Chapter Five
DIFFERENTIATION AND DISCRIMINATION: SCHEDULED CASTES IN MEDICAL PROFESSION

PART I

Academic Discrimination

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5.2 Interaction Among Students

PART II

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5.3 Interaction Among Medical Professionals

5.4 Coping Mechanism

PART III

Analysis and interpretation
Professional ethics as perceived in the earlier chapter emerges with no unified characteristic feature, but as a divergent social reality. The medical professional's ethics, values and norms are fractured at two levels viz. at the Scheduled Caste and non Scheduled Caste levels. There appears both ambivalence and tension in the professional value system. The chapter attempted to perceive the professional ethics of the respondents within the Parsonian frame. The empirical data proved that the medical professionals are inter-alia, self-oriented rather than collectivity oriented, unlike the Parsonian proposition. It was also reported in the earlier studies that they were more diffused rather than specific in discharging their services to their patients.¹

This chapter attempts to give an insight into the effects of the primordial identity of the medical professionals. The aspects of differentiation and discrimination are understood on the basis of their primordial identity with the help of the Parsonian frame of Universalistic -vs- Particularistic and the ascriptive --vs-- achievement oriented pattern variables. To perceive the problem with its different particularisms, the study also tries to understand the medical profession with the processual model formulated by Bucher and Strauss.²

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¹ T.N. Madan, Doctors and Society, (Ghaziabad, 1980).
As they suggested, their model attempts at meeting the limitations of the functionalist who had forthrightly assumed the unified acceptance of one particular set of values, attitudes, in short attributes of a profession as a whole.³ On the other hand, Strauss and Bucher suggest that groupings based on a certain specified criteria emerge within professions called segments which are based on the criteria of a sense of mission, work activities, methodology and techniques, clients, colleagueship, interests, associations, spurious unity and public relations.⁴ Further, they state that these segments are not static but fluid and are also found in the process of social movement within the institutional arrangement. Their fates are intertwined with other segments within the profession, these segments have leaders, yet some of these segments lack organized activities.⁵

This study delineates the grouping of medical professionals belonging to the Scheduled Caste category. These groupings possess most of the criteria as suggested by Bucher and Strauss. The study explains the problem of differentiation and discrimination with the help of the paradigm of segments. The authors on the other hand used to understand the specialisations which according to them forms segments within the professional community.

³ Ibid. p.325.
⁴ Ibid pp.326-32.
⁵ Ibid pp.332-33.
The social phenomena of discrimination and differentiation based on their primordial identity is a very sensitive issue, especially in the medical college campuses and hospitals. As mentioned earlier, severe problems of rapport building were faced with the respondents because of the sensitivity of the problem. At the outset most of the respondents turned away the researcher several times and referred to their profession as a 'noble profession' with no reference to the several particularisms which were later observed during the course of the study. Only after several rounds of informal discussions, were they prepared to talk on such sensitive social realities as discrimination and differentiation based on their primordial identity which have marred their profession's otherwise noble image.

The phenomenon of differentiation and discrimination is dealt with in two stages - **Stage one** refers to the discrimination at the academic level. At this level it involves the teacher-student interaction, interaction among the students and other related events. **Stage two** refers to the professional discrimination. The main indicators are doctor to doctor interaction and superordinate - subordinate interaction. The other related events include undue transfer, delayed promotions and punishment postings in comparison with other upper-caste doctors, in short the incentives they receive and punishments they are inflicted with.

**Academic Discrimination**

Academic discrimination is perceived from two levels of interaction.
One level of interaction is the teacher-student relationship which involves discrimination by the teachers in tutorials: the in classroom setting during lectures, interaction during discussions and in awarding of marks. The next level of interaction is among the students. These include the interaction in the class room and hostel settings. The classroom setting include the process of sharing study material, student to student interaction, perceptions and other such issues. In the hostel setting it involves sharing of rooms, interaction in the mess, perceptions of each others style of living etc...

Teacher-Student Interaction

The study has categorized the extent of discrimination in scalar forms. Herein, a ‘high level of discrimination’ refers to verbal and physical assault, ‘moderate discrimination’ refers to creating trouble on a daily basis and a ‘low level of discrimination’ refers to bickerings behind their backs.

Initially the teacher-student relationship in the classroom setting is taken up for presentation. The Scheduled Caste respondents, found the teachers biased while the non Scheduled Caste respondents did not feel so. According to the Scheduled Caste respondents, their teachers always seem to approach them with a negative attitude. One of the Scheduled Caste respondents, an Associate Professor, says...
Case D1

Our teachers never encouraged us. They reminded us time and again about our low caste origin and killed the enthusiasm we showed in learning the subject.

There also seems to be several cases of victimization. One of the Senior Residents had the following experience:

Case D2

Our teachers insulted us publicly. They always posed tough questions during classroom discussions. If we failed to answer, they used to threaten us by saying they would throw us out of the institute and also made derogatory remarks about our caste. The insults were unbearable so much so that we recorded their abuses in audio cassettes. We played it for the Welfare Minister. This led to the transfer of all the teachers who indulged in such activities.

