Chapter Eight
CONCLUSION

8.1 Findings of the Study
   a) Social Background of the Respondents
   b) Professional Ethics of the Respondents
   c) Primordial Identity - its impact on the Professionals
   d) Protective Discrimination Policy in the Medical Profession

8.2 Analysis and Interpretation of the Findings
In this study, the major focus is to perceive the professional culture among the medical professionals. The Parsonian frame which is one among the most influential theories helped to set apart the essential characteristics of profession within the present day socio-cultural milieu. The study also used the processual theorist's frame and more particularly, Bucher and Strauss' promulgation on the different segments within professions. This helped to perceive the possible existence of various segments within the professional community based on certain differences such as caste, class, gender and region.

In the medical profession the segment of caste and more specifically the Scheduled Caste is the major focus of this study. The phenomena of caste based discrimination especially against the scheduled castes occurred as one of the most sensitive issues which has plagued the medical profession in India. Further more, it emphasises the "elasticity" of the Indian Caste system which has adapted itself in the context of the full fledged protective discrimination policy of the State. The study also reiterates the structural and cultural continuities of the traditional Indian society. Particularly the Caste defined social structural and cultural continuities within the medical profession.

The Findings of the Study

The issues delineated to fathom the phenomena of the professional culture include:
i. the social background of the respondents,

ii. their level of adherence to the professional ethics,

iii. the extent of differentiation and discrimination based on the primordial identity.

iv. the respondents attitude towards equality in the context of the State's protective discrimination policy.

Social background of the respondents:

This sub-section deals with the respondents, socio-economic and socio-cultural background. The socio-economic background includes their place of schooling, type of schooling, parental occupation, parental qualifications, familial income, siblings qualification and other related aspects.

The majority of the sample are from Northern states. They comprise of middle aged doctors and fairly large number of young doctors.

The majority of the Non-Scheduled Caste and Scheduled Caste respondents had their education in urban areas.

The majority of the Non-Scheduled Caste respondents were educated in private missionary and public schools but only a few of the Scheduled Caste respondents went to such schools.

The majority of the Non-Scheduled Castes had English as their medium of instruction whereas only a few of the Scheduled Castes had a similar educational background. Thus, the Non-Scheduled Castes are more
exposed to English medium-elite schools as compared to the Scheduled Caste respondents.

The majority of the Non-Scheduled Caste respondents are the children of Government officials and professionals. The Scheduled Caste respondents on the other hand, are mostly from families where the fathers were in Government service both clerical and official ranks.

The family income of most of the Non-Scheduled Caste respondents was within the 'moderate' and 'comfortable' categories. It was not so in the case of the Scheduled Caste respondents. Hence, a majority of the Scheduled Caste respondents relied on scholarships for their medical education. The Non-Scheduled Caste respondents on the other hand, relied heavily on familial support.

The data on parental qualification also shows great disparity between the two categories of respondents. The majority of Non-Scheduled Caste respondents' fathers are graduates while only a very few of the Scheduled Caste respondents' fathers are graduates. Majority of the Scheduled Caste respondents' mothers are illiterate, whereas a majority of the Non-Scheduled Caste mothers were graduates. The siblings' occupation of the two categories also shows great disparity.

The indicators to study the socio-cultural background include their political involvement, their exposure to mass media, their participation in extra curricular activities and their attitudinal pattern
towards certain metaphysical issues of general interest which relate to the respondents' value orientation.

The distribution of the two categories of respondents do not represent a significant difference as far as their political involvement is concerned.

The two categories of respondents differ significantly in their exposure to mass media. The Non-Scheduled Caste respondents are more exposed while the Scheduled Caste respondents are less exposed.

The scheduled caste respondents are less involved in extra-curricular activities as against their Non-Scheduled Caste counterparts.

Their attitudinal pattern is presented in the form of scales. This scalar representation depicts the Scheduled Caste respondents more towards the traditional value system and the Non-Scheduled Caste respondents towards the modern value system.

The respondents' adherence to the Professional Ethics:

The study proves that the medical professionals are aware of the norms and codes which mould and govern their profession.

At the outset, most of the respondents reiterate that the medical profession is a noble profession. Yet, on probing further, the majority of the respondents are opined that the profession has presently degenerated into a business. They appear to be less service oriented and more obsessed with monetary gains.
There seems to prevail more crisis in the value system of Scheduled Caste respondents. They primarily present the medical professionals as a committed group. Yet, further investigations and analysis reflects on their obsession with individual careers to make more money and acquire social status. The aspect of status is of substantial importance to them since it is otherwise denied to them, by the Hindu system of social gradation.

The majority of the respondents from both the Scheduled Caste and Non-Scheduled Caste categories strongly object to the inclusion of medical profession into the ambit of the Consumer Protection Act. Thereby they do not believe in any kind of patient redressal system.

