

Hospitals, doctors and profession associations

This section has been extracted from the chapter on hospitals in Ahmedabad, and from the chapter on the medical profession.

The team interviewed camp inmates who had accessed hospital services in Amdavad, staff and patients in hospitals, and doctors working in various hospitals in Amdavad. The city's public hospitals are run by the Amdavad Municipal Corporation (L G Hospital, V S Hospital, and Shardaben Hospital) and the state government (two civil hospitals)..

Services by public hospitals

Public hospitals have been working under a constant threat of violence against Muslim patients within the precincts. Mobs have attacked hospitals, prevented injured persons from entering their gates, and even terrorised and attacked patients and relatives in the wards. The government has made no serious efforts to protect health services and maintain people's access to them. Still, health professionals have provided treatment without discrimination on the basis of community. On the whole, comments from almost all sources, including camp inmates, indicated that individual doctors in hospitals have worked strenuously, often around the clock, to deal with the large number of violence victims. ***The efforts of many committed doctors, nurses and hospital staff to provide care to victims in a demanding situation must be appreciated.***

However, larger forces have restricted hospitals' effectiveness in providing care especially to Muslims. ***The sanctity of hospitals as humanitarian spaces, where everyone should be able to receive treatment without fear, has been violated.*** Some doctors have been threatened for treating minority patients.

Ad hoc measures taken to deal with emergency situations (segregating hospitals and patients on the basis of community, giving sympathetic leave to Muslim staff) may threaten the secular character of health institutions and lead to further polarisation within the profession. ***While hospitals have largely been non-discriminatory, they have been unable to mobilise support to protect their non-partisan and humanitarian role.*** Responsibility for ensuring safety of hospital patients and staff lies with state agencies which have been party to the violence themselves.

Religion-wise segregation of hospitals A senior medical consultant from a municipal hospital told the team that both hospital authorities and the public segregate hospitals – informally — according to the religion of patients to whom they generally provide services. Patients of the 'other' religion would be transferred to a 'safer' hospital.

Such segregation, accentuated during the recent violence, is partly related to hospitals' geographical location and the ghettoisation within the city. This has contributed to the public perception of each hospital as the preserve of patients of certain communities. Hospitals in Hindu majority areas are not frequently accessed by Muslim patients, and vice

versa.

Vadilal Sarabhai hospital is perceived as a 'safer' hospital for Muslims. **During the 1992** communal violence, a Muslim burns patient admitted in the LG Hospital was thrown off the hospital roof. The memory of that event inhibited many from going there.

Mobs preventing Muslim patients access to hospitals Patients, hospital staff and doctors all told the team of large mobs gathering in front of some hospitals or in hospital compounds, especially during the initial days after the outbreak of violence. The mobs intimidated Muslims trying to bring new patients to the hospital.

Hospital authorities eventually started providing security outside the hospital and even in some wards. However, patients often faced barriers even trying to reach hospitals.

Threat of violence to patients within hospitals The team also received reports that groups of 50 to 100 people, sometimes armed, would in certain hospital wards, talk in violent language about people of the other community, and create an atmosphere of fear. Both patients and staff reported attempts to assault patients within the hospital.

The team heard reports of Muslim patients being discharged from hospital prematurely, apparently to ensure their safety. Such decisions confirmed that even doctors perceived that patients and their attendants were not entirely secure within hospitals. It would have been more appropriate for authorities to ensure adequate security.

Impact on health professionals

On the whole doctors have acted professionally within a very narrow definition of the word. ***While they have not actively discriminated against any community, they have not made active attempts to safeguard the rights of their patients or even their peers.*** The profession has also not tried to contribute to the process of securing justice for survivors by documenting medical evidence or highlighting the problems that victims have faced.

Doctors' participation in violence and polarisation within the profession. The team conducted several interviews with doctors in the public and private sector, paramedical staff, and other health workers.

Some senior doctors reported that a certain section of doctors had been drawn into right-wing organisations, and openly espoused their ideology. It was clear that certain groups are trying to mobilise professionals along religious lines. This could lead to greater polarisation within the profession.

Certain medical professionals have also been involved in propagating an ideology of hatred. As members of the Bharatiya Janata Party and the Vishwa Hindu Parishad, they have also been responsible, directly or indirectly, for perpetrating grave injury to Muslims in Gujarat. They have played a role that runs counter to their professional calling as physicians, and are a blot on the medical profession.