Another case of a Consultant is also quoted below...

Case D3

I was a good student and our teachers always posed tough questions during practicals and viva-voce. This was the case with all the students who belong to the Reserved category. I had topped the class in all the theory papers in my final year. The student holding the second rank was an upper caste boy, with high level family contacts. His score was pushed up in the viva voce. Thus he topped the list, which upset me so badly.

A Junior Resident also recollects that she was deliberately marked wrong during her viva:
Case D4

They said my answer was wrong. I asked them to check the book regarding my answer. They did so in front of me. I was found right. They asked me to leave. Later, when I checked my marks, I realised I was not awarded full marks. I lost my rank which I had maintained in all my theory papers.

In the above instances, the Scheduled Caste respondent's primordial identity created many a constraint and led to both differentiation and discrimination in the classroom setting.

Discrimination is reported to have existed mostly during classroom discussions. Most of the Scheduled Caste respondents opined that they were not allowed to participate in any classroom discussions. They feel that their professors and class fellows had a 'pre conceived notion' that they are incompetent students, since they secured their admission under the Reserved quota. One of the Professors from the S.C. category recollected...

Case D5

When we were students, our Professors always harassed us. Even before we could answer the question in our viva they moved on to the next question and we were given low marks.

Most of the Scheduled Caste respondents complained that they were not given enough time to frame their sentences and answer. It should be recollected here that most of the Scheduled Caste respondents had their schooling in Hindi and other regional language mediums as against their
non-Scheduled Caste counterparts who had the benefit of an English medium education.\(^6\)

The Scheduled Caste respondents are asked not to attempt answering tough questions. This reiterates their belief that their professors always have a preconceived notion that their intelligence level was low. One of the women Junior Residents had the following experience:

**Case D6**

When one of our teachers posed a tough question in the classroom, I stood up to answer. My teacher retorted saying, ‘Sit down! You low caste people cannot tackle such a question’. As I began answering unmindful of her bullying, there was a commotion in the class and I sat down weeping uncontrollably.

There had been several such instances of discrimination by the teachers. This discrimination meted out to the Scheduled Caste students by their teachers is quite disheartening to hear about from them. They are convinced that their teachers killed their enthusiasm, used abusive language to pass derogatory remarks on their caste background, deliberately marked them low during the Viva Voce and such. These are a few of the instances of discrimination in the classroom setting. At the

\(^6\) Refer Table 3.1
wider societal level, Governmental policies have try to integrate the weaker sections into the mainstream through positive discrimination. In the process the weaker sections have made their entry in several professions - the medical profession is one such. The other castemen within the medical profession are not prepared to accept such a system which attempts to integrate the Scheduled Castes. It thereby reflects a paradox of integration of the Scheduled Castes and other marginalised communities at a wider level by the State with its positive discrimination policy. Simultaneously, at the particular level for instance in this study, the non Scheduled Caste medical professionals could hardly come to terms with the State's policy of protective discrimination. Thus it appears that the medical profession harboured an inbuilt particularism of discrimination and differentiation based on the professional's primordial identity. On the total count, the majority (80%) of the Scheduled Caste respondents opine that they are highly discriminated, only 8% said they were moderately discriminated and 12% believe that there exists a low level of discrimination (refer table 5.1).

The non-Scheduled Caste respondents on the other hand have their own opinion regarding these issues. A non-Scheduled Caste Junior Resident opines...

**Case D7**

It is a vicious circle. The Scheduled Castes feel they won't pass any way and so they don't study.
They could never answer questions in class because they never work as we do. They always grouped up together. They are awarded Government scholarships which they often squander on alcoholic drinks and movies.

A non-Scheduled Caste Senior Resident feels...

**Case D8**

They are given more chances yet they always failed. Finally they are just pushed through. The Scheduled Caste students never mingle with the rest of us, they are a solid group by themselves.

An Associate Professor who handles classes opines...

**Case D9**

Scheduled Caste students are always found together. They spend most of their time understanding the text books. This gave them no time to improve their clinical knowledge.

The non-Scheduled Caste respondents feel that the Scheduled Caste respondents misuse the scholarship granted by the Government. They are quite certain that the Scheduled Caste students did not work hard atleast, not as much as the non-Scheduled Caste students do and they emphasise more on text and less on the clinical aspect. The Non-Scheduled Caste are also of the belief that they are just pushed through and given pass marks which they hardly deserve. Among these cases, D7, D8 and D9 have hinted at the fact that the Scheduled Caste medical professionals are less meritorious and also that they are not on par with them, when it comes to their professional performance both academically and clinically.  

