Chapter Seven
A STUDY OF FIVE TYPICAL CASES

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This chapter presents a detailed study of five typical cases. Professional culture, as perceived so far characterises the medical professionals as:-

i. less committed to their professional ethics.

ii. those with particularistic feelings and sentiments defined by their primordial identify and

iii. those who demand for equality:-
   a. equality on the basis of welfare measures and
   b. equality on the basis of merit.

The indepth study of five typical cases is to make sure that none of the intricacies of the problem are overlooked. It also helps us to cross check the data generated from the field survey. The method also presents the perception of the Scheduled Caste doctors in a more detailed manner. This detailed explanation and inquiry is essential since, initially most of the respondents observed the medial profession as a noble profession. They all took their own time to discuss the phenomenal particularisms of the profession.

**Case A**

Consultant (orthopedic)

Dr. A. appears to be a very stern orthopedic surgeon. He is less approachable and pensive. However, when visited a couple of times, he gradually got friendly. Yet, during the initial rounds of discussions, he did maintain that the medical profession is neither touched by nor tainted with
the present day fads of commercialism. He was born in Maksara, a village in Uttar Pradesh. His father was an agricultural labourer with a negligible amount of land whose earnings left Dr. A's family in a *hand to mouth* situation. His father knew to read and write but his mother was an illiterate. She was a housewife. He has two younger brothers. The elder one is a school teacher and the younger one discontinued schooling.

The respondent did most of his schooling at the village in Hindi medium. He recollects that all his childhood friends were scheduled caste boys mainly. They were all ganged up together as they were frequently bullied by the upper caste boys. They were deliberately made to sit away from the upper caste classmates. Thus the minority feeling of insecurity was planted in their psyches at a very young age. He was a toper in his school days. When he was in class twelve his biology records were lifted during the final board exams, he alleges that this was done deliberately by his upper caste classmates. Since he "did not bow down to the Thakurs", the records, were not returned and, he had to prepare them again and submit. He was never interested in saluting the upper castemen. He graduated in Botany, when his friends suggested that he should apply for MBBS. "I only applied by chance" he said. He admits very frankly that he did not even know what kind of course medicine was. All through his education he relied on Government scholarships for SC/ST students.
He had cleared his entrance exam in the first shot and began his course in 1972. He says he was heavily discriminated against by his teachers. He recollects how one of the Heads of Departments laughed at him, when he discovered he belonged to the scheduled caste category, and slighted him further by giving him just one mark out of fifty in his viva. He says he could never get over that mocking laughter.

Another important event, which he recalls, took place when he was in the final year. He was involved in a clash among the students. The clash was between the SC/ST and the non-reserved category doctors on the issue of the former receiving Government scholarships. Several students were roughed up and in the bargain the non-Reserved category students lodged a criminal case against Dr. A. He had to go through this for fighting against the majority upper castes. The next event of victimization was when he was denied admission to post graduation though his name appeared on the list. The SC/ST students agitated, went to the Allahabad high court and got the court orders. Only due to the court orders he could secure his admission. He appears to be a very happy and totally satisfied doctor by profession and more specifically an orthopedic surgeon.

As a professional, also he faces discrimination. He was transferred from the Orthopedics department to the department of Rehabilitation. This is considered a punishment posting. The doctor states that he has been harassed at every stage, and that he never failed to revolt against the
upper castes. When he initially joined Safdarjung Hospital nobody knew his caste. After almost a year the news spread and then, he said, the complaints began. They always felt that he never moved with the rest of the crowd. They had always made it a point to find fault with him. Though he ranked high on the merit scale, he was highly discriminated against, both as a student and as a professional based on his primordial identity.

His attitude towards the Reservation policy is stern and well set. He does not want any change in the policy as such but stresses on its effective implementation. He argues his case for having benefitted by the policy, yet as a Scheduled Caste doctor, he says he has his parents in the village to support and as the eldest child, he had to fund his younger brother's education. Thus, he says he has a car but he is unable to manage its expense. He further argues that most of the general category doctors on the other hand, enjoy their whole pay packet.

Case A is of the firm belief that reservation is the only means of righting the wrongs of the Caste system both for SC/ST and OBC categories. So much so that he suggests that all castes should be given reservation and with such a policy there will be no fights based on reservations. On the contrary, he agrees with the inclusion of the economic criteria in the primarily caste based system of reservation. Yet, when it comes to the reservation for the poor upper castemen he believes in granting them only financial assistance.
As regards the professional ethics of the doctors, he opines that the medical professionals are a highly committed group. He also insists that they confirmed to their values, ethics, codes of behaviour etc... Yet his main aim is to earn money and he does not believe in the fact that there ought to exist a patient redressal system. He outrightly rejects the implementation of the COPRA.

His future plans, goals and ambitions are multifaceted. He is an active congress I worker and is finally aiming to get a position of high command within the party. He proudly declares that he has a good number of political contacts. He also has plans of going to the U.S. which will according to him raise his monetary benefits. He wants to be recognised among his castemen so he never missed an opportunity to help them. Yet he is also aware of the jealousy which prevails against him among his caste fellows.