Pravin Togadia (VHP, International General Secretary), Jaideep Patel (VHP, Joint Secretary, Chief), and Maya Kodnani (Member of the Legislative Assembly, Naroda) are three medical professionals reported as being directly involved in the carnage. Apart from making incendiary statements and provoking violence, at least two have been reportedly named in police complaints as assailants in different incidents in Naroda and Gomtipura in Amdavad. No cognisance has been taken of their actions; nor has any medical association taken action against them. Professional bodies, both statutory and voluntary, play an important role in safeguarding the integrity of their members. Their failure to even comment on the behaviour of members of their own fraternity is inexcusable.

The passivity of professional bodies is indicative of much more deep-rooted polarisation within professionals. One doctor reported that the office bearers of the IMA in Godhra had stopped inviting Muslim doctors to meetings of the local IMA. It is well known that certain medical associations have political affiliations with right wing groups (National Medicos Organisation, Amdavad Doctors' Forum).

The Amdavad Medical Association (AMA, with 90 percent of registered allopathic practitioners in Amdavad as its members) has not publicly condemned the attack on doctors. The Amdavad Doctors' Forum (ADF) condemned attacks on doctors only after Dr Amit Mehta, a Hindu doctor, was attacked, though earlier other (Muslim) doctors had been attacked and their property destroyed and they had faced physical attacks.

The attack on Dr Mehta has received substantial publicity. The ADF issued instructions to its Hindu members to stop practising in Muslim areas. Some medical associations painted a picture of 'Hindu' doctors being endangered merely by venturing into Muslim-dominated areas. Dr Mehta himself opposes this generalisation.

The team asked an AMA office bearer why the AMA had not participated in relief work in the camps - unlike after the earthquake when it had immediately sent a relief team. It was informed that there was a problem of safety. The AMA office bearer reported that they had written to the state government asking for security for Hindu doctors practising in Muslim areas, and vice versa.

The AMA office bearer asserted that 'no Muslim doctor has been attacked in Hindu areas.' When confronted with a report that establishments of some Muslim doctors had been destroyed, he replied that they must have been damaged accidentally because they adjoined other Muslim establishments; no one would deliberately destroy medical establishments. However, it is unlikely that medical establishments were accidentally destroyed, or that they could not be identified as medical establishments.

It is striking that medical associations refuse to even acknowledge that attacks had taken place on Muslim doctors and their property in mixed and Hindu-dominated areas.

One doctor interviewed, who had been associated with the RSS, suggested that professionals may have drifted with communal forces because they enable them to promote their

interests; commercial interest, not political commitment, guided doctors' actions.

The medical profession has largely stayed away from communal politics. Space has now been created for religion-based politics within the profession. The profession's neutrality will be further damaged if communal organisations provide professionals opportunities to expand their business.

Neutrality and humanitarianism are the founding principles of the medical profession. The team repeatedly heard these sentiments from the medical association representatives interviewed. However, in practice it did not find many attempts to uphold or re-assert these values.

Possibility of discrimination The team probed into some complaints of discrimination against Muslim patients immediately following the carnage, either while seeking treatment in hospitals or as patients in general practice. Every violence survivor interviewed was asked about the treatment received, the institution where it was received and the experience. Team members interviewed survivors who had been treated immediately after the attacks, largely in the government hospitals, but also in Al Amin Hospital, Amdavad, and in some private nursing homes in Godhra.

The team did not find any reports of blatant discrimination or neglect. It was not able to conclusively establish discrimination on a large scale, though there may have been instances by individual doctors.

During a visit to one of the camps, the team heard of patients being refused admission in a municipal hospital, but this could not be confirmed because the patients concerned were not present in the camp at the time.

The team also spoke to several individual doctors. One senior doctor serving in a public hospital held that there had been complete polarisation in the medical profession. He spoke of a 'schizophrenia' within a large section of the medical profession, whereby though their political views were in support of Hindutva, they would continue to treat Muslim patients professionally. He felt that it was unlikely that in their professional work, this would lead to any negligence or discrimination. He had not heard of cases of overt discrimination against Muslim patients in any public hospital. He said health workers serving in public hospitals were 'frightened and confused' by the situations in which they had been placed.

Several doctors, from both communities, felt that there may have been delays due to the rush of patients at the height of the violence, or when doctors prioritised patients on medical grounds. These may have been construed as deliberate acts by patients and their relatives.

However, the general atmosphere of terror surrounding the hospitals, as well as the presence of Bajrang Dal and VHP activists within the hospital premises, intimidated Muslim patients from approaching hospitals. There also may have been a process of 'self-selection' wherein Muslim patients avoided going to hospitals or doctors known for their inclinations, who might have treated them with discrimination.