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7 The aspect of merit and equality is dealt in a more detailed manner in chapter six.
Table No. 5.1

Scalar Representation of Attitudinal Difference of Scheduled Castes and Non Scheduled Caste Respondents Towards the Aspect of Discrimination

<table>
<thead>
<tr>
<th>Discrimination Scale</th>
<th>Group Variables</th>
<th>HIGH</th>
<th>MODERATE</th>
<th>LOW</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Scheduled Caste Respondents</td>
<td>Non-Scheduled Caste Respondents</td>
<td>Scheduled Caste Respondents</td>
<td>Non-Scheduled Caste Respondents</td>
<td>Scheduled Caste Respondents</td>
</tr>
<tr>
<td>Academic Discrimination</td>
<td>12.2 (80)</td>
<td>-</td>
<td>12</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Discrimination Within the Profession</td>
<td>37 (24.7)</td>
<td>-</td>
<td>36</td>
<td>4</td>
<td>77</td>
</tr>
</tbody>
</table>

Source: The above data was obtained from the field survey.
Note: Figures within the bracket indicate percentage.
The majority of the non-Scheduled Caste respondents (88.7%) insist that there exists only a low level of discrimination based on their primordial identity as far as their Scheduled Caste class fellows are concerned. Only around 10% of them believe that discrimination exists at a moderate level and none of them believe in the existence of a high level of discrimination in the medical colleges.

**Interaction Among Students**

The interaction among the students includes situations in classrooms, wards, operation theaters, canteens, hostels etc. The kind of groups which exists in their campuses and hospitals will also help us to perceive the basis of interaction among the students. The Scheduled Caste respondents opine that they normally have a tough time with their class fellows also. As an Associate Professor explains...

**Case D10**

Our discrimination began on the very day we joined. Our names were listed separately. The seniors made fun of us saying we had muscle fibre in the place of our brain cells and that we are not intelligent enough for the course.

If this is how it began, a Consultant has this to say about the interaction among class fellows...

**Case D11**

In our class we had no interaction as such with the non-Scheduled Caste students. In any case an argument with the non-Scheduled Caste students would always lead to chaos. We would finally be beaten up. They were always a majority.
These experiences brought out the insecurity which the Scheduled Caste students harbour within themselves in such a hostile atmosphere. One of the Scheduled Caste respondents, a Senior Resident, who was also incidentally the President of the Students' Union, had the following experience...

Case D12

Our fellow students always troubled us. I was the President of the college Students' Union. There was a quarrel between the Scheduled Caste and non-Scheduled Caste students with regard to the scholarships we were receiving. They roughed up several of the Scheduled Caste students and in the confusion I fractured my hand.

One of the Junior Residents reiterated the above instance by recollecting an ugly incident:

Case D13

Once we had an open fight, an argument about reservations, it got a little too far, so much so that everyone grew violent. The general category were always more in number. They all got together and beat us up and burnt up our rooms. We filed an FIR through our Scheduled Caste Doctors' Association. We also involved social workers in our struggle for justice. The general category doctors raised derogatory slogans such as 'Chamaron ko Maro'. This was the kind of interaction we had with our class fellows and other students.

The feeling of resentment against the Scheduled Caste students often surpasses mere verbal retorts. It probably depicts the intensity of hatred. Hostel life is also ridden with such instances of hatred. A Professor, recollects his student days...
Case D14

In our hostel life there was always an undercurrent against us and a constant murmur going on behind our backs.

A Junior Resident further explains...

Case D15

Good hostel rooms are never allotted to Scheduled Caste students. There is always a tradition of caste groups, beyond this there is hardly any communication. The stage is already set when we enter the college. Thus we are bound to be identified with a particular group.

As a rule, in most of the cases the Scheduled Caste students share hostel rooms among themselves. Despite the fact that the Scheduled Caste students stay together, they always face problems with the rest. The non-Scheduled Caste respondents are of the view that their Scheduled Caste class-fellows are dirty and less witty by nature. They prefer not to share rooms with them. To the researchers surprise, a non-Scheduled Caste Junior Resident says...

Case D16

We prefer not to stay even in the same corridor as they do. They have dirtied the place so badly. Some of them even had their bath in the corridor itself.

As seen in the above instances, discrimination among the students exists in both class room and hostel settings. It is prevalently felt by the non-Scheduled Caste respondents that the Scheduled Caste respondents
did not mingle with the rest of the student community. Also that the non-Scheduled Caste category treats the Scheduled Castes as so lowly and dirty a group that they do not even wish to live in the same corridor. The majority of the Scheduled Caste respondents thus report a high level of discrimination and a majority of the non-Scheduled Caste respondents report only a low level of discrimination. However, the non-Scheduled Castes attribute this discrimination to the scheduled castes unclean habits and unprofessional characteristics. A clear perception of the groupism which exists in their campuses, will also provide an insight into the different types of interactions.

Table No. 5.2

Groupism in the Campus.