He is moderately exposed to the mass media and moderately involved in extra-curricular activities. He ranks more towards the modern values in the modernity-vs-tradition scale. He is also actively involved in the SC/ST doctors forum in the hospital. He is married, has two friendly daughters and is comfortably housed in his quarter which has most of the modern gadgets. It is a well furnished middle class home. His wife is a supervisor of the Rehabilitation department, in one of the leading hospitals in the Capital. He came across as a highly ambitious man with great strength and vigor, who took life as a challenge.
Dr. B. was initially snobbish and with a lot of doubt he let the researcher into his chambers. To start with, the respondent presented the medical profession as the noblest among all professions. He did not admit the particularistic and ethnic prejudices that existed. After several rounds of discussion he gradually turned into a pleasant informal respondent. He had no hassles in revealing his simple village background. This doctor began to speak a lot and elaborated extensively. The researcher was thus forced to make a good number of visits to familiarise with the respondent and break the barriers of hesitation.

The doctor fancied long conversations when it came to general themes and with his philosophic outlook he substantiated all his points of argument. He says his philosophic nature took root from his fathers inspiration.

He is a successful senior Pediatrician and the upper middle class brought their children to him, both for treatment and also for advice and suggestions regarding their behavioural pattern. He also helps his castemen in finding jobs for themselves.

The doctor was born in a village in Jalandhar (Punjab). There was no school facility there, he had to go to a primary school in the adjacent village and for high school he shifted to another village seven kilometers away from his own village. The medium of instruction in school was Punjabi. He stood first in school in the school leaving examination. Then
he moved to a Government College for the premedical course. His father was a class IV employee in the postal department. They are a huge family of eight and his mother is a literate house wife.

In 1947 after the partition of India and Pakistan, his father lost his job. This left the family in a bad shape, and since then they had a hand to mouth existence. Dr. B. was a bright student and cleared his medical entrance at one go. His uncle encouraged him to take up medicine as his career. His elder brother funded his education. He used to send around Rs. 40 to 50 per month with which he managed. He used to refer to the books in the library only because he was never left with the money to buy his personal copies.

Dr. B. was a very good student all through. Yet, he sensed the constant undercurrent against the Scheduled Caste students. His teachers did discriminate whenever they could. He stood first in all the theory papers at the end of the first year. The doctor recollects that the teachers could not stomach his brilliant performance. They pulled his marks down deliberately in the practical exams.

The worst experience, according to him was when he had continuously topped the class all through, he was victimised in the final year. The second rank holder was a Non-Scheduled Caste student with good contacts and his grades were pushed up in the viva voce and thus he walked away with the top position.¹ He got the specialisation of his choice

¹ This instance was earlier quoted in chapter five as Case D 1.
in the post graduation course - pediatrics. Dr. B. did not face any problems as such when he took over his official appointment as a doctor. Case B is a highly meritorious respondent. He had topped his school leaving examination, got through the medical entrance examination at one go and passed out within the required period of time. Yet he was highly discriminated against as a student, on the other hand as a professional he was subjected to a no discrimination. Inspite of having faced discrimination as a student he agreed for inclusion of economic criteria within the primarily caste based reservation policy. However he is vehemently against the reservation for the upper castemen. He retorts saying they deserved reservation only if they are Scheduled Castes or if they are willing to become "a Scheduled Caste by themselves". He believes that groupism exists in the medical college campuses. These groups were, according to him based on a blend of both caste and class factors. He thus differs from the majority of the other Scheduled Caste respondents.

Case B confirms to the findings of our survey regarding the professional ethics. He believes that doctors are generally committed to their professional ethics, values, norms and codes of behaviour as did the other Scheduled Caste respondents. He differs from the field survey when he shows keen interest in serving the society unlike majority of the respondents from both the categories. This motive according to him is fast disappearing among his colleagues. He agrees with the promulgation of the
COPRA to include medical profession also. He has but a condition: to include a doctor in the panel.

He is moderately exposed to the media. He always listens to the Hindi news bulletin on All India Radio. He is not very regular with the news bulletin on Doordarshan. He reads both Hindustan Times and Times of India. He prefers the latter to the former. Movies are not of any particular interest to him. Dr. B. is gifted with an extremely melodious voice, his preference is Punjabi folk songs and he entertains his guests and friends regularly. He took to tennis and badminton during his student days. Reading as he put it, is more dear to him than just a hobby. He is highly involved in extra curricular activities. His area of interest is religion and is least involved in political activities. He also does not involve himself actively in the SC/ST forum. His attitudes are more towards the modern value system based on issues such as caste, religion, God, future birth, death etc.

He is married to a Gynecologist, who is from an upper-caste, urban-middle class background. She comes from a professional family where both the parents are doctors. Her father approached Dr. B. with the proposal to which Dr. B. and his family immediately agreed. They have two daughters now and own a flat in a posh area in the capital. Both the husband and wife commute by car.

Case B came across as one with a philosophical approach to life.
Case C

Dr. C. has faced a lot of hardships during his schooling, pre-medical course, under-graduation and post-graduation. He was born and brought up in Delhi. He studied in a Government school with Hindi as the medium of instruction. His father was a leather worker, whose pay left the family in the hand to mouth category. His mother is an illiterate housewife and they are a family of seven. He has two brothers and three sisters. One of the brothers discontinued his studies, one is presently a section officer and the three sisters did not complete their schooling.

Dr. C. is a very pre-occupied person, it took us several meetings just to start conversing politely. He is handicapped, in the sense he lisps when he speaks. And it seems even as a child he took longer than usual to start speaking. He is also frequently bullied about his lisp. This prompted him to choose medical profession as a career. Ever since childhood he has always held his family doctor in high regard and had great respect for him.

