

LESSONS LEARNT FROM AN UNFORTUNATE CRISIS

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The terrible rape and murder of a junior doctor, pseudonymously called Abhaya, at RG Kar Medical College and Hospital on 9th August 2024 suddenly shattered the normally placid acceptance of several chronic problems of health sector in West Bengal and elsewhere. It led to immediate strikes in hospitals and medical institutions all over India and triggered the longest-ever agitation by enraged citizens and junior doctors of Bengal. There is no doubt that this protest is surely a historic landmark in many, many respects. But before we analyse the causes and the consequences of the continuing unrest, we may take a quick flashback of how Kolkata had once led the way in the medical sciences, not only in British India but also in Asia.

Kolkata's Presidency General (PG) Hospital, now known as SSKM Hospital, was among the earliest bridgeheads through which European medical treatment and research entered India. It was set up in 1707 when the British had hardly begun their colonial expansion in India. It was relocated to its present location in 1768, and for a long time, it catered only to British patients. For Indian soldiers serving under the East India Company, the British set up a military hospital at Fort William in Calcutta. By 1785, the British established Medical Departments in the Bengal, Madras, and Bombay presidencies, that were manned by the white doctors, including some 234 European surgeons. In 1794, a Native General Hospital was also established in Chitpur, while, three decades later, Kolkata had its own Native Medical Institution. But soon thereafter, this institution and others, like the Calcutta Madrasa that dispensed Unani medicine and Sanskrit College that taught Ayurveda, were declared obsolete, along with all other forms of Indian teaching institutions. In 1835, when Macaulay's plan to westernise education in India was accepted as the official British policy, indigenous medical educational institutions were shut down — to pave the way for the establishment of Calcutta Medical College. This was a historic development as western medical systems had certain strong advantages and had made considerable progress

through scientific methods, while Indian and Oriental forms of health treatment had stagnated. The British insisted that students of Calcutta Medical College "learn the principles and practice of medical science in strict accordance with the European model".

Four decades after this epochal development, philanthropists and doctors set up the Sealdah Medical School in 1873. It was renamed in 1884 as the Campbell Medical School and in 1894, it became the Campbell Medical College. After Independence it was notified as Nil Ratan Sircar Medical College, in 1948. This was the second major centre for imparting western medical education.

In 1886, Dr. Mahendra Nath Banerjee, Akshoy Kumar Dutta and five other nationalist leaders joined hands with Dr. R.G. Kar to establish a non official medical school — which fructified as the Calcutta School of Medicine. This institution would metamorphose, after several historic twists and turns, into the Calcutta Medical School and College of Physicians and Surgeons of Bengal at Belgachia. In 1919 it became the government-supported and regulated Carmichael Medical College — which was renamed as the RG Kar Medical College and Hospital in 1948.

In 1907, Dr. Sarat Kumar Mullick, along with other eminent doctors, started a Medical School at 191, Bowbazar Street, named as the National Medical College of India (The National College of Physicians and Surgeons) which became the precursor to the National Medical College, after amalgamation with the National Medical Institute, that was founded in 1921.

From just four government medical colleges in 1948, West Bengal now boasts of 26 government colleges, only four of which were set up before the present government came to power in 2011. The phenomenal increase of 18 government medical colleges surely helped leverage the beds and treatment at the existing hospitals that are attached to them, and increase the number of MBBS seats in the State. Such a rapid expansion obviously entails several teething problems that are inevitable and many man-made difficulties, like inadequate infrastructure and shortage of teachers. In addition, there are 9 private medical colleges, where again, there are issues like substandard teaching facilities, poached and borrowed from here and there, and excess profit-seeking fees. All said and done, medical colleges in this State now offer 4725 MBBS seats, which is a vast improvement over the paltry number of just a few hundreds we had in the early decades after independence.

Recently, the National Quality Accreditation System (NQAS), which follows a rigorous scrutiny of health factors all over India, has declared West Bengal to be the first among all states. Of the 12,859 health facilities in the state, including district hospitals, sub-divisional hospitals, community health centres (CHC) and primary health centres (PHCs), 23.6% or 3,039 facilities have received NQAS certification. This is a positive development, even though the perennial complaint is that grassroots health facilities refer just too many patients upwards to District or State hospitals, to avoid taking risks.

But, the rapid expansion of colleges and good certification of the health pyramid notwithstanding, the recent ‘explosion’ at RG Kar Medical College and Hospital still took place. It brought out, quite vividly, some of the major issues confronting the health sector. In this piece, we will refrain from describing the historic details of the epoch-making agitation of doctors, who were supported by the common citizens of the metropolis and beyond — because we are all too emotionally involved and most of this is fairly well known, already. Instead, it may be worthwhile to try to understand what led to the unprecedented eruption. Yes, there have been agitations by medical students and junior doctors in the past as well, but not on this scale and for so long. In 1983, there was a large-scale protest by doctors, which is remembered as a dark chapter, as it was largely a one-sided suppression of dissent by the medical community, by an aggressive state of machinery unwilling to tolerate opposition. The agitation of the junior doctors in 2024 did not have these characteristics of police repression and imprisonment of medical professionals, but it was a sustained volatile and mass-based agitation, that the State has never witnessed ever before.

