

STUDENTS' CORNER

Bias in medicine in the context of the film *Aligarh*

AISWARYA SASI

In today's world, I feel another sin needs to be added to the list of the seven deadly sins, viz the sin of intolerance. We hear this term on the news every other day and see society display this attitude more often than not. While the movie *Aligarh* raised myriad social issues, as a medical student, I would like to speak of one in particular– the influence of stigma on healthcare.

On the occasion of the cultural and medical festival, *Inquisitio* 2016, held at St John's Medical College, Bengaluru, the Health and Humanities Department had organised a screening of the 2015–16 film, *Aligarh*, in the presence of the story writer, Ishani Banerjee. The audience consisted of medical students at various stages of their course, students from other college, and faculty members from the medical college and the research institute. The discussion that succeeded the film provided a lot of food for thought.

Aligarh is an Indian biographical film directed by Hansal Mehta. Set in the city of Aligarh, Uttar Pradesh, this movie depicts the unjust events that transpired in the life of the award-winning Shrinivas Ramachandra Siras, a Professor of Marathi at Aligarh Muslim University. The story begins with Professor Siras, Reader and Chair of Modern Indian Languages, being sacked as a direct consequence of his sexual orientation. The remainder of the film portrays the myriad difficulties that plague him, a long-drawn-out court case and the various instances of stigma with which he is faced (1).

One part of the film shows that as the court case against his dismissal from Aligarh Muslim University is underway, Siras is at the receiving end of a lot of negative media attention. Society at large ostracises him and treats him like a criminal because "homosexuality is a sin". This is illustrated by a scene in which Siras is extremely fatigued, waiting for a doctor to see him in a clinic nearby. He waits for hours, but his turn never comes and he is rudely sent away. At this point, I thought to myself "How does this make you feel as a future entrant into the medical field?" Frankly, I was disgusted and angered all at once. Has the Hippocratic Oath lost its meaning? I see no connection whatsoever between a person's sexuality and his need for

medical care. Not only sexuality, but also factors such as caste, religion, skin colour and language, and all the other ways in which human beings differ from one another should have no bearing on the delivery of adequate medical treatment. Do men who are sexually attracted to men or women who are sexually attracted to women carry a different, infectious form of, say, hypertension? Is there some distortion in their very anatomy and physiology that makes them unworthy of medical attention? I think bias in medical care is irrational and completely unpardonable. The plight of the doctorless patient is unimaginable. I fail to see the point in studying for close to a decade and acquiring oceans of knowledge if you are going to refuse to apply that knowledge to serve people who require it the most.

Another point I would like to bring up relates to the bias and stigma that doctors create unknowingly. At one point, Mr Siras says, "This generation likes to stick labels on everything possible." I could not agree more with this statement. Diagnostic labels used by healthcare professionals to classify individuals for treatment and research purposes have become a huge source of concern, despite their clear benefits. According to a research paper, the stigma associated with labels such as "dementia", "depression", "mild cognitive impairment" and so on can have a negative impact not only on the labelled individual's mindset and optimism, but also on their interpersonal relationships and the way society perceives them (2). Diagnostic labels allow clinicians to assume that all members of a group are homogeneous in terms of the underlying nature of the illness, regardless of whether there is some variability in the presentation of symptoms or the circumstances surrounding the onset of the illness. (This is similar to the way the whole of society urged Mr Siras to embrace the title of a "gay" man.) Research in the area of psychiatric illness suggests that individuals may choose not to seek professional help as a means of protecting themselves from embarrassment and feelings of inferiority or incompetence (2). In situations like these, the doctor might actually worsen the person's condition rather than treating it. I cannot think of anything more counterproductive.

Taking the ethically holier-than-thou view is, however, easier in theory than practice. The primary dilemma here is that at the end of it all, doctors are human too. Human beings tend to live in a bubble of their own, constructed intricately out of moral codes and core value systems. When human beings chance upon other human beings who may not adhere to these codes,

Author: **Aiswarya Sasi** (aiswarya14897@gmail.com), Second Year Medical Student, St John's Medical College, Koramangala, Bangalore 560034, Karnataka, INDIA.

To cite: Sasi A. Bias in medicine in the context of *Aligarh*. *Indian J Med Ethics*. Published online on March 21, 2017.

©Indian Journal of Medical Ethics 2017

the seeds of intolerance are sown. I think the only solution is for us to recognise that different people have their own definitions of what is right, and live in their own little bubbles. It is okay to have your own bubble and apply its principles to your own life, but what is not acceptable is to try and drag other people and their personal lives into your bubble. As Mr Grover, the lawyer who fights Siras's case in the film, says, "If people were punished according to each person's definition of 'immoral', we'd all be penalised, because in some way, we're always violating somebody's concept of morality. Morality in itself is a fluid, volatile concept."

Let us think of the case of a man with a stick. He is allowed to hold on to his stick for as long as he wants. But the moment he uses that stick to beat up other people, he commits a crime. Here, the stick symbolises the man's personal beliefs. Doctors should realise that when they refuse to treat a patient with no rational basis for this refusal, they impinge upon the patient's right to healthcare, which is a basic constitutional right.

In the context of *Aligarh*, I really do not see how something as beautiful as love can be the basis of such deplorable bias. People should realise that one's sexuality doesn't define everything about oneself. "Live and let live" is a motto that everyone should implement in their day-to-day lives.

Acknowledgements

Permission to screen the film was granted by Director Hansal Mehta and Associate Director Jai Mehta, in consultation with Eros films. We are grateful for the support and facilitation received from Apurva Asrani, the writer of the screenplay.

Reference

1. Aligarh Director: Hansal Mehta, Producers: Shailesh R Singh, Sunil Lulla, 1h 54m. Language: Hindi, 2015
2. Garand L, Lingler JH, Conner KO, Dew MA. Diagnostic labels, stigma, and participation in research related to dementia and mild cognitive impairment. *Res Gerontol Nurs*. 2009;2(2):112–21. doi:10.3928/19404921-20090401-04.