His Hindi medium schooling and family background proved to be steep hurdles when it came to the medical entrance examination. He had great difficulty in understanding English. Expression and articulation were also his major problems. It was so even during the course of the several discussions we had. Yet he said he managed to clear the examination at one go. He relied mainly on Government scholarship for his medical education. He is a very simple person with very few needs in life. He
travels by bus (public transport) everyday from his house to the hospital.

During most of his education he stayed in the hostel. There were only five other scheduled caste students then. All these five flocked together though he said, groups were formed on the basis of class also. The rich students and poor students were divided. He said he could not mix well because of his language drawback and the lisp which everyone used to laugh at. His poor economic background also seems to have added to these conditions.

His teachers were always indifferent when it came to the Scheduled Caste boys. In his school days, he was good at math. His teachers were surprised that an untouchable boy could score so well and always passed derogatory comments. They also deliberately pulled down his marks which affected him badly at a very young age. During the later stages, especially in medical colleges he said they were cleverly discriminated. The upper caste medical professionals were more diplomatic when it came to victimisation of the Scheduled Caste medical professionals.

He could never forgive his physiology teacher who discouraged him openly and commented in front of the whole class, about his calibre. He also reports of more discrimination in the clinical subjects. As a matter of fact a couple of teachers always found fault with every surgery he handled. Their comments always touched upon the doctor's low caste background. There were other students also who made such remarks.
As a Senior Surgeon he says that his surgical skills are all self learnt. He has hardly had any encouragement from his teachers or family. He says it was basically his will power which helped him succeed.

Since the day he took over his duty in the Government service, he was victimised. He was denied his posting several times and he had to take up the case legally. His promotion was unduly delayed. He was transferred from Ram Manohar Lohia hospital to Parliament Annex which was considered a punishment posting, because here he would have lesser cases to handle than in other hospitals. He went on a one-year fellowship to England (1984-85). When he got back, his upper caste colleagues welcomed him with a lower position. They refused to give him the post he had already held where he could have used his recently gained knowledge and skill.

When he had enough seniority in 1987 he was not given a unit of his own. He protested against the treatment meted to him, confronted the Head of the Department several times and even produced the seniority list from the Directorate. He also made a representation to the health minister. All was in vain, he was not allowed to operate for a period of fifteen months. In the bargain he was shifted from one hospital to another. His juniors were allowed to operate and of course Dr. C. protested again. Once again came the transfer to Lok Nayak Jayprakash Narain Hospital. Thus he was highly discriminated both as a student and as a professional.
All these events he admits led to a psychological feeling of 'smallness' within him. The fact that he belongs to an untouchable caste was drummed into him from his childhood days. He says, these have cultivated a sense of protest and agitation in the Schedule Caste Category against upper caste domination in society.

Unlike most other doctors he reflects on the 'human values'. He opines that slavery could never be washed out of the Hindu society. Inspite of conversions of the lower castes to christianity or Islam the individual is never entertained if he is a Scheduled Caste. In this context he quotes the example of Blacks in different countries. In a typical Indian village setting, scheduled Castes live in the periphery in small hamlets and is believed that in the cities untouchability is practised to a lesser extent. Yet, he says the jhuggi jhopdis are mostly occupied by the ex-untouchables.

In the medical profession at least this technical education should deliver the upper castemen from caste prejudices, he feels such prejudices could, degrade the profession as such. He is also of the view that a professional's skill and intelligence should be respected more. Dr. C. is not for any changes in the Reservation Policy. He will rather let it go as it is and insists on an effective implementation process. He always drives home the point that the Scheduled Castes in villages face acute discrimination. He inclines that they are more in need of the welfare schemes.

He is one of the founder members of the SC/ST Doctors Association and also actively participated in the association. Dr. C. says they are very
insecure that the other general category doctors with political backing might get them transferred and so the Secretary is changed every year. They instituted a gold medal in Delhi University for the toper among SC/ST students. This is to create a competitive atmosphere for the SC/ST students. The doctor says they are also encouraged to explain their problems. These could be ranging from personal, social to academic ones. He is very regular and a deeply involved member of the association. He opines that the SC/ST association should be recognised by the Health Ministry and also that there should be more participation among the Scheduled Caste doctors. He intensely believes in serving his community as a doctor.

The respondent is very sensitive to the issue of serving the society as a medical professional. He also emphatically states that serving his own community people receives top priority among his other activities. Yet, he also reflects upon the degrading commitment on the part of the medical professionals in general. He strongly declines the view that India as a nation is ready for the Consumer Protection Act to include the medical services into its purview. Thus he did not foresee the necessity for any change in the professional power structure.²

² This Case differs from the survey as regards the professional ethics. He reflects that most of the doctors are bound by their ethics, values, norms and are highly committed to their profession and specifically claims to serve his community as a doctor unlike other respondents who are interested only in the business aspect of the profession.
Dr. C. is less exposed to the media. He justifies saying he almost has no time and is tension ridden with all these victimisations to ever take the time to listen to the radio, watch the television or read a couple of papers. He hardly spends five minutes reading the paper every morning. As a student also he was hard pressed for time to involve himself in extra-curricular activities. Thus he is less exposed to the media less involved in extra-curricular and political activities. On the *modernity-tradition* scale his ideas are more towards the traditional values.

