

# Resident doctors on strike

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## *Introduction*

Resident doctors in the teaching hospitals of Maharashtra recently struck work for well over a month. In this essay an attempt is made to discuss the pros and cons of such action.

## *Altruism - the basis of medicine*

'Non sibi sed omnibus'. Not for one but for all. This is the overriding principle in the mind of all doctors while practising their vocation. The care and welfare of patients are the primary considerations of the medical profession. Seldom do you see a doctor who prioritizes his interests before those of his patients. If patient care is the issue, he will disregard any amount of inconvenience caused to his self and go to any lengths to give his best efforts.

This altruistic instinct is innate, it is not thrust upon the medical student during his curriculum. It appears unobtrusively, sometimes unknowingly, when the person is involved in patient care. This commitment towards others is occasionally appreciated and sometimes commented upon by others but does not evince a second thought from the person himself. He usually considers it as natural behaviour requiring no special acknowledgement. The frequent encounter with life and death situations, experiences with health, social and financial problems of the diseased and their relatives necessarily humbles a person in the face of the vagaries of the system and nature at large.

## *Why do doctors strike?*

So what is it that drives an otherwise selfless, self-effacing doctor to strike work? Are the values and commitments so shallow that they are discarded the moment a question of personal gains looms up? What goes on in the psyche of the person who is driven to stop the very work and values that he cherishes? How is it that a person commended for his service towards others by elders and the authorities is, at a given point of time, suddenly accused of selfishness and criminal negligence?

The issues which precipitate a doctors' strike are generally forgotten in the vociferous reactions and threats of the authorities. The lay public is aghast at the very idea of a strike. The general feeling is that a member of this noble profession should never indulge in any such activity. This very cross of 'noble profession' has been the

bane of the healers over the past millennia. The moment a person has been elevated to a demi-god status by the people, he loses all his rights and aspirations towards a life of reasonable contentment and comfort. There are other essential services which, when stopped, bring society to a grinding halt. There are the labourers entrusted with the conservancy services run by municipal corporations or governments who, on striking work, represent a much wider threat to health with the specter of epidemics hanging by a thread, but they are given the Nelson's eye. It is only when doctors stand up for their rights that there is a wildfire reaction and condemnation by the authorities and ministers with their holier-than-thou attitude.

## *Injustice done to resident doctors*

To do an injustice is a crime but to suffer injustice is a greater crime. These words, spoken by the father of our nation, come to our mind whenever an oppressed section of society voices its rights. When the angry young man of the movies evokes such feelings in us despite being in the make believe world of films why is there such reluctance in acknowledging the reality of oppression of the resident doctors?

With the primary objective of patient care hovering in their minds 24 hours a day, their initial thoughts regarding personal suffering never surface above the subconscious. The very fact that before the present strike they persisted with attempts using bureaucratic channels for a period of over 8 months to make their problems and grievances known to the authorities implies that their problems were very real and tangible for anyone who cared to see. But the root of the entire quagmire was the extreme reluctance of the bureaucratic machinery to take the matter seriously and bring it to an expedient conclusion. The entire tangle reached such ridiculous proportions that the chief secretary of the cabinet gave a statement which expressed their inability to take preventive action or solve any problem. Apparently, only striking from work elicits a semblance of reaction from those in power. This Catch-22 situation understandably is a cause of much consternation to the resident doctors who, if it could be avoided, would never have gone on strike and would never have drawn themselves away from their patients.

## *Why are resident doctors discriminated against?*

Why was there a persistent refusal to address the issue at stake and why were devious and domineering methods employed to crush the movement of the resident doctors, instead of resolving their grievances? Only a

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blind person would not be able to see the glaring differences between the remuneration and living conditions of the resident doctors in the teaching hospitals of Maharashtra and those of the residents in teaching hospitals run by the central government. It is not even the case that the state coffers are empty, Maharashtra being the richest state of the country. When 60 crore rupees can be spent for refurnishing the offices and apartments of the ministers, can't a fraction of that amount be utilized for providing proper salaries to the 4000 resident doctors who form the backbone of the health care system of our government and municipal hospitals? The number of these doctors is not large enough to cause a major dent on the governmental budget. Or, perhaps, this is the key to this entire imbroglio. It may be that the number

of these doctors is just too small to be of any consequence as a vote bank in the next election.

So, where does it all end? For a person who could have gone abroad after graduation but stayed back to serve our people while being with them, the situation is infuriating. Being treated as a second grade citizen abroad suddenly becomes a very welcome prospect when compared to the crass treatment meted out at home by our own people. Whatever else the western culture lacks in comparison to ours it more than makes up for it by appreciating the dignity of labor. If this state of affairs is to continue in the future, I do not think that eyebrows need be raised when another professional degree holder migrates towards greener pastures due west.

## Should doctors strike work?

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Strike is a legitimate form of collective protest in a democracy. At the same time, the guiding principle of medicine is the alleviation of suffering. Thus the issue of whether doctors should ever strike work is contentious. Some have preached from an ivory tower and advocated against this form of protest<sup>1</sup>. Opinions have been expressed that the suffering caused by a strike of doctors violates the 'raison d'être' of the medical profession.

Of course one cannot deny that patient care suffers during a strike by doctors. The scale of harm caused depends upon the role played by doctors in that particular health set-up, the type of cases under treatment, and, of course, the duration of the strike.

### *Issues prompting strike*

It is important to analyse the issues at stake which prompt a strike if one is to make a 'cost-benefit' assessment. For if a strike, in the long run, is to result in better health for a large section of the people, the inconvenience caused to a few during the strike may be justifiable.

Let us consider a scenario where the medical profession is forced to become a passive or active accomplice of a tyrannical political system as when doctors are forced to participate in state torture of revolutionaries. Doctors may be made to examine the victims before torture, help decide the best means and degree of torture appropriate for each victim<sup>2</sup>. In extreme cases, they may even be asked to participate in the torture process itself. The role

played by senior German doctors in the torture and experimentation of Jews and communists in Nazi Germany is well documented. Even today, in some South American, African and Asian countries, when doctors were ordered to play such a role by the state against its political opponents, several doctors refused, at much personal risk. Individually, these doctors were hounded and persecuted<sup>3</sup>. In other countries such as Pakistan the medical associations protested and even went on strike to highlight the issue. Obviously such a strike would be supported by all right-thinking people. Thus to say that it is unethical for doctors to strike work as a blanket statement is completely unrealistic.

Let us now consider a less extreme instance. In 1984, as a member of the Maharashtra Association of Resident Doctors (MARD), I was a participant in a month-long strike against the proposed setting-up of private capitation-fee medical colleges in Maharashtra. We held that these colleges would serve as a backdoor route of entry for the academically less-deserving rich into the medical profession. This would lead to rampant commercialisation of medicine by half-baked doctors sprouting forth from these colleges, out to recover their lakhs of rupees of investment at the expense of an unsuspecting public. Pleas in 1983-84 by many, including MARD, to government and university authorities to refrain from permitting (and encouraging) private medical colleges (charging exorbitant fees) to start, fell on deaf ears. We had then pleaded that, if we really needed more doctors, more public medical colleges be started.

Each of these proposed private medical college trusts enjoyed strong political patronage. The colleges were to be used to enrich their patrons and enhance their politi-

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