**Primordial identity vis-a-vis the professional role:**

The primordial identity's impact on the medical professionals' is also studied. It is found that the social phenomenon of differentiation and discrimination based on their primordial identity always existed. It is only the degree which varied. The primordial identity of the medical profession has thereby curbed their professional betterment in several of the cases.

Differentiation and discrimination based on the primordial identity of the respondents is studied at two levels - the academic and the professional levels. The **academic level** deals with teacher-student interaction and interaction among students.

The majority of the scheduled caste respondents believe that there exists a high degree of discrimination at academic level. On the other
hand, most of the Non-Scheduled Caste respondents believe that there exists only a low level of discrimination.

**Professional discrimination** refers to colleague-to-colleague interaction, related events such as undue transfer, delayed promotions and punishment postings etc. The majority of the Non-Scheduled Caste respondents believe that there exists a low degree of discrimination. Among the Scheduled Caste respondents, majority of them believed that there exists only a low level of discrimination but a fairly equal percentage of them believe in the existence of both moderate and high levels of discrimination.

The five typical cases presented with life histories also depict the constrains caused by the professionals' primordial identity. Each of these cases are from different socio-economic and socio-cultural background subjected to different degrees of discrimination, and have different perceptions of the state's protective discrimination policy.

The impact of the primordial identity is depicted in both the quantitative and qualitative analysis. It did mar the career prospects and also has an unending effect on the professional's life. The instances quoted in the above chapters have proved them to be of two confronting groups within the fold of a profession.

**Reservation Policy within the Medical Profession**

Equality is the major demand of both the categories. The Scheduled
Caste respondents demand equality based on welfare measures to equalise their status with the other upper castes. The Non-Scheduled Caste respondents, on the other hand, emphasise on equality on the basis of merit.

The Scheduled Caste respondents totally agree with the existing policy and proved to be less prone to change within the policy. Most of them substantiate their stand that social discrimination still persists.

The Non-Scheduled Caste respondents drastically disagree with the existing policy. They believe in providing financial assistance for the lower castes and the poor among the upper castes. They would rather agree to a policy based on the economic criteria.

**Analysis and interpretation of the Findings**

The data presented above depicts that a majority of the respondents treat the medical profession as a mere business. Only a small percentage of them are interested in serving the society. A majority of them on the other hand, are interested only in their individual career betterment. They also do not find the necessity of any system of client redressal.

These characteristics do not seem to run parallel to those prescribed by both Hippocrates and Caraka where the treatment of the patient's illhealth was to be considered as the most supreme activity.

Likewise, the findings of this study do not seem to accept the Parsonian pattern variable of the *collectivity-oriented* characteristic of the
medical profession. Instead it turns out to be a self-oriented profession.

To quote a few lines of Parsons...

With regard to the pattern variable, self-vs-collectivity-orientation, the physician's role clearly belongs to what in our occupational system, is the 'minority' group, strongly insisting on collectivity-orientation. The 'ideology' of the profession lays great emphasis on the obligation of the physician to put the 'welfare of the patient' above his personal interests, and regard 'commercialism' as the most serious and insidious evil with which it has to content. The line, therefore, is drawn primarily vis-a-vis 'business'. The 'profit motive' is supposed to be drastically excluded from the medical world. This attitude is, of course, shared with the other professions, but it is perhaps more pronounced in the medical case than in any single one except perhaps the clergy.¹

The majority of the respondents consider that the profession has degraded into a mere business. Only a handful of them are interested in serving the society. More interest and skill are channelized in improving their personal careers. The respondents thus turn out to be a self-oriented lot. These deductions have negated the above mentioned Parsonian tenet of collectivity.

The "ideology" which Parsons emphasised as the "obligation" of any medical professional specifically to the "welfare" of his clients/patients hardly seem as a criteria. Yet the medical professionals are very much aware of such an ideology. Nevertheless they unabashedly agree with the commercialistic moorings which have inculcated the "profit motive" which Parson's resolves to be the most deplorable characteristic in the medical profession.

The deductions which the study draws at this juncture are (i) the general materialistic atmosphere of the modernising society could have relegated the medical profession to such commercialistic attitudes. (ii) the lacunae in the state's health policies and programmes have created in the professionals a loss of social consciousness. However, the study highlights the self-oriented characteristic of the medical professionals rather than the Parsonian collectivity-oriented professionals.

