**Commentary**

Title- Caste system in India at hospitals is a blight for youngsters of 21st century

**Abstract**- Caste- based -discrimination is a reality of Indian society. While most of the doctors are honest, cooperative, have make- good habits; like all the societies, they too have their share of rotten apples. Therefore, if one gets a chance to witness such behaviour, one should inform others, seek help, make every possible attempt to do course correction. And Institutes should provide an atmosphere where zero- tolerance is the norm against authorities indulging in bad action. If that is not the case, it’s collective failure of the system & silence is a sign of complicity. Whereas legal remedy is available to oppressed citizens, many a times trainees, residents & those having tenure positions bear such circumstances hoping that one day they will leave it behind. Hence if someone loses one’s life; all of us need to stop for a while, think what went terribly wrong & discover modus operandi of the perpetrators to fix the gaping holes.

**Keywords**: Workplace bullying, caste, India, healthcare, violence

“I object to violence because when it appears to do good, the good is only temporary; the evil it does is permanent” - MAHATMA GANDHI, *Young India,* May 21, 1925

Barua & Verma assess role of caste in workplace bullying in healthcare facilities (1). They examine if there is a role of caste in mental violence suffered by trainees. They conclude by urging to address the issue of mental health needs of doctors. While it’s true that as doctors work under tremendous stress, make dynamic decisions, sometimes presume death of a patient as failure, many a times wonder if what more could have been done to save a life; I believe that that should not be a guise to hide habitual offenders of caste- based- violence, which sadly the authors appear to be doing in their Comment. Sylvia Karpagam correctly states that caste- washing the healthcare system will do little to address its discriminatory practices (2).

What I want to make the authors remember is that caste- based- suicide is to be looked in continuum. Every year several students commit suicide & caste- based- suicide is conveniently dressed up as mental health issue of the victim (3). Vested interests of authorities & desire to bail out their bullying colleague never allow them to accept the reality. Under a title ‘The casteism -reservation intersection’, the Barua & Verma write that the problem of casteism in medical colleges is partly fueled by reservation in entrance- examination. I want to remind them that caste- based- discrimination is not a unique pathology of medical Institutions. Last year an analysis by The Print finds that of 89 Secretaries in Modi Government, there are just 3 STs, 1 Dalit no OBC (4).

Another analysis by the Indian Express last year discovers that just 12.4% IIT- M Faculty belong to reserved category (5). I want to inform the authors that the malady is all pervasive & examples are numerous. This author is privy to conversations with faculty- members who face slangs, innuendoes & sometimes plain mockery when they inform their interviewers that they are applying under a reserved seat. Now there should be no prize for solving the puzzle of vacant faculty seats in these Institutes of national importance when all the facts are lined up for appraisal.

It’s a fact that sometimes undeserving candidates get benefit of reservation in jobs & educational opportunities. And for that purpose, there is a law of creamy layer in OBC reservation (6). When a candidate keeps on getting benefit of reservation at more than one step, again there is misuse of scant national resources for which a more deserving candidate of same group may be left out (7). But looking through this window, we find that all the laws are misused at some point: for example SC/ST (Prevention of atrocities) Act, Dowry Prohibition Act, liberty of freedom of expression and now even anti-terror laws. But despite misuses, these laws remain in our statute books & constant collective efforts are being made to prevent it.

Positive discrimination under caste- based reservation is made to allow oppressed groups to begin their chances in democracy where none exists at baseline. If someone denies this opportunity to someone, what sort of healer that person has been, needs to be pondered about. On a daily basis we examine patients in their most vulnerable times, when they are the weakest in their lives & desperately seek our help. If someone brings bullying culture in that environment, in my opinion he is the biggest perpetrator of violence, never understood the meaning of art- of- medicine. And if the violence is directed towards the lowest person in hierarchy- who can’t even fightback; it’s the biggest crime of all. Irony of our times is that such mighty violent actors are seldom- if ever- brought to book!

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