**Blatant Exploitation: Are Junior Doctors overworked?**

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***Abstract***

*At a time when there is a move towards overhauling healthcare system in India, negligible attention is being given to the most important and largest workforce of this system: the Junior Doctors. A quick glance through recent newspaper headlines and statistics reveal that abnormally high number of junior doctors are overworked and over-exhausted while working on limited resources and meagre paychecks. Recent manhandling and unlawful interface by public towards junior doctors have also not been left untouched by media. What is the source of this pandemonium? Are junior doctors in India being overworked? And how is it affecting health services?*

***“The greater the ignorance, the greater the dogmatism”****William Osler*

“I am sorry I was 30 minutes late to the job in which I already work ungodly amounts of unpaid work overtime” That was the distressful and anguish-filled statement by Dr. Arpit, a junior resident in Internal Medicine, after he was derided and assaulted by a patient for coming thinly late to the day OPD. This is an incident which is not unfamiliar to modern practitioners, more specifically junior residents.

In the uncompromisingly hierarchal structure of healthcare establishment in India, Junior Residents are the ground-workers. Chronic shortage of healthcare providers and limited functioning of majority of government hospitals provides a bottleneck phenomenon where surplus numbers of patients move towards biggest medical colleges and hospitals. Junior residents make up one of the biggest chunk of these facilities. Combination of these factors put a tremendous load on limited man-force of these centers. Interestingly, training in the form of excessive working hours and huge patient loads is considered a vital and unavoidable part of medical education by senior doctors. Coupled with this, Junior Residents also have to continue the teaching and learning elements of their training. They have to study for their examinations and put in necessary hours of teaching along with working on their research projects and thesis. The horrendous energy and time that a resident puts in their training years is comparable to any high-paying, senior-role job in any other profession. A recent overview by Federation of Resident Doctors Association found that junior residents in all government colleges were under-paid, over-worked, over-exhausted and working under limited resources and scarce security.[[1]](#endnote-2)

There are international regulations and recommendations that have been ignored in letting this archaic practice continue.  The International Labor Organization recommendations prohibit more than 48 hours of work each week since 1962.[[2]](#endnote-3)Similarly, European Working Time Directive (EWTD) entitles a doctor to work for just 48 hours a week along with a compensatory rest of a day each week, two days each fortnight, a 20 minute rest break every 6 hours and a period of 11 hours continuous rest each day.[[3]](#endnote-4)Clearly, India is either unaware or ignorant of these recommendations.

Repercussion of this is far and wide. There is a significant degree of knowledge and awareness asymmetry between public and healthcare providers in India. A patient admitted in a hospital is under an undue stress and discomfort as much due to the illness as due to the new and uncertain environment and over expensive treatments costs. An overworked and harried resident is not exactly a great piece of solace for them, at this moment. At numerous times, this, coupled with communication gap,might be the reason of frequent violence against junior residents all over India. Healthcare services also take a beating, as residents avoid admitting more number of patients or trying out unconventional, evidence based treatment options. Teaching and learning activities, most often than not, take a backbench and research projects, paper presentations and thesis work just becomes a formality. This is one among many reasons of failed and tremendously under-developed medical education and research in India.

The solutions to this dogma are relatively elementary. First of all, there is a need for recognition and awareness of contributions of Junior Residents towards healthcare facilities in India. There is also an urgent need to increase postgraduate seats, improve medical infrastructure and clear the bottleneck between undergraduate and postgraduate training quality and number of seats. Direct involvement of undergraduates in healthcare services will reduce the burden from Junior Residents in addition to honing clinical skills of undergraduate medical students. There is also a pressing need to regularize working hours and pay-scale of Junior Residents by directives passed jointly by Medical Council of India and Ministry of Health and Family Welfare. Junior Residents should be given adequate leaves, sufficient stipends and hygienic and comfortable working environment. They should also be given essential freedom to experiment, discover and renovate medical education and healthcare system.

1. FORDA Delhi Resident Doctors’s Strike. <http://medicaldialogues.in/discussion/forda-delhi-resident-doctorss-strike/> [↑](#endnote-ref-2)
2. International LabourOrganisation, R116 Reduction of Hours of Work Recommendation 1962. <http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312454> [↑](#endnote-ref-3)
3. European Working Time Directive for junior doctors. <http://www.bma.org.uk/support-at-work/ewtd/ewtd-juniors>

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