CHAPTER SEVEN

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Each camp is a trinity of organizers, beneficiaries and professionals and a camp is possible only if all these three are present and only if they work conjointly, coordinately and harmoniously. Professionals are the most important segment of the health camp and success of a camp very much depends on their efficiency and dedication in their services. Being a doctor is considered as one of the most respectable professions in the society. The physician is the most prominent among members of the generally recognized professions. He is seen by the public as possessing higher standard than any other professional and by the sociologist as the virtual prototype of his kind (Eliot Friedson, 1968). In our Indian society medical profession is held in high esteem because it brings higher status, recognition and also money. A study of the professionals involved in the Mass Health Camps becomes imperative because without an understanding of the point of view held by the professionals, the study becomes incomplete.

There have been a good number of studies, both Indian and Western on medicine as a profession and, doctors as professionals. But the study of doctors in a Health Camp set up reveals certain other aspects of the professionals. One such study carried out by Indu Mathur (1982) needs some reference here. In her study of Mobile Surgical Camps in Rajanstan, Mathur has made some profound observations about the behaviour of the professionals in camp situation. She observes, “The efficiency, mobility, commitment of employees and the spirit of dedication, service and sacrifice among the staff can be compared some what to that of an army” (1982, P.6).
Though we find same people performing similar roles in both camp and hospital situations yet there is a lot of distinct difference in their behavior in a camp situation. Why and how this change takes place is something very interesting to study for a Sociologist and Social Psychologist. Mathur admits that many studies conducted on Indian hospitals, reveal discriminatory behavior of the doctors, nurses and even class IV staff on the basis of payability, education, community, sect etc. of the patient. Then what motivates them to work for longer hours with all concentration and effort in the health camps? Mathur gives a number of reasons for this change: camp is a temporary situation and it is also an unnatural, situation which is under direct public observation including patients, their relatives, the organizers, the volunteers, the local public, the higher officials like D.C., D.H.O, DBCC and even sometimes the media people. The researcher has also observed that the camp situation is highlighted by the spirit of social service and charity and this spirit gets on with all types of people involved in the camp and that includes the professionals too. The researcher found enthusiasm and dedication among all levels of people. For one thing, the camp situation is a break from the routine hospital surroundings. Thus a doctor who gets irritated by the repeated enquiries by the patient may show all the patience while talking to a patient in the camp. The nurses and ayahs who would be gossipping and were inattentive to the patients in the hospital may shower their attention on the camp beneficiaries though there is no monetary profit in the camp. It is because the camp atmosphere is filled with an inclination towards selfless service and humanity. The sense of gratitude expressed by the camp beneficiaries and their relatives towards the doctors and their assistants overwhelms them and kindles in them a sense of devotion and
selfless service towards the patients. To quote Indu Mathur: “Selfless service is the major value of the camp. A sense of satisfaction for contributing to a higher ideal too, motivates them for further commitment. Positive response of the patients and others around them adds to the encouragement” (Mathur 1982, p6).

The researcher has observed that all the differences and inequalities melt away even among the professionals in the camps. Many times in a hectic surgical eye camp OT, the seniormost surgeon will be found to be eager to relieve the youngest assistant from the OT table for a cup of coffee or cold drink. There is also an abundance of jokes, anecdotes and good humoured teasings among the surgical team and their assistants which relieves them of the heavy surgical work that the team should put up. The doctors also exchange jokes with patients while examining them and also while operating them to reduce the anxiety of the patients.

The researcher from the beginning of her study had kept contact with the doctors involved in surgical eye camps and sterilization camps. She had also observed them working in the OT. She found there three kinds of doctors involved in these camps. One category of doctors form the medical officers serving in government hospitals for whom attending the camps is part of their official duty. Another category of doctors come from the teaching faculty of medical colleges for whom taking part in camp is part of their academic work where they train their post graduate students. The third category of doctors constitute of the private practitioners who participate in camps as a part of social service. The researcher met some private Ophthalmologists participating in the eye camps but there were very few private gynaecologists taking part in sterilization camps. Whatever the category of doctors one thing
that is common to all of them is that all doctors are very meticulously busy though working in camps is an additional work for them.

