

Communal violence in Gujarat

Does the murder of more than 700 people in Gujarat (as we go to press, the killings have entered their fourth week, with every sign of continuing) merit an editorial comment in a journal on medical ethics?

It could be argued that the communal killings are a crime against humanity and not specifically within the purview of medical ethics. However, doctors have special responsibilities – both as educated professionals, and because of the services they provide. And it is here that they appear to have failed.

The medical profession has an important role to play in providing treatment and emotional support to victims of communal violence.

Some reports in the media, on the medical profession's response, have been encouraging: some have worked round the clock to provide life-saving treatment to victims of the violence. They provided treatment irrespective of religious affiliations, and despite the very real threat of violence if they treated minority patients. Indeed, our friends in Gujarat report that doctors in Ahmedabad "who have tried to do some relief work have been thwarted by the majority community goons."

The government has not provided essential health services to the thousands of displaced men, women and children living in camps, in crowded, unsanitary conditions which can trigger off epidemics. There are many burns victims who urgently need medical supplies and treatment. Survivors of this carnage have lost everything they own, have experienced the most horrendous physical and psychological traumas, and are afraid to approach public health services for fear of further persecution.

The fact that the medical associations did not galvanise themselves for relief work indicates how deeply the medical profession has been affected by the sharp communal divides being promoted by political interests.

A generalised phenomenon

Indeed, the medical community is becoming polarised, both in Gujarat and elsewhere in the country. We hear doctors confide that the minorities "needed to be taught a lesson". Some boast of how their friends participated in the violence.

We also hear that VHP secretary Praveen Togadia was once a 'renowned' cancer surgeon. "It is his legacy that is bearing fruit in the state today," according to an analysis in the press.

Both types of reports echo earlier reports of the profession's behaviour in the communal violence which has become all too common in recent years. In 1993, public hospital staff in Mumbai worked day and night despite the threat of violence, as the frenzy of killing lay just outside the campus gates, sometimes entering them. Some remember that the "hospital staff stayed scrupulously impartial in treating those sent to them, irrespective of creed." However, there were also reports of doctors denying medical care to minority patients, and of hospital staff harassing minorities

and preventing them from getting treatment.

A growing threat

It has also been noted that the class, caste (and religious) backgrounds of the vast majority of health professionals "provide a fertile ground for social forces using castism and communalism" for political purposes. Indeed, some health researchers have had personal experience of the castist and communal views of some people in the profession. There is a feeling that health professionals are increasingly supporting communal views. This may not have been translated to obvious discrimination in medical practice. However, as political parties promote communal divisions, and the threads holding our society together are torn apart, doctors will soon actively participate in communal violence. And there have been reports that the rioters and looters in Gujarat included doctors and 'educated professionals'.

Doctors and social responsibility

The role of health professionals in caste and communal violence has not been studied extensively. This itself is a subject for concern. The medical profession's response – or lack of it – to communal violence needs to be documented and analysed.

The medical profession should be concerned when one of its fraternity is involved in the carnage in Gujarat. Shouldn't medical associations withdraw the license of Dr Togadia — and all others in the medical profession who have spoken and acted as he has?

Finally, as a result of their work, doctors have access to important findings on the results of communal violence. However, there has been a reluctance to publish such findings in the belief that it would incite more violence. So, though communal violence is a tragically regular feature of our society, there is little documentation on its physical and psychological consequences. It is absolutely imperative that health professionals record their eye-witness accounts of communal violence and the health profession's response, towards preventing further violence.

Editorial Board

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