At the Horizon of Life and Death

Stories based on life of doctors, nurses and critical patients facing death Stories are fictional but problems depicted are real

By
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Internal Medicine & Critical Care

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Stories Matter

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Disclaimer

The stories are fictional, but the depiction of the problems faced by the doctors, nurses and patients are real. The episodes described in the book do not pertain to any single particular person, patient, doctor, nurse, hospital and organization. All the characters, names and dialogues in the book are a figment of the imagination of the author. Similarity to any person, any situation or organization is purely coincidental.

The stories are not against any profession, law, and word of courts, any government or any organization or rules of any country. They depict the problems commonly faced by doctors in performing their duties which are likely to affect the patient directly.

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Dedicated

A tribute to all frontline workers who have spent the last one-and-a-half years fighting the Covid pandemic

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To all those patients, who provided me with an opportunity to treat them in critical conditions, making me encounter life and death at close quarters which helped me shape my mind. Without those experiences, I would not have been the person that I am today.

Author Note

The human body, with the intricate mechanisms of pathology and vast plethora of biochemical cascades, is too complex and its explicit design is beyond any one's comprehension. Doctors spend their lifetime trying to understand it's idiosyncrasies but the answer to the mystery still remains elusive to them. The more experienced the physician gets, the more he becomes aware of his limits, about this wonderful natural machine which has evolved over millions of years.

But in the present era of consumerism, an idea is propagated that doctors can control life and death. And a single adverse event out of million lives saved is portrayed as their failure, to trivialise the larger good work done by medical community, and to impinge upon their dignity. Consequent to the culture of blame and mistrust, doctors have lost their authority, dignity and respect, ultimately to patient's peril. Consequently, there is not much art of medicine left and it has been replaced by consumerism and medico-legal stress. Patients as consumers remain oblivious and ignorant not only to their own loss, but also to the real issues.

The compilation of stories aims to create awareness amongst doctors, patients, nurses and medical students, since similar issues would afflict all of them at some point in their professional life. The author genuinely hopes to ignite a constructive discussion among masses, policy makers, doctors and legal systems to achieve an ideal health care delivery system.

Dr Pankaj Kumar

Acknowledgements

I am writing a book for the first time, in an effort to highlight various problems faced by doctors, which hinder their professional work. For same reasons, I had made my debut in writing about four years back with a blog (extinctdoctorgood.com) talking about these issues. Patient's growing mistrust and prejudice against doctors are becoming heavy burden for medical professionals, but these will ultimately harm patients themselves.

This book, through its fictional stories, depicts the real problems, encapsulates many issues that ultimately distract the doctors away from their real point of intention- *the treatment of the patient*.

The most important contributors to the book still remain the patients, who teach us beyond text books. For writing a book of such dimension, there are a lot many people to thank; I would like to express my gratitude to-

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Preface

This book is borne out of the sensitivities involved while dealing with the patients facing death.

It comprises of stories that capture the pivotal moments in the treatment trajectory of the critical patients. The times that force the doctor to confront the saddest moments, while battling a terrifying foe, the death monster, alongside families' fear, gloom, indecisiveness and dilemmas about future. The saviour's own predicaments intertwined with medico-legal intricacies result into complex scenarios and emotional interactions.

The situations described depict 'the real issues' through 'fictional narratives'.

Diseases unmask the human fragility and hence the vulnerability that is intrinsic to the work of doctors. This vulnerability is exploited by many for their benefit- 'media and celebrities' to sell their news and shows, by 'law industry' and 'industry's middlemen'.

The chronicles depict the doctors' dilemmas amidst various vicissitudes like consumerism, blame for poor outcomes, reasons for the generation of mistrust and the harm it is likely to inflict both doctors and patients.

Demoralization, expensive medical education, suicidal ideation, nurses' plight, assaults and medico-legal torment of health care workers are the unfortunate consequences in the present era. Needless to say, the law industry benefits enormously at the cost of medical profession.

The selectively negative venomous projections by media and celebrities are not innocuous. The fear and mistrust thus provoked in the patients' mind would scare them to seek help from doctors, who are the only ones in position to help in emergencies. Masses as consumers remain oblivious and ignorant not only about their own loss, but also to the real issues as well.

The lucid prose in the book, brings alive the mystery and sheer uncertainty of medicine, fragility of the human body braided with emotions, mistrust, legal complexities, oppressive regulations, creating undesirable distractions from the real point of intention- the treatment.

The author feels morally compelled and has attempted to find answers, embedded in a journey that was wondrous and inspirational, but with horrifying moments as well.

Does the entanglement of doctors in such a maze help the patients in real sense?

Is this what the patients actually need?

Has the decision to treat human fragility become a mistake in present era?

For doctors, no prizes, if you win the match of life and death; and a sword waiting, if one were to lose?

Patient will need to decide someday, whether to be a consumer or just remain a patient.

Being a consumer may be overall a loss-making deal for the patients.

The narratives are relevant to doctors, nurses as well as the aspiring medical students, since these sensitive issues would afflict them all, at some point of time in their lives. The stories can guide the society, as they provide an insight into the doctors' dilemmas and predicaments in critical situations. The book will be helpful to aspiring doctors since it highlights the importance of sensitive communication and guide them in taking a well informed decision when they choose the medical profession as their career option.

Introduction

The book is based on narratives based on the life time journey of the protagonist, Dr Anand, who since his teenage, was intrigued by the ‘mystery surrounding death’, the existence of spirits and souls and was shocked to know the 4000 years old cruel Hammurabi’s code of medical regulation.

The stories span from his initial days in ER (emergency room), when faced with patients near death overcoming his fears, and chronicle his struggle in complex medicolegal scenarios over the next few decades.

Every day, Anand would witness patients sinking in front of his eyes. As a doctor true to his profession, he used to experience the divine exhilaration whenever he pulled his patients out from jaws of death. He worked amid weeping patients, heart wrenching cries of children, wailing mothers and silently sobbing fathers, all of them in the saddest mode of their lives. Patients, who look dead at one point, regain consciousness, open their eyes and communicate with their near and dear ones. A sense of gratitude and appreciation by patients provided enough reason for going on with the physical and mental rigors of the work.

The stories depict reasons for his gradual disillusionment striking him due to plight of medical profession at different stages. The incidents during his residency period such as suffering of his classmate because of high unreasonable medical college fee, a suicide attempt by his friend, inhuman slave like duties,

humiliation of nurses' by administrators, physical assault of a lady doctor by a mob and subsequent painful apathy of the system to her sufferings were all witnessed by him.

After completing his residency, he was exposed to the real professional world, where medical care intertwined with health business, further braided with changes in medical law, presented a more complex problem rather than just treating a patient well.

The author tries to capture the gradual transition of doctor-patient interaction to a business transaction. The pharmaceutical industry, insurance, law industry and administrative machinery remain hidden in the background and have enormously benefitted by the exploitation of doctors and nurses, who have suffered at the front as the face of the 'veiled and invisible' colossal medical business.

The evolving system of corporatization and medicine being projected as a purchasable commodity has resulted in an illogical distribution of health care. The resources spent by people in last few days of life, mostly in a futile quest to have few more, are equivalent to thousands of times the food and medicine for the poor, who lose lives for fraction of that expense. Since in this era, medical therapies are perceived as purchasable and patient has become a consumer.

Anand realizes the helpless position of talented doctors, who were unable to entrench themselves into the newer prevalent system. One story describes the detrimental position of a genius surgeon, who was not an eloquent communicator. The book tries to bring forth the

misplaced priority for the perfect communication, not infrequently at the cost of perfect treatment.

The stories unmask the eternal latent vulnerability that is intrinsic in the way doctors' work, which turned more evil when exploited by many for their benefit- 'media and celebrities' to sell their news and shows, by 'law industry' and 'industry's middlemen'.

Anand feels hurt when an anecdotal episode of adverse event or poor prognosis was aired by media as an illustration to portray whole medical professionals as dystopian community. By theatrically deriding hard work of doctors, the celebrities grabbed eyeballs to be at the centre stage of health care. What remained invisible to all was the fact that every day in hospitals, thousands of lives are salvaged back from the brink of death.

The real hidden agenda is an attempt to project 'Reel heroes' as 'Real heroes'. By self-appointing themselves as custodian of health of masses, 'the film stars' and celebrities give true meaning to their work of 'Acting', that otherwise was no more than a trifling entertainment. When masses worship them as their true well-wishers, they feature in advertisements to sell tobacco, soft drinks, junk foods and other sweet poisons to public and children.

The intentional unfairness of the criticism is evident, since the delineation of the cleft that separates doctors from the actual overpowering and controlling health industry is not unveiled, ensuring to sustain the prejudice with its dangerous bias towards health care workers.

But these utterances against the medical community are not without serious side effects. Anand could sense deteriorating doctor-patient relationship. Mistrust resulted in loss of respect for doctors and predisposed them to all types of violence- be it verbal, physical, legal or financial, as if uncountable lives saved every moment in hospitals were of no consequence. The blame for deficiencies of inept system and poor outcomes of serious diseases was shifted conveniently to doctors, who were unable to retaliate to the powerful media.

Not only such projections shifted and pinpointed the attention to inappropriate issues, but created an unbridgeable gap of trust between doctor and patients. The fear provoked in the patients' minds would scare patients to seek help from doctors, who they should be trusting.

The sense of gratitude, which doctors deserved from patients, was replaced by the burden of blame. Even a saved life was thought off merely as a duty fulfilled in lieu of some remuneration.

Using fictional stories, the author has tried to bust certain prevalent myths about modern medicine, ventilators, problems faced by the health care workers and pros and cons of choosing medical career in current era.

The book describes the mental agony of a doctor, who faces a malpractice lawsuit. A brilliant mind gets entangled in a useless clutter and gets engulfed by a strange fear for the imminent misfortune. He is unable to fathom the randomness of the tragic tale imposed on him just because of an unexpected poor outcome. The story depicts his fears of getting a raw deal amidst tricks and

traits of the law industry. With element of arbitrariness involved in the medicolegal suits, law industry has got benefitted enormously at the cost of medical profession.

Consequently, more of doctors' time is being spent on issues, which are assumed to be worrisome but are not, and less time is spent on the issues that really count.

To control the health system, administrators or even legal systems have a tendency to assume that shortcomings in the patient care can be rectified by punishing the doctors and nurses. Fear factors and Impact of present legal complexities on doctors is already at par with that of the Hammurabi era (1750 BC).

For doctors, no gain if they succeed thousand times, but agony assured if they fail once?

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PART 1
LARVA PUPA SYNDROME: MEDICAL EDUCATION AND THE DISILLUSIONMENT

PART 2
HOPE AND FEARS—
THE PARADOX CO-EXIST

PART 3
BLAME AND MEDICAL LAWSUITS: TO TREAT THE HUMAN FRAGILITY—A MISTAKE?

PART 1
LARVA PUPA SYNDROME: MEDICAL EDUCATION AND THE DISILLUSIONMENT

Chapter 1

Life is Frail and Death Ferocious

Dr Anand looked at his white coat, hurriedly folded the sheaves of the dog-eared papers that were bulging from both his pockets and started walking towards the office.

He had just joined post-graduation in medicine the previous month. In the morning, while he was completing admission files of new patients in the ward, Anand received a message to meet the Head of department (HOD). The HOD was a short, lean thin man and had a powerful voice. He was strict and a sound clinician, in short, everything to be scared of. Even the seniors in the department didn't have the guts to argue with the HOD alias 'The Tiger', as they used to refer to him during informal discussions.

Unsure about the agenda of discussion, he entered the corridor that ended at the 'Tiger's den'. He was trying to recall the events of the past couple of days, thinking whether he had inadvertently committed any mistake.

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"Yes, come in. Have a seat," the HOD said.

"Good morning sir. Thanks," Anand tried to be most respectful, not knowing what to expect.

"You need to start doing emergencies. Today is our unit on call. You need to be in the (emergency room) ER at two in the afternoon," the boss ordered.

It was unusual to send residents to emergency in their very first year. But as there were few residents in the department, he was being assigned this difficult task.

Anand felt a bit scared but could not say anything. He listened to the instructions and just nodded.

The boss continued, “There is no one else, you will have to be there. Hold the fort.”

Anand was intimidated by the sheer thought of handling the Emergency (ER) unit all by himself, but there was no room for arguments.

“Yes sir,” Anand mumbled and slowly walked out of the room and prepared for the evening shift in the ER. He took two emergency books for quick reference. Standing in front of the mirror, he closed his fists and firmed up his mind. He consolidated all his determination and tried to gather all his dormant energies.

