A hospital's politics affect its secular image

Vadilal Sarabhai (VS) Hospital is the largest Corporationrun hospital in Ahmedabad but also caters to poor patients from all over Gujarat. Set up some 70 years ago by Sardar Vallabhbhai Patel, the hospital's constitution originally provided for an independent, eight-member board, balanced between ruling corporation politicians (currently the Congress), four permanent seats for members of two families representing the original donors, and a member of the opposition party in the corporation (currently the BJP). Subsequently, the balance was tilted with the inclusion of a ninth member (representing the ruling party) with voting rights.

Today the VS hospital draws its funds from the Ahmedabad Municipal Corporation but continues to be independently managed by this board of trustees.

The other day, as Ahmedabad burned, frenzied mobs stationed at the gate of the VS hospital attacked ambulances bringing injured patients to the hospital, and stabbed a patient's relative. Later that day, a mob rampaged through the hospital threatening patients from the minority community.

That same day, a meeting had been organised to understand community perceptions on how the hospital's services could better serve patients during the ongoing crisis. It was attended by leading citizens of both communities. This included Gandhian Chunibhai Vaidya; M H Jowher, computer consultant and social worker; and public health specialist Dileep Mavalankar. Also present were heads of departments dealing with the bulk of riot victims, staff, board members, and the Ahmedabad Mayor, Mr Himmat Singh, who heads the Board.

One critical issue was the total absence of emergency and vital drugs in the hospital store. Despite a directive from the Corporation and State government to provide free drugs and treatment to all riot victims, neither money nor drugs had reached this cash-starved and over-burdened institution during this crisis.

Superintendent Dr Makwana had made a public appeal for emergency drugs, surgical and orthopaedic items, and sent a requisition to the state government a month earlier, but this had evidently not been pursued. The hospital's drug constraints had not been communicated to the public, and volunteers and family ran between pillar and post hoping to get free drugs. The delays and the communication gaps left over-worked hospital staff dealing with ugly tempers in the city's already surcharged atmosphere.

There were other problems, as perceived by the members of the Muslim community. Patients with bullet injuries received a certificate mentioning 'injury' without

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specifying how it was caused. This had grave implications for compensation or insurance claims. Patients complained that they were discharged before it was warranted. People complained that their relatives died unattended. Patients and their relatives had also complained that some staff members had demonstrated prejudicial behaviour. This had created the perception that the hospital no longer offered a safe haven to members of the minority community, they said.

During my visit to the hospital on this occasion I met a patient who had been treated for a bullet injury and had been lying in the terrace, for over 12 hours, in 45 degree heat. The patient said he had been denied treatment despite instructions from the hospital superintendent. The doctors said the patient had resisted admission and insisted on going home.

At the meeting, Mr M H Jowher expressed appreciation of the yeoman service provided by the hospital and all its staff. He also pointed to the various perceptions of the Muslim community, and urged the Board to improve its public relations. Allegations of communal attitudes or behaviour warranted prompt and impartial enquiry by the administration.

Unfortunately, Mr Jowher's comments were twisted to imply that he was accusing all the hospital doctors of communal bias. A partial walk-out was followed led by a corporation civil servant, BJP corporators and some doctors. Within a few minutes the hospital union gate-crashed and disrupted the meeting.

In the power play for vote banks between the BJP and the Congress, the hospital's secular identity is taking a severe beating. Issues of financial viability, accountability and responsibility are taking a back seat.

Consequently, there is a widespread perception among hospital staff, and the community living near the hospital, that the current Congress-led Corporation is "pandering" to one community.

It is also unfortunate that the medical profession seems unwilling to take a stand against colleagues who discriminate in their treatment of patients. In response to the suggestion that doctors were under oath to save lives, and punishment lay in the hands of the law enforcement machinery, one senior doctor said, "If a patient comes with hand injuries, clearly caused by untimely explosion of country-made bombs, why should we treat them?"

Despite the subversion of its meeting to build community relations, the board's effort to confront prejudicial tendencies in the hospital appears to have been yielded some results. Muslim social workers reported that the hostility they earlier encountered is not so visible. The message appears to have gone through that any person displaying bias will be held accountable. It's a small sign of hope, and an eye-opener to the task that lies ahead.

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