In an attempt to collect the individual ideas and opinions of these camp attending doctors about Health Camps, the researchers prepared a brief mailed questionnaire intended to bring out their ideas and experiences in such camps. To collect a list of camp-attending doctors the researcher approached the District Health Office and obtained a list of Ophthalmologists and Gynaecologists who attend the camps. This list included the private practitioners, medical college teachers and doctors employed in PHCs, CHCs and district hospital. The researcher collected the addresses of nearly 30 doctors but while sending the questionnaires only 26 doctors were available at their notified address and the remaining had got transferred. After a week, the duly filled-in questionnaires started coming back to the researcher. But many others needed two to three reminders to send in their answers. After sending three reminders the researcher received answers from only 17 doctors accounting for about 65% of the total number of professionals involved in the camp activity of the district.

The researcher has made an analysis of the professionals on the basis of the answers sent by these 17 camp-attending doctors. Among the 17 doctors five are female. Six of them are involved in sterilization camps and ten are involved in eye camps and one doctor had worked in both types of camps. As a medical officer he had operated in sterilization camps and after taking a postgraduate diploma in Ophthalmology, he is presently busy working in eye camps. All the camp attending doctors possess postgraduate diploma or degree in their respective specialties. There are two general surgeons working
in government hospitals involved in sterilization camps doing both laparoscopic sterilization as well as tubectomy.

The present designations of these professionals reveal that seven of them have been serving as medical officers, or senior specialists in government hospitals, four have been doing private practice and two have been working in private hospitals. The remaining four have been employed in medical college holding different cadres in the teaching faculty. The age of the present group of doctors ranges from 26 years to 51 years. The group is a mixture of young doctors and also senior professionals having put up nearly twenty years of service in the medical profession. There are six doctors whose age is less than 35 years, while the other 11 doctors fall between the range of 35 to 51 years of age. Thus except for two three very junior doctors participating in camps as part of the teaching faculty in medical college, many others are senior doctors with considerably long experience. More than 50% of them have had 15-20 years camp experience while the juniors have just 5 to 10 years camp experience. The number of camps attended and the total number of cases attended vary according to their years of experience. The government doctors have attended considerably more number of camps since it is part of their regular duty. Five senior doctors have attended as many as 400-500 camps and four of them have been government doctors while one is a private practitioner. The camps attended by other doctors range between 20 to 150, the juniors having less number of camps to their credit. One doctor who has attended both sterilization camps and eye camps has 341 tubectomy camps and 482 eye camps to his credit. He has now been concentrating on eye camps and he is wellknown for his quick and efficient surgery. The senior most doctors have done nearly 10,000 to 20,000 cases in the camps while the
juniors have ranged between 100-2,000 cases. The maximum cases done by a single doctor in a camp has been 66 tubectomies and 56 cataracts.

The doctors who come under the study group are asked if they have undergone any special training to work in a camp and whether they follow any special technique while operating in the camp. Two surgeons have undergone training in laparoscopic surgery and all the others have had the usual training at the post graduate level. Many doctors said that they did not follow any special techniques while operating in the camps. Most of the eye surgeons follow ECCE (Extra Capsular Cataract Extraction) while only one prefers ICCE (Intra Capsular Cataract Extraction). One eye surgeon who operates at the base-hospital uses microscope which is not available for others operating in field camps. One laparoscopic surgeon mentioned that he uses two laparoscopes in the camps and prefers three OT tables so that there would not be any waste of time in fetching in and shifting out the patients. The other laparoscopic surgeon said that he followed double puncture technique under sedation. Many eye surgeons said that since microscope would not be available in the camp site they could not do any microsurgery. Thus the technique followed by them as one young eye surgeon put it 'quick and meticulous completion of all steps of the surgery'.

'Are the camp doctors satisfied with the operative conditions' ? this question brought forth many candid remarks from the doctors themselves. Seven doctors agree that they are satisfied with the operative conditions. Of them two doctors operate in base hospitals, thus they find no difference between the camp OT or regular the OT. The other doctors expressed that when the camp operations are conducted in the conventional OTs the 'conditions are satisfactory'. Seven other doctors however opined that they
were not happy about the operating conditions. They complained of the short supply of instruments, non working condition of the instruments, insufficient light and excessive heat in the O.Ts. They also expressed their doubts about the sterile conditions in the OT. Some doctors also complained of movement of many people in the OT and bad assistance from untrained people. It is the opinion of many doctors that they have to work in camp OT with the minimum instruments and almost nil assistance. In some camps the acute shortage of water has been experienced by the doctors and so much so that it is even difficult to do thorough scrubbing of the hands which is important for the surgeons to avoid any possible infection.

