

## COMMENT

# The dawn of the Shudra

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The familiar yet ever-surreal shades of green alight as the early morning fog laggardly burns away. I am travelling by train through the rice-growing delta of southeast India, my ancestral home, watching the dawn. A line of women dressed in brightly coloured saris is already at work, rhythmically transplanting rice paddy seedlings. Nearby, two farmers guide a team of gaunt water buffalo with a cartful of hay in tow. These people, my people, the *Shudras* or agriculturalists, form one of the lowest rungs of the caste hierarchy. They have toiled in squalor for generations beneath the lush coconut palms planted by our forefathers, battling heat, typhoon and monsoon not to mention helminths, filariae, mycobacterium - all manner of pestilence - to eke out their meager existence. These *Shudras* represent my past. Yet, do they somehow also represent my future?

I am the product of a long line of poor farmers, yet I am not one. I am a physician. More specifically, I am a *Shudra* physician. A paradox. I was not born with patrician genes. I was born with a genetic birthright to a life of tending cattle and threshing fields - at least according to the caste system, which although removed from legal governance since the last days of Mohandas Gandhi, still rears its head within the collective conscience of Indian society. In times past, this *Shudra* identity would have stacked long-shot odds against any social or vocational advancement I could have desired.

As it turns out, I am presently on my first trip back to Chittavaram, my father's native village, since my surname grew its "MD" appendage. It happens to be a trip I have made numerous times over the years. But now, I find myself unsure how this new professional identity will affect my relationship with my brethren. Will they consider me an outsider, sharing less in common with them since my last visit? Will they be resentful of the opportunities granted to me by fate? Or will they fail to even notice or care that since last seeing me I have completed graduate study and residency training in Western medicine? My queries are answered within hours of my arrival for despite my official status as vacationer, a young woman is brought to me by a group of her friends seeking medical consultation.

I am a little nervous and find myself presently without the tools of my craft. Yet, after hearing a brief snippet of her medical history, watching her breathe laboriously, and feeling her thready pulse, I surmise that she is likely suffering from moderate to severe rheumatic valvular stenosis in need of surgical intervention. There is nothing I can do for this unfortunate woman. I am not a surgeon and the few medications she is

able to afford have reached maximum threshold in controlling her symptoms. A spokesperson for the group gathered for this impromptu evaluation says something in Telugu that I fail to grasp. My father translates; the villagers understand that there is probably nothing I can do for this woman but she felt better just knowing that I had evaluated her.

The villagers were correct. I did nothing for this woman, my unexpected consulter. I had no cure. I listened to her and offered a paltry suggestion on how to prioritise filling her prescriptions given her chronic monetary constraints - nothing more. Nevertheless, I experienced a wave of what Hippocrates probably meant when he wrote: "If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come." (1)

Call my experience what you will: a version of the placebo effect, supportive psychotherapy, or mere serendipity. But on the dusty roads of Chittavaram I felt like a deity - a Brahmin in caste lingo. Definitely not for all time or for all men, but certainly for then and there. I was Kapil Dev on the pitch at Tunbridge Wells or VS Naipaul in the halls of Stockholm. I have treated many gracious patients, appreciative of their medical care. Yet, this incident was different. I could see sheer veneration in those villagers' eyes. It was unlike any other experience I have had in my short professional career. Surprisingly, it was not a singular phenomenon but merely an example of the influence that physicians still have in that humble village.

As a youth growing up in the United States, I too learned to venerate physicians. The label "doctor" was the embodiment of power and privilege. My best friend's late father was an obstetrician-gynaecologist and I clearly remember the hushed reverence that accompanied any discussion pertaining to him or his profession. He was not just intellectually and monetarily prosperous; he was a social treasure. His standing in the community had an infectious magnetism on me at a young, impressionable age. But now, something seems to have changed. The pastures on the proverbial other side of physicianhood have not seemed as green as they once were and in fact, seem to be browning with time. The veneration towards the healing arts and medical doctors that I noticed as a youth and still notice in some parts of the globe seems to be fading.

