ORGANISING DOCTORS: TOWARDS WHAT END ?

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Until the 'sixties almost all doctors in India belonged to the classical middle class, owning and controlling their instruments and conditions of production. But since the 'fifties more and more doctors are entering government service. The article begins with a discussion of the role of the wage earning doctor and suggests that the strategies for organising doctors should be based on a clear understanding of these contradictions.

This article was held over from the issue focussing on 'People in Health Care' (SHR II:2), due to lack of space. The author has since added a comment on Sujit Das's article in that issue which is published in the Dialogue section.

Analysis of role of doctors' organisations in social revolution in India, would require, to begin with, some analysis of doctors as a social layer (including an analysis of different subgroups of doctors) in India. This, in turn, would require an analysis of the role of doctors in the social process of production.

Materialist analysis of position of doctors

It is generally not recognised that although a doctor's work has its own peculiarities, it nevertheless involves a material process of production. Like the work of a barber or a massager, it brings about a material change in the human body and restores it to a 'normal' level. The 'raw material' on which doctors work is very peculiar — it is a material which thinks, has emotions and the emotional aspect is very much in action, when the body is impaired. This is especially true when the illness is serious. Hence the ideological-cultural relations that inevitably accompany any material process of production are much more pronounced in case of this material process of restoring an impaired body to a 'normal' level. The ideological role of doctors is, therefore, much more important than that of other professionals.

Until the sixties, almost all doctors in India belonged to the classical middle-class — owning and controlling their instruments (stethoscope, syringes... etc.) and conditions of production and not employing wage labour but basically living off one's own labour. The wealth amassed by this section of the middle-class has been through a commercial exploitation of consumers (patients) through professional monopoly over and mystification of medical science and technology; and not through the exploitation of wage-labour. Even now majority of doctors in India belong to this category of classical middle-class. But since late fifties, more and more doctors are entering into employment with the Government. This social layer is a wage-earner; does not own the instrument and conditions of its labour and apparently is part of the white-collar working class. But on closer examination, it would be clear that this layer's role in the process of social production of medical services is different from that of the working-class and that it belongs to the new middle-class — a peculiar product of developed capitalist society.

New middle class

The category — "new middle class" has been clearly formulated, developed in recent marxist literature. (For example, Carchedior, better, E. Wright) Briefly, the new middle class is a product of developed capitalism wherein a social layer occupies a position midway between the capitalist class and the working class by partly doing functions both of the capitalist class and of the working class. The "function of the collective-worker" is geared to the production of use-values whereas that of capital is geared to the production of surplus value; (profit, rent, interest) and involves the work of supervision, surveillance. Wage earning doctors (medical officers) are on the one hand, part of the team of labourers consisting of nurses, midwives, technicians ...etc. doing materially useful work and like them not owning the instruments (medical equipment) and conditions (building and other infrastructure) of labour. On the other hand, they also perform the function of Capital, of supervising, extracting work from the paramedics. Their comparatively high salary, therefore, includes both a wage for the trained labour-power they sell and also part of the surplus value for performing the function of Capital. Along with foremen, executive engineers, head-clerks, junior officers and the ilk, departmental heads in educational institutions ..... this layer of doctors is part of the new middle

class. The junior doctors, a transitional phase in a doctor's life, is entrusted less with the function of Capital and hence is closer to the trained, skilled white collar working class. The following analysis is applicable primarily to medical officers and only to a certain extent to the junior doctors.

This 'contradictory class location' of the Medical Officers would determine a great deal their contradictory role in the movement towards social revolution. As wage-earners, they are ready to unionise and fight for their demands, and this struggle demands an alliance with the rest of the working class against the state. But as officers, their interests demand a break from the subordinate working-class; a continuance of the hierarchy within the medical system.

There is a second couple of contradictory facets of medical officer's life — on the one hand, there is a need in this inhuman world of competition for amassing money, to earn more and more money through illegal, irrational private practice or through corruption to compete with and to be a part of the flock of the money-spinning community of fellow private practitioners. (This does not apply to the junior doctors. They do not do private practice.) On the other hand, as wage-earners, they need to accept limitations of a wage-earner, and are also expected to follow the ethics of a noble profession.

The third couple of contradictory aspects of this layer of wage-earning doctors is related to their ideological role. (In this respect, private practitioners also share this contradiction to a certain extent). On the one hand, the dominant ideology in the field of science and hence also in the field of medicine in capitalist society is that of technocratic scienticism i.e. of looking at health and disease as primarily a question of interplay of germs and chemicals amenable to drug-therapy. Added to this is a predominantly curative and individual-oriented as oppossed to community oriented approach to medical care. On the other hand, the very nature of the 'raw-material' on which the 'doctor-scientist' works demands a holistic, humane approach and an exposure (though in a limited and somewhat distorted fashion) to the science of community medicine; to the national health programmes, throws light on the limitations of a predominantly clinical orientation.

