A PROMISE TO SERVE...

A promise to serve is what I made when I signed the Indemnity bond on 5th February 2011. No, there is no clear mention of 4 years “additional time period” for completion of the bond. There is though a clear statement on payment to be made to the government on demand. The same government that is thinking of backtracking on a resolution that fulfils the promise; as students feel cheated, as parents of medical students have floated an online petition against the resolution, a petition, I last checked had garnered 1700 signatures. What if you get a petition from 6 crore signatories? What if you get a petition that states- I am dying of malaria or delay in reaching the district hospital caused my death? What if you get a petition that says I am diagnosed in last stage of cancer as there was no one at the PHC to diagnose me earlier? What if these six crore inhabitants of villages 50 to 200 practical km away from first point of contact with health care system of Maharashtra write to you telling-you are one of the highest producer of medical doctors in the country, at least provide us with doctors who are legally bonded to serve you or give you money to lessen your “financial constraints”? But they will never speak up. They have no access to your websites or GRs; they do not know how to sign online petitions. Newspapers don’t reach them, and, thanks to apathy of the system- neither do doctors.

Minimal infrastructure, administrative responsibilities, absence of such obligation for private college students and other professionals, complaining over the length of time required to become doctors is nasty and pitiable. The same minimal infrastructure government, I shun every time I have a choice for transport, primary education, and telecom and else is appealing in the context of higher education- cheap, paid for and free of legal bindings it is! I agree to the flaws in medical training. But to say that the medical graduates are not ‘trained’ to handle the responsibility after five and half years of medical education – is not acceptable. Shouldering
responsibility- both medical and administrative is the norm for a 23-25 year old and I do not have to undergo formal training for every one of them. I wish to enjoy the facilities, high patient exposure and ridiculously low fees as compared to private colleges, but feel cheated for having to serve the community, for which too I will get paid handsomely. An average US physician spends 14 years training, most European countries have 6 year MBBS courses. Comparisons are welcome.

My experience serving the rural area has been enriching. I am more responsible, both socially and financially. I am more responsive because I have been exposed to the stimuli of all that shapes my patient’s disease. I am in a better position to write a PG thesis that might prove of some value to the community and to the medical fraternity. And I am fulfilling a legal contract the way I choose to. My rural service has added more than what it took away. I might secure a PG seat one year later, but the perspective I have developed towards my profession stays for a lifetime. Doctors’ burnout is an emerging problem. The rural service is my immunization to it.

The bond is a serious bone of contention. But, as we proceed to settle, let us not forget who the argument is for.

Dr. Manveen Kaur, GMC Aurangabad

(Dr. Manveen is currently completing her bond by working as a Cancer Registrar in Gadchiroli district.)
का?

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लोकमत

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A sarcastic grin was the almost reactionary response when I asked “Do you think tobacco causes cancer?” As we went about collecting data on the formidable cancer from the hinterlands of rural and tribal India, the grins made way for cross questions - “Why did Sant Tukdoji die of cancer then? He never ate tobacco!” , for common knowledge of the ubiquitous case of cancer in non-tobacco consumers and the equally omnipresent case of the old man who smoked and drank and lived till 90 without any hospital admission! The warning labels don’t answer common sense questions.

The gory images and the Smoking/Tobacco kills warning on tobacco products are a hard fought result of half a century of science and litigation versus politics and the big tobacco. Tobacco exploded on the western world arena by early 1900s, with people going from using 1 cigarette a year to 3500 per person per year in a span of 30 years! The dizzying explosion masked the ill effects of tobacco. If everyone smokes and only some develop cancer, is it not common sense that there is no relation? Similar is the situation in parts of 2018 rural Maharashtra. With around 50% of the population using smokeless tobacco, the relation between tobacco and the rising oral cancer cases is lost on the public eye. The relation is that of a “cause”, and a cause is what a cause does; which in the case of tobacco is increasing the risk of cancer and many other health hazards. And unlike the other such causes of cancer, like your genes and the environment you live in, it is easier to modify. So, Sant Tukdoji can die of cancer and a lifelong tobacco user can never have cancer at all; but viewed from the top, over the population - a lot many like Sant Tukdoji do not get cancer while a lot many tobacco users do.

The west has seen the lung cancer epidemic unfold, reach dizzying heights and slowly drop as the tobacco use epidemic unfolded. Strong litigations backed by strong scientific evidence brought down tobacco companies in the courts and also the consumption of the same. Tobacco was advertised on television till 1970
in the United States. Imagine a 30 second commercial asking you to smoke playing in IPL breaks now! We have luckily gained the learning’s from the unfolding epidemic; have implemented it at various policy levels which are showing results.

The Global Adult Tobacco Survey (2016-17) shows reduced tobacco use compared to 2009-10. It is 28.6% now compared to 34.6% in 2009-10. These are not only numbers. They are live human beings exposed to the risk of death and disability due to a preventable cause. It’s a huge number.

These 28.6% carry a higher risk of developing a disease- cancer that is gruesome in nature and whose treatment’s equity and affordability is debatable. I have seen patients lose trust in the healthcare system; turn to ‘traditional healers’ for cancer cures, being duped and depressed in the process. A late diagnosis limits the treatment options. And unfortunately, we do not have a strong preventive programme yet in place for cancers. The state of Mississippi in 1994 filed law suits against several tobacco companies to recover health care costs to the state due to smoking related illnesses especially cancer. They caused the health crisis; they had to pay for it. Will Maharashtra do it? With the non-epidemic proportion of cancer in our case, the government might not take a drastic step against the perpetrators of cancer. With the mounting legislations and reducing use of tobacco in the western world, these same companies, with powerful lobbies and learning have turned to the developing world, coming better prepared.

“Freedom of choice” is a common argument offered in urban circles. An “illusion of choice” would be a better expression. Getting a youngster hooked to an addictive substance (nicotine) is disillusionment. It’s a chemical that makes you want more of a product that contains cancer causing chemicals. Moreover, projecting such a product, which is a leading cause of preventable deaths as a symbol of liberation to women, is criminal. The fact that such a substance can be freely bought and sold is a disturbing fact, brought upon by the power, politics and capitalism we cannot put an end to in a day.

But say No we can, to Tobacco. And to cancer we can prevent.
नाही म्हणा!

आज सेवनवरोधी दिन, त्यानिमित..