

In Defence of My Confusion

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I read with interest Anant Phadke and Dhruv Mankad's defence of their editorial policy. My confusion only doubled when I realised that for them a policy is meant only to be stated and not implemented. Within a given policy framework, should not an article be edited or published with comments requesting the author to rewrite it? Instead of declaring it "disjointed" etc., etc. six months after it was published and that too because some one else pointed out a few contradictions!

The basis of my "confusion" as Anant and Dhruv understand it, stands out clearly from their letter itself. *While I think that not all health analysts have the required understanding of society at large (including myself) and they should therefore very consciously try to do so through the 'window of health'* (a point in my letter with which my critics agree but have preferred to ignore), *they choose to believe that "a rigorous, correct understanding of Health and Medicine would not be possible with a superficial understanding of society"*. This may be the ultimate truth but given the status of "rigorous and correct understanding" of the health analysts I am not ready to take such an assumption for granted. While they presume that within their perspective any discussion on health and medicine "would necessarily be based on an understanding of society in general", I will plead that such over-confidence only leads one into complacency. In fact I would like to point out that unless and until all authors of SHR are aware of the fact that all their general theories will be tested in the field of health (and vice versa) by

the circle of SHR readers and not in the circles of Social Scientist or EPW readers, the tendency to take general concepts as well as the readers for granted cannot be checked. It is true that SHR has not got involved into a discussion on the mode of production or the nature of the state but it is also true that it has neither helped us understand these concepts through health nor clearly demonstrated the need to grasp them for a better understanding of the health situation. Do we, then, mention these concepts only to establish our Marxist credentials?

Essentially the difference of opinions between us boils down to perspectives. For Anant and Dhruv there are those clear headed few who know what is "correct" and therefore have a monopoly over marxist analysis of health. They will write about imperialism in health in SHR and if at all necessary, improve their understanding of imperialism in other intellectual circles.

For me SHR is the place where through health I must understand imperialism. I will therefore not let superficial handing of the concept pass unnoticed in SHR.

All this of course is not to deny my confusion but to say that till the clear headed ones pay some attention to its roots it is bound to grow and grow more.

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One Sided Defence of Professional Interests

Anant Phadke

Sujit Das (SHR II: 2) starts from a correct observation that "...little study has been made to investigate analyse and understand the medical profession in the perspective of concrete reality." But his article does not help much in a critical analysis of doctors as a social layer but is an uncritical shame-faced defence of the interests of the doctors. Secondly, because of lack of clarity about the 'contradictory class location' of wage-earning doctors, he is unable to characterise them inspite

of a long discussion (with many excursions into sub issues).

To begin with, a word about the title of the article. It reinforces the popular but mistaken notion of medical profession being only doctors, forgetting other medical professionals like nurses, social health workers and so on. The title reflects the perspective of the article of focussing on the interests of the doctors.

Das's defence of the interests of the doctors starts with his analysis of the general practitioners. It is true that this category of doctors is not involved in capitalist relations of 'production; but in petty commodity relations (not 'precapitalist mode of production') as part of a capitalist social formation. But it does not mean that he can not be an exploiter. Unlike retail store-keepers general practitioners have earned wealth quite out of proportion to their skill, knowledge and labour. Such doctors through their monopoly over medical knowledge and skills have earned money through commercial exploitation (price more than value). It is however, true that, as pointed out by Das, increased competition amongst doctors and the rise of state medical service is changing this picture especially in bigger towns and cities. Das is however, content with pointing out only the problems faced by GPS. This in itself does not tell us their possible role in social revolution and the attitude of marxists towards this layer. He does not mention their poor understanding of clinical or preventive medicine; their unnecessary use of injections to earn money, unnecessary use of drugs (rational or irrational combinations) many a times cursory, indifferent, attitude to patients, and so on. Likewise other contradictory aspects of their existence have to be brought out since it is these contradictions which tell us about the potentialities of change.

Confusion between two categories: Das clarifies that "the present discussion dwells largely on the doctor in-service among the practitioners of modern medicine". But doctors-in-service is not a homogenous category. Junior doctors are closer to the white collar working class, whereas the medical officers are part of the New Middle Class. Das is unable to see this distinction and therefore discusses the 41 day strike by medical officers and engineers in West Bengal in 1974 and the movement of junior doctors in 1983 in the same breath, in the same section. Here again, he gives a one-sided picture which only defends the sectional interests of the doctors concerned. It does not give us an idea as to what would be the role of this layer of doctors in social revolution. The demands in the 1974-strike mentioned by Das were "exclusive executive power for the scientists, technologists and professionals in the scientific and technical departments of the state administration which were the preserve of the generalists and parity in pay-scale with the IAS". These are demands of a technocracy competing

with administrative beauracracy! The most important issues in medical care like more resources for water and sanitation, proper training and importance to paramedics, rational drug policy, reorientation of medical education....these are not even mentioned by the 1974 strike. Then why does Das talk about the woes of these medical officers and give importance to this strike? This inability and unwillingness to focus on the contradictions of this section of doctors results in only defending the sectional interests of the New Middle Class. From the point of view of a social revolution, this is a fruitless exercise unless the most important issue of fundamental restructuring of health services are also taken up seriously (and not only for cosmetic purpose or for winning sympathy for a struggle basically aimed at sectional interests only).

In the junior doctors strike in 1983 however, the doctors' demand for proper facilities in the hospitals was also the people's need. Interests of doctors and the people coincided on one point. It is hoped that the movement of this section of the white collar working class would transcend more and more purely sectional interests. Only history can tell us whether the 'basic people's demand' of the 1983 strike were genuinely raised or primarily to win public support for a movement for purely sectional interests. We would like to know from Das what efforts this organisation of junior doctors has made to pursue these people's demands during the last two years.

In this brief response, I would not go into Das's discussion on professionalism, role expectation, performance. One would only say that it suffers from the same one-sided, shamefaced defence of professional interests of doctors and their existing role.

Let us be clear about the role of the New Middle Class i.e medical officers (like most of the 'executive engineers, bank officers and others) in today's society, their contradictions and hence their role in social revolution. Even after a lengthy discussion, Das's article precisely fails in achieving this.

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