He just shook away the thought that was trying to enter his mind “Why me”?

“I will try to do it in the best way instead of wallowing in self-pity,” he said to himself and took it as a challenge.

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Emergencies duties used to be quite heavy and there was almost a new case every few minutes, sometimes multiple at the same time. Doctors needed to be quick with decisions, as well as correct to the level of perfection.

Practically every disease, even simple sounding one, might present itself as an emergency. Almost all

such patients were sliding towards death and Anand's role was to reverse the direction.

After initial hiccups, he slowly started enjoying the grilling pace, the challenging work, the quick and disciplined pattern of ER and it felt like a military exercise.

With the passing days, he gradually settled himself with the gruelling routine amid working in such difficult situations. Surprisingly, he found that with the correct application of knowledge and science, it was easier to save lives than what he had anticipated.

Working with life and death situations gave him an aura of being into a battlefield. Most importantly, he had understood about the special temperament required to deal in an emergency situation. He used to watch young doctors panic, rather than take correct decisions quickly. Little did he know that this cool temperament of his would help him later in life. The panic in the mind of doctor is a practical hurdle to making the right decisions.

"You really are very quick. I am happier, when you are here," the chief medical officer of the ER told Anand.

"Thanks, but I am still junior and might require guidance at times," Anand said.

Good at work and with his humble behaviour, Anand developed cordial relations with the emergency staff.

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Divine Pleasure at the Deadly Horizon

During one such busy afternoon, a man was brought in by the relatives, accompanied by his wailing teenage daughter. Within moments, Anand was rushing to make an assessment. Just as the patient was being shifted to a bed, he became unresponsive. Anand tried to feel the carotid, but could not find the pulse. Immediately he started the resuscitation, CPR (Chest compressions to revive heart).

The commencement of CPR was like a battle starting within a moment, head to head with death. The excitement, anxiety and focus for that half an hour or so, brought a feeling of being confronted with death directly. Anand's mind got engulfed by a strange state as if there was nothing else around, only a struggle against an almost certain fatality. He was giving instructions for the injections and performing the manoeuvres at the same time. He had some idea by this time that the patient might be suffering from acute myocardial infarction (heart attack).

Despite a poor response he continued with CPR, defibrillated, (delivered electric shock) and instituted lifesaving drugs.

It was hard to describe how he felt. It was like an epiphany, man dying in front of his eyes with his own hands on the chest, trying to pull him from the brink of death. The patient was not breathing and the electrical activity of the heart was showing ventricular fibrillation (ineffective contractions). Alarms going on all around were like monkeys and deer shrieking in panic in the forest when tiger is seen advancing. The patient was

sliding towards death and his life was getting close to an end.

Anand had never felt so completely alive.

This was one of the initial incidents of split-second decisions during start of his medical career, where he could feel footsteps of death. He felt as if he was driving an airplane at lightning speed, veering around a sharp curve. In those moments, the death was breathing right in his face. Many fiery split seconds were followed by moments after moments of CPR, lasting almost one hour. This combat was a state of complete mental and physical drain. In those hours on that combat street, he had not been a simple human being. He felt as if he had no connection to this materialistic world around. This was a strange feeling, which he had never experienced before and he felt totally out of the world, fully detached. He forgot all his worries, emotional burdens, personal or professional thoughts of any kind. His mind was concentrating on a single target point.

A strange stone-like state of mind engulfed him.

Finally, everything fell in order with inputs and efforts of multiple brains and with teamwork fitting together, resulting in ‘return of spontaneous circulation (ROSC)’. As the patient moved his eyes, looked bit stabilized and was trying to move his limbs, beeps of the monitor started to emit a more favourable tone. Just basic drugs were now enough to save his life. The most effective tools here were the doctor’s hands and mind, and not any special advanced and sophisticated equipment.

The patient, he had just revived was still lying with multiple tubes in. He was now just like another human

being alive, snatched back from jaws of death by a whisker. He was drawing one breath after another; no one knew which one still might be the last one. Anand stayed there, fully aware that any moment could end patient's life. Each second was passing slowly, but the feel of each jiff was different. Anand's mind was gradually opening up and coming back to normal every nanosecond. He felt he would never be the same after having attained and experienced that particular state of mind. The aura was different, and he was feeling a change in himself, something neither he had known, nor he could explain. But it was an elated feeling, which stayed with him for a long time.

The young doctor inside him felt like jumping and cheering loudly.

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He did the required paperwork, stabilized the patient and wrote an order to shift the patient to CCU. The patient was moving his eyelids, unable to speak but was able to follow simple commands such as nodding his head.

Anand called the patient's daughter to tell her about the good news, the future prognosis and some possibility of survival. It was one of the greatest pleasurable moments of medicine, to see the reaction of the loved ones. His daughter, in late teens, who had initially thought that her father was no more, was startled by the turnaround of events. It seemed like a miracle which she was able to appreciate herself, evident by the free flow of tears on her face.

She thanked Anand profusely.

“You are a God to me,” she said while holding Anand’s hand. He was touched by the deep sense of gratitude.

He could not say anything. He didn’t know how to react.

“I just did what was required. God has been very kind,” Anand said in a humble tone.

There was a special and unique satisfaction, he felt after saving a life. There was something in the renewing power of the moment that he found difficult to describe. The incident taught him few things about life that were truly priceless.

He wished to achieve that feeling forever in his heart. The expression of gratitude in eyes of the teenage daughter of the patient filled his mind with an elated feeling. Maybe this is the real pleasure that keeps doctors going on, even in the difficult circumstances.

There was no time for further talks, as he quickly became busy with other sick patients. One patient was brought electrocuted, was in shock. Another lady had burns and then there were many more with fever, pneumonia, epilepsy, asthma and so on. At the end of the day, he lost count of the number of patients he had saved and stabilized.

Even after his eight-hour challenging shift, he still felt energized, serene, balanced and happy. His personal issues that he might have been struggling with earlier seemed frivolous now and worries had become trivial.

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Anand had been picking up the powers and courage to work in such situations.

To Anand, these experiences revealed the truth about life. We are all in a vast area like a forest, where there are remorseless laws of natural selection. We are surrounded by hidden enemies called diseases, ready to pounce on us any time, and on anyone. A large number of diseases are caused by the invisible demons; bacteria, viruses and other germs. Patients refuse to recognize this truth, and usually ask a naive question, “Why me doctor?” They wish to get treated and seek the help of a doctor to wane off the demon, but are unable to understand the uncertainty of the outcome that the illness carries with it.

Anand thanked God for being privileged to enjoy these special skills to correctly treat human beings. He enjoyed the sense of exhilaration achieved in the process. His skills improved with every patient. As in emergencies, all the processes have to be fast; the assessment, diagnosis, treatment, and resuscitation.

The same routine of life continued along with studies and projects. For him, there was no outside world in those days, except hospital and wards, no time for own self and little life away from patients.

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Despite the Gift of Life—Still a Stranger; a Strange Phenomenon!

Days passed quickly and after about two weeks he was in the ward on rounds. The whole department was standing at the bedside and discussions were going on.

A man entered the ward and straightaway walked towards Anand. The man greeted him and touched his

feet. Anand was taken aback. The man was an elderly, Hindu priest (Pundit Ji), as evident by “Shikha” (Tuft of hair) on his head, dressed in saintly white clothes. His age was around 60 years. It was an unusual sight for everyone. Anand recognized the girl smiling behind, the daughter of the man that he had revived in the emergency two weeks ago. She was standing at the door. Patients, when they get well, look so different that doctors usually are not able to recognize them.

Had the daughter not been there, he would not have recognized the patient, who looked so different from the sickly dying man in emergency room. That man too did not know who the saviour was. For doctors, a precious but a strange relationship as a saviour is drowned in routine in most of the cases. Despite a relationship of a gift of life, usually both, the saviour and the saved remain strangers to each other.

“What happened?” His supervisor asked with curiosity. It was an awkward situation for him, probably feeling a challenge to his authority, when the junior-most was being cherished in his presence.

“My life was saved by ‘Doctor Saheb’ in the emergency. I was in CCU for two weeks and I got discharged today,” the man’s voice expressed gratitude.

His daughter also came near and thanked Anand and the HOD. Anand looked at the patient with a great sense of pride, greeted him with satisfaction and folded hands. The patient’s face was filled with a grateful expression. The momentary mutual exchange of expression was enough to express the sense of gratitude.

“You were lucky and brought here when you were just at the brink. A few minutes of delay could have been

dangerous. Above all, God has been very kind. I just did what was taught by my teachers," Anand pointed towards his boss.

As the HOD looked at him admiringly, Anand felt some kind of inner happiness, partly because he was being appreciated in front of peers and seniors. The man again bowed and went away with a promise to meet Anand again.

Anand took pleasure in recounting the complete story, the overall complex scenario, prolonged CPR, the mystifying twists in every moment of the herculean resuscitation to his supervisor.

It was like unfolding of a mystery with him as a witness to the moments where life meets death, so clearly so near. He recognized the new role he had got to play. Those were initial days, when anxiety mixed with fear about a battle, facing the death and subsequent ability to conquer resulted in strange divine pleasure.

Being a Doctor: Is it Simply a Job, a Business or a Profession?

Anand met John and Manisha in the evenings, who were his class fellows. They were also working hard at their respective postings and wards. The young doctors shared their thoughts and experiences.

"I am not sure if someone possessing a huge house or big assets would have the kind of fulfilment and happiness, which I had felt. It has provided another life to that gentleman. Is it simply a routine professional work?" Anand wondered.

"Working like this, how many lives you can save! If a student like you, at such a junior level can save many,

then what about the number of lives saved every day in the whole world? No wonder, doctors are called Gods," Manisha said wondrously looking at John.

"I will ask you a hard question. What would you get, assuming that you save one thousand lives in next ten years? You remember, King Hammurabi's in 1750 BC would have awarded silver coins for each life saved," John said with cynical sarcasm.

"You might save thousands, but he would have cut hands for one death or a single mistake," Vivek, another friend also pipped in.

"That is true in present era also. One mistake or a single medical lawsuit can throw you in waste bin," John said.

"It is because the medical profession has been taken over by medical industry and has become a business," Manisha said.

"If medical care is a business nowadays, then it is a strange business. Not even a coin was exchanged," Anand said.

John also nodded his head and said, "Saving a life will depend on the application and commitment of the doctor, which can't be ensured by just doing business or a job or by legal complexities."

They all realized that even as junior doctors, they were of immense help to others. Besides saving lives, they did not miss out on the little happiness that every moment brought, while alleviating the pain of the patients, treating fevers, diagnosing countless illnesses.

"Whenever I work in emergencies, all the clutter is stripped away from my mind. The real aim and true

meaning of my existence becomes clear. It is a kind of work that helps others to live happily and is satisfying for me as well," Anand said.

Anand had discovered a greater purpose to his life.

On that day itself, Anand had a feeling of having undergone metamorphosis. While others of his batch wanted to shun emergency, he wanted to be there.

Upon entering the emergency room full of diseased and injured people, he felt like a new man. He used to feel a change in himself, full of healing powers. He felt more alert, more energized and more alive, even after working many hours at a stretch.

Anand had similar situations almost every day, but by now his mind had undisputedly mastered over his fears. He was now calmer and more determined, was enduring more difficulties and fearless to uncertainties of life and death.

Now every day could bring on the ultimate tests without shattering his nerves or invoking a sense of failure.

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Amidst these thoughts Anand went to bed, he was tired but could not sleep. The next day was important for most of his friends since their post-graduation entrance results were going to be declared..

His sleepy mind remained in a state of trance, somewhere between being awake and asleep. He remembered the day seven years ago, when he was selected for the medical college.

Ruminating upon yesteryears when he was intrigued by relation of spirit, souls and the death, he soon started musing about the events that had happened seven years ago.

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Chapter 2
Doctor is a Soldier

Seven years ago

Anand was excited; he was traveling by a bus and going to join the medical college. Sitting quietly in the bus, his mind was wandering somewhere in the future. The bus was going fast, matching his fast-moving thoughts. His mind was wandering as he continuously stared out of the window at the vast fields. No one could have missed the sparkle in his eyes.

Earlier that week he had received a letter, the contents of which were like a dream fulfilled; a piece of news that had filled his teen eyes with tears of joy; he had been selected for admission in a medical college. Anand had felt as if his life had changed and the skinny boy had suddenly felt himself grow in stature. The mist of uncertainty about the future had cleared in an instant and he could visualize himself clearly, as a person he wanted to be.

