future competence of the medical profession. Nevertheless, there are several misgivings about the ethics of Mandalisation under a depraved regime.

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The strike by medicos in protest against the government's proposed allotment of quota for other backward classes (OBCs) in higher education institutions, comes close on the heels of two similar all India agitations by white-collar members of our society – first, the airport employees strike, and second, the strike by the State Bank of India (SBI) staff. The developments indicate a growing trend among the middle and upper-middle class people employed in public services to come out into the streets, determined to protect their security and enhance their emoluments in a society that is controlled by an unregulated market economy. Any new measure by the government that is perceived as upsetting the status quo, or standing in the way of further financial benefits, is opposed tooth and nail.

The causes cited by the agitators are worth examining. The airport personnel were besieged by fears of retrenchment if private employers took over the management of the airports, as proposed by the government. The employees of the SBI demanded enhancement of financial benefits (like provident fund) to cushion them against inflationary trends in the market. The strike by medical doctors and students stands slightly apart. Unlike the airport employees or the SBI staff, the medical students were not facing any immediate threat of a slide down in their privileges. Justifying their strike, they claimed that they were worried about the impact that the governmental measure (on reservation) would have on the prospects of their successors among the upper castes and upper classes who might lose their share of space in medical institutions if OBCs were allowed to dig into the limited number of seats available there.

These white-collar agitations also displayed a remarkable organisational ability. At a short notice, they could bring to halt major sectors of the economy. If the disruption in air traffic affected the well-to-do travellers and business classes, the stoppage of work at the bank counters took its toll on the daily transactions of the common people. Needless to say, the strike in hospitals bore hard on all sections of society. Such agitations do not necessarily have to be organised by trade unions, as evident from the strike of the medical students. Coming from disparate parts of India and lacking any national umbrella body, they could manage to continue the strike for days together, and even organise 'maha-rallies' in Delhi, bringing together students from all over the country. It indicates a spontaneity based on class (and caste) solidarity among these sons and daughters of Indian middle and upper middle class families. But spontaneity alone could not explain their success in holding massive demonstrations – and that too without any sign of the traditional students' union type of organisation. Their leaders were frank enough to admit that it was the money sent by NRIs and the IIT alumni abroad (who opposed reservation for OBCs) that helped them to bear the cost of transporting students from other parts of India to Delhi for their maha-rallies.

Although a sidelight on the medicos' agitation, this little nugget of incidental information reveals another new trend in the politics of agitation in India. Gone are the days when the workers' trade unions, or organisations of professionals like doctors and teachers, sustained themselves on subscriptions from their own members. Today's white-collar agitators in India – depending on the issues that would strike the right chord among their NIR friends abroad – can always depend on them for funding their campaigns. The model was

set by the Ram Janmabhoomi rabble-rousers among the Hindus, and the Islamic fundamentalist fanatics among the Muslims, who had been bankrolled for years by their NRI patrons, based respectively in the west and west Asia.

Incidentally, it will be noticed that the rise of white-collar agitations had grown apace with a corresponding decline in nationwide industrial working class or peasants' movements. It is not as if these sections of our population have no grievances. Large-scale retrenchment of workers due to closure of factories, privatisation of public sector units, and other measures of the liberalisation policy mark the industrial sector. In the field of agriculture, cultivators are being ousted from their lands by development projects, while some 1,00,000 debt-entrapped farmers committed suicide between 1998 and 2003 – their ranks swelling day by day. Curiously enough, these issues have neither prompted the national left parties to organise mass protest actions (as they used to do in the past), nor induced the media to launch a campaign in support of these poor victims – as they have done in the case of the striking medicos.

Ethics of Agitations

It is but natural that classes or sections of people compelled to survive in a situation of cut-throat competition, would fight to retain their privileges, and improve their position. If such struggles are not at the cost of the underprivileged, they deserve public sympathy and support.

