

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, it's 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

unpremeditated nature and mostly due to infrastructural or manpower limitations. Like any other social institution, violence is not considered normal in healthcare. "Normalised violence" is bit of an overstatement. Personal feelings derived from hearsay evidence should not be the basis to jeopardise a time-tested system.

The Indian medical education system is high on reliability as we do see millions of people getting treated every day in every corner of the country. Discrimination is a cultural phenomenon and is a reflection of society as a whole. A better approach would be to formally identify and deal with 'root causes' rather than casually shifting blame upon a highly esteemed system of education for events that are beyond its reaches.

There is a fundamental difference between medical postgraduates and medical undergraduates. Medical postgraduates are registered medical practitioners—doctors and employees with a salary structure. Every senior doctor has a responsibility to get patient-related work done by juniors because that is the central idea running the healthcare machinery. Although citing pressure of work is a terrible excuse for making discriminatory slurs, there is no denying that such things do happen. The important thing to note here is that holding the medical "education" system, which is just one component of healthcare, responsible for discriminatory attitudes of employees is a bit impulsive. I did not get "time to bathe, eat and sleep" during my residency because we understood and were taught that a patient's right to healthcare cannot be denied under any circumstances. It was a lot of physical hardship but we generally tend to think of that as a professional hazard due to a huge patient inflow, rather than a flaw in medical education/ training.

The demise of Dr Tadvi is a sad incident but we must have faith in our judiciary and refrain from prematurely passing judgement against individuals and systems. The three detained individuals in Dr Tadvi's case did not have "unaccountable power". It was unfortunate that Dr Tadvi did not report to authorities that she was facing discrimination or else the college administration would have taken a strict stance as discrimination is neither tolerated nor propagated in any educational institution. I request the author to avoid making highly opinionated statements that might inflame sentiments and patiently wait till the trial is over.

Declaration:

I declare no competing interests and no funding.

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Response to "Casteism in a medical college: a reminiscence"

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I was a student of the Government Medical College (GMC), Nagpur, from 1970 to 1975. Based on my own experiences, I agree completely with Anurag Bhargava's comments regarding casteism at GMC Nagpur (1). Caste stigma gets attached to you early in life and stays with you till you reach the grave. I am still afraid to visit my so-called alma mater and I will explain why in this letter.

Casteism is rampant in the Vidarbha region. Caste plays a vital role in the assembly and parliamentary elections, too. When I was in GMC Nagpur, there were several groups formed by different castes among the students. Almost all these groups were dead set against the Brahmin community, who, though their numbers were fewer, were educated and served in academic institutes. At the same time, almost all the Brahmin professors and tutors used to favour students of their caste. During my time, if an external examiner from the Brahmin community were to conduct a viva voce, all the non-Brahmin students would take it for granted that they had to repeat their term. This was basically the result of deep-rooted casteism in that region.

Let me give my own example. When I appeared for the final MBBS examination, I topped in the surgical viva and written test. My internal examiner was very impressed with my performance. But the external examiner was from the Brahmin community. Being born in an illiterate farmer's family, I have been named "Himmatrao". The external examiner asked me my first name. Attaching "rao" to a name is common in the Maratha community and thereby he indirectly confirmed my caste and that I was not a Brahmin. Despite my good performance, I was given low marks.

Recurrence of such incidents results in enmity towards the Brahmin caste among students of the other castes. Caste divisions turn into watertight compartments, especially in provincial towns (in 1970 we used to call Nagpur a "big village") like Nagpur. Caste undermines and eats away society and breeds injustice.

During my admission into primary school, seeing that I was a farmer's son, the headmaster entered my caste as "Kunbi"—which is a farming community—though I was born a Maratha. Much later, I scored the required number of marks in the premedical examination, making me eligible for admission in the open merit category. Yet, being listed as a Kunbi, I was admitted under the "other backward community" (OBC) category. Because of poverty, I remained isolated. Because of my poor English and Marathi, I tried to avoid communication and participation in group discussions. I could not even find a friend in my peer group.

Eventually, I suffered depression during my second year MBBS, and stopped attending medical college. My mother and elder brother came to stay with me. I lost my memory for a while. A psychiatrist, Dr NJ Saoji of Nagpur, tried his best to cure me.