The afternoon sun was hot and the heat in the bus was at peak. But he was not perturbed by it and just kept his eyes open outwards without seeing anything. Teens, usually at such times, are too busy imagining the future.

He was daydreaming with open eyes and the memories were coming and flitting swiftly one after another. Finishing the school had given him a feeling of opening of his wings, a release to fly into the sky as much as he could. Few hours passed in this way without realizing about the surroundings. The destination was reached and he got down, still lost in the world of

dreams. His mind was still in the future and did not wish to come out of it.

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Curiosity about 'the Death', the Spirits and the Soul

Anand walked for few minutes and started waiting for his friend, John near the bus stop. From where he stood, he could see a well-maintained garden with manicured hedges and grass neatly mowed with beautiful tracks carved out. Anand crossed the road minding the speeding vehicles and thought of taking a small walk in the beautifully maintained garden. He saw people walking along the path speaking softly, with beautiful flower bouquets in their hands.

All treaded different paths, carrying varied flowers, mostly white in colour.

Anand watched as people were gently placing the bouquets on the graves of their loved ones, before kneeling down and praying. He saw tears rolling down as they kissed the grave, got up and walked gently back to the gates of the garden.

"Hoje para ele amanha para mim" was beautifully carved on the cemented gate of this garden. 'Today for him tomorrow for me'. The parishioners had been generous to develop this graveyard into a well-maintained garden. Visiting the place created a sense of serenity rather than an eerie aura of ghosts. Soon a white station wagon stopped in the service lane. At the same time, Anand noticed John and Vivek coming from a distance. He waved at them. After they congratulated each other for securing admission in medical college,

Anand was unable to hold his curiosity and asked, “How do people die?”

“I have heard that the Soul leaves the body,” Vivek said.

“Old age or diseases are reasons for death,” John said.

“But what leads to final cessation of body functions? What turns a person as non-living?” Anand felt puzzled and kept wondering.

“When you become a doctor, you would be able to touch Souls and feel the Spirits,” John said and laughed loudly.

They took a taxi and reached the hostel. Anand dropped the luggage in his room and straightaway headed out to look around. The central part of the hostel had a rectangular big park. After roaming around the hostel, he went into the dining room. The food was horrible, full of chilies and too spicy. The smell from the washroom and mosquitoes annoyed him further. He detested this beginning of his life’s dream and found it an unsuitable start.

He made few comments about the poor conditions to other students, but no one seemed to bother much. They were enjoying the change in life; things new and different had provided them a sense of growing up away from home. Parents were not around and they were on their own. They were not scared, homesick or lonely. Possibly, it was a sense of independent existence, which was the reason for their happiness. He went back to his room, where he was again surrounded by mosquitoes.

He killed many, put the fan on and went off to sleep.

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There were a few days left before classes began, and this gave him some time to clear the doubts and curiosities about the life of doctors. He frequently visited the library, hoping to find some knowledge and studied in detail about medical profession and progress of medical science.

Trying to clear his curiosity about ‘death’, Anand took down an old-looking untouched book from the shelves, ‘The Ancient Medicine.’ Sitting in the library, he just skimmed through pages.

“You know, in 1907, an American doctor tried to calculate the weight of the soul. Can you guess, how much is it?” Anand asked John.

“I don’t believe in such theories,” John said.

“It was 21 grams,” Anand said.

“But the farce could not be proved, the hypotheses was more like a spiritual claim,” John said.

“Yes, now physics has mapped the linkages between subatomic particles and there is no space left for spiritual forces,” Anand agreed.

Anand was more drawn into the subject, intrigued by the ancient medicine practice.

He was deeply impressed by the ancient physicians, who contributed to discoveries of the secrets of human body and medicine, with very little facilities.

Anand was a bit disheartened when he read about Hammurabi, a king of Babylonia in 1750 BC, about four

thousand years back. The king had written a code for doctors called Hammurabi's Medical Code. Doctors were punished severely and even their hands were cut for loss of life or mistakes made during treatment of patients. On the other hand, awards were given for saving patient's life-. Ironically these awards varied significantly depending upon whether the life saved was that of a rich man, a poor man or a slave. In a way, he had put a price on human life according to social status of that person.

Reading about the cruel ancient regulation code for medicine, Anand's mood turned pensive and gloomy. He went out of the library and met Vivek in the canteen, where John also joined them. Anand narrated what he had read about Hammurabi's medical code to his friends.

Vivek said, "The king must have been a foolish person or a dictator. In that era, five thousand years back, there was no advancement, no science, even germ theory was unknown. How could a doctor be held responsible for life or death?"

"At best, the doctor could have tried, that too with some primitive medicine," Anand said.

"Thank God, we didn't choose to be doctor at Hammurabi's time. I am sure your hands would have been amputated by the King then," John laughed loudly.

Anand too wondered why someone would like to be a doctor amidst such rules.

Next day, Anand read about 'Germ theory' of disease. Until a couple of centuries back, germs were unknown despite their existence for millions of years. This discovery ushered in the real modern medicine in

renaissance. The genesis of ailments was unknown as the invisible germs were not thought of as the real cause.

That evening, the trio went to have snacks. Anand told them about germ theory. Vivek and John also started to enjoy the discussions.

“The Godmen treated these diseases attributing them to curse of angry Gods. Many rituals were performed to make God happy,” Anand told John.

“Diseases were thought to be an attack by evil spirits or demons,” Vivek said.

“In movies, demons are big and ferocious while in reality they are invisible and microscopic,” John laughed. John used to laugh very loudly, holding his face up with his nostrils also flaring. Many a times Anand used to chuckle just watching John laugh.

All three friends had got admission in the same batch in the state medical college. They took their bicycles and went for a ride around the city in a buoyant mood.

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The Start of Medical College

The first day in the medical college always creates sweet memories.

It is like a curiosity unfolding, feeling of living a dream or unveiling of a mystery. Anand, Vivek and John entered the medical college and completed the necessary paperwork. Once it was done, they happily walked chatting towards the main college building. Looking around with great curiosity, they were in for surprises.

“Are you freshmen?” Everyone automatically turned their heads towards the voice.

An official standing at the gate of the ground floor guided them to turn left and then go straight.

They entered the long corridor and soon their nostrils were filled up with the pungent smell of formalin.

“Oh, we will have to remain here! I can’t bear the smell” said Vivek, wrinkling his nose. Another long corridor appeared leading to a big heavy door, which opened into the dissection hall.

The hall was massive, it looked like a huge indoor stadium with around 50-60 marble tables fixed to the floor and a mummified dead body on many of them. Six students were allotted to one table. Three on each side were supposed to dissect one half of the body as part of anatomy practical in the first year. Everyone was breathing in a strange stench mixed with the smell of formalin.

“Oh, God! I thought I would get to see patients. These are all dead bodies,” said Vivek feeling uncomfortable. One of the students felt giddy and fainted after looking at so many dead bodies. But most of them were looking happy and curious.

Students were trickling in one by one into the dissection hall. The boys were looking at the girls eagerly. After all, they were to spend many years together in the same class. As some new girls entered, the boys looked at them and made some comment, amongst themselves. Everyone was thinking, which one of them could be their future partner.

In the meantime, one short and fat girl entered. John smiled and teasingly told Anand, “This one is yours!”

“No... No... You take her,” Anand got really angry as if John had made a permanent allotment to him.

“But she has such a pretty smile!” Vivek always found something positive in all the girls. After a few minutes, a very beautiful girl entered. She was tall, slim and was dressed smartly. Her fair pink cheeks and short hair looked out of the world; they had never seen such a beautiful girl.

John jumped at once and announced, “This one is mine!”

Everyone on the table was speechless, as if by staking the claim on a girl first was an advantage. For once, the other two were feeling remorseful for not having spoken first. All of them were curious to know her name. Finally, John was able to find out that her name was ‘Manisha’. A couple of days later, he realized that every boy on the campus was talking about her only. There seemed to be a lot of competition for her.

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In late evenings and nights, ragging of freshmen was a common phenomenon. So usually the trio tried to stay out of the hostel and returned late around midnight to avoid ragging. But many a times they were caught by seniors. However, soon they started enjoying the phase as they entertained seniors by singing self-composed medical songs, medical anthems and medical prayers. All of the songs were actually made up and ‘non-vegetarian’ in character with lewd and obscene lyrics strung together

and were meant to elicit laughter from juniors and seniors alike.

One afternoon, while returning from their classes, they were held up by a group of seniors in the canteen. Jokes were rampant and everyone was having fun. Other freshmen were also standing quietly and doing whatever was being asked of them.

Vivek was asked to perform a mock Cabaret and John was asked to dress as the 'Phantom'. So, he wore his undergarments over his shirt and pants and his shoes were hung around his neck.

Anand was asked by the seniors to sit on the medical chair, something he was unable to understand. He looked around but could not see any chair, just a heap of human bones on a small table. He looked at the seniors, who were rejoicing hilariously as Anand exuded a moronic expression.

"Look, such brainless people are becoming doctors these days," one senior said.

Another senior got up and handed over a Femur (the long bone of thigh) to Anand, laughing.

"Yes, that is the medical chair, sit on it now," the senior ordered him.

After initial hesitation, Anand positioned himself on the femur. It was difficult to maintain his balance and it was very uncomfortable too. Anand became more and more nervous with the raucous laughter around him along with lewd comments.

"Hope you now understand that you have chosen this chair for the whole life. You will have to tolerate this

lifelong pain in the ass," another senior said and there was a loud laughter, accompanied with this remark.

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All the newcomers were allotted dormitories, which were bigger rooms to accommodate three students each.

It was their very first Saturday evening in the medical college; the trio were sitting in their dorm room after classes and planning to watch a night show. Suddenly, the dormitory door opened with a loud bang as if someone had kicked it forcefully. One big television set entered the room, supported by a pair of hands from below. The head of the person carrying the TV- set became visible only when he was trying to settle the TV set on the table. Behind the television set, a person entered carrying a VCR (video player).

"What is this?" John jumped from his chair and asked.

"Shut up," a senior entered and shouted. "Go back and sit on the bench behind."

Within minutes, many more seniors entered the room and settled themselves on the floor mat in a relaxed mode.

"You can also sit back and enjoy the movies if you want. If you feel disturbed, get out. You can use our room if you want to. Your room is the common theatre for this floor. We have good movies for the whole night. You have the biggest room, which is ideal for all of us," one of them said authoritatively.

John looked mutinously at Anand but both kept quiet.

“You are lucky, you will get to enjoy them free of cost,” said another senior.

“These kids appear naïve and foolish. Have you ever seen a blue movie?” the first one asked with excitement.

John shook his head in a negative and Anand did the same.

“Your room is our weekend room. Remember this is a fixed routine for Saturday nights. If you people ever go out on weekends, hand over your room keys to us,” the senior ordered.

“Yes sir,” John said while nodding his head. A television set and a VCR had been taken on rent for a night. Both he and Anand were happy as this felt like a real college life now, and it was time for some adult enjoyment.

Another senior brought some whiskey and snacks.

“You can also take a bit, but do not take too much,” he said.

“Give them only a small amount of drinks. They are still children,” mocked another one.

The lights were put off and movies started. Some newly released movies and blue films were there. Soon everyone was watching the movies, listening and laughing on lewd comments, something which the juniors had never heard before in this abundance. Anand and John were looking at the blue films with great curiosity with mouths wide open. Throughout the night, the show went on. There were loud episodes of laughter and lewd dialogues. The trio had a real feeling of being grown-up that night.

All the curiosity about the forbidden territory of sex was unveiled. After finishing the movies, everyone slept on the floor only.

Early in the morning, there was a large thud like sound. Everyone got up fearing that something heavy had fallen. It was dark in the room but they soon realized that one of the senior-most students, the heaviest one, had slipped over 'some' material on the floor. Everyone could hear the string of abuses coming out of his mouth. It was followed by a burst of massive laughter in the room. Slowly, everyone got up and moved to their respective rooms.

"We will have to clean this nonsense now," Anand said in disgust. The room looked dirty and smelled bad. They were feeling sleepy, drowsy and had a headache. But they felt happy as they had experienced the first feel of a professional college and had watched adult-content for the first time in their life.

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The Director Principal was to address the batch of newcomers. They were curious to hear him out as the he was regarded as a wise and famous physician.

All the students rushed quickly to the lecture theatre. After all the newcomers had taken their seats, the Director Principal, Dr Prakash entered the hall. He had an impressive personality and looked like an army commander, tall and hefty, with salt and pepper hair, a moustache and spoke with a heavy voice. As he started speaking, silence fell in the hall.