But they owe a responsibility to society. There is a term called professional ethics that is fast disappearing from the code of conduct and occupational behaviour of these agitators. Members of white-collar trade unions or agitating medicos, in their working places, appear to absolve themselves from the responsibilities with which they are entrusted to serve the public. Absence from duty, botching up of operations, issuing irrational prescriptions for drugs, and misbehaviour with patients are only some of the complaints against medical practitioners. Beyond such daily instances of unethical practices, there are also much more serious allegations about doctors accepting commissions from pharmaceutical companies for referrals, using medical technology for sex-selection and sex-determination tests, being involved in mafia operations like smuggling of kidneys and organ transplant rackets. It is obvious that

market demands have turned the medical practitioner into a merchandiser instead of a professional physician.

One should not surely lambaste the entire profession. There are indeed excellent exceptions. But the tragedy is that they do not condemn the black sheep among their ranks. The medical fraternity – like lawyers, teachers, judges and other professions – functions like a tightly-knit ‘biradari’, sticking to the motto: “One for all, all for one!” – indifferent to the need to examine whether the “one” whom they support is professionally competent or morally honest. Constituting themselves into a guild of sorts, they are devoted to their financial interests and prospects in career only, totally oblivious of the responsibility of protecting their clients. Yet, in a country like India, where the poor have little access to public health services and are often forced to depend on the market, medical practitioners have a special responsibility to follow and respect the Hippocratic oath, which they vow to uphold at the time of their graduation. (As an aside, let me add – the other day I heard a young medico pronouncing it as “hypocritic”! We might just as well change the spelling, and with it the meaning, to suit the Indian reality!) It is about time that Indian doctors started cleaning their own house by restoring medical ethics, before expecting sympathy for their grievances.

It is in such a situation, that the strike of the medicos raises several questions. These students come from families that have reasonable financial resources. Some have even spent fortunes on paying capitation fees to get their sons and daughters admitted to medical colleges. When engaged in such transactions, neither the college authorities nor the parents of these children care for the concept of merit – the much-touted term that is being bandied about today. It is being complained that if the OBCs were to be favoured purely on the basis of their castes, the medical profession would suffer – since the OBCs are supposed to lack merit. Was it merit or money power that allowed students to gain admission when they paid capitation fees? Was their merit ever tested? Can the anti-reservationists vouch that all the doctors accused of malpractices in India – and they are not a handful in number – come only from the OBC communities? As it is, the number of SCs, STs and OBCs in the medical profession is minuscule. Yet, the upper caste intolerance of provision of some space for them in their profession

explodes every time the implementation of reservation policy is contemplated, although their intolerance masquerades as concern for the future competence of the medical profession. They betray their prejudices by choosing modes of protest like polishing shoes or sweeping streets – suggesting that while they would be forced to follow these occupations of depressed and backward castes, the latter would become future doctors. Sympathising with these striking medical students, a former member of the national knowledge commission, Pratap Bhanu Mehta (who recently resigned from the commission) wrote: “...these kids are comparatively privileged; but in a competitive world, with short supply of institutions, they also face an anxious future. Their anxiety is sometimes misdirected and misarticulated, but that is an intellectual and moral vacuum this society as whole faces...” (*Indian Express*, May 24, 2006). Do not the OBC students face an equally – if not more – “anxious future”? By the same token, their pro-reservationist aggressive stance (in Patna and other places) should therefore deserve similar sympathy. What is sauce for the goose should be sauce for the gander too.

