Chapter X
CHAPTER X

CONTROVERSIES, MODALITIES AND CONSEQUENCES IN THE PRACTICE OF MEDICAL AND PSYCHIATRIC SOCIAL WORK

The chapter describes the risk taking and questionable decisions in social work practice.

On completion of the M.S.W. at the Tata Institute of Social Sciences, Bombay, I took over as a Medical Social Worker at the Sassoon General Hospitals, Pune which was the only Government Hospital. I was the first trained Medical Social Worker. So I had to start my work from nothing. It took me some time to establish myself as neither the administration nor the doctors were aware about the Medical Social Work. In fact it was a big question before them as regards the functions of the Medical Social Worker.

I started my work on my own on the basis of what I had learnt during my Tata Institute training. In addition I had developed my own ideas and tried to implement them. Moreover, I thought that I should have thorough knowledge of Medicine. So from the B.J.M. College Library, I borrowed books and kept my knowledge up to date in all the branches of medicine. This helped me to have proper dialogue with the doctors.
while dealing with the problems of patients. Sometimes I used to have hot arguments with the Doctors. But as I was fully aware about the diagnosis and prognosis of the patient, I did not allow the doctors to make experiments on the patients for the sake of learning. I knew that it was a teaching hospital and the Medical students needed to learn.

There was a case of an old lady who was admitted for Cancer Rectum with secondaries. The patient was destitute. But she was mobile and was managing her livelihood. She had come from a village in Baramati Taluka. The village people were helping her. She was admitted under the Professor of Surgery. The case paper was sent to me for the sanction of 8 bottles of blood. It was my practice to go through the case paper and read the notes carefully. From the notes I found out that the radical surgery was not going to help her since she already was in the advance stage of cancer.

At that time it was difficult to get Voluntary Blood donors. It was a practice since many years to collect blood from professional donors who were malnourished, beggars, sick persons and destitutes. These professional donors were paid Rs.10/- per bottle, which was a considerable amount for these donors. Later on I developed the Voluntary Blood Donor's sanction in the Blood Bank of Sassoon
General Hospitals, Pune with the monetary help of the Society of Friends.

The Professor of Surgery wanted to take up this case for surgery as an experiment. My concern was the sanctioning 8 blood bottles for her which I refused. Secondly if the colestomy was done, she was not able to manage it since she was so poor that it was difficult for her to get the daily wear. I did not sanction the blood. Even then she was taken up for surgery and fortunately she expired the next day. But in this case the Professor of Surgery got angry with me and she thought that I was encroaching upon her field. I could not help since my profession did not allow me to permit experiments on poor and destitute patients.

In another case, there was a girl of 14 years of age from Remand Home. She was suffering from Heart disease. She was a destitute. She was often admitted in Sassoon Hospitals in her acute condition. From the investigations it was revealed that she was suffering from Mitral Stenosis with regurgitation. The surgeon wanted to operate upon her. There were not heart surgeries performed in Sassoon Hospital. This was in 1963-64. So I had a doubt in my mind about the success of this operation. Secondly, I was sure that the cases of Mitral Stenosis with regurgitation were inoperative. So I discussed this case with the operating surgeon in regard to the prognosis. He could not give me
satisfactory opinion. Again it was an experiment on the destitute girl. Since she was minor and court committed, the permission for operation was necessary from the Judicial Magistrate of the Juvenile Court. It was possible for me to get this permission. But since he did not know the medical situation, it was my duty as a Medical Social Worker to explain him the facts. So initially I as a local guardian of that girl did not give permission for the surgery. Here also the surgeon got hurt. But I could not help. This girl survived for another 5-6 years and then expired.

While I was working in Central Mental Hospital, Yerawada, I had organised a group of about 60 chronic female patients. I was working with them. I was doing case work and group work with these patients. While working with these patients, I found few of them were manageable. Since the new medicines for psychiatric illnesses had come in the market, many patients showed remarkable improvements in their mental status. So I thought of taking some of these cases for trial of new drugs. When I went through the case notes of these patients, I found to my surprise that no medicine was given to these chronic patient, as they were to remain in the mental hospital till their death. Some of them had no visitors. So I brought this fact to the notice of the Superintendent. He did not know that these patients were without medicines. He asked the explanation to the Medical Officers concerned. They had no reply when they came to know that I had raised this issue, they were angry with me.
They were of the opinion that I should have talked to them first before approaching the Superintendent. But I felt that I did the right thing. The trial of the new drugs was done on these patients. Some of them did show remarkable improvements. It helped me to send home some of these chronic patients who were there for more than 20 years. I always worked in the interest of the patients.