<table>
<thead>
<tr>
<th>Group</th>
<th>Caste Based Groups</th>
<th>Class Based Group</th>
<th>Class and Caste Based Groups</th>
<th>Region based Groups</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Caste</td>
<td>111 (74)</td>
<td>26 (17.3)</td>
<td>11 (7.3)</td>
<td>2 (1.3)</td>
<td>150 (100)</td>
</tr>
<tr>
<td>Non-Scheduled caste</td>
<td>30 (20)</td>
<td>31 (24.7)</td>
<td>70 (46.7)</td>
<td>13 (8.1)</td>
<td>150 (100)</td>
</tr>
<tr>
<td>Total</td>
<td>141 (47)</td>
<td>63 (21)</td>
<td>81 (27)</td>
<td>15 (5)</td>
<td>300 (100)</td>
</tr>
</tbody>
</table>

Source: The above data was obtained from the field survey.
Note: Figures within the bracket indicate percentage.
* Groupism in the campus refers to the respondents opinion of the criteria of group formation
The basis of group formation in the medical college campuses is quantified and presented below in Table 5.2. A majority (74%) of the Scheduled Caste respondents believe in the formation of the caste based groups and the majority (46.7%) of the Non-Scheduled Castes believed in a blend of caste and class factors. Only 20% of the non Scheduled Caste respondents attribute caste as the basis of group formation. On the other hand only 7% of the Scheduled Caste respondents feel that both caste and class factors played a role in group formation. 24% of the non-Scheduled Caste believe in the class based group formation and only 17% of the Scheduled Caste respondents are of the same opinion.

The present study proves that groups are formed within the profession on the basis of caste, blend of both caste and class and region. Thus it appears that the majority of the Scheduled Caste respondents consider only the caste factor as the basis of group formation. The majority of the non Scheduled Caste respondents opine that the caste-class blend is the major factor in group formation in sharp contrast to the Scheduled Caste respondent's point of view. As pointed out by Bucher and Strauss, segments could exist in coalition or in conflict with the other. Both these aspects of coalition and conflict are found to exist in our field of study. The next part of this chapter will deal with discrimination meted out to the medical professionals.
Discrimination within the Profession

The main indicating events to understand discrimination within the profession are interaction among colleagues, super ordinate-sub ordinate interaction and other related events such as undue transfer, delayed promotions, punishment postings in comparison with other upper caste doctors.

As in the earlier section, categorisation of the degree of discrimination is done with the help of scales. The highly discriminated category refers to incidents such as punishment postings, undue transfer and delayed promotion. The Moderate level of discrimination refers to incidents which create a bad working atmosphere that eventually made day to day life difficult. The low level of discrimination refers to bickerings and whispers around the corner, regarding the low caste origin of the respondents.

The different instances of discrimination within the professional setting as shared by the respondents are manifold. There has been several instances of professional victimisation. A Scheduled Caste Senior Surgeon has this to say about discrimination:

Case D17

I was discriminated from the very day I joined. The other doctors did not like the fact that I took over charge of an important department, as a reserved candidate. My subordinates always gave me less respect. When I was to get my promotion it was unnecessarily delayed, instead they transferred me.
In the above case the Scheduled Caste respondent opines that the stage was set from the very beginning for them to receive a different treatment even from their subordinates. Their subordinates are only prepared to give them lesser respect. Their promotions also seem to have suffered. Another Senior Resident narrates about his interactions......

Case D18

I have very little interaction with my colleagues. My seniors do not give me as much independence as they give my other upper-caste colleagues. Thus it gives me lesser opportunity to learn the speciality.

The above case explains that when it came to inculcating better professional skills the Scheduled Castes are neither given a chance nor encouraged. A Junior Resident clarifies the above case further, with her experience......

Case D19

My head of the department did not forward my application for Senior Residentship. I pleaded with her to forward it. She said it was her prerogative. As a result of her attitude, I missed the opportunity that year.

This case also depicts the Scheduled Caste respondents' view of how unconcerned their own teachers are about their higher educational aspiration for a particular specialisation. A Scheduled Caste Senior Resident recollect her initial days.....

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Case D20

In the beginning when I joined, the rest of the staff were seething with anger against my appointment. As the days went by they had to reconcile themselves to the fact that they could not throw me out without a reason.

An Associate Professor reiterates the earlier case with his experience:

Case D21

When one joins he is treated like a specimen. Since he is recruited against the reservation quota, his knowledge is more on check than the rest. Once you cross this stage, then you could be treated in a better way.

A similar point of view is shared by several other Senior Scheduled Caste respondents. One such was a Scheduled Caste Senior Radiologist who says......

Case D22

When I took over as a lecturer, initially I was put on test. An undercurrent of doubt always existed. One has to take it as a challenge. If one is good enough it is only these initial problems one has to tide over. So, initially it is a hostile atmosphere. When you are put on test you are always evaluated on a scale and this gives a very insecure feeling.

These cases are of the opinion that the initial years of recruitment are those of a testing period when their calibre is tested more than the rest of the non Reserved category. Thus most of the Scheduled Caste face doubts and apprehension of the Non-Scheduled Castes on their calibre and skills. Another respondent, a Head of the Department, is of the view that.....