He is an extremely busy surgeon today. His room is always over crowded with eager patients pulling out long strips of x-rays, with wounded or bandaged arms and legs. The discussions for the study were mostly at his quarter. It is a simple and modestly furnished one. He is recently wedded. Dr. C's father also lives with him. He is very old and so could hardly converse informatively.

**Case D:**

Senior Radiologist

Dr. D. is a very friendly respondent who belongs to a middle class family, and his father was in the Defence services. He was very much at ease during the discussions. He never got emotional even while discussing sensitive issues. He comes across as a very balanced person with a cheerful disposition. His successful career, his friendly nature and confidence always stands out. He is proud to state that when he proved himself in his profession, even the Non-Scheduled Caste doctors look up to him for professional guidance.
He was born in Kanpur (Uttar Pradesh) and is a Bengali by birth. Most of his schooling was in Delhi and Trichy (Tamil Nadu). All through he studied in Kendriya Vidyalayas where the medium of instruction is English. He graduated from JIPMER (Pondicherry) where he was not admitted in the SC/ST reserved category, but in the sports quota. This he proudly stated at least a couple of times during the discussions.

His father was in the Air Force and his mother, who had completed her graduation was a housewife. They are just two children at home, his sister was a school teacher and after marriage she discontinued her job. Their family was financially in a comfortable position. His medical education was funded by family resources.

Dr. D. did not have problems with his teachers or fellow students. They were not aware of his caste and also that his admission was through sports quota. This doctor is more inclined to implement changes in the Reservation Policy. He prefers to introduce the economic criteria as the basis of the Reservation Policy.

He began his career as a lecturer. There were a lot of problems which he faced at this juncture. His colleagues were prejudiced, who always sniggered at his low caste background. He was not allowed to join immediately inspite of the appointment order. The staff raised a lot of queries, they had his caste certificate verified more than twice.
When he took over, he recollects that he was put on a test. They always waited to see how he performed. He proved to be quite efficient, more so he proved to be far better than the upper caste doctors. Thus, initially he had a hostile work atmosphere to cope with. This evaluation gave him an insecure feeling. Thus he also had his share of discrimination based on his primordial identity. Now he is the senior radiologist and Head of the Department. He also served for half a decade in England.

The respondent is of the view that the doctors are only partially committed to their profession. He is himself interested in gaining better status, earning more money and for this purpose he proposes to go abroad. He outrightly declines the implementation of COPRA and says the patient is more under threat with this act. Case D adhered to the professional ethics at a low level.

He is well exposed to media and he reads two newspapers - Times of India and Indian Express. He regularly watches the news bulletin on television. He does listen to the radio, and has practically no interest in movies. As a student he was a good debater and played tennis and hockey. He was the college sports administrator at JIPMER.

Dr. D. was always an office bearer in almost all the campuses he stayed at. He was the General Secretary and President of Students Union at JIPMER. As a teacher in Benaras Hindu University, he was President of the Benaras Hindu University Teachers Union. He says he was jailed
nineteen times for participating in different strikes. Each time he was released through the Habeas Corpus writ with the help of the Students Union. JIPMER was on strike even during Emergency. They fought for financial assistance for their thesis work and they succeeded.

Dr. D. was slightly inclined to the left. He subscribes for the CPI (ML) monthly journal, People's Democracy. As a student he worked only in a limited way for the party. According to him groupism exists in all campuses for instance, JIPMER had no such affair, Benaras Hindu University was ridden with caste politics AIIMS has the problem of class differences, along with caste, Safdarjung Hospital was also ridden with caste politics.

He did not actively participate in the SC/ST Doctors Association of which he is just a member. His ideas and attitudes on general issues, grade him as a person with more of modern values.

He is married and his wife teaches in the Delhi Public School. He has only one daughter. He is now a successful radiologist in one of the leading government hospitals in the capital. Case D came across as a cheerful person who responded to the challenge of life.

Case E

Senior Resident

Dr. E. was born in a village called Begu Sarai in Bihar. He had his early schooling at the village school in Hindi medium. His father was a Government servant who belonged to the class III category. His mother
was a matriculate and taught at the local village school. They are a family of seven. He has two brothers one is a doctor and the other is a class I officer. His two sisters finished their schooling and were married off and all of them are housewives. Dr. E. is the youngest and he was bogged down by several incidents of discrimination and victimisation from his earlier days.

After schooling he made three attempts and only with the third attempt he got through the medical entrance exam. It became a challenge for him when his school teacher passed an open comment that he could not pass the medical entrance exam since he belongs to the Scheduled Caste. He relied on scholarship for his medical education.

During most of his student life he was a hostelite. He and his other Scheduled Caste friends had a lot of problems. They always found it difficult to get rooms in the hostel. Open fights between the Scheduled Caste and Non-Scheduled Caste medicos was a common scene. The majority upper caste students create problems when sharing the same table with the Scheduled Caste students at the mess. They also fought for a separate mess. Gradually, with time the events cooled down but the undercurrent of discrimination against a lower caste always existed.

His teachers always troubled him. They bullied him about his low caste background right from his school days. He was openly teased and bullied during classroom discussions. He is of the belief that if a Scheduled
Caste student is an average performer he will be deliberately failed. If he
performs slightly better than the average he will still be awarded low
marks.