"Welcome! As you all have been selected after a tough exam, I have no doubt that you are the very cream

of the society. I hope you all understand the life of a doctor, the person you are going to become. You have decided to dedicate your life to treat diseases, to reverse the path of the decline of the patients' health and guide them onto the path of recovery. It is a great responsibility. People will look upon you to save their children, parents and members of their families. This huge responsibility cannot be conferred to someone by just giving them a piece of paper or a degree. You will have to work hard to earn and achieve it and reaching here is just the beginning. You will have to study hard day and night, do duties and take regular exams.

Some of you will earn a lot of money, but that will be by helping others and saving lives. In every situation, money or no money, you will be doing a noble work. I always consider doctors akin to soldiers. Life and death situations involving human beings are akin to war and you stand between life and death. This battle may involve different kinds of armour or techniques like medicines, surgeries and interventions.

The main difference is while soldiers are trained to kill and take lives; doctors are trained to save lives.

In the present era, there may be some hardships like fear of abuse, assault, legal lawsuit, veiled or unveiled threats, but still, the battle will continue. Sometimes, the obstacle will come from the very same people whom you are trying to help. But with all these issues, you will still have to fight and try to win in situations where life and death are just moments apart. Many of these practical life issues may not be part of your curriculum.

As doctors, our life belongs to the whole human community and we want our knowledge to be thoroughly

utilised till we draw our last breath. Remember, the harder we work, the more we live. Best wishes to all of you. I will see you again in classes."

With these inspiring words, he left the lecture theatre.

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Later in the evening, the trio were discussing the principal's words. All of them were shaken by what the principal had said about the profession. The fact that someone's life would depend upon them appeared to be a big pledge. They now realized that being a doctor was a responsibility of a huge magnitude. John was more worried about the studies going on for ten years. He said while walking, "Brother, it will be too difficult to go on with studies for that long a period."

Another topic of discussion was their school friend Aghosh, who could not get the required marks in the entrance exam for the government medical college. In fact, he missed it with a very narrow margin. So, he had to pursue admission in a private medical college, which meant he had to pay a hefty fee. Aghosh's father was a farmer and came from a rural background. But he wanted to see his son as a successful doctor and build a hospital in his native area.

Private colleges would give admissions easily but they would charge an exorbitant fee and most of them had a good pass rate as well. It was a general impression that the level of studies was not good in most of such colleges. Aghosh's father had borrowed millions to pay the fee. He was confident that once his son became a doctor, he would easily pay back the loan. His father looked at the successful rich doctors and visualized Aghosh becoming just like them.

Present dreams and expectations easily overestimate the future projection, but sometimes they may turn out to be mere speculations. Investing too much on a gamble based on assumptions and dreams carries a lot of risk.

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Chapter 3
The Metamorphosis

The beginning of the classes and studies seemed to be very tough. Dissectors and anatomy manuals were quite difficult to comprehend. On his table, only Anand used to do the dissection of the allotted body, while others were content watching. Every week, there would be some test or tutorials. Anatomy test was divided into six major stages, further divided into sub-stages. It was getting very difficult to get any free time. Their life was now confined to classrooms and the dormitory only.

As the days were busy, many students used to study at night. However, Anand had a problem; he couldn't resist sleep after dinner. At nine, after dinner, his snoring could be heard even by the neighbours. Although all three of them were friends, yet they had never stayed together. John and Vivek were in a habit of studying at night and both of them were very upset by Anand's snoring.

"What should we do with him?" One night Vivek asked John, as Anand slept snoring loudly.

"Kill him! I have the presentation for the upper limb tomorrow. I am unable to remember the small muscles of hand and this man is dreaming of heavens," John said along with a string of abuses.

"Let's block his nose," Vivek said.

"OK," John brought a clip and pair of dissecting forceps and tried to clip and block Anand's nose. Both of them tried to wake Anand up, to stop his snoring.

There was temporary relief and both of them quickly rushed to complete their syllabus. Though the three friends now lived together, had meals and went for movies with each other, they were finding increasingly difficult to tolerate each other.

There were some laughable disagreements too; one frequent bone of contention was cleaning of their room. Since Anand was not regular at cleaning the room whenever it was his turn, it was soon decided that each one would clean their one third of the room. Vivek would clean his part of the room and sweep all the dust onto John's territory and then both of them used to fight.

Anand did not even respond to all these conflicts. He always said, "These are minor issues, I can live without cleaning my room for at least a month or so." This attitude of Anand was quite irritating to them.

Within three months, they were allotted separate rooms. Although these were very small rooms, they felt like empires to them.

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Professional Jealously Starts Early

Everyone hoped that now with a separate room, they would be able to study better. The pressure of studies was slowly building heavy on their minds. At that stage, feeling of having more knowledge and better grades were being seen as one's wealth. Weekly and monthly assessments with stage tests in between were being conducted. Everyone compared each other's marks and the majority of the discussion centred on their performance in these tests.

There was a lot of competition among the students and a feeling of heartburn was a routine. Professional jealousy had crept in. Little did they know that this disease of professional jealousy among doctors was a non-curable disease and most of them would suffer from it life-long.

Not only do they suffer from it, but also suffer because of it. It is rare for doctors to be united, rarer to see them agree with each other and rarest to praise each other. Such traits were getting seeded in as early as in the first year.

The adage “Two of a trade seldom agree” fits to doctors more than any other professionals. Many of the problems, that doctors face, originate from the malaise of professional jealousy.

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Being a Medical Student: The Premise of Performance, Feigning confidence

Anand soon found that being a medical student or becoming a doctor was a very difficult choice. When one chooses a medical career, he has to study voluminous books, go on taking continuous exams for years, along with working in the hospital and completing assignments.

The medical students consistently needed to control their mind, their own inner anxiety and balance the situation with the inner will power, while still talking calmly to a patient and try to give the support. Learning to control one’s own mind was no less than meditation itself.

Disillusionment with learning medicine was simultaneous along with the acceptance of it. The earlier notion that their life would become easier once they enter the medical college had vanished. The stark reality became clearer as time passed by. It was anything but a walkover. Moreover, the pending lengthy syllabus was a constant burden on their minds, there always remained never-ending pages to be read, countless facts to be crammed.

All of them applied themselves to the studies day and night, but still ended up dissatisfied with their marks. They all had been top rankers, but now even passing the exams seemed a herculean task.

Anand was surprised to find certain funny problems cropping up amongst the students. One of his friends, Anurag who was his table mate would inexplicably develop a fever just before exams. Anand himself checked his temperature and found him to be febrile indeed. This strange phenomenon of exam fever was something which he had never encountered before.

“I don’t understand why all this medical nomenclature is so difficult. Be it a name of anatomical structure or a biochemical reaction, everything is so difficult. At least they could have named them simpler. There are thousands of them,” said Vivek angrily as he attempted to cram the names of vessels of leg.

“You are right; I can’t even remember the name. How will I ever remember the chemical reaction?” John was also beleaguered.

The task which looked like a glorious venture before start became an unending burden; the very same situation

continued for weeks and months. By the end of their first year, most of the students were exhausted and bored.

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From the third year onwards, clinical postings started. All students were now being trained to take the patient's history and to conduct the physical examination. All the students in the batch started visiting the outdoor and the indoor departments.

John was feeling lucky as Manisha was in the same batch as him. He was always looking for a reason to have a conversation with Manisha. John was very average in looks but was a glib talker. Since their roll numbers were close, they were partners in every clinical activity. Anand always thought that she was too beautiful for John to try for her. Every day, John deliberately used to come without a pen and asked her for something to write.

After some time Manisha started bringing an extra pen for John every day. The first day she brought a pen for him, John was jumping with joy. Both were getting closer. Anand was amused and sometimes a bit jealous as well. He was surprised that the efforts of John were gradually becoming successful as he had reservations about John's wooing Manisha initially.

During one of the clinical postings, Manisha was sitting in the room, not participating in case discussion. John went up to her.

"Are you all right?" John asked.

"I am feeling weak today, not very well," she said.

John started giving differential diagnosis. "One cause can be that you are anaemic. In the last class, we

were taught about it; how to look for anaemia. Show me your tongue," John said, pretending to be a senior doctor.

Manisha smiled and stuck out her tongue.

John continued with his newly acquired knowledge. "It is better to see anaemia in the conjunctiva. Let me see," John moved his hand towards Manisha's face.

"Ok," said Manisha and brought forward her neck. John tried to see for signs of anaemia in the lower eyelid and while leaving the eyelid just touched her cheek softly, naughtily. Both of them exchanged a secret smile. John was feeling elated now and had a spark in his eyes.

"Let me look in the other eye now," John again moved his hand towards the other cheek. "Baah.....," Manisha just slapped John's hand away from her face with a smile. John started laughing.

Anand was a bit confused about whether she had liked the John's touch or not. It looked as if she was not very averse to John's touch. Did she admire John in her mind for his daring act? There was a strange feeling in his mind; this was something new to learn.

John and Manisha kept getting closer and closer and were soon inseparable even after classes. They could be seen together in the library and in the canteen.

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While the students had little knowledge about diseases and treatment, they were supposed to meet the patients and participate in their treatment process. They became extremely busy in their studies, clinical duties, rounds and were physically and emotionally drained.

Vivek often got disheartened and cursed himself for choosing medicine. He knew that for becoming a successful doctor, he needed to be victorious and overcome his inhibitions and fears. Although caring for patients was infinitely gratifying, but what it took to become a good doctor could preclude him from becoming one.

“You have missed the findings again,” the tutor shouted at Vivek.

“Sorry sir,” Vivek repeated every time.

“Stop trembling, speak confidently to the patient. How will a patient have faith in you if you are trembling yourself? Learn to stand straight and talk confidently. It is your confidence that is transmitted to the patient regarding efficacy of the treatment,” the tutor said in a stern voice.

Gradually, many students like Vivek learned to be confident while dealing with the patient. There were still many students in the batch who were still shaky and less confident. They soon realised that a doctor only has a few minutes to interact, diagnose and treat the patient. One has to gain the patient’s confidence in the first few minutes; the trust gained in the doctor’s ability to treat depends a lot on the way he communicates. If the doctor is unable to exude that confidence, it is natural for the patient not to repose his faith in him for treatment.

At this learning stage, most of the medical education and treatment is based on a premise of performance, sometimes even by feigning confidence. Later, all doctors develop real confidence with more experience and knowledge of their subject. The students too were confronted with so many such aspects of

medicine which at first seemed unsettling, but later understood as they gain experience.

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Vivek often had a problem with the steps or sequence of history taking and examination. In one of the classes, he was given a case for presentation by a senior professor in the Surgery department who was very strict with students. The patient was an old man and uncooperative, which further added to his anxiety. The patient too probably had a feeling that he was being examined by a junior doctor and thus was not very forthcoming during his history taking.

Vivek noted down the history and was doing the 'Per Rectal' examination (the doctor puts the finger in rectum to feel the faeces and prostrate). Suddenly he realized that he had forgotten to ask the patient's smoking history.

Fear cropped up in his mind over his mistake, he instantly asked the old man while he advanced his finger into the patient's rectum, "Do you smoke?"

The patient got a little agitated and retorted, "No, why? Is there smoke emanating from my behind?" And then he farted loudly.

Vivek shot out of the room towards the toilet and was retching for good half an hour.

During the presentation of the case, Vivek was trembling when the Professor asked him, "Tell me the findings of the PR examination."

Vivek mumbled something which no one could understand.

“Ok, I will give you a hint about how we go about the diagnosis. After you take out your finger out of the rectum, first check the finding of the stool, like the colour, smell and the consistency, and then later you can describe the prostrate,” the Professor said.

As he said those words, Vivek started retching once again. All the students laughed and the professor looked angrily at Vivek and put his hand on his bald head, “He has tasted it mistakenly perhaps. I wonder how you will become a doctor.”

In the evening, Vivek swore to Anand that he would never take the surgical branch, gastroenterology or any of such branches in his lifetime.

“I had such a good breakfast in the morning and ended up throwing it out. If I opt for surgery, I will end up looking at poo of all the patients.”

John laughed loudly and started teasing Vivek, “If you opt for pulmonology, you will see a lot of sputum and phlegm for the whole day. Nephrologists and urologists get immense pleasure when they see urine. See! Now what are the branches left for you?”

“Please keep quiet, let me have dinner,” Vivek was getting angry and felt nauseated again.