Expectations About the Social Work Profession from the Medical Profession

The medical community often expects the social worker to take the lead and also decisions on behalf of the hospital if the situation so demands. In some of the cases cited in this thesis, especially in the single case of child abuse quoted on P the hospital has admitted the child with the signature of the social worker as the next of kin, as the situation was serious and needed close supervision. The medical situation did not demand hospitalisation, but admission was ordered at the request of the social worker to facilitate further investigation in the matter.

This modality in action was far more convenient than making a reference to the Juvenile Court and getting the boy admitted to the Remand Home which could have been adding one more action to the already traumatic situation that needed very urgent intervention. The risk-taking ability of the social worker must also be taken into
consideration. Such decisions are vital in medico-social work. It is obvious from many other cases discussed in this work.

These are the realities of the social work process in India. The Researcher's experience of the human service delivery system in the USA has been quite different. The mezzo level support services in the USA are so well developed that the risk factors are minimal and well taken care of and the professional social worker is both organisationally and legally well protected. Availability of organised services to a large extent concentrates the service delivery in the profession to making appropriate referrals, thus laying greater stress on the ability of the social worker at quick disposal of cases rather than working towards changing the mind-sets or faulty attitudes of clients. This advantage is also not without corresponding obligations.

The Consumer Protection Act and the attorney services are also so strong that any inadvertent omission on the part of the professional worker can be interpreted as negligence in service and the professional person has to pay a heavy amount of compensation in currency. The time is not too far for this situation to appear in India as the Consumer Protection Act operant in Consumers Courts can very soon cover all services and question social workers legally for any act of commission and omission. The Researcher has gone through this procedure also in a
couple of cases: To quote, the case of Draupadi, which is full of the legal and moral process, as well as some chance factors that fortunately worked out in favour of the social work profession. Social work will not remain stable as a vocation of benevolent do-gooders for very long. The action taken by the social workers will be subject to inquests, L.A.Q.s and legal cases. The term ‘accountability’ will thus mean much more than an ethical dictat.

This type of Voluntary Social Service was the only of its kind in a Government Hospital in Pune all over Maharashtra. It was highly appreciated by the then Health Minister. All the Deans with the exception of one or two, had great faith and confidence in me. Since I had a lot of contacts with the public in general and the political leaders in particular, my work always helped the Organisation to create a good image of the Hospital. I could do a lot of developments only because of the cooperation of the Deans. They always consulted me in policy matters; though I was not a member of the Advisory Committee of the Hospital. I was a special invitee for each meeting. I had complete information of the Hospital. Hence whatever questions were asked by the committee members, I used to give prompt reply. The committee members also were happy and satisfied. Even the reply of the L.A.Q. was given after consulting me. Though I was a Class III Government servant, my position in the Hospital was that of a Class I Officer.
Case No 17 P 523 has clearly indicated how the social worker had to undergo trials and tests without any human error on her part.

The Scientific tests of Accountability in service to people in distress will be operant when the specific parameters are established. This work is a modest contribution towards this process.

Refer Case No. 22 P 212 of organising discharge that ultimately ended in the subsequent murder of one patient who did not require hospitalisation and the death of the other, which caused fir in the local newspaper and subsequent answerability to the L.A.Q. Medico-social workers will have to face these difficult situations as a part of their accountability.