The unsatisfactory OT facilities and the burden of doing many operations in a day is likely to put the camp surgeons under stress. When the study group is asked about this aspect, as many as 8 doctors did not find it stressful. These are of course the senior most doctors with long experience in attending camps. But the other nine doctors acknowledged the element of stress involved in especially completing a very long list of operations. Sometimes the camp OTs which begin in the morning continue till late in the night because all the selected cases have to be completed necessarily within one day.

When asked about the comparison between the camp OT and the normal OT, many doctors expressed being very comfortable in the normal OTs since they feel at home in the normal OTs. Naturally because the surgeries in normal OTs are pre-planned with proper and detailed examination of the patients who in most cases are already familiar with the operating doctor. There is no hurry and the doctors work in the familiar atmosphere where OT lights and sterilization of instruments are satisfactory. Where as to operate in
camp OT, the surgeons have to travel which is an additional physical strain. Even those who are attached to base hospitals though they don't have to travel much still they feel the stress when they conduct camps because they have to work faster than what they do in normal OTs. The shortage of time in camp OT is likely to affect the quality of surgery.

Some doctors coming under the study group also expressed their dissatisfaction over the total organization of camps. One doctor vehemently complained that duty doctors, nurses and ward boys do not work according to camp guidelines and worse than that no body is held responsible for the lapses and no one is punished for the same. Another doctor resented the haphazard arrangements in the camps, inadequate sleeping arrangements for the patients and untidy surroundings. The poor follow-ups after the camp have also been criticized by the camp doctors. The selection of cases, examination of the patient and screening have all these to be properly streamlined in the camps. Many doctors suggest that camps should be organized in base hospitals themselves than in make shift OTs.

As far as the postoperative complications in camps are concerned many doctors opine that they are well within the acceptable limits. A proper selection of cases always minimises camp complications. The doctors feel that camps become successful mainly because of painstaking work under odd conditions. A good reputation among local people also contributes a great deal to the success of the camp. According to the study group, careful sterilization, competent surgery and good postoperative care definitely lead to camp's success but when any one of these conditions fail, then the failure rate may go high enough: the reason being that nobody is held responsible and no action is taken on the erring personnel.
The camp attending doctors are asked if they are given a choice to choose would they or would they not attend the camp. For this question the whole group of doctors except one answered in the affirmative. The one who disagreed said that he would rather not attend if he had a choice (This particular doctor is a government doctor for whom attending camps is a compulsory duty). This negative attitude is an outcome of the unhappiness the doctor has experienced about the camp conditions. Those who agreed to attend camps even when they have a choice to make, preferred to do so mainly for the social service part of the camp. One private practising ophthalmologist wrote that he would prefer to attend the camp, though reluctantly because he felt he was bound by his duty towards the community. For many doctors attending camps has become a professional obligation towards the nation's interest. While the younger doctors consider it as a good experience to operate in camps but at the same time they also acknowledge that those who come to camps for operation would never have come to hospitals under normal conditions. Thus many doctors opine that in spite of all the hardships involved it is very important to serve in the health camps.

Operating in the camps may lead to some financial loss to the operating doctors since no honorarium is paid to them, especially to the eye surgeons. Since many doctors in this group are not private practitioners the financial loss does not affect them much. The private practitioners however do confess of about some of their financial loss, also express that the paying class usually never comes to the camps. Thus serving in the camps provides the scope to develop experience and also to gain reputation. In this connection some government doctors also expressed that in sterilization camps earlier they used to be paid honorarium for conducting such
operations. But now it is totally stopped which has incurred some financial loss to these doctors who attend the camps. One private doctor expresses that it is okay if he chooses to work in one or two camps in a year but attending more free camps frequently may affect his private practice adversely. He also points out that the patients who get operated by him in the free eye camps also later visit him in his private clinic expecting the same free treatment and immediate attention. Thus they sometimes become a nuisance to him. Despite these minor problems private practitioners still prefer to work in camps now and then as a form of social service.

In brief, the doctors attending camps though many complained of inadequate O.T conditions and the organization of the camps, sincerely considered attending such camps as their obligation towards the community. Many doctors objected to setting up of a target, where quantity becomes important; and instead a serious effort to improve the operative facilities should be made which would ultimately improve the quality of the surgical operations in Mass Health Camps.