“I was in the Burn’s ward today and doing dressings. I, too, am unable to eat as I can still smell that putrid odour in my hands,” Anand said.

Similar episodes happened at various departments to many students and the most notable were when they visited mortuary and post-mortem rooms.

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Final Metamorphosis

Final year was very tough with a huge number of text books to be read. Also they had practical classes and exams going on every week.

Manisha and John had started studying together. Amid this exam stress, they had disclosed feelings for each other and confirmed that they would marry at an appropriate time.

After the exams, the practical training started. Now students had different postings in various departments. Learning new procedures and the practical work was a joy at that time. The more they worked themselves, the more happiness they felt. Looking back, those were difficult but happy days. It was easy to lose oneself under tremendous pressure, but optimism generated after the challenging work pushed up positivity. On most of the duties they worked as assistants to registrars.

John and Vivek were returning from Emergency Operation Theatre. Manisha joined them while coming out of labour room. Though awake since whole night and tired after the gruelling schedule of surgeries, all of them were cheerful.

Vivek came to know that quite a few surgeries done the night before had involved perineum and anus.

Vivek asked John, “I think you have become an anal surgeon. What should I call you- an anal-yst or an anal-yzer?”

John shot back, “Sir, you too are an “anus-thetist”. Both laughed.

Manisha asked, “Can you tell me the relationship between behaviour of an obstetrician and the physiology of uterine muscles? I learnt it last night only.”

John and Vivek did not know what to say. They just looked at Manisha with moronic expression.

“Their physiology is paradoxical. When uterus contracts, the obstetrician relaxes. If by chance uterus relaxes, obstetrician becomes tense,” Manisha said and giggled.

“You know, my anaesthesia registrar in operation theatre is a specialist for an important kind of surgery,” Vivek said.

John and Manisha looked at him questioningly.

“Cancellectomy; she always finds some risk factor to cancel the surgery,” Vivek chuckled.

They laughed and went for a sumptuous breakfast before retiring for sleep.

Stressful postings and slogging in the wards, OT, Emergency, and ICU were a routine for them. Learning was by just being in those situations, from seniors, following the tight schedule and by tough nature of work. They were able to imbibe valuable qualities like scientific temperament, self-discipline, and strong work ethics, sense of responsibility, problem-solving attitude, curiosity and tenacity to persist even when confronted with death like situations.

They also developed the ability to apply these to patients at critical times, while nurturing of therapeutic relationships with the patient’s minds led to practical application, ingenuity, and innovation.

Towards the end of the training, they were feeling more confident and were ready to fight death. Every day, there was so much to learn, feel the pain of the patients while getting astounded by the spectrum of diseases.

Working in a stressed environment provided Anand with a mental framework that enhanced his intelligence at multiple levels. The life was now a combination of tough days and nights. He had changed as a person. He learnt how to get emotionally detached during tough times. His mind and the quality of his life were shaped by the type of time he was in.

All the students, transformed into doctors felt happy and enthusiastic in their new role. All of them got registered with the medical council. They could now work as doctors independently.

Another good reason for happiness was the financial aspect since now everyone started earning some money, after prolonged years of studies. Everyone joined job as house officers and were exposed to the pressures of the real profession. A different kind of responsibility for one's own actions was being felt as absolutely novel to these young doctors.

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Chapter 4
The Disillusionment: System of Entrapment and Enslavement

“Who am I: The Saviour or a Slave?”

All the students were trying to get the post-graduation in the subject and institute of their choice. Unable to get a seat in Internal Medicine, Anand joined as a junior house officer in a busy medical college. There was scarcity of junior doctors and most of the time he was posted alone in a ward of sixty patients.

In those days he had to do a non-stop 72 hours of ward emergency duty. After the first 24 hours of emergency intake, Anand felt tired. He told his consultant on rounds about the difficulty in continuing because the next day was his unit’s emergency weekend, by rotation and hence the emergency intake was to be very busy.

“Is there any other house officer in the unit? Do you see anyone else?” His consultant simply ignored his plea.

Anand had to remain quiet because there was no other resident available for weekend duty.

“From where can I bring resident doctors? These days, juniors do not want to work,” the consultant told him in a rough tone.

Anand was too junior to answer back, so he kept silent.

“So, you have to do it,” the consultant just said and walked away.

The continuous 72 hours were equivalent to years of prolonged agony. He was writing files, filling papers, doing procedures, and sometimes took minimal rest in between. There was no proper provision for food; the hospital did not even ensure that the food or tea was to be served to the doctors doing duties.

While he was sitting in deep thought about his plight, he noticed a new staff nurse on duty. She was actively running around. She was tall and with her long neck held straight, it seemed that she would finish the whole work single-handedly. Anand was awestruck and watched her quietly. “How can she do so much work, so energetically, continuously and persistently?”, he was wondering.

Although her shift was only for twelve hours, Anand could appreciate the difference in her work from the other staff nurses. The most amazing thing that he noticed was that she was engrossed in her work and focused as if there was no other iota of thought in her mind. Whenever Anand saw her, she was in the same working motion throughout her shift. Anand felt quite low when he compared himself to her working style. “One can get inspired by such type of working habit from this young staff nurse”. Although Anand was tired, he was so inspired by her working style that he started his work again with the same zeal.

A young patient had been admitted with high-grade fever and altered sensorium. The possibility of meningitis was high considering the presence of neck rigidity. Anand went to perform a lumbar puncture to obtain the CSF fluid. The same enthusiastic nurse was assisting him during the procedure. As the drops of CSF started coming out, she forwarded the vials towards him. No

orders or words were spoken and there was an automatic response to every requirement. Anand was really impressed with her work.

"What is your name, sister?" Anand asked as he took the vials.

"I am Jamy," she replied and Anand nodded his head.

"I am Dr Anand, thanks for your help, sister," Anand said appreciatively. Night duties were difficult and it was common for doctors and nurses to develop respect and mutual admiration for each other.

As compared to other nurses, Jamy was quite agile and intuitive. While everyone was feeling overworked and finding it hard to juggle their tasks and carry out their responsibilities, she was working consistently unperturbed by tough circumstances. She was a true professional and perfect at the art of multitasking. Later too whenever she was on duty with Anand, he silently admired her way of working. He started calling her 'the Busy Bee'.

His shift hours passed slowly while slogging in the similar way and soon it was Monday. Rounds were getting delayed and Anand impatiently waited for the consultants for same, so that he could be relieved after his 72 hour shift. Upset and tired, he eventually left the ward without attending the rounds that hadn't started on time. After an hour, the ward boy came to his room and told him that he was being called to the ward by the consultant. He went back to the hospital ward to be told that he was being marked absent. He had to apologize for leaving without doing the rounds!

“Am I an animal?” Among many other thoughts, this question entered his mind.

“But I guess even animals have better rights. People show concern for them all the time,” he thought.

“Who am I? Surely, a human cannot be treated like this, some species which is being treated worse than animals,” were the thoughts creeping in his discouraged mind.

Thinking about these issues and dejected with a sense of self-pity, he went to see John and Manisha. There he met one of his seniors Dr Umesh, who was known for his forceful personality and candid talk.

While sipping tea they started discussing the issue of duty hours.

Umesh was clear in his words and told him “Yes, you are an animal who is called a doctor here,” he said loudly and laughed.

“We all have to work like this. All of us have been through similar circumstances and this is nothing new. Look at the surgery residents, their normal routine is 72 hours!” He continued in his classic loud and rough tone.

“It is something we all have to do. There is no escape if you want to do a post-graduation,” Manisha said.

Anand was reminded of the slavery system in the ancient world that he had read about in history books. What would be worse than this? He thought angrily.

“I didn’t consent to be enslaved for a degree; I have not chosen this life. I should be doing such long duties

only if I choose to, with my conscience, but not by being forced like a slave," Anand said.

"Does it happen to anyone else in any other professions?" Anand said after a pause.

The discussion continued about the problem of medical profession wherein a brilliant student after 10-15 years of most tough studies and exams, has to then undergo such difficult training. The medical students spend the golden years of their youth in training. They start earning a pittance, that too in a job which requires day and night duties, frequently for 24 to 48 hours at a stretch without proper meals and sleep. But these young hardworking people do it gladly and enthusiastically, doing a most noble work, saving innumerable lives and relieving countless people of their pain.

No rights had ever been defined for these young doctors, who were being exploited by the hospitals and administrators alike.

Manisha was not averse to work. "But the hard work and sacrifice of doctors is not acknowledged in any way. These duties are merely a reflection of the systematic exploitation of doctors and are not at all as a request to help the society. They are considered merely as a routine work and part of doctor's duties," she said.

Anand was disappointed, "I can't understand why people tolerate this kind of injustice and disrespect? Why can't all of us collectively refuse it?"

Umesh explained the phenomenon of entrapment and slavery in the medical profession, "There are many reasons for doing inhuman duties and tolerating injustice. Some are exploited in the name of Hippocratic Oath,

morality, and kindness in their hearts. They want to help the suffering and dying patients, but the administrative systems exploit them, all in the name of the shortage of doctors and staff," he said.

"Further oppression is done by generating fear of courts, medico-legal cases and physical assaults," John said angrily.

"Our administrative system makes full use of the opportunity by pressure tactics and sometimes bullying, to get the work done. Therefore the culture of enslavement has become widely prevalent in most of the hospitals," Umesh added.

"Medical students do it gladly to please their bosses for the sake of their career and higher degrees. Others do it for the need of employment or training. From every angle, doctors have become an object of blackmail and oppression," another senior joined the discussion.

Administrators would say, "You are a doctor, it is your moral responsibility. Armchair preachers will always remind doctors of their moral duties, but easily forget their own," Dr Umesh said with disappointment and prepared to leave.

"I too have night duty today," he got up and went out.

They were multiple rounds of tea and coffee and the discussion went on much longer as others also joined in. Anand was surprised to hear the real plight of most of the other doctors. For the first time, he was realizing that the real-life for a doctor may not be as easy as he had imagined. He felt tremendously discouraged to know that this situation would continue for many more years.

What he was doing was definitely not normal and there was something grossly wrong with this system. But according to many, it was a normal routine for doctors and they had reconciled themselves to this practice.

Anand wondered if this was perceived as normal, then what else did slavery constitute.

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Chapter 5
Doctor's Suicide: Expensive Dream Turning into a Nightmare

Every one as house officer was exposed to the real pressures of the profession.

Being responsible for ones' own actions was novel to these budding doctors and they were now treating patients independently.

Aghosh came back after completing under graduation from a private medical college and joined as a house officer in the department of surgery. Every one noticed that this once jovial fellow had become a quiet chap, talked less and remained aloof.

Anand felt that there was something wrong as Aghosh did not look happy.

One Sunday evening, Anand and Vivek invited him over to their room. They tried to ask him about his changed behaviour. Aghosh told them about the heavy schedule in the surgical wards and rued about not getting enough time to study. As all students of his batch were preparing for PG entrance exams to get into residency, availability of time was really crucial. Duties for 24 hours and sometimes stretching to 48 hours were kind of a routine and were affecting his exam preparations.

"I can count the few hours when I can come to my room. Most of the days, I sleep and work in the wards only," he said.

"Yes, that is an issue with all of us," Anand said.

“I have little time for studies. I am unable to cope up,” Aghosh agonised.

Anand tried to assuage Aghosh and tried to allay his anxieties, offered him some whisky and tried to steer the conversation to other topics. Later, each one went to their respective rooms.

Despite the effect of drinks, Aghosh was unable to sleep. His mind was under burden of hopelessness, and the recent discussion was acting as a further catalyst to his depressive thoughts.

It was a cold night and his mind was becoming numb. With clumsy fingers, he tore open the new packet of sedative pills. To get rid of the sinking feeling and the overwhelming woeful despondency, he forced them all down, pill after pill.

Feeling faint and perspiring profusely, it took an immense effort to swallow the tablets. Wilting and drooping, he slowly crawled onto his narrow bed. But still sleep was far away. He shut his eyes waiting for the elusive sleep.

But there was no respite and thoughts of despair engulfed him completely. Soon he doubled up and vomited.

With gut wrenching and searing pain, he retched and regurgitated throwing up bile and half-digested pills.

Listening to his violent retching sounds, Vivek came running along with Anand and they both opened the door lock and entered the room.

Aghosh was lying on the floor, almost unconscious.

Anand could see the empty packets and regurgitated tablets on the floor.

They lifted Aghosh and immediately rushed him to the emergency room.