Misgivings of Mandalisation

One has to acknowledge at the same time that reservation cannot be a lasting solution of the problem. It is both demeaning and discriminatory for generations of depressed and backward castes to remain hobbling on the crutch of reservation forever. That their disadvantage is being sought to be overcome by the extension of the quota system for the last 50 years, is a striking illustration of the government’s lack of political will to bring about basic improvement in their socio-economic status. If the medical students and members of their profession have displayed a lack of moral responsibility, the politicians who have been championing the cause of reservation have shown a total absence of ethical norms and genuine honesty in decision-making. Both V P Singh in the past and Arjun Singh today have been primarily motivated by their respective political opportunist interests – in a bid to woo the vote bank of the depressed and backward castes by offering the palliative of reservation in higher educational institutions and government jobs. They are fully aware that such reservations do not work in a scene, which lacks a level

playing field, and where entrants from these underprivileged castes already suffer from the handicap of the inadequate and sub-standard education that they receive at the primary and secondary levels.

Ever since independence, the government had shown utter disregard of the need to create a proper infrastructure at the primary, secondary and intermediate stages to impart education of quality to the poor members of the SCs, STs and OBCs – so that they could compete on an equal footing with the other sections of society. Poverty and the need to earn compel most of their children to drop out from schools at an early age. Even among those who manage to pass out from these schools, many remain too ill-equipped to cope with the demands that they face in the higher educational institutes or job situations. One survey of IITs revealed that 50 per cent of seats reserved for SC and ST candidates remained vacant as the applicants failed to secure even the lower marks required. Of those admitted, 25 per cent were forced to quit as they could not complete the course.

Even today Arjun Singh and his colleagues in the government do not seem to have any concrete plan for strengthening the schooling infrastructure and setting standards of excellence at the primary and secondary levels for the SC, ST and OBC students, improving their economic status to enable them to complete education, and providing them with caring teachers who would impart the necessary training to these boys and girls to meet the basic standards that are necessary for their entry into a medical college or an IIT, or an IIM. Once this basic infrastructure of qualitative education is assured, the students from these depressed classes do not need to beseech for reservation quotas. They will be on their own, standing on the basis of their merits.

Absence of any such long-term perspective makes one suspicious that, as in the past, today also the repetitious harping on the freebie of 27 per cent quota is only meant to gain support among the OBCs, and create a creamy layer among them who could take advantage of the quota system, become allies of the ruling elite, and in the process gain enough political clout among their own communities as well as accumulate financial assets for themselves and their families. The politics of Mandalisation in the early 1990s brought to the fore a similar bunch of unscrupulous and selfish representatives from the OBC and other depressed communities who usurped the

cause of the poor and came to power in different states and still rule the roost – characters like Laloo Yadav, Mulayam Singh Yadav, Ram Vilas Paswan and Nitish Kumar. Corruption, criminalisation and opportunism had been the hallmark of their administration and political career. In all probabilities, they will be succeeded by a new generation from among their own castes who will follow in their footsteps.

It is necessary to reiterate however that the trend of corruption and crime was not created by the Laloo Yadavs and Ram Vilas Paswans. The model had already been set by the high caste leaders of the Congress, BJP and other national parties who had dominated the Indian political scene since independence. The OBC leaders merely stepped into their shoes, and extended the model by replicating the same patron-client relationship that marked the behaviour of their upper caste neighbours, within their own communities, and pursued the goal of sheer self-aggrandisement. It was not surprising. In an ambience of widespread socio-political depravity, the products of any reservation policy will

also be cast in the same mould as their mentors. They will be clones of the corrupt and criminal upper class politicians. They will live up to the term merit, as defined by this dominating elite and become a part of the Indian meritocracy, join the rat race to grab positions of power, accumulate wealth at any cost, flaunt muscle power and indulge in conspicuous consumption.

We have seen such effects of “affirmative action” under a similar depraved regime in the US. Although the Civil Rights Act in the 1960s did indeed open up limited employment opportunities for blacks, a sub-elite of black educated middle class professionals came up to usurp the leadership of the community, having been taught to aspire to become mainstream Americans. Their successors, the present generation of politicians like Condoleezza Rice and Colin Powel have gone a step further by aspiring to become “white”. The Indian ruling classes are not too far behind in co-opting the beneficiaries of the quota system into their midst. ■■

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