That Hospital has also stood by the worker as the decision to discharge the patient was that of the physician in charge. Answering L.A.Q.s is the obligation of the social worker as an employee of the hospital. The administrative principle of responsibility cannot be disregarded if such confrontation with the political systems is presented.
The Systems Analysis of Medico-Social Work

Medico-social work is a formally recognised branch of the Social Work Profession. The Medico-social worker's conduct of responsibilities has included facing an administrative inquiry, being legally accused of giving a child in adoption without the consent of the natural guardian who claimed to be the father of the child, work with political systems, being targeted as a suspect during the national emergency, working with the High Court for international adoptions, working with legal systems, establishing voluntary organisations to fill up the gap in existing services, being asked to show cause why the murder of a patient has not been abetted by carrying out the activity of discharge. The parts of the total system have acted in favour of professional decisions.

Medical and Psychiatric Social Work and Rehabilitation

Rehabilitation of the physically challenged is team work and must be carried out by every member very objectively. The case of Sujata illustrates how the rehabilitation team gets excessively involved in a patient and team members begin to seek their own personal gratification in the process of rehabilitation. In a corporate organisation, only one team member cannot be effective by maintaining objectivity. Quite often the patient carries the offloaded jealousies among staff members and also learns to play one against the other purely for his/her own enjoyment.
Standard Operation Procedures

The S.O.P. in a Government set up in India can ruin lives. This is the curse of over population. Any functionary loves to resort to S.O.P., as it is the path of least resistance. The functionary remains very safe under S.O.P. In the Western setups S.O.P.s are enough in number. Yet the emphasis on quality if good service dominates the work philosophy.
Social Work

The patient was from a lower middle class family. His father was a tailor by profession. They also had some agricultural land in the village. So the family was maintained on the father's income and some food grains from the agricultural land. The patient since his childhood was a brilliant student and he had an ambition to become an executive officer in a Government concern. The main intention was to uplift the poor people of village without corrupt practices. With this view, after graduation he appeared for M.P.S.C. examination and successfully got through. He passed in the interview and was appointed as a Deputy collector. But he had to undergo the medical examination for physical fitness before joining the post. So he had to appear before the Medical Board of Sassoon Hospitals, Pune.
On examination by the Professor of Medicine, he was found to be hypertensive with left ventricular atrophy. So he was advised admission for thorough investigations. He never expected this situation as he had no complaints. So he was shocked and very much depressed. So he wanted me to help him. I listened to him carefully and assured him all the possible help from my side.

Next day I met the Professor of Medicine. In his present medical situation, the Professor was not ready to certify him fit. I argued a lot with the Professor and finally he agreed to give him temporary fitness for one year. The patient was very happy. But I told him to remain under regular medical check-up and treatment. We had regular correspondence. I was counselling him through letters. In the meantime, he was also studying for I.A.S. examinations. After the completion of one year's period he again had to appear before the Medical Board. This time also he was given one year's temporary fitness. The third time he came, I insisted that he should be given final fitness certificate and that was done. By this time he had passed I.A.S. examination and got appointed as Deputy Secretary in Central Ministry. He was a good poet and writer. His autobiography received an award.
Analysis

This case can be reviewed on grounds of professional ethic. The question is whether a young life should be encouraged or deprived on the grounds of Standard Operational Procedures (S.O.P.) There is some force beyond S.O.P. The principle of flexibility has been used in this case.

The worker has certainly taken a risk in the case, and this adventure is certainly fruitful. Advocacy of case with medical authority. Medical Professor gave a certificate of temporary fitness. Next extension with argument made by social worker in the interest of patient's career. Though action can be challenged on medical ethic, as the man was asymptomatic, in larger interest of the patient fitness certificate was given. If there was mute acceptance from social worker, the career prospects would have been destroyed. Interest in the client for the best use of his available internal resources. So far as matters are known, the client became a renowned administrator. M.P.S.W. needs to work against accepted norms in larger interest.
Case No. 17

Name Draupadi
Age 3 years
Sex Female
Address not known
Approximate date of admission 1976

Duration of intervention

Medical problem Draupadi’s father had a medical problem. Draupadi was accompanied by him.

Referral The case was referred by the C.M.O. from the casualty.

Social Work

Draupadi’s father was very seriously ill. He was in cardiac failure. He was immediately rushed to the ward. Draupadi, who was about 2-3 years old, had no place to go. So the C.M.O. wanted me to take her charge. I admitted her in ‘Shreevatsa’ (orphan babies’ section).