Aghosh had consumed a heavy dose of sedatives and was still groggy.

“Do not worry, he will survive. Thank God, he tried sleeping pills and not anything more dangerous. Unsuccessful attempts like hanging or acid ingestion can cause irreversible damage and long term complications. He should be stable soon; I will shift him to ICU. Please call his family members,” the attending registrar told them.

Anand informed Aghosh’s father and asked him to come as soon as possible.

By afternoon, his father was there and was really heartbroken to see the plight of his son.

Why Aghosh had tried this extreme step, was beyond his comprehension. It had been his dream to see his son as a doctor. He had always wanted Aghosh to come back to his native village and run a hospital. He was a medium holdings farmer and owned some land in the village area. As there were scanty medical facilities in that area, he was very proud that his son was going to become a doctor.

“I had taken loans to fulfil my dream, not to see my son in such a state,” he gently placed his hand on Aghosh’s forehead and came out with tears running down his cheeks.

Next day, Aghosh regained consciousness and was shifted to the ward. He profusely apologized to his father.

He disclosed that he had felt pressurized by the fact that his father was in debt because of his heavy fees.

"I had to get admission in a private medical college where the fee was unreasonably steep. At that time, I did not realize the gravity of the situation and was oblivious to the reality," Aghosh said.

Anand could feel the pain in Aghosh's voice.

"I realize how difficult it was for my father to pay the fee. Sometimes I wished I could leave the college. But we had already paid a hefty amount at the time of admission," Aghosh told them with a heavy heart.

"It is difficult to earn that much," Anand said.

Aghosh continued, "In the current scenario, I would need to pay again to get a post-graduation and residency. I will have to somehow generate money to repay the debt and I am not able to do anything."

"Despite professional difficulties for doctors becoming so evident, still thousands of students are willing to pay this much fee for medical colleges," Anand was wondering.

"Paradoxically, the more sacrifices people make for a dream career, the more tenaciously they hold on to their point of view. They desperately want to give meaning to the sacrifices and the suffering that they have caused to themselves," Aghosh explained the trap.

"The reality becomes clear only after you are in it." Anand nodded his head.

"And to top it all, the students take admissions dreaming about the great work they would do in future.

The misleading thought is that it would be an easy walkover," Aghosh said.

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That night Anand and John were talking about Aghosh.

"At a time, when even affluent persons are uncertain about their children opting for medical college along with the associated vulnerabilities and risk, some people are naive enough to take loans to pay millions as fee for securing a seat in a medical college," John said.

"For students like Aghosh, who are from modest family background, the money and years spent may not be worth it," Anand said.

"Aghosh's father must have been hopeful of recovering the money invested easily, since he had an impression that all the doctors around him were wealthy. He had not even considered the difficulty in repaying loans," John said.

"Yes, It was beyond his imagination that after paying a hefty fee, there might be situations, when the hard work done for years could go down the drain," Anand said.

"But it would be incorrect to blame only the private medical colleges. People also keep supporting them by admitting the full batches and paying the unjustified fee. And when after the MBBS, students do not get the post-graduation; they are willing to pay heavy fees again to get into specialization." John said angrily.

"An unsaid promise, that the students will be able to recover all the expenditure once they have the degree in hand, is taken as guaranteed," Anand said.

“While it is difficult for the student to tell parents that he has wasted their millions and also spent years for no good reason, it is far more difficult for parents and also students to accept this to themselves and acknowledge it to the society and people around,” John said thoughtfully, wondering about this complex situation.

“Yes, you are right. It is difficult for Aghosh to admit that he has spent a fortune without fruitful gain because he was stupid enough to believe in this self-serving system of entrapment,” Anand said.

“We must help Aghosh in any which way.” John said and looked at Anand.

“Yes absolutely,” Anand nodded.

Anand, while coming back, was comparing Aghosh’s situation with his own.

What made Anand worry was, that if he too failed to get post-graduation seat in the institute, then he himself might have to pay millions to get it. The thought created an unpleasant uncertainty in his mind and upset him.

Aghosh was discharged. His father stayed in hostel for few days.

“If he is earning a pittance and doing slave like duties then I will be forced to concede that my spending the millions has been completely pointless,” he said.

Before leaving, he requested Aghosh’s friends and they all promised to help Aghosh with his studies. Aghosh too vowed to never repeat this kind of foolishness again.

This episode was an eye opener for all of them. It sobered them all and they started preparing for their entrance examination in the earnest. Aghosh too geared up and his grit and determination were soon something to envy.

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Back to the Present

Anand was woken up in the morning by a loud knocking on his door. He could hear Aghosh calling him. He opened the door to find Aghosh in great excitement. He had achieved a very good rank in post-graduate entrance examination.

“I got post-graduation in paediatrics,” Aghosh told him and hugged him.

“Congratulations!! That’s great,” Anand said, smiling.

“I have to report today,” Aghosh said.

“Yes, let us hurry up, we are getting late,” Anand said.

“John has joined surgery,” Aghosh said.

“Yes, I know. And he has already started searching for a thesis topic,” Anand told him.

They hurriedly got ready and rushed to the hospital.

That year, most of their friends joined post-graduation in the subjects of their choice. They were soon busy in outdoors, wards, emergencies and operation theatres.

Now, there were lesser opportunities to meet each other due to different shift timings and heavy schedules.

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Chapter 6
The Distorted Projection: Reel Hero in a Quest to be a Real Hero

Anand was posted in the Intensive care unit. It was a Sunday afternoon, all the patients were looking settled and the paperwork was also nearly finished. Anand had lunch and was feeling a bit sleepy, and thinking about having a cup of coffee. While going to the coffee room, he received a message conveying that a patient with snakebite would be shifted to ICU.

Match of Life and Death

A teenage boy, who had a snake bite an hour before, was wheeled in. He was conscious, but feeling a bit uneasy.

“Maybe he is queasy because of the incident,” the nurse said, thoughtfully.

Anand started talking to him; the boy told him that he had actually seen the snake.

“You live in an urban area. How could a snake enter your house?” Anand asked him.

“Possibly through the drainage hole or a pipe; it is the rainy season after all,” he answered.

Anand asked about the description of the snake and tried to look for fang marks. The aim of talking to the patient was also to assess his speech and sensorium. He tried to look for the effects of venom like haemorrhage, cardiac arrhythmias or muscle weakness. But he could not see any of such effects.

“The initial observation period in such patients is at least 12 hours. At present, he is alright but you need to be careful,” Anand instructed the nurse.

“If you feel any problem, be sure to inform the sister,” Anand told the patient.

Anand finished the work for the patient, advised monitoring and started the initial dose of anti-snake venom. Having done the paperwork, he went to the next patient who had been vomiting.

A few minutes had passed when suddenly the nurse on the previous bed shouted, “Doctor, please come immediately.”

Anand reached the bed to find the patient drowsy.

On questioning, the patient could move his neck slightly indicating a yes or no, but was unable to open his eyes. Anand immediately suspected it to be due to muscle paralysis. The inability to open eyes was consequent to drooping of eyelids which can happen due to the venom of the neuro-paralytic snakes.

The deterioration had happened within minutes.

Anand examined the boy’s pulse, which was normal. The patient was in respiratory failure because of the venom that had rendered his respiratory muscles weak and paralyzed.

Anand oxygenated the patient and within the next few anxious moments, the ventilating tube was in his lungs. As the ventilator initiated his breaths, the patient started moving. Test for blood gases (ABG) had shown an increase in carbon dioxide levels that confirmed the diagnosis.

Every day, Anand witnessed patients sinking in front of his eyes. Those few minutes with every such sick patient were difficult to forget. It gave a feeling akin to suddenly fading sunlight, engulfing darkness and growing gloom overpowering the life. It was not uncommon especially in Intensive care units and emergencies to feel the footsteps of death. It was beyond imagination to work with full awareness of the impending death, feeling it every moment.

Anand was like the last man ready, at the horizon, who was ready in anticipation of these events like a sinking boat of life drifting away from the safe shore. With his tools of knowledge and medical equipment, his job was to help the patient sail through, and reverse the drift so that the boat remained visible in horizon. If successful, the boat would remain afloat and will not let the life go into oblivion.

Amid the changing beeps of the monitors and alarm, the electrical energy of the brain with coordinated movements now formed an orchestrated action.

Every day, more than once, there would be such emergent situations where split second decisions separating the life and death were made in a trice. Not only the correct thought was important but a coordinated execution was imperative.

After the patient was settled on ventilator, Anand went to the doctors' room to have his coffee. A cricket match was going on, streamed live on TV. On the screen, thousands of people were seen clapping and cheering the player who was swinging his arm ready to throw the ball, and also the batsman who was warming himself up.

But for Anand, the adrenergic rush here was no match to what he had just experienced in the ICU. His timely action had saved a life.

For him, the cricket match was merely a trifling entertainment with a futile outcome.

Even thousands of run scored were of no real use to anyone, whereas in each hospital, there were magnificent matches of life and death played every day. Most of the times, the players (doctors and nurses) win and thousands of lives are salvaged back from the brink of death each day. These extraordinary matches finish with just quiet smiles. There is neither anyone to clap nor any recognition or prize for the players for winning these combats. A few good patients and relatives, who do realize the magnitude of the heroic act, offer heartfelt gratitude. The respect, trust, and support of the relatives at such times are all that a doctor needs to rev up for his next case. In comparison to this frantic match of life and death, the rest of the matches look insensate.

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Back in the ICU, Anand received the post-intubation X-rays of the patient and was going through the reports.

Meanwhile, another young man in mid-twenties was being wheeled into the intensive care unit. He was unable to breathe and his oxygen levels as well blood pressure were falling fast. Within no time he was unconscious and CPR was started along with other supportive measures. An echocardiography was done which was suggestive of pulmonary embolism. CPR was continued and simultaneously, thrombolytic drugs were pushed in. His pulse kept on vanishing and the monitors

showed intermittent activity of the heart. A team of doctors and nurses was taking care of airway, central and other lines. There was almost an orchestrated movement of staff with drugs being administered at superfast speed.

Commands that were given by Anand were followed in split seconds.

In the same trice, Anand had to think far ahead about how he would be handling the challenging dynamics of this young human life, which was almost at its fag end. He had to recognize, analyse and mitigate the situation within a jiffy. He had to make quick decisions and still had to be flexible with his decision and plans, altering them according to the responsiveness of the patient.

Doing every bit in an electrifying instant, he had put in all his energy and experience to their full use to save the young man.

“Yes, now! It is Ventricular Tachycardia! Please shock,” Anand’s voice became louder while analysing the rhythm.

“All clear,” The registrar instructed everyone.

“Delivering Shock,” the registrar pressed the defibrillator.

“Continue CPR,” Anand instructed.

After many such cycles for next 35-40 minutes, their efforts were paid off and silent smiles on the faces of the team indicated that the tornado had become manageable. The doctors and nurses, with sweat on foreheads, smiled quietly with mutual admiration. The return of a robust pulse was all the cheering that this team needed.

Ultimately it turned out to be a heavy day, but Anand was satisfied, as he had saved at least two young lives. It was now evening and he felt a bit tired and mentally drained from these tense situations. He went to the canteen for some snacks and coffee.

The Mistrust Generation: Game of Projection and Perception by Media

As Anand entered canteen, he found something different from the usual routine. A program on television was being aired; full of moral ambivalence where 'the filmy Star, Mr Saameer Singh's commentary, imbuing with heft and heroism, blamed the community of doctors selectively for the suffering of patients.

The well-known actor accused doctors of wrong doings while he smoothly left out the real problematic aspects of the medical industry, lack of infrastructure and the shortcomings of health care system as a whole. By giving anecdotal and stray examples, the program portrayed the whole community of doctors as intrinsically deceitful.

On a popular show, the doctors were being abused on a national media openly, to which they couldn't even retaliate or contradict.

The actor had used the fear in the public's mind and the intrinsic vulnerability in doctors' work to garner accolades and money for himself. But at the same time he had created paranoia and an unbridgeable trust deficit in the doctor-patient relationship forever.

Every doctor present in canteen was aghast at the superhero theatrics on the TV show, as the assertions were selective and only negative. The negative projection

to create a generalization in minds of people was demotivating and demeaning to entire health care workers. Such selective narratives leave behind a trail of hopelessness in the mind of people, shattering their trust, and instigate against medical profession.

But the actual motive was an attempt to project Reel hero as Real hero.

Anand was tired mentally as well as physically, but now he was feeling demoralized. He sipped coffee quietly and continued to listen to the cacophony of arguments going on among the other doctors.