He was also troubled when he took over charge as a Senior Resident.
His appointment was unjustly denied. His seniors tried their level best to
throw him out of the department. He resisted to a great extent and always
fought back. He views that the whole atmosphere is dominated by the
upper castes. Thus he is highly discriminated based on his primordial
identity and is not in favour of any change in the existing Reservation
Policy rather insists on its effective implementation.

With regard to the professional ethics, he believes that the medical
professionals are only partially committed and thereby diverge from the
opinion survey. He also makes clear his ambition to go abroad to make
more money. He does not believe in any patient redressal system. As a
professional, Case E adheres to the professional ethics at a low level.

Dr. E. is actively involved in the SC/ST Doctors' Association. The
post-graduation cut off was 50% for the general candidates and 45% for
SC/ST candidates. This was too slim a margin. Quoting their lower
socio-economic background Dr. E. filed in the Supreme Court and also
succeeded in bringing down the eligibility cut off for SC/ST doctors to 35%.
He also fought for enhancement of Government of India scholarship for
SC/ST students.
Dr. E. had applied for the post of Senior Resident in AIIMS Radiology department against two reserved category vacancies. He said the minimum qualification is an M.D which he has completed. The results declared that two general category candidates were selected. The reason stated by the selection committee was that none of the SC/ST candidates were found upto the mark. This hurt him very badly. Following this, they made several representations but all was in vain.

His extra-curricular activities involves more of sports. Movies are not his cup of tea, nor is he habituated to the radio or television. He also makes it clear that he neither has a television nor a radio in his quarter. He reads Hindustan Times regularly. He is less exposed to the mass media.

As a student he was a state level champion in weight lifting and gymnastics. He was also an active cadet of the NCC and was the under officer in his college. He was also the sports convener in his college and was highly involved in the extra-curricular activities. Dr. E. is an apolitical person and does not show much interest in any political party, his political involvement is thus almost nil. His attitudes on general issues such as God, death, caste system, creation are more towards modernity on the scale.

**Overview of the Cases**

**Case A** came across as a typical one. He was bullied, into realising his caste identity ever since he was a school boy. This had created in him
a pre-conceived notion of the upper caste domination. Yet he responded to all the challenges thrown by his upper caste colleagues as a doctor. In fact, he revolted against them at every stage. His primordial identity often constrained him both as a student and as a professional.

The event of a criminal case lodged against him, denied of admission for post graduation, punishment postings and his family background all laid several constraints on him, especially in comparison with his upper caste colleagues. Thus Dr. A. had many tribulations which hindered his betterment. These constraints had adverse effects on this particular case since he is a highly ambitious person.

He belonged to the moderate class category, he could also be fitted into the moderate cultural capital category and had a moderate socio-cultural background. He had moderately adhered to the professional ethics was highly discriminated against and also belonged to the high level categorisation in the merit scale. He underwent the caste based discrimination all through his life right from his school days till date. Yet he took to life as a challenge.

Case B is yet another typical case of a very successful doctor who comes from a simple village background and family with a hand to mouth existence. He was discriminated against as a student, yet he did not revolt against the system or the upper caste colleagues. He is more of a silent person, who takes to events as it comes.
He is married to a doctor from an upper caste\(^3\) who is urban based and from a professional family where both the parents are doctors. For a good part of their lives, they lived with the wife's family. Since this is a case of a low caste man married to a higher caste woman, it would have given him better social status vis-a-vis his newly acquired economic status as a doctor. Probably this also contributed to his liberal attitude toward instituting changes in the Reservation Policy, based on the economic criteria.

Contrary to the trend of the data collected during the survey, his ideas towards implementing change in the Reservation Policy are for the inclusion of the economic criteria.\(^4\) It should be remembered here, that 94% of the scheduled caste respondents are for the continuance of the State's protective discrimination policy based on the primordial paradigm.

Once again, he differs from the general trend of the study - as his main motive is to serve the society with the technical skills he had gained in the medical profession. The survey further, reflects that the majority of the professionals treated medical profession as a mere business.

To conclude, Case B is one of the typical cases where neither his class, his cultural capital nor his socio-cultural background did effect the level of discrimination he faced, his adherence to professional ethics nor his

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3 This was a rare instance of *pratiloma*.

4 The majority (75.3%) of the Scheduled Caste medical professionals are against the inclusion of economic criteria as the basis of the reservation policy.
attitudes towards the State’s policy of protective discrimination. He was highly discriminated as a student but as a professional he is faced with no discrimination. This passage of one level of discrimination to another seems very characteristic. His life was a processual passage from being discriminated highly as a student to almost no discrimination as a professional. This could also be related to his marriage to a higher caste woman. Most of the other respondents who faced discrimination based on their primordial identity are actively involved in the college SC/ST forum and were never for implementing change in the Reservation Policy. Case B on the other hand does not actively involves himself with the SC/ST forum where he is merely a member. He believes in the implementation of the economic criteria in the Reservation Policy unlike most of his fellow castemen in the medical profession. Moreover, he believes in the existence of groups based on the criteria of caste and class factors unlike the others who insists on the primacy of caste based groups. In Case B his marriage to an upper caste woman seems to have influenced him to a great deal.