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Case D23

Interaction with seniors or colleagues always had an undercurrent of discrimination though no one outwardly mentioned so.

Thus even after the initial test period some of the Scheduled Caste respondents perceive an undercurrent of discrimination. There has also been instances of victimization all through a professional's career. A Professor who was victimised throughout his career recollects........

Case D24

When I took over, my seniors were waiting to find fault with me. My colleagues barely had a working relationship with me. My subordinates gave me lesser respect in comparison to what they gave my upper-caste colleagues. I experienced an undue delay in my promotion. My seniority was bypassed and juniors overtook me.

The above case particularly reflects upon discrimination at every stage of his professional career. A few other respondents have also faced discrimination at every stage of their professional career and not just in the beginning stages. The non-Scheduled Caste respondents, on the other hand have their own perspective regarding discrimination within the profession.

It is quite difficult to coax the non-Scheduled Caste respondents to reveal in detail their perception of the discrimination faced by the Scheduled Caste medical professionals. Only very few of them did agree to
discuss and substantiate their arguments. A consultant of the non-
Scheduled Caste category opines:

**Case D25**

Nobody would ever dare to touch them. They bring out the caste factor for anything that happens to them. They always complain that because they belong to the low caste, we have troubled them. The Scheduled Caste students always had political connections. So, they pulled strings for every petty issue in the campus.

A Senior Resident of the non-Scheduled Caste category had this to say:

**Case D26**

Normally, when a Scheduled Caste doctor is appointed in any unit, he is humiliated. They were granted reservation for their education and once again for their jobs. This is where it puts us off. When we slog much more to reach this stage, they walk in with lesser input because of reservation.

These cases from the Non-Scheduled Caste category's point of view depict a social situation where the Scheduled Caste respondents are very touchy about the caste issue. They also believe as Case D-25 says that the Scheduled Castes never hesitate to use political contacts for those issues which the non-Scheduled Caste respondents found petty and unimportant.

The Non-Scheduled Caste respondents also gravely disagree with the fact that their Scheduled Caste counterparts have the benefit of positive discrimination right from their schooling, undergraduation, postgraduation and upto their employment stage. This is found to be the most disagreeable Governmental policy with respect to the Non-Scheduled
Castes. This is because the "cut off" points for admission either to graduate or post-graduate course between the two categories varied a great deal. This variation simultaneously made it seem that the process of acquiring admission or recruitment is more difficult for the Non-Scheduled Caste category medical professionals as they have opined in the above cases. Most of the Non-Scheduled Caste Cases D7, D8, D9, D16 and D26, also highlight the fact that the Scheduled Caste medical professionals are less meritorious and are far from being their equals as the cut off points differ and that they are granted protective discrimination at the educational and recruitment level also. The experiences quoted so far illustrates the particularisms that mar the medical profession. On the total count, a majority of the Scheduled Caste medical professionals (51.3%) believe that there exists only a low level of discrimination, 24% of them say that there exists a moderate level of discrimination and 24.7% of them believe in a higher level of discrimination (refer Table 5.1). None of the Non-Scheduled Caste respondents on the other hand, believe in the existence of a high level of discrimination, only 2.7% of them believe that a moderate level of discrimination exist and a huge majority of them (97.3%) believe that only a low level of discrimination exists. Differentiation and discrimination may be explicitly expressed during the initial days or exit only implicitly during the later part of the career. Thereby, discrimination did seem to exist atleast to a lesser degree. The instances quoted above pronounce that discrimination does exist in varying levels in accordance to the differential
perception. The similarity in opinions of senior and juniors on discrimination also reveal that the structural and cultural continuities of the traditional society did exit in their times and does continue to exit even at the turn of this century. The Scheduled-Caste doctors on their part developed a **coping mechanism** in the form of an SC/ST Doctors Association in every campus.

**Coping Mechanism**

Differentiation and discrimination seems to be an unequivocal phenomenon of the medical profession. The Scheduled Caste respondents have therefore formed an apex organization in the year 1985 at Delhi which serves to an extent as a coping mechanism. To fight for an effective implementation of the Government's welfare policies every college campus has an SC/ST Association. They do have an elected or nominated President, a Secretary and a Treasurer. The Scheduled Castes in medical profession have thereby made an attempt to organise a collectivity for themselves. This collectivity also helps in ensuring an effective identity. They welcome the SC/ST freshers, try to constitute prizes for the topper in every class and discussed their problems - usually cases of discrimination and victimization. Professional problems of transfer, promotion disciplinary actions etc., are the major issues for discussion in these forums among the seniors. The Scheduled Caste students are often involved in an inevitable fight for their scholarship funds.
The majority of the Scheduled Caste respondents (51%) believe that the association functions very efficiently. Only 5.3% refrained from commenting on the issue. The majority (53%) of the Non-Scheduled Caste respondents also opine that the association performs efficiently. Only 7.3% of them abstained from discussing the matter. Thus majority of the respondents from both the categories believe that the association creates a competitive atmosphere among the Scheduled Castes and fought for their financial assistance. The Scheduled Caste respondents also point out that they discuss how teachers discriminate them on the basis of their caste identity. They also discuss thoroughly the student-to-student relationship which they believe is always governed by the caste factor.

