Perspective

Dignity in health care

Arati Bhatia, MD

Former Professor of Pathology
University College of Medical Sciences, University of Delhi

Corresponding Author:
Dr Arati Bhatia
Email: aratibhatia at hotmail dot com

Submitted: 31-JAN-2020 Accepted: 26-MAR-2020 Published: 22-APR-2020

The year 2019 was a tumultuous one for transgender persons. It started with the passing of a bill which seemed to make some strides in the right direction but fell short on important aspects - in particular, the right to self-determination of gender as male, female, or transgender without a medical certificate or sex reassignment surgery.[1] The bill fails to consider the rights of such persons, placing them in danger of being excluded by a system that certifies people based on medical examinations.

A transgender person is generally both socially and educationally backward, and therefore requires the same reservation extended to others falling into the category of backward classes. Also not addressed are civil rights issues like marriage, civil partnership, adoption, and property rights; thereby depriving transgender people of their fundamental rights and constitutional guarantees as provided by the Supreme Court of India in NALSA (National Legal Services Authority of India).[2] The constitution guarantees equality - no one shall be discriminated against based on birth into class, caste, gender, religion or their sexual preferences.

In the midst of all this turmoil, I was invited to participate in a workshop on 'Theater of the Oppressed' - which is used to educate undergraduate medical students on ethical and social issues commonly encountered during general medical practice. It was here for the first time that I interacted with a transgender person as an equal and not - as had been my experience in the past - as a patient, or a beggar, or an extortionist at births and weddings. An equal.

It was an extraordinary experience. This person was one of the speakers at the workshop who was indeed very special, full of talent, and an artist in the true sense of the word - could paint and act without any effort. A multifaceted personality who, it seems, could perform any role to perfection.

Later that day, having read about these issues and now that I had interacted with a transgender person, I was flooded with memories of another incident with one such person that happened during my house job (junior residency) in the surgery department at a government hospital in Delhi in 1973. We were unprepared for such an incident then, so many decades ago, and the complex issue has remained unresolved for me until I chose to write about it today.

Cite this article as: Bhatia A. Dignity in health care. RHiME. 2020;7:55-7.

The government hospital I refer to caters to all kinds of patients needing help. No patient is refused treatment and all who need surgery, are admitted. There were three units in surgery, at the time that I write of, and each rotated between a day in the out-patient department (OPD) which was also the emergency day, a day in the ward, and an operation day. In other words, OPD and emergency came every third day.

It was my unit's surgical emergency and I was on night duty. A transgender patient had been admitted with an acute abdomen before my shift started. The pain, which had started in the right iliac fossa, had gradually spread to involve the entire abdomen. A working diagnosis of acute appendicitis with perforation peritonitis was made and the patient was posted for exploratory laparotomy. Perforation is not an uncommon complication of acute appendicitis and requires prompt surgical intervention. Intravenous antibiotics were started, laboratory blood work was sent, and the patient was prepared for surgery.

I arrived for the night shift at 8 PM and accompanied the patient for emergency surgery. I assisted the registrar on duty and we found that it was indeed a case of acute appendicitis with gangrene and perforation. Post-surgery, the patient was closely monitored in the recovery room.

The next morning at 7 AM, we were asked to shift the patient to the ward (the patient's condition had been stable through the night). The question that arose, then, was which ward? The hospital did not have private rooms, only wards. Each unit had only a male and a female surgical ward. Where should this patient go?

The doctors on duty got into a huddle. After much discussion, we concluded that it was inappropriate to move the patient to either the male or the female surgical wards, as the patient was a transgender person. We, therefore, shifted the patient back to the emergency ward. The emergency, recovery, and casualty wards were the only wards common to both male and female patients. We requested the next unit, whose emergency duty was to start at 9 AM, to permit us to keep the patient there till such time that the issue was discussed with the hospital authorities and some resolution found.

All went well - permission was given to keep the patient in the emergency ward till discharge, with the understanding that the unit under which the patient had been admitted, and operated upon, would be responsible for the post-surgical care. This meant more work for us as it entailed frequent visits - at least three a day - to the emergency ward, in addition to all our regular duties. It was doable, did not jeopardize the privacy of any patient, and seemed the most reasonable adjustment to make.

During the stay in the emergency ward the patient and the attendants had made repeated requests for a transfer to the female surgical ward of our unit. However, this was not considered proper by the authorities. On the sixth day post-surgery, the patient was well enough to be discharged.

This patient was not the first transgender person to be treated in our hospital. We did see many in the OPD. Despite this, it was strange that there was no hospital policy on admissions for them. A system in place would have helped us deal with this situation more efficiently.

Had there been private rooms in the hospital, I am not sure if we could have transferred the patient to such a room, because, after all, these cost money, while the stay in the ward was free. I cannot recall the specific financial condition of the patient, but many transgender persons live on the fringes of society, and are extremely poor, often make a living by begging. How would they ever afford a private room? I am certain that many still cannot.

The Indian census in 2011 estimated the total population of transgender people in the country as being around 4.88 lakhs.[3]

This figure may be under-representative; in the past, many of them have been counted with the males. It is likely, therefore, that medical students across the country will come across transgender patients in their practice from time to time, and they must be sensitized to their needs. Only then can future doctors provide them with the necessary medical care just as they do for other patients - with the same compassion and empathy, and keeping basic human dignity in mind.

References

1. Banerjie A. Transgender Persons Bill has let down the community's long struggle for self respect. The Indian Express [Internet]. 2019 Dec 2 [cited 2020 Apr 20]. Available from https://indianexpress.com/article/opinion/columns/transgenders-rights-bill-parliament-winter-session-6145980/

2. Patel Z. The long road to LGBT equality in India. United Nations Development Programme, India [Internet]. 2019 May 17 [cited 2020 April 20]. Available from https://www.in.undp.org/content/india/en/home/blog/lgbtequalityindia.html

3. Census 2011: Transgender. 2020 [cited 2020 Apr 20] Available from https://www.census2011.co.in/transgender.php