Case C was a case of total dejection. He could barely respond to the challenges thrown by the upper caste dominated system. He was not just victimised once but was continuously subjected to it, and this kept him under a constant state of despair. He is a man with few friends. It is pathetic to hear that none of his SC/ST friends empathised with him. They treat him as a clown and even laughed at his sufferings.
The doctor is totally dejected with life. He is very unhappy over his profession and seemed never to have enjoyed a medical professional's life. Thus his primordial identity has created a succession of constraints throughout his professional career. He was not for any change in the caste based reservation policy. He did, like most other respondents, present a highly noble picture of the medical profession which gradually gave way in the course of the discussions.

To summarise this Case, the respondent is being discriminated against throughout his life based on his primordial identity. He belongs to the moderate class, has a low socio-cultural background with a high cultural capital. This is a case which differs from the opinion survey, he has completely adhered to the professional ethics. He is highly discriminated based on his primordial identity. There seems to be a few characteristic influences on his life, firstly, it is his lack of proficiency in the English language which restricts his sociability, secondly, his lisp which everybody generally used to laugh about and thirdly, that he ranks low in the merit scale. These three factors influenced the high level of discrimination he is faced with. This factor of being highly discriminated made him an active member in the SC/ST forum. It also determines his attitude against any change in the caste based State's Reservation Policy.

Case D is a successful radiologist who enjoys his job thoroughly. The respondent has responded to the challenges of the uppercaste system in his own style-with ease. He proves to be more prone to change in the State's
caste based discrimination policy. He also reflects on the less commitment orientedness of the medical professionals. Thus, the study of this specific case also proves that the medical professionals are less committed to their profession.

To conclude, Case D is from the comfortable category of class, has a high cultural capital and a high socio-cultural background, all these factors determines his cheerful disposition as have seen in comparison on the other cases. He did not, as a professional, adhere to the professional ethics of the medical profession. He faced no discrimination as a student since he did not seek admission on the basis of his caste identity but with the sports quota. He was discriminated only as a professional when he secured his job on the basis of his caste. This discrimination also seems to have reduced with the flow of time since he proved to be a highly competent professional in this field. Thus in this case, merit determined the low level of discrimination which the respondent is subjected to.

Case E. comes across as a person totally tired of life. He has had a very eventful student life when he fought against the upper caste dominated system for ensuring benefits for the SC/STs. As a professional he seems to be bogged down by all the upper caste bullies. He also contemplates on leaving everything and packing away to his village.

This reflects his resigned attitude towards the challenges thrown by the system. Though he tried to revolt against the system he could never deliver himself from the professional constraints which ensued from his
primordial identity. It has created in him a sense of smallness, especially when acquiring a post graduation seat or appointment in the Governmental service. He is evidently unhappy about his profession or the *upper caste dominated profession* as he put it himself.

Case E is from the moderate class category, possesses a moderate cultural capital and has a moderate socio-cultural background. He is found to adhere to the professional ethics at a low level, highly discriminated and is at the low level in the merit scale.

**Analysis and Interpretation of the Cases**

In this study on Professional culture the focus is on three important sub-themes:

1. the professional ethics.
2. the primordial identity
3. the Reservation Policy.

Initially, the study identifies and analyses the data at two levels firstly the social background which may perchance determine the above themes. The background factors include:

1. the class to which the respondents belong
2. the cultural capital of the respondents
3. the socio-cultural background of the respondents.

The class refers to the familial income of the respondents, the cultural capital comprises of the class and place of primary education of the respondents and the socio-cultural background includes exposure to
media, involvement in extra-curricular and political activities, their attitudes and beliefs towards issues of general interest. These factors are put on a scale with a three fold categorisation: low, moderate and high.

**Adherence to Professional ethics**

The discussion in this section is on the social factors which could determine the level of adherence of the medical professional to the professional norms and codes of the profession. Firstly the class factor - Cases A, C and E belong to the moderate class category. Case A has moderately adhered to the professional ethics. Case C, highly adheres to and Case E adheres to at a low level. Case B is from the low economic level and highly adheres to the professional ethics. Case D is from the high economic level category of class and adheres to the professional ethics at a low level.

**Table 7.1**

**Scalar Representation of Professional Ethics with Social Class as a determinant factor**

<table>
<thead>
<tr>
<th>Class</th>
<th>Prof. Ethics</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
<td>B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>E</td>
<td>A</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>High</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thus, no particular Case reflects upon a set pattern of being influenced by higher or lower class category with regard to the adherence to the professional ethics.
Secondly, the cultural capital of Cases A and E are at a moderate level but Case A moderately adheres to the professional ethics and Case E adheres to at a low level. Cases C and D have a high level of cultural capital but Case C highly adheres to and Case D lowly adheres to the professional ethics. Case B has a low level of cultural capital and highly adheres to the professional ethics.

Table 7.2

Scalar Representation of Professional Ethics with Cultural Capital as a determinant factor

<table>
<thead>
<tr>
<th>Cultural Capital</th>
<th>Prof. Ethics</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Moderate</td>
<td>E</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>D</td>
<td></td>
<td></td>
<td>C</td>
</tr>
</tbody>
</table>

Thus, the cultural capital does not seem to have had a uniform pattern of effect on the respondents' adherence to the professional ethics.