To quote a few more relevant lines of Parsons:

"The fact that the central focus of the professional role lies in a technical competence gives a very great importance to universalism in the institutional pattern governing it... It is one of the most striking features of our occupational system that status in it is to a high degree independent of status in kinship groups. The neighborhood and the like, in short form what are sometimes called primary group relationship. It may
be suggested that one of the main reasons for this lies in the
dominant importance of universalistic criteria in the
judgement of achievement in the occupational field".²

Parsons believes in the universalistic nature of the medical professional. On the other hand, the significant part played by the primordial identity in the medical profession is also the focus of the study. It is found that the medical profession is coloured with particularistic ties of ethnic and precisely caste group feelings and sentiments which tend to both coerce and coexists.

Parsons did accurately point out the aspect of "technical competence" in the medical profession. Nonetheless, his assumption that the "occupational system" is characterised with a "status" which is independent of kinship groups" proves difficult to accede to. The study has also deduced that the attributes of their ascribed status determines their achievement as medical professionals. The universalistic characteristic is hardly evident as a core phenomenon in the present day professional community.

Instead the segmental heterogeneity propounded by Bucher and Strauss provides more insight into the problem dimension. The characteristics of 'sense of mission', "collegueship", "interests and association", "spurious unity and public relations" seems more acceptable to the Indian socio-cultural milieu, among the other characteristics the


297
authors had used to understand the segments within the profession. This paradigm, further clarifies the several situational conflicts between the Scheduled Caste and Non-Scheduled Caste respondents which appear analogous to social movements within an institutional setting.

The coping mechanism adopted by the Scheduled Caste respondents in response to the caste based differentiation and discrimination within the professional community took shape as a Scheduled Caste/Scheduled Tribe Doctors Association, which has a forum in each and every campus. Probably Yogendra Singh's analysis would give us a neat and precise presentation of such a response:

... Caste which represents institutionalised form of inequality sanctioned by tradition now fights battles against inequality and inegalitarianism by its own rational self-transformation into associations; many independent or categorical values of tradition have shown a surprising degree of elasticity to adapt themselves to the cultural system of modernisation.³

The "rational self-transformation into associations" mentioned above explains the phenomena of the Scheduled Caste Doctors's Association which fight against the inequalities and injustices meted against them. Thereby the phenomena of caste presents its adaptable nature within the changing social milieu.

The data generated by the study proves, that medical profession is far away from the ‘collectivity-oriented, universalistic’ profession as Parsons portrays. Thus, the Parsonian model of the medical profession seems to be far fetched from the Indian social reality.

Yet, inspite of the existing contradictions, the medical profession does perform its core duty of working for the benefit of the sick and also imparting the knowledge of healing to the succeeding generations as prescribed in the ‘Hippocratic Oath’ (refer Appendix No.1 for the text of the oath).

One of the most important questions which we have tried to answer in the study is the relevance of the State’s protective discrimination policy in the medical profession. The heterogenous Indian society with its structural and cultural continuities comprises of several castes, tribes and religious groups. To ensure a balanced transformation, a protective discrimination policy was framed on the basis of the primordial paradigm of the heterogenous Indian social reality. This policy of positive discrimination has been questioned several times, since it has to an extent sidelined the aspect of merit.

The Scheduled Caste respondents insist on equality based on welfare measures such as the State’s protective discrimination policy. They are of the view that these measures would help to equalise their status with the other upper castes. The Non-Scheduled Castes emphasise on merit as the
basis for equality and outrightly reject the State's protective discrimination policy. This puzzle of "equality" is not a characteristic feature of the twentieth century Indian milieu but rather a paradox since the days of Plato.

Merit and excellence are the basis of professionalism for they contribute to the scientific and technological improvisations. Profession by itself is in constant pursuit of excellence in terms of both performance and discovery. ‘Merit’ in the case of the present study as emphasised by the Non-Scheduled Castes respondents is put to use in several spurious practices even in the private hospitals where the concentration of the Non-Scheduled Caste Doctors is an unequivocal instance. These professionals thereby define their existence in violation to their medical norms, values, ethics, merit, etc. Their assumption that the State's protective discrimination policy would dilute the aspect of excellence and merit stands highly questionable at this juncture. Their emphasis on merit and excellence thereby led them to a situation where they tend to overlook the necessity of social justice which is essential to bring about a healthy balance in the society.

The five typical life histories presented as cases in the study also gives further insight into the problem dimension. The most important deduction made is that the respondent's primordial identity emerges as the defining social factor throughout the respondents lifetime. The Scheduled
Caste respondents fought against the differentiation and discrimination meted out based on their primordial identity. This could be related to what Strauss recognises as segments in constant movement within a profession which is itself in a continuous process. The study thus, reflects upon the empirical reality where the Scheduled Caste respondents appear analogous to a segment within the professional community and the profession is itself in constant motion. Thus the particularistic continuities of the traditional society have found their emphatic impact within the modern medical profession rather than the universalistic characteristics which is often presumed to be its salient feature.