in their personal capacity.

We appreciate their clarifications and suggest that there is a need to understand why there is talk about CHIM preparations in CMC Vellore. We hope that whatever CMC might plan in the future regarding CHIM studies will be well thought out, transparent, and with public engagement to create trust.

We regret the error in the text that CMC Vellore was involved in the development of Bharat Biotech's typhoid vaccine and have asked for a correction on this point.

We stand by the accuracy of the rest of the report which brings before the public the issues and discussions with regard to CHIM trials in India.

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Institutions should take responsibility for student suicides

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I was greatly saddened to hear the news of a young resident, Dr Payal Tadvi, committing suicide at the BYL Nair Hospital and Topiwala Medical College in Mumbai. However, it is heartening to see that some fellow students, her family and the Tadvi Bhil community have made this issue public and are rallying for justice for her. Meanwhile, the three seniors that she has named have been arrested and, a faculty member suspended.

If this is where this matter ends, it will be sadder still. Anyone who knows medical colleges well and is familiar with their problems will know that the roots of this tragedy lie much deeper. At present, Mumbai's government medical colleges are admitting almost 30 percent of their students in the reserved categories, most are first generation professionals, drawn from small towns and villages. The college does nothing to ease their entry into residency life in this large metropolitan city, where everything is different from home, more manic, more impersonal and more brutal. And it does nothing to sensitise students to ethics and human rights, to train them to differentiate between exercising authority and being discriminatory. Nothing is done to make students introspect on their own beliefs and prejudices, although doing so is vital to their role as doctors.

When I was doing interviews for my doctoral research, generation upon generation of doctors narrated to me stories of residency in which they were overloaded with work, ordered about, bullied, not allowed time to bathe, eat and sleep. Stranger still, most of them did not see anything peculiar about this experience. As an outsider, I could not understand why residents should be trained as if they are in a combat situation. Presumably, soldiers need to be prepared to survive physical hardship and deprivation, why should doctors need such training? As I could see it, it was simply a bizarre and unfounded strategy intended to 'toughen' them up. All it seemed to do was to teach residents that aggression is useful and right, that their hardship was a justified reason for mistreating patients and that their peers and colleagues were to be bested and defeated, not befriended or co-operated with. What was even more alarming was that senior faculty either claimed ignorance of what transpired on the frontline or felt no obligation to mediate relationships between residents, and between them and patients, to prevent excesses from taking place.

In this larger environment, its easy to see how discriminatory attitudes merge with normalised violence allowing seniors, themselves residents, to perpetrate the kind of harassment and what one of my respondents called, 'non-specific torture' that drove Payal to the brink. This case, like earlier cases, shows how the form in which students experience caste discrimination is changing. It takes place in the form of ostensibly bureaucratic problems like delay in receiving stipends, being denied opportunities to train, or being left out of important decision-making. In the competitive world of professional education and practice, for students to be deliberately left behind is real violence. I am not sure whether our current legal and educational systems are equipped to even recognise discrimination in this form and address its root causes.

While the legal system takes its own measures, if the medical education system and its institutions are not implicated for their role in this case, I fear the consequences. The general population of students will not even reflect on their own discriminatory attitudes and instead feel like victims. Residents like Payal will be continue to be caught between immediate seniors who have unaccountable power and a college administration which they feel cannot be bothered to help.

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Not a case for social triage

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I request the author of the letter "Institutions should take responsibility for student suicides"(1) to refrain from passing unwarranted judgement on a matter that is still before the courts. It is premature to implicate the medical education system and its institutions for a possible role in the untimely death of Dr Payal Tadvi. Medical ethics and human rights are among the core ideas of the medical education system. We do observe situations that could be regarded as somewhat encroaching into violation of human rights; but that is of an