

The horrific images of an airplane being flown into the twin towers of the World Trade Centre and the subsequent collapse of the towers has driven all other horrors away from the news media. But, at least in Tamilnadu, we have not yet got rid of the images of another tragedy that occurred in August - the pictures of mentally ill people burnt to death when the thatched sheds in which they were chained caught fire. The place was Erwadi in Ramanathapuram district. Many of us were unaware that such places existed, but we were forced to acknowledge, once again, what an uncaring society we live in. It appears that similar 'homes' for the mentally ill - flimsy shelters within which inmates are chained - exist all over India. The owners say they have no other option but to restrain patients in this manner as some of them are violent. It appears that these owners make a comfortable living.

After the tragedy, the state government shifted the patients in Erwadi to various psychiatric hospitals that it runs. The largest of these is the Institute of Mental Health in Chennai. Unfortunately, the institute has fallen on bad days. Once a pioneer in the care of the mentally ill, it has now become more or less a prison for the less fortunate. Patients who have nowhere to go, end up becoming permanent residents, along with those with serious illnesses. Rehabilitation is more the exception than the rule.

This is just another example of what a cruel society we live in. The state makes little provision for the disabled, and a heavy burden falls on the family. A lot is made of the strength of the Indian family system, but the cost, both emotional and financial, is huge. Even middle class families find the effort burdensome. Often a caregiver is available only because jobs are so difficult to come by in India, and the person is unemployed. Along with the trauma of leaving a family member in a place like Erwadi is the stress of social censure. One would expect the state to provide more help, but we are far away from such a society in India. Meanwhile, we continue our hypocritical posturing on 'family values'. It is sobering to remember that in a country of over one billion people, with at least 30 per cent below the poverty line, millions of ill people must be in terrible condition. But because they are scattered, poor and voiceless, they are rarely in the news.

Doctors face this reality early in their training. The first visit to a ward in a government hospital is often a traumatic experience for the young medical student. Some get so upset by patients' situations that they give up medicine altogether. Others who cannot afford to do this choose specialities where there is no direct patient care. A few others develop a missionary zeal to do something for these unfortunate people. But the vast majority become immune to the situation. It is surprising how often you will hear from doctors that the poor are lazy and that is why they are poor. Quite a few believe that even the pathetic facilities that the government hospitals provide are a form of pandering to the socially unproductive.

One of the major causes for this blinkered view of society is the total lack of exposure to social issues. Science students learn little other than science from quite an early age. Few medical colleges in India provide courses in humanities. This is a grave lacuna as it does not ensure a well-rounded education. Every definition of an ideal doctor stresses the need for a wide exposure to all facets of life, but our medical education system makes no provision for it. Such exposure must be provided, if necessary by increasing the length of the course. But this in itself will not be enough. We need to change the focus of medical education. At present the caring aspect of medicine is not given enough importance. Most young medical students model themselves on the impatient, 'brilliant', surgeon or physician. Hardly anyone wants to be a Father Damien looking after leprosy afflicted people.

Recently I visited a terminally ill relation in a hospice. The place was clean, and as pleasant as a place could be that housed the terminally ill. It was run by nuns with help from volunteer doctors. I understand that there are very few such places in India. Many of these patients need a lot of nursing which may be difficult for a family to provide. Most doctors in government hospitals have seen the terminally ill brought to die in hospital so that the death certificate is readily obtained. Many such patients are covered with bedsores, filthy, sometimes having lain in their own urine and faeces for days. It is easy to blame the family for being callous, but enquiry sometimes reveals that the family must work long hours just to get enough to eat. Also, some people are unable to withstand the emotional stress of nursing.

It is necessary for a civilised state to allow the incurable to die with dignity. But in a country like ours, where the curable are often left unattended, we may have to wait a long time still for this.

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