

Contradictions Where There Are None

Thomas George

ANANT PHADKE's article "Organising Doctors: Towards What End?" is full of ambiguities and sweeping generalisations. At the very outset Phadke says that doctors belong to a social layer called "the new middle class—a peculiar product of developed capitalist society". One can question the understanding that Indian society is a developed capitalist society; he has given no indication as to how he arrived at this concept. To mechanically transfer concepts developed for Western societies is neither scientific nor helpful.

Phadke has gone on to enumerate four contradictions that doctors in government services face due to what he sees as their 'contradictory class location' between the capitalist class and the working class. The first of these is that they are wage earners as well as officers. He feels that since they are officers they will stand apart from their subordinates in wage struggles. It is difficult to understand how this constitutes a contradiction. Is Phadke implying that doctors will seek to crush the wage-demands of the subordinate staff? If so, this is an unreasonable understanding. Wage demands of subordinate staff in no way hurt the doctors, even if they belong to Phadke's "new middle class", since it is not they who pay the wages. So the mere fact that at this stage of social evolution in India the doctors may not actively support the wage struggles of their subordinate staff in no way constitutes a contradiction.

The second contradiction that Phadke sees is the one between the need of the government-employed doctor to amass wealth and his limitations as a wage-earner expected to follow the ethics of a noble profession. Here again Phadke seems to have fallen into a widespread misconception. Just because doctors have a relatively secure economic position, one cannot call it wealth. It is true that the government forces doctors to do private practice by deliberately paying low wages. It is also true that very often this private practice is unscientific. But this constitutes a point on which to organise doctors. Most doctors would like to do scientific practice. They would also like to earn a good living. If it can be demonstrated to them that these two things are not fundamentally incompatible, but only appear to be so because of the existing organisation of society, surely they would work to change this organisation. We must understand that the present rulers of India will only provide a level of health care sufficient to keep the people quiet. The quality of health care is not determined by the doctor, it is determined by the government. The government is not interested in spending the amount necessary to provide adequate scientific health care. It will spend only enough to prevent uncontrollable unrest and no more. It will pay the doctors as little as it can thereby forcing them to supplement their income by private practice. The fundamental conflict therefore is not between doctors and the people but between the doctors and the government.

According to Phadke the third contradiction is between the "technocratic scientificism" of doctors (that is, their way of looking at health and disease as primarily a question of interplay of germs and chemicals amenable to drug therapy) and the real need for community medicine. I think that this

is vanity pure and simple. Many activists feel that they have discovered the Keys of the Kingdom, the root cause of India's poor health status, and that this is the lack of a "community approach" by doctors. The fact is that every doctor is well aware of the social aspects of disease though he may not have a clear analysis of the Indian social structure, or what to do about it. But is the solution to this problem the "community orientation" of doctors? The government certainly thinks so and the doctors' "lack of community orientation" is favourite excuse for poor health services! But neither the government nor Phadke has cared to explain how doctors are to put into practice this fabled "community orientation" in the existing scheme of organisation of society and health care.

Phadke's fourth contradiction escapes me entirely. I don't understand how the fact that "medicine transcends narrow barriers and exposes medicos to universal concepts" and the fact that (according to Phadke) the majority of doctors are from an upper-caste urban background, constitutes a contradiction.

The sad part is that Phadke's analysis leads him to a fundamentally elitist position. He wants to organise only "a small section" for a comprehensive revolutionary change in the medical system because he feels that only a small section will respond to his analysis. History tells us that revolutions are not brought about by small sections of society. So when an analysis leads one to such conclusions, it is a clear indication that one should analyse again and look for and correct the errors in understanding. Only such a scientific process can clarify the debate.

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