



Disarming Dialogues during a visit to India

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The world's borders are more porous than ever and one question that immigrants face is where their loyalty lies. As an Indian living in Melbourne, I am asked which cricket team I support when India faces Australia at the MCG. When Diwali comes and Melbourne lights up with colours, I am asked if Diwali in Melbourne feels different from Diwali in Mumbai. When Rahat Fateh Ali Khan and Beyonce are both coming to town, I am asked whom I'd rather see. It seems like expatriates always have one foot in their homeland and one in their adopted country. But I have never felt the need to justify this.

When India plays cricket at the MCG, I sit amongst the dhols, samosas and the incredibly spirited Indians who hurl simultaneous abuse and love at Dhoni and Kohli like no one else can, or would. Diwali in Melbourne is nice but Diwali in Mumbai is magical. When Rahat Fateh Ali Khan sings, my ears belong to him. But on a day to day basis, I dedicate myself to my Australian patients, feel moved by the Australian flag, and hail the world-class healthcare system that I work in; and then, when my flight is about to land in India, I feel my pulse racing and my emotions one atop the other because I am so happy. It would be fair to say that not

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only do I have one foot but indeed, a piece of my heart in each country.

As a doctor, I have always wondered if I will ever get to make a contribution to Indian healthcare. India is a large country with deep talent so I have never thought that my medical skills are greatly needed here. I have volunteered in some places and have found the experience of helping the needy and vulnerable satisfying, but I have also been left with a feeling of inadequacy. My contribution feels like an obscure drop in the ocean.

In the past few years my career has taken an interesting and unpredicted turn as, parallel to my clinical work as an oncologist, I have become a published author and a columnist for The Guardian newspaper, where I write on matters of medicine and humanity. This has led to many invitations to talk about my unconventional career. Many doctors are good writers and reflective souls and I have been gratified by their welcome and their questions about how to express their own creativity in a busy career.

I first heard about the Disarming Dialogues workshop on humanities in medicine from Dr. Vinay Kumar who along with three committed Indian doctors, spearheaded this program. Dr. Kumar is perhaps the most eminent pathologist of our times, his name emblazoned on the seminal pathology textbook that all doctors have grown up with. He is a close friend and whatever he touches seems to turn out well, but I did find myself wondering what a pathologist was doing talking about the doctor-patient relationship and the role of ethics and humanity in medicine. Surely, he should be examining slides, dissecting specimens and furthering the careers of budding pathologists!

But of course, as Dr. Kumar pointed out,

all doctors are patients and the cause of good medicine is hardly unique to practising clinicians. Long having wanted to ‘do something’ in India, I became a willing participant in his adventure although I did wonder how on earth he’d carry it off in India. My experience of Indian healthcare is both old and new. My own experience is old and not particularly memorable but I have plenty of close family members who complain about paternalism in medicine and about not feeling understood by their doctor. However, I also know that Indian doctors see hundreds of patients in clinic – the queues of patients and their needs are simply overwhelming. The few times I have watched this I have begun to understand how difficult it must be to employ compassion, understanding, and empathy in the face of endless demand.

Indian medicine is nothing like Western medicine; to be honest, I went to India because my heart called me there but I went with no expectation, only intrigue at how we were going to convince a group of busy Indian doctors about valuing the doctor-patient relationship in a country where this is not historically taught or discussed. Where I see twenty patients a day, these doctors see 200 – where is the time to think about ethics, communication skills, socio-economic disparity and all the other disadvantages faced by millions of Indians? When one considers the size of the problem, it is easy to feel impotent.

Well, I should have known better and been less sceptical. The over-subscribed workshop yielded surprise after surprise. The doctors were not only clinicians but some were also anatomists, pathologists, and pharmacologists. They were thoughtful, introspective, quiet, boisterous, talented, inspired and inspiring. They were young and old, interns as agents of change and veterans

who yearned to instil change. To show vulnerability is difficult for us all but the participants were humble and willing to listen. When clinicians who practice in the bubble of first-world medicine bring their ideas to resource-starved India, it would be understandable for Indian clinicians to dismiss their talk but change happens when we let ourselves imagine new directions and work in a spirit of cooperation. Listening to the people around me for three days, I have no doubt that their ideas about how to make Indian medicine more humane, ethical and accountable will sprout and spread.

I am sure others will write about the

details of the conference, especially the remarkable Theatre of the Oppressed, but for me, the most important lesson was to not underestimate the power of a small number of people to influence change. I was inspired by the present change-makers and excited by future ones. I learnt that we should never assume that care of the whole patient is only possible in some countries. Health is not merely the absence of illness but the presence of well-being – this should be a universal expectation. When we join hands with like-minded people we can get there. I was humbled by my involvement in Disarming Dialogues and I can't wait to return.
