LETTERS

Of poor patients and callous doctors

Our country is moving fast towards becoming a developed nation; but are we able to follow the standards of conduct of a developed nation in our government hospitals? I am concerned with the behaviour of medical personnel in government hospitals.

The "hospitality" which the medical personnel of government hospitals provide to their patients is unworthy of mention, to put it politely. A typical scene in a government hospital, amidst the usual chaos: the attending relatives running around frantically, asking for directions, submitting blood samples, and sometimes even hunting for stretchers to transport their patient. After all these efforts, if the patient is lucky enough to get admitted, his real ordeal begins in the wards. There he has to face indifferent and arrogant doctors, nurses and ward boys. Often, if relatives go to the nursing staff regarding medication for the patient, they are packed off after being told to wait for other nursing staff to come to the bedside, but these staff never turn up. Eventually the attendants become frustrated and start creating a scene. Besides this, doctors at government hospitals take their patients for granted, often scolding them instead of explaining. Other common reasons for conflict between the doctor and patient or his relatives are miscommunication to the relatives about the patient's condition, and covering up of any negligence by medical personnel. Since patients going to government hospitals are generally poor, they are unable to raise their voices against practices, unlike in western countries, where the volume of litigation is high and 70% of it is related to poor communication and attitudes of staff (1).

In private hospitals in India the scenario is totally different. Patients are offered the best of care and facilities, and are attended to more promptly. The staff are ready to attend to patients. Medical personnel talk to the patients and their families with due respect. Why do these differences prevail? Are patients coming to government hospitals not human? Don't they need the same tender care and hospitality which patients in private hospitals are getting?

India is still a developing country and 60% of the population is below the poverty line. They are bound to go to the government hospitals. Why can't the medical personnel of government hospitals consider the point of view of the poor patient? Is the pay scale in the private hospitals the incentive or the fear of losing their jobs? The Medical Council of India (MCI) must set up patients' advisory committees which deal with the problems that patients face with the health service. There should be a system by which patients can give feedback on the behaviour of medical personnel. During the recruitment of medical personnel a part of the interview should test their behaviour. Those already working should undergo compulsory training regarding their conduct towards patients and their relatives. If these steps are implemented then surely the situation will improve and government hospitals will become places worthy of treating poor and needy people.

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The ethics of disability language

There has been a gradual evolution of terminology commonly used in health-related or disability-related contexts. Not so long ago, we used the term "normal" thoughtlessly. Looking deeper, what is normal? Two people under the same circumstances behave differently. Who then decides what is "normal"?

When we come to the translation of terms, we encounter greater confusion. The emotions associated with words and terms differ based on experiences. The term "normal" which means "average" is usually translated as either "*sadharan*" or "*samanya*" in many Indian languages. "*Sadharan"* is closer in meaning to the English word "common". *"Samanya"* is probably closer to "normal" or average". But in common parlance, "*sadharan"* is the more popular usage (1).

Language and cultural behaviour have an interdependent relationship. While a cultural context gives rise to language, language in turn, can influence social behaviour. This underscores the importance of using language ethically (2).

When we term someone "handicapped" and look at the translated terms "*vikalaang*" is it the same thing? The word handicap is used in horse racing. The term denoted "equal playing field". The faster horses were weighted down in order to slow them down so that the slower horses would have a better chance. The word "*vikalaang",* used synonymously with handicapped, has a different etymology. "*Vikalaang"* means "imperfect limb" which essentially means "deformed" and not "impediment". The reason for this is that "handicap" in its original meaning has no relevance to India. "*Vikalaang"* on the other hand has reference in the ancient texts and folklore (3).

Now we come to the newer term "disability" which is of fairly simple origin as it is just the opposite of "able". The connotation here is that the disabled person is somehow "not able". This word has no popular equivalent in Indian languages. So while English has changed the word three times already, we have no equivalence. The word *asamarth* is equivalent to "disabled" but somehow this word has not taken root in popular usage. So we continue to equate disability with "crooked limbs". Could this perhaps be the reason why invisible disabilities like mental illness or autism are not part of the public consciousness?

