I was greatly saddened to hear the news of a young resident, Dr. Payal Tadvi, committing suicide at the BYL Nair Hospital and Topiwala Medical College in Mumbai. It is heartening to see that some fellow students, her family and the Tadvi Bhil community have made this issue public and are rallying for justice for her. It appears that the three seniors that she has named will be arrested and, maybe, a lower level faculty member will be suspended.

If this is where this matter ends, it will be sadder still. Anyone who knows medical colleges well and is familiar with its problems will know that the roots of this tragedy lie much deeper. Presently, Mumbai’s government medical colleges are admitting almost 30 percent of their students in reserved categories, most are first generation professionals, drawn from small towns and villages. The college does nothing to ease their entry into residency life in this large metropolitan city, where everything is different from home, more manic, more impersonal and more brutal. And it does nothing to sensitise students to ethics and human rights, to train them to differentiate between exercising authority and being discriminatory. Nothing is done to make students introspect on their own beliefs and prejudices, although doing so is vital to their role as doctors.

When I was doing interviews for my doctoral research, generations upon generations of doctors narrated to me stories of residency in which they were overloaded with work, ordered about, bullied, not allowed time to bathe, eat and sleep. Stranger still, most of them did not see anything peculiar about this experience. As an outsider, I could not understand why residents should be trained as if they are in a combat situation. Assumedly, soldiers need to prepared to survive physical hardship and deprivation, why should doctors need such training? As I could see it, it was simply a bizarre and unfounded strategy intended to ‘toughen’ them up. All it seemed to do was to teach residents that aggression is useful and right, that their hardship was a justified reason for mistreating patients and that their peers and colleagues were to be bested and defeated, not befriended or co-operated with. What was even more alarming was that senior faculty either claimed ignorance of what transpired on the frontline or felt no obligation to mediate relationships between residents and between them and patients to prevent excesses from taking place.

In this larger environment, its easy to see how discriminatory attitudes merge with normalised violence allowing seniors, themselves also residents, to perpetrate the kind of harassment and what one of my respondents called, ‘non-specific torture’ that drove Payal to the brink. This case, as also earlier cases, shows how the form in which students experience caste discrimination is changing. It takes place in the form of ostensibly bureaucratic problems like delay in receiving stipends, being denied opportunities to train, being left out of important decisions. In the competitive world of professional education and practice, for students to be deliberately left behind is real violence. I am not sure whether our current legal system and education system are equipped to even recognise discrimination in this form and address its root causes.

While the legal system takes its own measures, if the medical education system and its institutions are not implicated for their role in this case, I fear the consequences. The general population of students will not even reflect on their discriminatory attitudes and instead feel like victims. Residents like Payal will be continue to be caught between immediate seniors who have unaccountable power and a college administration, which they feel can not be bothered to help.

Neha Madhiwalla,

Phd Scholar, Tata Institute of Social Sciences