Among those respondents who are of the view that the Association did not function effectively, a majority of both the categories said it only politicised the issues and that it took into consideration ingenuine demands. The Scheduled Caste respondents also feel that the Association exists merely to welcome freshers and is not result-oriented.

The Association has its own insecurities. The Secretary of the Association is always afraid of being transferred. Thereby the Secretary of the Association is changed on rotation every year. The senior Scheduled Caste doctors always took the post on rotation basis. These associations exist in every campus and are all coordinated by the Apex body of the Delhi SC/ST Doctors Association.
The SC/ST Association also circulate a Bulletin called the Ambedkar Medical Bulletin though it made only a sporadic appearance it did carry relevant articles which are meant to encourage the SC/ST medical students and professionals. A casual content analysis of these issues brought to our view the encouraging anecdotes written in a emotionally charged language to get the medical professionals to strongly feel for their castemen both within and outside their profession. The following is part of a write up on the usage of the term Harijan.

In the eighteen century, a Gujarati poet, Narsi Mehta used the word 'Harijan' for a person who was the son of devdasi. Devdasis used to be the female dancers in Hindu temples derived largely from the lower castes and appointed in the service of temple... These children of god carried a stigmatised identity because of their ambiguous fathers and promiscuous and immoral mothers. They never found a respectable place even in the community where their mothers hailed from and were looked down upon with contempt as illegitimate children... From the eighteenth century onwards, the term Harijan carried such a pejorative connotation. Implicit in the term is that Harijan has been fathered by a person who does not own the child's paternity and the mother of such a child of loose morals... Growing resentment among dalits over the usage of the word 'Harijan' speaks volumes of the emotional torture dalits are subjected to. If the Narsimha Rao government has thought it fit to banish the term 'Harijan'
from the official lexicon despite an existing ban on its usage imposed by Chandra Shekhar government in 1991, then it must surely reflect the farsightedness and wisdom of the present government. But the word is not to be discarded simply because it is politically incorrect as it has taken place in case of 'Negro' and 'Red Indian', it is to be discarded because it hurts human dignity.8 There has also been terse write ups about the professionals themselves. The followings is a part of one such write up...

Among the educated class of professionals, medical profession commands enormous respect among the general people. In the Indian society where a doctor is considered next to God, whether a Scheduled Caste doctor is perceived the same way is a question which deserves exploration. In some states of the country, there have been instances where patients have refused to be treated by a Scheduled Caste doctor. It is generally believed that because of their stigmatised identity, Scheduled caste doctors are looked down upon by their own caste Hindu colleagues... Despite the fact, there are some differences in the philosophies of resident doctors and the consultants, the responses are basically consistent. Both the groups of doctors feel that SC doctors are clinically less sound, they neither keep up with the latest developments nor do they actively participate in academic activities. They cannot be depended upon as they are neither sincere nor regular in their duties. Because of their different social background, they are not

comfortable with the caste Hindu doctors... Whenever 'educated low castes' or reservations are under discussion caste Hindus argue on 'efficiency', as if it is sacrosanct and the sanctorum has to be fiercely guarded. Their presumption that the 'low caste educated' are less 'capable', less efficient or less sincere as compared to higher caste ones, has neither a statistical basis nor an expert evidence. It is high time the superior castes rose above their caste-prejudices in order to restore sanity in the society.9

There are also other write ups of general interest to the physician as such. They include, social issues and welfare themes such as child labour, Pollution, AIDS etc.... It also includes articles on social and Community Health themes such as dangers of tobacco, ban on usage of harmful drugs, problems of old age etc... The write ups also include the latest technological developments in the medical field such as new medical inventions, in both clinical and diagnostic fields. Yet the major theme of most of the issues are to encourage these SC/ST students and professionals in their fields. This also forms an effective platform to communicate among themselves and is also an attempt to build a dexterous solidarity within their group. The only limitation is that it was never a timely publication, it appears to be rather a sporadic one for which the office bearers blame the insufficient funds diverted for its publication.

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Analysis and Interpretation

The cases presented in this chapter prove that the Scheduled Caste respondents are of the opinion that they face a high level of discrimination for having come from a lower caste background. The majority of the Non-Scheduled Caste respondents opine to the contrary and believe that there exists only a low level of discrimination. The majority of the Scheduled Caste respondents are of the opinion that caste forms the major criteria for group formation in the medical college campuses. While among the Non-Scheduled Caste respondents, the majority of them are of the opinion that a blend of both caste and class factors form the basis of group formation.