Though Draupadi was 3 years old, she could not tell anything about her family. Next day, when I went to the ward to see her so called father, he asked me about Draupadi. I assured him that she was safe and there was nothing to worry about her. As the days passed the patient was improving. I often visited him in the ward. He told me that her mother
died and he had nobody. He wanted me to try for Draupadi’s institutionalisation. It was not possible for him to look after her any longer. I had a strong doubt about his relationship with Draupadi as he was almost 60 years old. There was no possibility of his having such a young child. Draupadi once said that they were begging. So it was quite possible that he was using Draupadi for begging. After about a month’s stay in the ward, he was discharged. Without seeing me or Draupadi, he went away. Nobody knew his whereabouts. I was worried about the rehabilitation of Draupadi. She was such a smart and loveable little child. I thought of giving her in adoption to a Swedish family whose 2 year old daughter had expired at that time due to cancer. They wanted a girl of the same age. Draupadi fitted into their requirement. I told our advocate about this child. He got the case of adoption cleared from the Bombay High Court. But I did not send her along with other babies who flew to Sweden though her pass-port and other documents were ready. I was waiting for her so called father to come. It was not proper to send her directly without the knowledge of her father. After discharge from the hospital he did not turn up to meet Draupadi for nearly 2 months. In the meantime Draupadi was kidnapped from ‘Shreevatsa’ one evening by one woman who told the staff of ‘Shreevatsa’ that she was her aunt. I was informed next day. Fortunately on the 3rd day, she was found on platform no.1 of Pune railway station. My colleague saw her. The woman who was holding her hand, ran away. Draupadi was brought
back by my colleague. It was dangerous to keep her in ‘Shreevatsa’ as there was a possibility of her getting kidnapped again. So I made special request to the authorities of Swiss Air to arrange for her travel to Sweden the same day. Accordingly, she flew the same night.

Next day, in the morning, to my surprise Draupadi’s father arrived in my office and asked about Draupadi. I told him that she was sent to a family in Sweden. He made a big drama and asked for Rs. 5000/- towards compensation. I totally refused. He was not interested in Draupadi. But he wanted money. He was instigated by some doctors and other staff. But I was very firm. I did not do anything wrong. As I had mentioned earlier, she was not his daughter. He was using her for begging.

Again on instigation, he made several complaints against me to the Chief Minister, Health Minister, Minister for Social Welfare etc. I had to face so many enquiries for about 6 months. Ultimately, nobody could take any action against me as the child was sent under the High Court order. Then all the investigations proved futile. But I had to go under a lot of mental torture without my fault.

Draupadi is happy in Sweden.

When we examine Draupadi’s case in the context of ethic and modality, M.P.S.W. has its own lessons to learn.
Social Work

The couple came to me. The wife was looking pregnant. Both of them were looking at each other. They did not know how to start about their problem. The husband was working in Cooper Factory as a skilled worker. They were staying in the colony. His native place was in a village in Satara district. His parents and other relatives were staying in the village.

They were married for about 10 years. But they had no issue. Both of them were investigated in Satara. The pathological report revealed that the husband was totally azospermic. Both husband and wife had clear understanding between them. The Husband's parents were after him to go in for second marriage. They never felt that there could be a problem with their son. It was always believed that the main cause was the woman is not getting a child. But the husband had accepted his medical report. Both of them decided to pretend that the wife was pregnant. It
became possible because they were staying away from their village home. This was how they approached me. After listening to their story, I found that it was genuine and decided to help them. I called them after two months. That was the time when she would be due for delivery. But I had told them specifically that I would not be able to give them guarantee of a male baby. After two months there might not be a male baby available. There might be female baby, which they should be willing to accept. Both of them agreed. There was no girth of unmarried mothers coming to Sassoon Hospitals. So I had no problem helping them.

As previously decided, they came to me after two months. The previous day of their arrival, one unmarried mother had given birth to a female baby, which was handed over to them. I never used to keep record of such secret adoptions. The families or both husband and wife were extremely happy with the newborn baby. I however promised them to give male baby two years later. Of course, I was not sure about the availability of a male baby at that time. Still I had a hope. Since they wanted a second child, they were in contact with me. Their female baby was growing very well. Before they started pretending about the second pregnancy, they came to me. I was informed the probable time of delivery. By their good luck, this time they got a male baby from me. The family was complete. Till my retirement in 1985, I regularly got the
progress report of these two babies. By that time the girl was 15 years old and was studying in 10\textsuperscript{th} standard and the boy was in 8\textsuperscript{th} standard. Both of them were good in their studies.