“By self-appointing himself as custodian of the health of the masses, ’The Reel Hero’ gave true meaning to his work of ‘acting’ that otherwise is no more than a trifling entertainment,” the physician said angrily.

“When masses believe these actors and celebrities as their true well-wishers, these celebrities advertise everything from tobacco, junk food to soft drinks. The innocent children and fans consume sweet poison sold by the sweet talk of the stars,” the paediatrician said shaking his head.

“Self-proclaimed social activist and celebrities try to espouse the cause of hapless patients. In the process of self-projection as saviours of patients, they present doctors as villains of the fleece tragedy as a generalization,” the orthopaedic surgeon said.

“Being a celebrity, he needs to be publicly aligning himself with a cause that sells in media and projects him as a messiah for the masses,” the paediatrician said.

“If he had been a real well-wisher, he would have focused on actual issues. He could have tried to find a

solution to ailments of health problems of the system like poor infrastructure, low number of qualified doctors, profiteering by industry, expensive medical education and harassment of medical staff due to recurring incidents of violence," the physician said.

"Instead of airing the real facts, generalised accusations are being hurled based on hearsay against doctors," the paediatrician said.

"The resulting problem is that the entire profession is then painted with the same brush, thereby creating a wave of huge mistrust among patients against their real and true saviours," the surgeon was morose.

"Such grotesque ideas have little moorings in reality, but creates paranoia among masses against doctors," the physician said.

"Unfortunately, masses trust and respect a person who dances to entertain them rather than a doctor who is awake at night, trying to save lives," Anand said.

"There would be anecdotal bad incidents, and few doctors may be dishonest, but he has deliberately aired a negative picture in general, to create a sensation. He didn't allude to the fact that thousands of lives are salvaged from brink of death every day by the doctors. He could have easily told this truth as well," the surgeon said with disappointment.

"They are just 'Reel heroes'. How does their work help people? An actor or superstar is simply doing his work of 'acting' in the end," the physician said.

"And selling soft drinks, tobacco and junk food," the paediatrician was sarcastic.

“Should the doctors vent out emotions against this repression?” Anand wondered since he was too incensed by the insult to his profession on a public platform.

He joined Vivek and soon both were discussing the program.

“He could have helped patients more if he had analysed the truth and spoken about the real problems and ground reality of the health system,” Vivek said with disappointment.

After a heavy day and even after saving two lives by performing successful resuscitations, Anand was still unhappy. Lying in the bed, he was still feelings hurt.

With a discouraged and tired mind, he went off to sleep.

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A society needs people, who really work for them, much more than mere entertainers.

Such venomous projections were not innocuous. Anand could sense deteriorating doctor-patient relationship after the episode. Mistrust resulted in loss of respect for doctors and predisposed them to all types of violence; verbal, physical, legal or financial. It was as if uncountable lives saved every moment in hospitals were of no consequence. The blame for deficiencies of inept system and poor outcomes of serious diseases was shifted conveniently to doctors who were unable to retaliate to the powerful media. Resultant scepticism caused bitterness and despondency but doctors continued to perform their duty, carrying along, the burden of mistrust.

In the current era, only the perception of the projection will decide, what the society actually needs, wants and deserves—Reel Heroes or Real Heroes?

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Chapter 7
Speech Wisdom and Empathy, a Virtue

While working in the emergency room, an Intern was posted with Anand on duty. She was a sincere girl, working diligently, not mingling much with others.

A young man, who was a student from some nearby college, came with vague complaints of malaise for two days. The intern completed the initial history part, general examination and came to Anand for further advice. She presented the patient's detailed history to Anand. The patient interrupted, saying that the history being narrated was wrong and he did not have fever. The patient made her look silly. She was at a loss and actually could not fathom how to react to this prank like behaviour of the young man.

"But you only told me that you had fever," her reactions became awkward and that made the patient laugh at her.

The whole scenario made her look stupid; she felt embarrassed and was on the verge of tears. It was common for university students from nearby colleges to come and talk to young medico girls by feigning some illness. This infuriated Anand and he scolded the boy and told him to get out. There was no time for such pranks in the busy emergency. Turning around, he saw the intern, smiling at him, thankful for standing by her and helping her in the embarrassing moments.

Without thinking, Anand reciprocated the smile and went to examine the next patient. Later, he came to know that her name was Sushree.

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During one of the busy afternoons, a young lady was brought to the casualty accompanied by at least 15 – 20 people from the nearby village. She had been married recently, a month back. She had lost consciousness while working at her home in front of her family.

An elderly man narrated the relevant history to Anand, “He is her husband” pointing towards a young lad. He looked at the husband, who looked like a young boy himself; probably in his late teens.

“Was there any illness, any fever, vomiting, or headache?” Anand asked her husband. “Err...,” her husband just shook his head, unable to say anything, as he himself was confused.

Anand went to see the patient; she was not opening her eyes and her body was stiff. It looked like a voluntary act to him.

Anand examined her; it appeared beyond doubt that her condition did not fit in any pattern of disease. He could see little movement of her eyelids and her eyes were closed tightly. He thought her to be having a condition called hysteria or attention seeking behaviour. He looked at the patient and the husband. There were dozen other people from the village and the family was curiously staring at Anand.

“Is she serious? She has not opened her eyes since morning,” said the elderly man who seemed to be their leader.

“She will be all right, don’t worry,” Anand said and asked everyone to wait outside. He then called the nurse.

Sushree had already noted the details and made a case summary.

“So what do you think?” Anand asked Sushree.

“I think it’s a seizure or maybe tetanus. Such stiffening of the body can happen in tetanus. I have seen it once, but she has no history of fever,” Sushree was unable to conclude.

“Although you may be right, my diagnosis is hysteria, something like psychosomatic disorder. In layman’s language, it is like feigning an illness,” Anand said.

“Yes, I also feel the same; it does not fit anywhere,” Sushree said excitedly, nodding her head, her hair and neck bobbing together. Anand was amused by her style of nodding.

“Should we tell her relatives that she is alright, and has nothing serious?” Sushree chirped, suddenly excited.

“I don’t think that would be right. She will get a stigma for her entire life as she is a newlywed girl; many times such things happen due to social and family problems. It could be due to a kind of psychiatric disorder or sometimes simply a manifestation of stress,” Anand explained to her.

“Then how do we make her get up and open eyes?” Sushree asked.

“Let’s try something, without labelling her as feigning her illness,” Anand said, thinking.

“Young brides in villages have varied types of social problems. Many times they just cannot adjust to a new difficult life. Their stress or anxiety is expressed in this manner. Sometimes new brides are harassed as well,” Anand said.

As he talked, Anand went to the young lady.

She still had her eyes tightly closed and was lying unconsciousness. He elicited the reflexes and looked for neurological deficits. The more he tried to move her, the more rigid she became.

“What to do?” Sushree wondered.

“Connect intravenous fluids,” Anand instructed the nurse. The fluids were commonly used as placebo (dummy drug).

Anand went to the patient and whispered in her ears with hushed voice, “I know you are all right, but I wouldn’t say anything to your family. Open your eyes after one hour, otherwise it may create a problem and I would have to tell your family the truth.”

He was sure that she was listening to him, with her eyes closed and a stiffened body.

The trick worked. She opened her eyes after sometime. Her husband and the elderly man thanked Anand profusely for whatever treatment he had given. Later Anand told Sushree to talk to the girl.

The doctor’s quality of being empathetic towards the patient is a natural talent. To imagine, “What it would be like to be in that patient’s situation?” is an expression of empathy.

Minutes later, Sushree informed him that the girl was unhappy since she had been married against her will. She had wanted to pursue studies and was therefore upset.

Sushree appreciated, Anand's way of working and communication. The registrar also looked admiringly at Anand and agreed to the diagnosis. He had surely saved a young bride from being labelled as a malingerer.

In those days, Anand learnt about the profound influence of the words and communication that doctors use in routine. Besides creating a relationship of trust with patients, it helps them to make the right decisions.

Sushree was impressed and she tried to learn, the manner in which Anand talked to his patients. She realized that not all doctors were blessed with such speech wisdom and empathy towards patients.

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Sushree was posted in emergency for a month. Anand came to know that Sushree was the daughter of a prominent person in the city.

Although a sense of mutual respect was there between the two, Anand could not say anything other than professional to her. He was unable to express his attraction towards her, since there was an inhibition to initiate talk from her side as well. Their interaction was limited to mere smiles and wishing each other, but whenever she was around, Anand had palpitations. He always wanted to ask her to come along for a coffee but he would get tongue tied.

A couple of months later, Anand went to attend an emergency call in the labour room. He was in for a

pleasant surprise as Sushree came to discuss the liver problems of a pregnant patient. Both of them were sitting across the table with medical masks covering the faces. During the discussion, Anand felt Sushree look deep into his eyes. For a moment Anand also gazed back and his heart missed a beat. A strange feeling clouded his mind in that moment and he could not take his eyes away from her.

That special moment stayed with Anand for a long time, those clear, large and innocent eyes, staring into his own, as though she wanted to say something. Anand always had a feeling that she was also unable to say what she wanted to. As she was a girl of few words, Anand was always trying to guess what she thought about him. He wished she would say something, and they would further nurture their relationship just like John and Manisha.

"Yes, that would be great, but how to talk on this issue?" Often he pondered over this thought. "She is a good girl and it would be wonderful to have her as a wife, but how can I be sure that she also feels the same."

He was unsure as such feelings could only be his interpretations. During the next few months, Anand would see her sometimes in the corridors of the hospital. Anand liked the way the relation of mutual respect was maintained between them. But strangely, he was unable to communicate further. He tried to start some conversation a couple of times, but could not.

"May be she looks up to me only as a senior, and was merely showing respect? If I propose something, I may end up losing her respect too. It may be just one-sided thought process and nothing from her side." Anand

always felt bad about his inhibitions; he wished he could be talkative like John. He wished that he could talk glibly like John and gauge her feelings. The fact that she was from a prominent family and he was not, also added to the inhibitions.

He talked to John about it. He just laughed, “You both are such inhibited fellows! One of you has to be a bit smart and take initiative.”

“How to start the conversation? She talks very less,” Anand asked John.

“Do not think too much, if you like her, just start talking. Say anything or ask her out for a coffee,” John tutored him.

“What, if she says… ‘No’?” Anand asked.

“Come back to room and bring beer for me,” John laughed loudly in his characteristic manner.

But no such further conversation happened.

Retrospectively, he realized that he should have just asked her out once. Too much of wisdom applied had probably spoiled the relationship. The beginning of the good feeling that should have strengthened and could have matured into a relationship, gradually turned stale. Relationships that remain stagnant slowly fade eventually.

After a couple of months, he came to know that Sushree had got engaged to one of his seniors. Anand suddenly felt bad and was hurt and upset. He regretted not speaking to her about his feelings, but soon he was immersed in his work. These personal regrets vanished completely at times, when he remained busy in emergencies and working with patients. In a way, his

professional work helped him tide over such personal set-backs.

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One evening Anand went to see John. Manisha was also there. Both were discussing their marriage plans. There was a problem since Manisha's parents were not agreeing to their inter-religion marriage. John was a Catholic Christian, while Manisha was a Punjabi girl. Although they were both from educated families, there were still lot of reservations to such a match, and it was not acceptable to them. John was planning on marrying without their consent.

"I will need you as a witness for my marriage," John told Anand and laughed.

"Yes, No problem," Anand said.

Within few days, John married Manisha in a church. Manisha's father could not tolerate it but he was at a loss as what to do. He went to a senior police officer, one of his acquaintances and requested him to charge John with kidnapping.

But he was in for a shock. The police officer said, "Your neighbour's daughters have eloped with drivers and servants. You are lucky that the boy is a doctor. I do not think you have reason to worry."

"But I am feeling cheated and insulted. I don't even like the boy," he said.

"They both are educated and consenting adults. Bless them and book honeymoon tickets for them," the police inspector laughed and clearly expressed his reluctance to proceed any further.

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PART 2
HOPE AND FEARS—
THE PARADOX CO-EXIST

Chapter 8
Warrior against Unknown Mysterious Demons: The Germs

One morning as Anand reached the ICU, a patient with fever and breathlessness was being transferred from the Emergency Room (ER). Dr Deepti, the registrar, was trying to oxygenate the patient. In the ER, based on the X-ray chest findings, a provisional diagnosis of pneumonia was kept. But the shadows were atypical and not like the classical lobar consolidation.