The incident at RG Kar highlighted disturbing problems that plague both medical education and hospital administration, mainly because of the dreadful eco-system of corruption and politicisation. The rot of politicisation had begun in the Left Front days, when Management Committees that were packed with party members and supporters ran the administration of government medical establishments. They became such a nuisance that Chief Minister Buddhadev Bhattacharjee intervened and disbanded them and removed ‘political offices’ from hospitals. A professional Hospital Management Cadre was set up. But, once the present regime had established itself, politicisation of hospital administration became quite pronounced. At the base of the upheaval at RG Kar Hospital agitation was the shocking culture of threats and extortion in medical education, that appeared unbelievable at first, as only a few of the best students can enter this famous institutions. Numerous students alleged that the Principal was not only at the helm of the evil empire of intimidation and quite corrupt in purchases and in other financial dealings, but that he had encouraged a rogue gang of junior

doctors and some seniors to extort money from students or else they would either fail or not get good degrees. This sort of extortion was heard in respect of backward and corrupt States earlier, and it appears that the current regime has brought West Bengal down to this level.

This issue is a very serious matter and as important as seeking justice for the heinously murdered junior doctor. Whatever be the CBI's chargesheet in the corruption case against the Principal, this single issue calls for action to trace who were compelled to pay to get their dues —and whether any of them are undeserving. A doctor, like a pilot, is responsible for the lives of numerous people and there can just be no compromise on quality and qualifications. The reputation of the quality of medical education in West Bengal will erode and affect all doctors, unless these doubts are cleared. In fact, one of the oft-repeated charges by the junior doctors and the media against the politically powerful coterie that ran RG Kar College is that Abhaya was brutally liquidated by this coterie because of her protest against the gang and its nefarious activities.

Two other issues that were highlighted by the agitating doctors were insecurity as they had to work in an unsafe environment and for protection against recurring acts of hooliganism by aggrieved and aggressive friends and family members of patients. Both called for restrictions on people of all categories, including musclemen and mischievous elements (and even dogs), who seemed to have open access to all areas of public hospitals. The doctors demanded immediate installation of cameras and strict regulation of 'visitors' and outsiders who crowded hospitals. What they did not mention very specifically is the overall law-and-order problem within government hospitals, as many have illegal hutments within their premises and anti socials residing within the compound or adjacent to it. They are generally a nuisance and make all sorts of demands on hospitals but, at times, they can stand up against outsiders, to protect hospitals. It is not that the local police do not know who create trouble, and even mayhem, within hospitals and, they can stop it all or mete out severe punishment to hoodlums who attack doctors. But, the fact is that they choose not to, because of political pressures and also to retain their nexus with the party and the government. This explains why those who indulged in the 'sponsored' vandalism and assault on the protesting doctors at RG Kar Hospital on the night of 14th-15th August 2024 are still not brought to book.

Much of the law and order problems at hospitals arise from the fact that patients have to wait for long periods to secure a bed because of overcrowding and the excessive number of referrals. Therefore, one of major the demands of the junior doctors was to install a publicly open digital database of beds and

vacancies. This is totally justified as well as long overdue and a system like this worked during Covid 19. It is imperative that government reintroduce this critical information system to the public, so that patients do not have to run from hospital to hospital in search of a bed. The other demand of the junior doctors to introduce a Centralised Referral system is equally important, as this will end several malpractices and favouritism indulged in by the heads of hospitals to accommodate politically powerful elements. Government claims this referral system has been implemented and when I recently recommended the transfer of a patient from MR Bangur Hospital to SSKM Hospital, I found that this centralised referral system is working (at least partially), as I was directed to come through this route. Friends and families of patients were so harassed because the 'bed vacancy position' was not in position and the 'referrals' were not airways fair or transparent, that they took out their frustration on the junior or resident doctors, often creating serious law-and-order problems.

Installing cameras in large numbers in the hospitals doctors was one of the major demands of the agitators. It took government a lot of defensive and offensive stands to finally execute this plan, on a large scale. The work is still on, but the roll out plan appears to be ensuring a far more intensive coverage of the hospitals. This is a commendable victory of the junior doctors and one hopes that the cameras would be checked regularly and kept in operation, because many tend to become faulty if not maintained properly. Equally important is the monitoring of these cameras through a professional 'control room' and studying their stored footage. Once the doctors have secured their victory, other public establishments would surely demand the same. Had the doctors not fought for this technological surveillance, this State would not have ramped up this shield of protection for both serving officials and the client population.

Another important issue on which the doctors' agitation has been successful is to focus attention to inhuman working conditions of junior doctors, especially women. Abhaya's 36 hour duty schedule was an eye opener to the public at large and to Health department officials as well. This gruelling practice is being curbed, especially as the Supreme Court has demanded better duty hours, not only in RG Kar Hospital and others in West Bengal, but all over India. Allied to this is the problem of not having proper rest room for lady doctors and also for their male colleagues. The State government has been compelled to ensure that restrooms are made within the hospitals so that those who serve for long working hours have some place to rest, in between. It is strange that this minimal facility was not available in many a hospital until this crisis.

It Is really unfortunate that the junior doctors and citizens of this State had to go through such a painful process to secure minimum facilities. There is no point in reminiscing that Bengal had led the country in medical education and in health facilities if we cannot keep pace with the times and install an infrastructure that is absolutely essential in the third decade of the 21st century.