One more set of contradictory relations constitute the doctor's work — on the one hand, majority of doctors are drawn from upper-caste, urban background and are by and large male and hence are biased in favour of their own social background. On the other hand the science of medicine (though vitiated to a certain extent, by elitist, sexist bias) basically transcends these narrow barriers and exposes medicos to universal concepts devoid of narrow considerations.

What should be basis of doctor's organisation ?

The left has to grap these contradictions in order to determine its strategy of organising this layer of doctors. Secondly we should also be clear as to what kind of medical system we want to and can build in socialist India. Should we aim at a medical system which is in the process of freeing itself not only from commercialism of capitalism but also from other ills like hierarchy within medical system, mystification of medical knowledge and unnecessary glorification of medical profession, urbanism, elitism, sexism, allopathic chauvinism, scienticism... and so on? If yes, then in that case it s wrong to appeal medical officers mainly on the basis of their trade-union demands We should plainly point out their contradictory interests, and appeal them to choose, and stick to the 'positive, healthy, progressive aspects of their life-situation and organise a revolutionary union of doctors on the basis of this comprehensive plan. It is likely that only a small section of this new middle-class would come with us for this comprehensive revolutionary change in the medical system. That can not be helped. But to be sure, there is a definite objective basis for at least a small section to come over to the side of revolutionary programme.

Similarly, we need to concretely analyse the contradictory situation of other categories of doctors like private practitioners (classical upper middle class) junior doctors, consultants .. etc; and base our organizational strategy on that basis.

Unfortunately, today, there does not seem to be a well thought out strategy in organising doctors. On one had, medical Officers in Government service and resident doctors are being organized primarily on their trade-union demands. But things are not moving much beyond this narrow focus. At certain places, Left activists are the leading organizers of such organizations. They do get a few cadres for their party or group on the basis of Party's broader (non-medical) programme. Their medical programme however does not go much beyond asking for extension of medical services to all people. These Leftist organisers have not been able to foster a process of gathering medicos on the basis of a

comprehensive revolutionay medical programme which asks doctors to throw away their privileges as elite doctors in return for promise of decent, scientific, meaningful working life.

If there is a hope that doctors — a middle class — can be "neutralised" by catering to their trade union demands, then it is a misplaced hope; we must also understand that such a "neutralised" social layer would immediately spring into opposition if a thorough going change in medical system is proposed or is actually attempted. Radicalism of many leftist doctors is directed against injustice, irrationalities in the broader society; but has Penetrated only to a small extent in their own field, How can such a leadership foster a thorough-going change in the medical system ? A combination trade unionism in the medical field with broader left politics (but not inclusive of ills of the medical system enumerated above) will fall much short of revolutionary changes that can be made in the existing medical system. Some attempt in the right direction is being made in West Bengal during and after the state-wide strike in 1983. Apart from trade union demands they have asked for certain changes in the medical system, drug industry. It is difficult to judge from here, as to how much of their support for radical measures is a reflection of genuine change in the attitude of at least a sizeable number of doctors or only expresses the wish of a few leaders or worse, only a lip-service to radicalism in the medical field.

At the other end, many social activists criticise the doctors as if doctors ("barring a few exceptions") are basically anti-people. It is true that flourishing private practitioners, consultants, surgeons, hospital owners would, as a social layer be oppossed to a revolutionary change. But it is not realized by these critics that many wage-earning doctors have a lot of problems related to working conditions — they hardly have any say in the policy-decisions that affect their work, are constantly plagued by shortage of drug-supply and other facilities, have to cow down to the local bourgeois politicians, and at the same time are disliked, criticized by the people for 'poor service' for which many times they are not responsible. These woes, like those of workers in other public utility service, are genuine. Rather than ignoring their problems and be content only with criticizing their irrational, anti-people approach; why not analyse these problems and show them how they are problems of a system, how they can be eliminated only through a thoroughgoing revolutionary change in the medical system; (as part of a broad social revolution) and offer a programme, an organization which would help to do this? Many medical officers would not be interested in joining this organisation since they would not be prepared to leave many privileges that they currently enjoy. But why not build bridges across the valley that separates them from a people's front when there is some objective basis in their life situation? An approach which appeals doctors only on moralistic grounds is a mistaken one on many grounds and hence will not succeed in even rallying round even that small critical mass of doctors we need to forge in order to make any viable, sufficiently strong clamour for a revolutionary change in the medical sysrem.

References

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[Please see Dialogue Section]

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