Currently, the popularly used term in English is not "disabled" but "differently abled", although "disability" is still used in scientific parlance. This came about from the realisation that "dis" connotes "inability" which means there is a notion of "normal". "Differently abled" connotes people having different abilities. But doesn't everyone? So are we continuing to label people? Over time will this new term also become pejorative?

What about the translation of "differently abled" into Indian languages? Though the officially adopted terms is "*vikalachetan*", it has no linguistic or semantic equivalence to the word "differently abled" which, in English, is arguably "positive". "*Vikalachetan*" means "imperfect abilities". So it is no different from "imperfect limb". Why then, do we go through this exercise of coining new terms? Is labelling avoidable? Is labelling, whatever the label may be, ethical? How about "*vibhinnachethana*" (differently abled)? Could the expresson, if adopted, become part of the popular parlance? Would it perhaps encourage us over time to view "disability" as "normal". After all, what is "normal"? How many people must have a certain condition for it to be "normal" or "typical"? India, by sheer numbers, is set to become the capital of many conditions. So eventually will all of them be part of the mainstream?

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After supersession of The Medical Council of India

After the arrest of the then president of the Medical Council of India (MCI) and president elect of the World Medical Association, Dr Ketan Desai, in April 2010, the MCI was superseded by a Board of Governors for one year under the Indian Medical Council (Amendment) Ordinance 2010, notified in The Gazette of India on May 15, 2010 (1). The board had six members and most of them were individuals with good academic standings and records of honest careers (2). The Board's term ended on May 14, 2011 but it was extended for one year. No member of the previous board was retained in the reconstituted board.

Till date the Government is not sure about what to do with the MCI. The standard of medical education in the country is falling each day. This is reflected in the deteriorating healthcare available to the common man. When the MCI was founded in 1956 with the prime aim of maintenance of uniform standards of medical education at all levels (3), Indians had hoped for an improvement in the standard of medical education in the country.

One may argue that one year is too short a time for the board to bring any positive change in a system long plagued by corruption. Unfortunately, no positive efforts have been made in this regard by the board, though it had come up with some bright ideas. To name a few:

1. Combined entrance examination test;
2. Post- MBBS exit test for doctors, before they are allowed to practice;
3. Tests for doctors to level the playing field; with the objective of removing doubts over proficiency of graduates from different medical schools;
4. Grading of medical colleges;
5. Vision 2015.

The idea of holding a common test for entrance into the undergraduate and postgraduate course is good. However, the reservation policy, lack of uniformity among the state boards, and the demand for the test to be held in the regional languages, all present challenges. Also the strong lobby of owners of private medical colleges in the country is putting obstacles in the way of its implementation. The holding of the National Eligibility-cum-Entrance Test (NEET) was postponed to 2013. The Union health ministry has said, "The conduct of the test is a Herculean task which requires great deal of preparation and for paucity of time, it is practically impossible to resolve the issues raised by various state governments and hold the UG-NEET in 2012." (4)

This board has gone on to allege that the majority of medical graduates of India are not fit to practise medicine (5). This statement, coming from an organisation which is supposedly responsible for setting the standards of medical education, is irresponsible.

Further, the statement of a member of the Board, which appeared in *The Times of India* under the heading "Centre considers test for docs to level playing field", smacked of regional bias (6). The proficiency of a doctor cannot be judged only by the Institute from which he has graduated, but from what he eventually delivers to society. This idea of grading the proficiency and quality of doctors based on an examination is ridiculous. We have seen the corruption prevailing in any competitive examination in our country. People may have forgotten Ranjit Don, who was imprisoned for manipulating the common admission test for Indian Institute of Management and common entrance test held by central board of secondary education for admission into medical colleges, but I am sure the recent racket in the AIIMS admission test is fresh in our memory (7).