Thirdly, Cases A, B and E are from a moderate socio-cultural background yet their adherence to the professional ethics varied. Case A has a moderate, Case B High and Case E a low level of adherence to the professional ethics. Case C is from a low level of socio-cultural background and adheres highly to the professional ethics. Case D is from a high socio-cultural background but has only lowly adhered to the professional ethics.
Table 7.3

Scalar Representation of Professional Ethics with Socio-Cultural Background as a determinant factor

<table>
<thead>
<tr>
<th>Socio-Cultural Background</th>
<th>Professional Ethics</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Moderate</td>
<td>E</td>
<td>A</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thus, the socio cultural backgrounds of the respondents does not play a significant role in determining the professional adherence to the professional ethics.

It could be concluded here that the adherence to the professional ethics is to a great extent not determined by the factors of class, cultural capital and the socio cultural background.

Discrimination based on the Primordial Identity

The discussion in this sub-section focuses on the level of discrimination. Cases A, C and E belong to a particular class (the moderate class) and are meted with the similar level of discrimination. They belong to the moderate category of class and are faced with high level of discrimination. Case D belongs to the high economic category and experiences a moderate level of discrimination. As the above trend shows more discrimination is meted to those respondents who are from a
relatively lower class. Yet, the next instance, of Case B who is in the low economic category faces discrimination at a moderate level only. It seems at this juncture that the class to which this particular case belongs does not determine the level of discrimination.

Table 7.4

Scalar Representation of Discrimination with Social Class as a determinant factor

<table>
<thead>
<tr>
<th>Social-Class</th>
<th>Discrimination</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td>E</td>
<td>A, C</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td></td>
<td>D</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It could be deduced that the gradation of class played its role in the level of discrimination with Cases A, C, D and E but this was not so with Case B.

Class alone is not sufficient enough a criteria to determine the levels of discrimination. Thus, the cultural capital of the respective cases is also considered. Cases A and E have a moderate cultural capital and are highly discriminated against. Case B has a low level of cultural capital and is only moderately discriminated. Cases C and D are high on the cultural capital but Case D is discriminated at a low level and Case C at the high level. The major points of difference between C and D is their medium of instruction, while C was educated in the vernacular medium D was
educated in the English medium. The second difference was that Case D is high on the merit scale and Case C is low. Thereby in Cases A, E and D their cultural capital seems to have determined the level of discrimination, that is, Cases A and E have a moderate level of cultural capital and are faced with a high level of discrimination. Case D is high on the cultural capital and is faced with a low level of discrimination. Whereas Cases C and B do not fit into this gradation. While Case C is high on the level of cultural capital, he faces a high level of discrimination. Case B is Low in his cultural capital, he is subjected to only a moderate level of discrimination.

Thereby in Cases A, E and D their cultural capital seems to have determined their level of discrimination. Cases B and C, on the other hand stand apart from this frame.

The socio-cultural background of the respondents is gauged with their exposure to the mass media, involvement in extra-curricular and
political activities and their attitudes regarding issues of general interest: birth, death, creation, caste system etc. Cases A, B and E have a moderate socio-cultural background. Cases A and E have faced a high level of discrimination but Case B is faced with only a moderate level of discrimination. Case C is from a low level of socio-cultural background and is discriminated against at a high level. Case D has a high level of socio-cultural background and is faced with a low level of discrimination.

Table 7.6

Scalar Representation of Discrimination with Socio-Cultural Background as a determinant factor

<table>
<thead>
<tr>
<th>Socio-Cultural Background</th>
<th>Discrimination</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td>B</td>
<td>A,E</td>
</tr>
<tr>
<td>High</td>
<td></td>
<td>D</td>
<td></td>
<td>C</td>
</tr>
</tbody>
</table>

In Cases A, E, C and D it could be said that their socio-cultural background has an effect on their level of discrimination. However Case B does not fit into this category.

It could be deduced from the above analysis that the factors of Class, cultural capital and socio-cultural background, determine their level of discrimination to a considerable extent.
Attitudes towards the Reservation Policy

Cases A, C and E believe that the state's protective discrimination policy should go on unhindered. Cases A, C, and E belong to the moderate Class category. Cases B and D recommend changes in the policy but Case B belongs to the low economic category and Case D to the comfortable category.

Table 7.7
Cross Tabulation of the Attitude Towards the Reservation Policy with Social Class of the Cases

<table>
<thead>
<tr>
<th>Social Class</th>
<th>Reservation Policy</th>
<th>Agreed</th>
<th>Dis-agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td>A,C,E</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td></td>
<td></td>
<td>D</td>
</tr>
</tbody>
</table>

Case B is influenced by other factors\(^5\) to opine for a change on the basis of the economic criteria in the Reservation Policy. Yet class played a determining role in their response to the Reservation Policy.

Cases A, C, and E are all for the Reservation Policy to continue but are from different cultural capital. Case C is on the high and Case E and

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\(^5\) Case B is married to an upper caste women. This could probably explain his suggestion to introduce economic criteria in the Reservation policy. This fact that case B is married to an upper caste women could have also determined the phenomena that he was highly discriminated during his student days and is faced with no discrimination at all when he took over a professional.
A are on the moderate level of the cultural capital. Case B is low on the cultural capital and Case D is high on the cultural capital. Both these cases wanted the Reservation Policy to be carried on unhindered.