Attacks on medical professionals There have been several documented attacks on health professionals and their homes, property and establishments in the early part of the violence. Of these, only one attack, on Dr Amit Mehta, in the Juhapura area of Amdavad, received publicity in the national press. The team received a press note prepared by the Medicos Welfare Society, which condemned attacks on doctors on behalf of doctors of the minority community.

The team interviewed Dr Mehta and Dr Sadiq Kazi. Dr Mehta was stabbed by an unidentified person in his dispensary. Dr Sadiq's car was destroyed by persons well known to him; he also had a narrow escape from a mob while driving to Al Amin hospital. The mob set fire to a couple riding on a two-wheeler just in front of him.

Both doctors blame individuals and not entire communities for the attacks on them. Dr Sadiq categorically blamed the authorities for letting the violence continue by not taking action against troublemakers from both communities. Dr Sadiq continues to attend the nursing home outside which his car was attacked, while taking many precautions. Dr Mehta does not want to move his clinic from the area where he has been practising for years, but is afraid to go back there, fearing attacks by fundamentalists from either side. The danger to medical practitioners is real. However, there is no evidence that entire communities have turned against them and would like to drive them out.

The interviews suggested that doctors from both communities do not pay much attention to the religious background of the community in which they set up practice. Their decisions are based largely on their assessment of the client base, and the prospects of a profitable practice. More Hindu doctors work in Muslim areas because there are very few Muslim doctors.

Muslim doctors have largely been involved in voluntary relief work. This has been interpreted as a gesture of solidarity to their community, but they are also the only doctors available in Muslim-dominated areas. Other doctors, both Muslim and Hindu, live further away and are not able to reach their workplaces or the camps.

This was highlighted by the plight of Al Amin hospital, which lists 92 doctors as giving voluntary time. Only 14 are Muslims and the rest Hindus. However, after the riots, only four doctors are coming for duty - two of them were Hindu and two Muslim. The others are absent because of the insecurity actively propagated by communalists.

The right of all people to work wherever they choose to work, must be respected and protected. Any exodus of medical practitioners due to real or perceived dangers based on their religion will inflict irreparable damage to the profession. One cannot over-emphasise the role of medical associations in protecting the interests of *all* their members.

Other losses suffered Several doctors working in mixed communities reported that their patient load had decreased substantially because their patients could not reach them. On the other hand, the few doctors who lived and practised in Muslim-dominated areas were overworked.

Doctors and religious identity The targeting of doctors based on their religious identity has changed the framework

within which the profession articulates its interests. It may make sense to talk of security-related problems of 'Hindu' doctors in 'Muslim' areas, and of 'Muslim doctors', and explain their actions and motives in these terms. But this is divisive, and has long-term implications for the profession.

Several Muslim doctors and other staff in public hospitals were given sympathetic leave immediately following the violence of February 28 - even if they had not asked for it. One lab technician said that when she reported for duty (in a public hospital in a Hindu-dominated area), she was pressurised by her colleagues to take leave. They felt her presence would incite trouble and pose a danger to herself as well as to other staff and patients.

Medico-legal issues

The team could not systematically investigate the quality of medico-legal documentation but found evidence of several lapses. It is not known if these were deliberate because they are common in normal times as well. However, they have serious consequences for survivors' attempts to get compensation and punish the guilty.

Eyewitness accounts have indicated that many rape victims were subsequently burnt to death, destroying all physical evidence. Others fled to camps immediately after the assault. Violence on the streets prevented them from approaching a hospital for a medical examination (and the recording of evidence), for which there were no facilities in the camps. In such cases, physical medico-legal evidence of the assault no longer exists. In some cases, doctors treating victims with obvious signs of sexual assault did not collect the medico-legal evidence or record the case.

Legal volunteers noted that though many of the deaths took place in hospitals, dying declarations were rarely recorded. Most patients would have been in a position to give a declaration after having received life-stabilising treatment. However, neither the police nor hospital authorities are pursuing this issue. A senior administrator in the municipal corporation stated that at the height of the riots, when there were many casualties, only identification of bodies was done, not post-mortems.

The police is required to preserve the body for 72 hours, during which period they may be identified and claimed by relatives. However, the police disposed of bodies as 'unidentified' within a day of receiving them.

Finally, the National Human Rights Commission has guidelines for conducting post-mortem examinations. It does not appear that these guidelines have been followed in large numbers of cases. In many cases post mortems were not even conducted.