**Title**: Not a Case for Social Triage

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Research shows that when frontal cortex labours to process complex cognitive tasks, immediately afterward individuals are more aggressive1. They are also less empathetic, less charitable and dishonest2,3,4. This pattern of behaviour is universally seen all residents working in government hospitals of India. Long working hours, no limit on the number of patients and pressure to deliver a particular standard of care are very demanding cognitive tasks. Residents are not taught to be aggressive but is an occupational hazard of being a healthcare professional. Fortunately, the same aggression is seldom directed towards patients due to an obligation to maintain professional standards.

Healthcare does not give much scope for error. We have to ensure that at all levels standard of care is not compromised as far as possible, despite the limitations of manpower and infrastructure, because health outcomes change peoples’ lives. Surviving through such positions of responsibility is an arduous task for residents, be it juniors or seniors, because there is not much scope for error or delay. Scuffles between residents is an inevitable outcome of being in high-pressure situations and sometimes violence happens in a “wrong” context due to individual prejudices or perceptions. Unfortunately, there are no laws specific to workplace bullying in India.

Discrimination based on caste is a serious social problem and this mostly happens in professional institutes due to a limited understanding of reservation in higher education. We must strive to educate medical students/ residents that reservation is not an “opportunity”, rather it is a responsibility conferred by the Constitution of India to be able to “represent” a community. At the same time, we also must refrain from citing few ill-fated events as case for generalizing presence of caste based discrimination in medical institutes which is actually rare. I request the author of this article to look beyond her prejudices and have a more holistic view of the problem. It is true that personal relationships of doctors are sometimes compromised in favour of patient care but medical institutes cannot take responsibility for events beyond their control. We too want an amicable workplace but it is just not possible with the volume of resource constraints that we happen to work with.

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