The tertiary care hospital in the United States where I attend has been a case study over the past two years in how quickly social veneration can implode, sometimes with cosmic intensity. High

profile journalists, lawyers, and inspectors were regular visitors in our halls after an unfortunate surgical error occurred in our paediatric cardio-thoracic department. National newspapers announced the tragedy: 17-year-old girl dies from mismatched heart-lung transplant. Institution-wide scrutiny led to new policies to correct deficiencies and ensure exacting quality control. Once these measures were appropriately put into place, tensions eventually subsided. Yet, an enormous issue has remained: increasing social mistrust of physicians, a mistrust that has shaken the very identity and respectability of our profession.

This trend towards increased criticism of physicians has several possible etiologies. Perhaps the role of the physician has simply grown less reliable or charming to our society over time, either as the direct result of physician error or similar to the way in which the roles of even the most popular politicians, entertainers, and sports figures often grow stale after incessant exposure. Perhaps society feels that in these times of economic uncertainty, physicians earn too much money and have forfeited their Samaritan-like personas. Perhaps the internet revolution has made medical information so readily accessible to the public that the mysteries of medicine no longer seem so mysterious and physicians no longer seem so mystifying. Perhaps it has been the onslaught of wave after wave of epidemics like influenza, HIV, and SARS that continually humble us. Whatever the reasons, the Brahmin perch occupied by the physician of yesteryear seems to have decayed – a change that is now reshaping and redefining how we practise medicine.

This morning, on rounds, I find myself spending 20 minutes evaluating a woman admitted to hospital for diabetic ketoacidosis secondary to medication non-compliance. The most striking part of her presentation has nothing to do with anion gaps or serum ketones but rather, her profound sense of entitlement. Ten interminable minutes of the evaluation are wasted when she launches into a fallacious tirade about how “poor” her medical care has been, a scenario that is far from atypical. I leave the room drained, mustering up just enough strength for the 20-plus minutes of documentation to follow. I obligatorily complete the many required elements of a “proper” progress note for insurance reimbursement while attempting to protect myself from any potential medico-legal complications that my patient’s enmity may spawn. I shudder at the realisation

that I routinely spend more time charting than doctoring at the patient bedside, a practice that seems absurd given the global shortage of available physician manpower. Nonetheless, I have no alternative. These demands are not optional.

Physician beneficence, once readily accepted by trusting societies habituated to medical paternalism, is now often met with incredulity. Many expect, nay demand, perfection from physicians. This is not a bad thing, in and of itself, for medicine must be practised in accordance with the strictest of standards and in harmony with the best available scientific evidence. Yet, it seems that many have forgotten that doctoring is still as much an art as it is a science, still subject to the human frailty and error of those who practise it. Physicians are still artisans despite the current surge in protocol-based medicine which causes our art to feel less personal at times. In Indian caste parlance, artisans bear a specific title... they are *Shudras* too! So by transitive property, physicians might be fittingly considered *Shudras* – the new breed of overworked, under-appreciated, and often underpaid purveyors of healthcare. Is this *Shudra* identity one that we can collectively live with?

Most of us in medicine did not enter our professions consciously seeking rewards of fame, honour, and high social station. We were drawn to our vocations by scientific curiosity and altruism. Yet, it seems only human to desire and strive for the princely rewards codified by Hippocrates. So how do we reconcile our profession’s glorious past, replete with social veneration, a veneration that is still found in some parts of the world, with the *Shudra* identity that now seemingly cloaks us more globally? This dichotomy has but one solution. We must learn to content ourselves with simpler rewards.

Let ours be the way of the poor farmer from Chittavaram who has learned that contentment is not tied to external accolades but rooted in humble servitude. Let it be enough for us to be able to call ourselves physicians and practise our beloved art. Rather than seeking admiration from society, let us instead *give* admiration to life and health itself – for that is, quite simply, the *Shudra* way. The way of the past and the way of the future.

#### Reference

1. Edelstein L. *The Hippocratic Oath: Text, Translation and Interpretation*. Baltimore: The Johns Hopkins Press, 1943:3.