Table 7.8

Cross Tabulation of the Attitude Towards the Reservation Policy with Cultural Capital of the Cases

<table>
<thead>
<tr>
<th>Cultural Capital</th>
<th>Agreed</th>
<th>Dis-agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>A, E</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

Thus the cultural capital of the respondent does not play a significant part in determining the respondents attitude towards the Reservation Policy.

Cases A, B and E have a moderate level of socio-cultural background, yet they differ in their attitudes towards the Reservation policy. Cases A and E do not want to introduce any change in the policy. Case B is inclined to the introduction of the economic criteria in the primarily Caste based system of reservations. Case C is from a low socio-cultural background and is not for any change in the policy. Case D is from a high socio-cultural background and is for the state's policy to be based on the economic criteria. Cases from the low and moderate socio-cultural background do not find the necessity of change in the Reservation
Policy. Case D who has a high socio-cultural background found the necessity to include the economic criteria. Case B also feels the same, his attitude could be related to his marriage to an uppercaste, urban based women rather than to his low level socio-cultural background.

Table 7.9

Cross Tabulation of the Attitude Towards the Reservation Policy with Socio-Cultural Background of the Cases

<table>
<thead>
<tr>
<th>Socio-Cultural Background</th>
<th>Reservation Policy</th>
<th>Agreed</th>
<th>Dis-agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td>A,E</td>
<td>B</td>
</tr>
<tr>
<td>High</td>
<td></td>
<td></td>
<td>D</td>
</tr>
</tbody>
</table>

The socio-cultural background has thus determined the respondent's attitude towards the Reservation Policy.

The above analysis illustrates that each case has had different factors determining their (i) adherence to professional ethics, (ii) subjection to discrimination based on the primordial identity and (ii) attitude towards the reservation policy. To have a better understanding, the following subsection focuses on the effects of the issues of professional ethics, discrimination and the Reservation Policy on one another.
Case B and C have highly adhered to the professional ethics. Yet Case B faced a moderate level of discrimination and Case C faced a high level of discrimination, Cases D and E have lowly adhered to the professional ethics, Case D is discriminated only to a lesser level and Case E is highly discriminated against. Case A who has moderately adhered to the professional ethics is highly discriminated against.

Table 7.10

Scalar Representation of Discrimination with adherence to Professional Ethics as a determinant factor

<table>
<thead>
<tr>
<th>Prof. Ethics</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>D</td>
<td></td>
<td>E</td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>High</td>
<td></td>
<td>B</td>
<td>C</td>
</tr>
</tbody>
</table>

Thus the intensity of discrimination and the respondents adherence to the professional ethics do not have a bearing on each other to a great extent.

Case A, C and E are highly discriminated against and all the three of them favour the unhindered continuation of the state's Reservation Policy. Case B is moderately and Case D is lowly discriminated against and both of them are for the introduction of the economic criteria.
Table 7.11
Scalar Representation of Reservation Policy with Discrimination as a determinant factor

<table>
<thead>
<tr>
<th>Discrimination</th>
<th>Agreed</th>
<th>Dis-agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
<td>D</td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>High</td>
<td>A,C,E</td>
<td></td>
</tr>
</tbody>
</table>

Thus discrimination and their attitude towards the reservation policy seem to have had a direct and emphatic effect.

The analysis and interpretation presented above help us to deduce the following points:

i. The adherence to professional ethics is not determined by either class, cultural capital or socio-cultural background.

ii. Class, cultural capital and socio-cultural background of the respondents have clear effects on the respondents' level of discrimination based on their primordial identity.

iii. Class and socio-cultural background of the respondents are the determinant factors of the respondents' attitude towards the Reservation Policy.

iv. Certain cases are influenced by all these three factors or anyone or two of them.
v. These influences did not remain constant but changed with the passage of time during the respondent's life time.

vi. The Primordial identity seems to emerge as a defining social factor throughout the respondent's life.

The significant observation of this study is that each of these individual cases went through their process of the life and at different stages were strongly influenced by certain social factors. The only constant factor which ran through their life is the phenomena of "Caste". This is evident in the detailed Cases presented above. In Cases A, C and E this is directly evident and in Cases B and D it is clearly highlighted. Case B was discriminated only when he was a student and not when he took over as a professional. This could have, inter-alia been the effect of his marriage to an upper caste women. Case D was not discriminated as a student since he did not use his caste identity to seek admission hence no one was aware of his caste. As a professional he used his caste identity to secure a job through reservations. This could have led to Case D's subjection to discrimination. These findings emphasise the primordial identity based on Caste as a constant social factor which made a significant impact on the medical professionals. In each one of these Case histories, presented in this chapter, this particular factor emerged in a well defined form. The crudest form of caste relation: untouchability may have vanished with several modernisation processes yet, the caste factor is found to have adapted itself
to several modern institutions and medical profession happens to be one such. As Yogendra Singh states:

Micro-structures like caste, family and village community have retained their traditional character; Caste has shown unexpected elasticity and latent potential for adaptation with modern institutions such as democratic participation, political party organisation and trade unionism, and it persists unabatedly.\(^6\)

The present study further emphasises that "caste" does "persist unabatedly" even in a modern political democratic society. The medical profession is one such arena within a political democratic society. The organisational features of the Schedule Caste Doctors Association highlights the "elasticity and latent potential for adaptations" of caste with "modern institutions". Hence the present study depicts the continuity of the caste based primordial identity which appears as an important determining social factor.

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