I was happy that with my timely help, the family was saved from breaking. In this case, one might feel that legally it was not right. But personally, I felt that the baby of an unwed mother was getting a home where the whole family was waiting to welcome this little soul who otherwise would have gone to an institution.
<table>
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<tr>
<td>Case No.</td>
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<tr>
<td>Name</td>
<td>Shri Nalavde</td>
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<tr>
<td>Age</td>
<td>60</td>
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<tr>
<td>Sex</td>
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<tr>
<td>Address</td>
<td>Sassoon Quarters</td>
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<tr>
<td>Problem</td>
<td>Retired Masajist, wanted extension. Resorted to Hunger Strike</td>
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<tr>
<td>Referral</td>
<td>The case was referred by the neighbours to make him understand to leave the fast</td>
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**Social Work Intervention**

Shri Nalavde was known to me for many years. His post was attached to the Orthopaedic Department. I used to refer to him poor patients of paralysis, polio affected children, for massage. So I used to have interaction with him in writing letter to the Director, Medical Education & Research for extension in service. He was blind and hence I used to help in correspondence. On his behalf, I had talked to Dr. Tatke, head of the Department, for recommending his application for extension. Dr. Tatke was a kind hearted person. But he never liked Shri Nalavde’s behaviour with the poor patients, especially with helpless women. He used to be very rude with the patients. He was not sincere in his work. I had sympathy for him only because he was blind and alone. Dr. Tatke
did not recommend his application for extension and then he was to retire. After retirement he did not vacate the Govt. quarters. He was on hunger strike in his room only. His condition became worst. Hence the neighbours approached me as he refused to listen to anybody. So I went to his house with stretcher and two ward servants. When I saw him, he had become so weak that he was not able to speak a word. He was put on the stretcher and was brought to the C.M.O. for admission. He was admitted and immediately the treatment was started. His sister, brother and nephews were all in Bombay. I took the address and informed them about his serious conditions. The brother and sister immediately arrived. They attended him in the Hospital. His condition gradually improved and he was ready for discharge. I told his brother and sister that either they should take him to Bombay with them or one of them should stay with him. Though his condition was improved, it was not advisable to leave him alone. He refused to go with them. They had to go back as they had their own responsibilities. So again he was left alone in his room. After staying in the hospital for almost for a month, he was discharged. At home he did not take proper care. As a result his condition again became bad and he had to be hospitalised. Since there were no relatives with him, I had to put my name as his next of kin on the indoor case paper. His gratuity amount was lying with the Steward as he refused to accept it. So the steward requested me to convince him to accept the money. He agreed to accept. It was total Rs. 6000/-. The

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amount was paid to him in the ward in my presence. He wished that I should keep the amount with me for safe custody. Accordingly I mentioned in writing on the case paper that the amount was with me. I had kept it in my office cupboard safely under lock and key. Unfortunately he expired the same night. I informed his relatives at Bombay. They came and performed his last rights. I told them that I had his Rs. 6000/- with me. His nephew wanted me to hand over the money to him. There were other relatives who also wanted the share. The situation was difficult. So I told the nephew to bring 'no objection' from all the relatives which he could not do. Hence I kept the money as a temporary deposit in an educational institution which was registered. I had consulted Advocate who advised me to get a certificate from the Court as regards legal heirship. I told his relatives accordingly. But they could not bring it. In the mean time, his nephew sent a complaint against me to the D.M.E.R., Dean, Secretary, U.D. & P.H.D. and personal letter to Shri Vijay Marchant. I had given in writing that I had kept the money in safe custody. So I was not afraid of the complaint. Legally I was right. All above authorities asked for the explanation which I gave. They could not force me to hand over the money to any particular person. I waited for 3 years and then the money was donated to the school. The matter was finally closed. But I had to undergo lot of torture during this period.