The study thus presents the medical profession with its many heterogenous features. It emerges from the study that the medical profession has within its fold caste based class based, gender based and region based groups. These groups as seen in the cases presented above do coerce or exist in contrast or in contradiction to each other. Thus the profession has in its domain different particularistic characteristics and so cannot be treated as one with a universalistic characteristic. The findings of the presents research reveal a tendency towards a particularistic rather than a universalistic categorisation as is suggested by Parsons in his analysis of medical profession.10

We have in our study singled out a particular group within the medical profession, that is the Scheduled Castes in medical profession in order to understand the aspect of discrimination and differentiation. The Scheduled Castes were those who have their ascriptive status for having been born in a particular caste. The State's positive discrimination policy was meant to make the competition between members belonging to unequal castes less unequal by providing Reservation for the Scheduled Castes. The Scheduled Castes have also to compete among themselves to secure a seat within the reserved quota. The attributes of their ascribed status has thereby determined their achievement as medical professional.

As Strauss and Bucher stated in their model of Professions in process, in our study we have brought to the fore front the existence of several segments based on caste, class, region, a blend of both caste and class etc... We have for the purpose of our study singled out the segment based on caste and focussed upon the Scheduled Castes in the medical profession. In this particular model both the authors have stated the following criteria for the formation of the professional segments.

i) sense of mission
ii) work activity
iii) methodology and technique
iv) clients
v) colleagueship
vi) interest and associations
vii) spurious unity and public relations.\textsuperscript{11}

\textsuperscript{11} A. Strauss, op.cit., 1966, pp.326-32.
Firstly Bucher and Strauss spoke of the sense of mission which according to them emerged from a situation of crisis for "recognition and institutional status." The crisis for the Scheduled Castes in medical profession was due to the lowest position granted in the ritual hierarchy of Hindu caste system. They also worked for recognition in their field for instance by setting up of their caste based professional group: the SC/ST association. Through their association, they consolidated identity and the sensitivity of their problem of caste based discrimination. Secondly they suggested that the work activity of the different segments of professions were different for instance different specialists have different conceptions with regard to "the core -- the most characteristic professionals act." This could be applicable to the Scheduled Caste medical professionals also, for instance Case B (refer chapter six for more details) as a pediatrician was of the view that a healthy child would go to make a nation full of healthy people. Case D (refer chapter six for more details) as a radiologist would define his profession as one with the precise diagnosis. Thus among the Scheduled Caste medical professionals there seemed to exist segments and our study has thus brought to light the existence of segments within a segment. This is dealt in greater detail in the succeeding chapter.

12 Ibid., p.325.
13 Ibid., p.327.
Methodology and Technique was the third criteria they pointed out. They suggested here that segments could be formed around the particular method or technique adopted by the professional. The Fourth criteria was based on the clients, both of these criteria did not fall within the ambit of our study.\textsuperscript{14}

The fifth criteria was colleagueship, this definitely existed among the Scheduled Caste medical professionals in contrast to their relationship with the other upper caste professionals. This was clearly depicted in the cases presented in this chapter. As Bucher and Strauss suggested in their model the Scheduled Caste medical professionals also held certain “common notions”\textsuperscript{15} about their work, attitudes and other central problems.

The next criteria which they had suggested was based on the segments' interests and association. The Scheduled Caste medical professionals had their own interests in comparison to the other medical professionals from different or rather higher caste backgrounds. They also explained further that conflicts did arise among these segments on the basis of different interests. These conflicts according to them also arise to get a stronghold in the institutions in “recruitment” and in “relations”

\textsuperscript{14} Ibid., p.328.
\textsuperscript{15} Ibid., p.329.
with the society at large.\textsuperscript{16} There has always been conflict over their interests as presented in several of the cases above. Interests of students and teachers were in conflict in cases D1, D2, D3, D4, D5 and D6. The interests of Scheduled Caste and non Scheduled Caste students were also found to be in conflict as in cases D12, D13 of colleagues. The interests (cases PH) of superordinate-subordinates (cases PA, PC) were also found to exist in constant conflict. These conflicts played a large role in getting a stronghold within the profession and recruitment as was seen in Case E where he fought for lowering the "cut off" point for Scheduled Castes from 45\% to 35\% for the Postgraduation course.\textsuperscript{17} Another major conflict of interests is when it came to the acceptance of the State’s positive discrimination policy to help the Scheduled Caste students. The non-Scheduled Caste students or professionals could never accept this idea easily. We have further discussed this point in greater detail in chapter six. As far as their relations with the outside society at large is concerned, we have tried to understand their attitudes, beliefs, practices, general interests and ideas and we have analysed them on scales ranging from a modern value system to a traditional value system.

The last criteria was dealt with the \textbf{spurious} unity and \textbf{public relations}. Under this theme, the authors have spoken about the code of

\textsuperscript{16} Ibid., p.330.

