

Reservation of seats in medical colleges on the basis of caste: views pro and con

Students of the Seth G. S. Medical College.

Ethical medical practice can only be ensured when students witness fairplay and justice from the start. Frustration and bitterness - inevitable consequences of obviously unfair practices - often turn the sufferer away from the straight and narrow path. Ms. Sheela Hanasoge, the editor of the students' wallpaper at Seth G. S. Medical College, invited her colleagues to debate this practice. Through the courtesy of Ms. Hanasoge, *Medical Ethics* reproduces arguments offered by Sumit Bokhandi and P. Avinash [both from the third year] and several anonymous colleagues.

Arguments favoring reservation

Reservation is necessary for the classes who have suffered grave injustice for generations and who are, as a consequence, severely handicapped. One such handicap follows from their poor command over English and their inability to communicate with confidence in this language. How can such candidates score high marks in examinations conducted in English? Since the percentage of marks obtained at the XIIth standard examination is the sole criterion for admission, these students will be deprived of education despite having all the intellectual and vocational attributes for the practice of medicine.

The prevalent system of examinations and evaluating performances is irrational, corrupt and easily manipulated. Under such circumstances how is a gifted student not blessed with lucre or powerful connections to ensure that the intellectually poor offspring of a senior doctor or politician will not score over him?

If the careers of graduates of medical or engineering colleges are followed it will soon be evident that those from the backward classes tend to stay in India and serve their compatriots whilst those from the higher castes are quick to fly abroad and settle in foreign lands. The argument that the latter do so because they are frustrated by the Indian system does not hold. Having benefited from the system it ill behoves them to criticise it! What prevents them from staying behind and changing the system?

There is no quarrel with the suggestion that reservations be retained only for those members of the scheduled tribes and castes who are economically handicapped and excluding those who are well off. It would, however, be stupid to throw the baby (reservations for those in genuine need) out with the bathwater.

If it is proven that certain services (such as the care of the seriously ill) deteriorate because of graduates who profited from reservations, by all means exclude such services from reservations. Such exclusion must be preceded by proof a) that the scheduled caste graduates were responsible for the deterioration and b) that those from higher castes have never failed to provide services of high quality.

Arguments against reservation

The chief reason why reservation is being thrust down our throats by politicians is their greed for the large number of votes from the scheduled castes and tribes. These advocates of reservation are not at all concerned about the quality of doctors that will follow such reservations.

Dr. B. R. Ambedkar, the far-sighted architect of our constitution, himself from a backward class, specified that reservation of various facilities for the backward classes should be for a limited period. It was expected that within these ten years the hitherto deprived citizens would gain sufficient confidence to compete on equal terms with the rest.

We are witness not only to extension after extension of the period but also to more and more fields brought under this diktat, including highly sophisticated, vital areas that require meritorious candidates. Inducting those of poor merit into these fields must, inevitably, lead to worsening standards and poor services.

We have now reached the stage where intellectuals from the erstwhile Brahmins and other higher castes, despite possessing proven merit, have markedly restricted access to seats and have, effectively, been reduced to a minority status.

Worse, a highly intelligent but extremely poor Brahmin can be denied a seat to favour the dull

offspring of a rich and politically powerful person belonging to a scheduled caste. Can there be a greater injustice?

What is witnessed in the medical arena occurs with equally disastrous consequences in the corridors of bureaucratic power. Poorly equipped individuals from the scheduled castes and tribes are promoted over the heads of meritorious candidates from the higher castes. Merit no longer holds sway.

Reservation has bred complacency, laxity, laziness and a *hamaré bapka seat hai* (the seat is mine by paternal right) attitude. Do those whose forefathers belonged to subjugated castes wish to remain in the

defeatist mind-set, reliant on handouts from reservations? Shouldn't their own sense of self-respect inspire them to spurn such seats and insist on demonstrating that they are second to none?

If, after almost half a century of independence, our colleagues in the scheduled tribes and castes still need reservations is this not cause for serious concern?

When we make no concessions to the blind, deaf or others with genuine physical handicaps, why are we mollicoddling those without any handicaps whatsoever? Is it right to let politicians play havoc with our vital systems?

Mandatory testing for AIDS

Legislation has been proposed in New York for compulsory testing of the newborn for HIV infection. The parents would be informed if the baby showed a positive test. It sounds simple and logical.

Anna Quindlen, reporter for *The New York Times*, talked to Dr. Janet Mitchell about it. Dr. Mitchell runs a clinic at Harlem Hospital and treats several women whose babies might show evidence of infection by HIV. They are poor, addicted to drugs or sleeping with men using them.

Dr. Mitchell argued against such legislation as testing the newborn shows the HIV status of the mother, not that of the infant who possesses the antibodies passed on to it through the placenta. Mandatory tests will, thus, provide the legislators with a method for testing mothers without having obtained their consent.

'The idea that a woman would forge ahead heroically after being informed that her kid may be mortally ill and she herself is a goner would make for a swell TV movie. But it is not', says Dr. Mitchell, 'real life'. Real life is talking to her patients at every visit about HIV testing, explaining to them what being positive would mean and what kind of help is available. It works. 'We create trust,' Dr. Mitchell says, 'You cannot tell someone they are HIV positive out of a clear blue sky.'

The fact that not all mothers are willing to get themselves or their babies tested for HIV infection only goes to prove that the medical system has failed in educating families on AIDS. The benefits from winning their trust and cooperation are likely to be far greater than those from compelling individuals or groups into undergoing tests.

Our medical consultants and administrators need to carry out similar soul-searching. Should they too see the light, we may witness an end to the mindless enforcement of HIV tests on hapless patients and the consequent disasters.