\textsuperscript{17} A more detailed presentation of this case is taken up in chapter seven.
ethics which govern the profession yet they took care not to picture the profession with a unified system of code of ethics. This model has thus helped us to understand the different sets of medical professionals we have interacted with respect to their professional commitment. We have had a set of respondents who believed in total commitment, some who were partially committed, the others who were business oriented. The public relations suggested by the authors of these segments were not dealt with in our study directly.

These segments as the authors have suggested in their approach were according to them not static but fluid and were always found in a situation analogous to a social movement, nevertheless it was centered around their "organised identity". Our segment of study within the medical profession that is the Scheduled Castes did have an organised identity yet they also showed a tendency of a social movement for instance in case D2 and Case D13. Case D2 was one specific issue where the respondents with some of their companions fought against the system where their teachers used abusive language in class almost on a regular basis to intimidate them with a constant reminder of their low caste background. All of them got together and with great difficulty sought to have him transferred from their college. Case D13 was an instance when the non Scheduled Caste medical students burnt up their hostel rooms in a tussle over the

\[18 \text{ Refer Chap-4 table 4.1.}\]
scholarship issue. The Scheduled Caste students thus launched an FIR, got the help of voluntary associations and took a social worker with them to help them during the tense situation. These and other similar cases described in this chapter go to make a reveal of situation analogous to the social movement of the segment of Scheduled Caste medical professionals which helped them to carve out a respectable status and recognition for themselves among the medical professionals. As suggested by Strauss and Bucher these movements were to occur only within the institutional arrangement of the medical profession. In such conditions the fate of the segment of Scheduled Caste medical professionals were intertwined with the other segments such as the non Scheduled Caste medical professionals. The non-Scheduled Caste professionals, for instance always denied them a respectable position or status towards which the Scheduled Castes were constantly striving for. The Scheduled Caste medical professionals always had a leader - the president of the association - to take charge of the situation and create a more congenial or less unequal atmosphere for them.

Yet there were cases wherein an organised approach was lacking among the segments. An important case which could be sighted here is that the scholarship due to be received by the Scheduled Castes never reached them on time. As a result the Scheduled Caste students could never pay their mess dues in time. The mess authorities had to be coaxed and cajoled every month by the Scheduled Caste students. If the manager
was found to be lenient to these Scheduled Caste students he was under a constant threat from the non Scheduled Caste students who were incidentally a majority. This had led to a lot of problems in fact to a lot of verbal and physical assault too. The SC/ST Doctors Association is yet to solve this problem. They were unable to convince the concerned authorities about the need for a speedy despatch of the scholarship amounts to the respective medical colleges. Even till date this problem remains unsolved in their campuses.

A Brief Sum Up

The primordial identity and its effects on the medical profession was analysed in this chapter at two levels: Academic and Professional. It was further deduced from the cases presented and from the quantified data that a majority of the Scheduled Castes believed that they were subjected to a high level of discrimination. A high level of discrimination implied both verbal and physical assault at the academic level. At the professional level the Scheduled Caste respondents were subjected to a low level of discrimination which implied constant bickerings and whispers with regard to their low caste origin. A remarkable number of them also felt they were subjected to both high and moderate levels of discrimination. A high level of discrimination referred to punishment postings, undue transfer and delayed promotions. A moderate level of discrimination implied the creation of a difficult bad working atmosphere for the Scheduled Caste
professionals. The majority of the non Scheduled Caste respondents on the other hand believed in a low level of discrimination at the academic level which implied just bickerings and whispers behind their backs at the academic level. At the professional level also the majority of them believed that there existed only a low level of discrimination which also implied bickerings and whispers at turned back. The majority of the Scheduled Caste respondents felt caste was the basis of group formation within the medical college campuses whereas a majority of the non-Scheduled Castes felt it was a blend of both caste and class.

This could also be a well anticipated social reality for the Scheduled Castes to opine that they were highly discriminated and the non Scheduled Castes to opine that the Scheduled Castes were faced only with a lower level of discrimination. The same could also be said of their opinions on the criteria of group formation. While the Scheduled Castes opined that it was predominantly a caste based group formation, the non Scheduled Castes were of the opinion that it was a blend of both caste and class. Yet, to go further into the particularisms we ought to take into consideration their socio-economic and socio-cultural backgrounds and the aspects of equality and merit as agreed the professional values and ethics. We have also singled out five typical cases in chapter seven to understand these particularisms more effectively with the help of their life histories.
The professional ethics as presented in the previous chapter and the primordial identity as analysed in this chapter have presented the particularistic features of the medical profession. The professionals culture which we have attempted to understand so far is medical profession is as far from being an unified whole. As suggested by Bucher and Strauss, we have for our understanding singled out the 'segment' of Scheduled Castes in medical profession and have tried to understand the many particularisms within this segment also. We shall understand these particularisms further with the help of the two relevant concepts of equality based on merit and equality based on welfare measures in the succeeding chapter. To have a vivid picture of the social reality we shall in the succeeding chapter analyse the constitutional and the social basis of the phenomena of equality.