"Where were you? Please complete the charts and immediately start antibiotics after obtaining the cultures," Dr Deepti said.

"His oxygen saturation is getting better," Anand said, after a while.

"Cover with antibiotics for atypical pneumonia also," Dr Deepti ordered.

"He requires high oxygen," Anand said, as he put the reservoir mask on patient's face.

"Nebulize him and send out a call for the echocardiography to rule out the cardiac issues," Dr Deepti said.

"Yes, there are rhonchi and fine crackles in the chest as well," Anand said after auscultation.

"In case he desaturates, he may require intubation and ventilation," Dr Deepti instructed Anand.

By afternoon, the patient's condition had deteriorated. He was intubated and put on the ventilator.

The next day, however, he stabilized, but he still had high oxygen requirement. The main reasons for concern were the lung opacities, which had increased substantially.

In the afternoon, Anand went to the doctor's lounge. He was sipping coffee and listening to the discussions going on. Anand, being a junior, kept silent, trying to relate himself with the others' narratives.

A consultant, who was looking at the messages, said, "There has been a swine flu case in a nearby hospital. It was treated as pneumonia initially but later it proved to be swine flu."

"That means it might start coming here as well. What was the clinical presentation?" Another doctor asked with curiously.

"Like any other viral illness, it started with a cough and fever. The patient was admitted in the ward, but he developed respiratory distress and progressed to ARDS. The patient was shifted to the ICU," replied the first one reading the details.

"It was good that they suspected it and took precautions," one of the registrars said.

"What about the staff, who were exposed before the diagnosis was made?" Another consultant asked.

"We receive dozens of patients with similar symptoms every day," Anand said, worried.

"We have not received any swine flu till now. But there were many patients with similar respiratory ailments and we might have missed testing then," the registrar said.

“There are other viruses which are unknown, mutated or those we can’t even test. The issue is that doctors and nurses are not even aware of these viruses stalking them,” the chest physician said.

“We need to be alert and should take the universal precautions. Consider every patient as infective,” one senior physician said.

“Many patients are admitted with ARDS. We can’t test all types of viruses. That is the limitation of present medical science,” the chest physician said.

“When Anand becomes a senior consultant, may be after ten years, he would be able to diagnose a few more,” said the consultant jokingly.

“But he has to be alive by then. The way he is working in the emergency and the ICU, he himself might be treated by some virus,” another one said, with bit of sarcasm.

“This is why I stay away from the ICU,” said one of the physicians.

“But this patient was kept in the ward initially; he was treated for fever and pneumonia. So the staff in the ward may have been exposed as well,” Anand said.

“Hmm….. That’s right,” the consultant paused and continued, “This boy is intelligent. But do not worry, there are benefits too. You might develop immunity and become resistant to viruses,” he tried to console him.

Anand went back to the ICU with thoughts of Swine Flu on his mind. He had examined the recent patient from a close distance. When the patient’s condition was deteriorating, he himself had intubated him and instituted the ventilator.

“We have not thought of Swine Flu till now. Can this be it?” Anand asked Dr Deepti, worried.

“Yes, it may be a possibility,” Dr Deepti immediately advised testing for swine flu and implementation of all precautions.

“Just take care to protect yourself that is all I can say. These risks are side-effects of our profession. There are so many known and unknown potential infectious risks to us,” she told Anand.

“Yes, we need to save ourselves as well,” Anand said. His concern was about the risk during the time gap between such patients coming to the hospital and their exact diagnosis.

“The worst part is that our systems are not well refined enough to prevent, treat or compensate or even acknowledge these big disasters if they infect health workers,” Dr Deepti said.

“Universal precautions are very important,” Anand nodded his head in agreement.

“Every day globally, the doctors and the nurses greet a new day knowing well the possible risk in their profession,” Dr Deepti told Anand.

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Anand went to the library and revisited the microbiology books that he had read during college days. It had the relevant details about the real dangerous demons, the microorganisms, which were unknown for millions of years. These demons were capable of sticking to a human body, enter it and cause an infinite number of diseases, without even being detected. He realized that these real demons were invisible nanoparticles and not

giant monsters, as was usually depicted in movies and mythology.

Anand also read about the “Black Death”, an ancient pandemic that killed millions in and around 1350 AD. In that era, germ theory and basis of genesis of diseases was unknown. Unable to find the cause, priests were the only hope for the masses. They gave a simple explanation and emphasized about the God’s wrath. Before the germ theory was proved, it was a common belief that the diseases were a result of God’s anger. Such theories were propagated by wise men of that era.

Manisha had joined microbiology and Anand went to meet her to discuss more about the precautions.

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Chapter 9
The Revenge: Story of a Female Doctor Assault

The Universal Punishable Final Link in Death

After Anand completed his post-graduation in Internal medicine, there were multiple options available to him. Decisions taken at this stage would define the direction of his life. He could either do further specialization or join the state government for civil medical service or he could continue in the same specialty.

To his surprise, all the posts he applied for, government or private were on a contract basis.

“Why are doctors always employed on a contract?” He wondered. He found the contractual jobs as a strange paradox to his belief. The newspapers always rued about the scarcity of doctors in the country. What he understood by this contract basis of employment was that they were suited for the hire and fire policies, who-so-ever was needed for a short time.

On one side, everyone showed concerns about the small numbers of doctors, but paradoxically there was no effort to retain them; everyone was keen to employ them on a contract basis.

A feeling of being governed by administrators shabbily, started to grow in his mind.

A permanent post in the state civil medical service was advertised and he decided to apply for it. After post-

graduation, doctors were posted in the semi-urban or urban civil hospitals. There was a lot one could do as a doctor in such hospitals.

He was shortlisted and received a call regarding the date and time of the selection interview.

One of the seniors told him a few negative aspects of the job. In the periphery, there were no good facilities like housing or good schools for children, there were shortage of drugs and equipment to treat the patients and sometimes security issues. In the absence of proper facilities and infrastructure, doctor could be prone to assaults.

But Anand decided to go ahead assuming that such problems might not be true. Amid all these thoughts, he attended the interview. Since there were few doctors with postgraduate degrees, he was sure he would get a call. But the results could take months to be declared and it usually took around a year to join.

So, the next day he joined back as a registrar in the medical college.

Dr Deepti was the chief senior resident. She was a sensible lady with a composed temperament.

“Oh, you joined back, I thought you would become an officer in the civil medical service,” Dr Deepti said.

“Official work for that permanent post would take around a year. They did offer me the contract post immediately, but I would prefer to gain more experience in an institute,” Anand said.

“Yes, that is right. I would advise you to learn some extra techniques like Critical Care, Echo-cardiography or maybe Dialysis. Once you join, there will be little to

learn and difficult to nurture new techniques. I know because my sister is a medical officer in a semi-urban area," Deepti advised him.

"Yes, you are right," Anand nodded.

"You know, you can avail a study leave after a few years of service," Deepti added.

Anand liked her supportive attitude; she always had some positive advice.

"I can teach you the techniques to insert dialysis catheters, both Peritoneal and Haemo-dialysis," Deepti offered.

"Thank you, that would be great," Anand said.

A couple of months passed, Anand was doing procedures in the ward when Dr Deepti wanted to talk to him.

"Can you do my duty tomorrow?" Deepti asked him.

Anand showed his inability politely, as it was a festival that day.

"I have planned to go home. It has been six months," Anand told her.

"I request you to please adjust somehow. I have an emergency at home," Dr Deepti was on the verge of crying. She told him that her sister, a doctor at the suburban area in civil medical service, had been assaulted by a mob of a patient's relatives. She had sustained a head injury and had been admitted to ICU.

"How did it happen?" Anand couldn't believe this could happen to a doctor, that too a lady.

Dr Deepti narrated the incident with tears on her face.

“It was evening time and a boy had an accident with a bus. He was brought to a community health centre. My sister was the medical officer and has her residence inside the hospital in staff quarters. She examined the patient and found that the boy was already dead. She explained the situation to the family members with due sensitivity, did all the paperwork and returned to her residence. The mob kept on gathering and after half an hour, they barged into her house.

They dragged her by hair in front of her teenage daughter. They started assaulting her with fists and with a rod, while her daughter cried and shouted for help. This brutal and devilish assault continued till neighbours from other staff quarters saved her, with great difficulty, and took her away. The mob continued to rampage her house and hospital, trying to break everything.

She sustained severe head injuries and was admitted in the hospital.”

Deepti’s eyes welled up while narrating the incident.

“Very shameful,” Anand mood also turned gloomy.

“What was her fault and why did the mob do this to her? Was being a doctor and working in the remote area her fault? Everybody knew that the reason for the death of the boy was something that happened outside the hospital. There was an errant bus driver who was responsible. She was made a punching bag for venting out of the emotions of the bereaved relatives. Nothing and really nothing can justify this barbaric act,” Dr Deepti said angrily.

“Emotions should not be allowed to take such a demonic form. This is simply an expression of a most uncivilized kind of society, which simply cannot be excused by any sort of reasoning,” Anand voice held deep disappointment.

“There was again the same silence. Little concern was shown by media, courts, prominent people, celebrities, human rights commission, woman rights activists and women commission. This again brings forth the hypocrisy of these people and organizations, who otherwise cry about women’s rights and empowerment. Whenever a female is assaulted, there is an outrage but the same support is not extended to a female if she is a doctor,” Dr Deepti continued.

“It is really a sad situation,” Anand felt discouraged.

“Such bestiality should create havoc in the minds of civilized people, but the apathy to such incidents clearly indicates otherwise,” Dr Deepti was sobbing with tears flowing down her face.

“Have people become so uncivilized that an incident of such gravity just remains as small news item in a local paper? Can’t we see that such incidents are the harbinger of many more in the future?” Anand wondered.

“I very often question even my own decision to opt for medicine as a career,” Deepti said.

“I have to visit her and help the family,” said Deepti, with great emotion.

Anand assured her that he would be doing her duties. The incident made him realize that the threat of working in such areas might be very much real. The real scenario in the present era is actually very different from what he had perceived. Imminent danger of murderous

assaults by disgruntled relatives on the doctors, who already toil under unimaginable hard conditions, was not something to be ignored.

Doctor remains the only visible human factor and the universal final link in all cases of death, and sometimes becomes the subject of revenge. A thought of vengeance may develop against the doctor, someone who can be easily harassed or punished in case of an eventuality.

Revenge can vary from abuse, harassment, legal battles or even physical assaults.

Anand found the episode to be a painful lesson and utterly disheartening. The memory of the interview and his excitement for the result suddenly became jaded in his mind.

Perhaps he was not waiting for the result of the interview anymore.

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Chapter 10
The Final Decision—Story of a Nurse with SLE (Lupus)

Anand got appointed as a registrar in one of the top institutions. He was feeling elated as it was his dream to work in the country's top hospital. He had a feeling of having springs in his feet as he went for his duties. He always reached earlier than the reporting time and usually remained till late in the hospital.

One busy morning, he was attending to patients in the outdoor.

A new patient, a young girl in her early twenties entered his room, settled down on the chair and introduced herself as Neha. She had completed her nursing graduation a year before and had taken a job in a government hospital. She was very pretty, had light brown eyes and her smile was mesmerizing. Anand glanced at her outdoor card and inquired about her problems.

She complained about suffering from fever every now and then, along with general fatigue and weakness. But what she was worried about the most was the loss of her hair and the lack of energy all the time.

"Hair fall is distressing. I get so many tufts of hair in my hands that I can't believe it!" She said touching her hair with disappointment etched on her face.

All these were sufficient hints to a worrisome problem; a subtle thought about a sinister diagnosis was coming to Anand's mind.

On direct questioning, she told him that oral ulcers were also of trouble sometimes.

She had brought reports of a preliminary test done at her hospital. Anand noticed high ESR and low platelet count.

“This requires further workup,” Anand told her and noticed the pinkish blush on her cheeks. Initially, he took it as a blush of an young girl which added to her beauty. But in view of her complaints, he started looking at the blush more carefully.

“Is it a blush or a rash?” Anand was thinking in his mind. Beauty is also looked at by doctors suspiciously.

“Since when are you having these red tomato cheeks?” Anand asked her.

She smiled shyly, lowered her head and had a sheepish smile. She slowly mumbled, “My mother is planning for my marriage and regularly gives me pomegranate juice, and maybe that is the reason. She says juice is very effective and my cheeks have become red,” she smiled and awaited Anand’s reaction.

But Anand had some worries in his mind. He started to think and tried to look at the rash more carefully; it was not only on cheeks but extended to the bridge of the nose as well. Doctors call it butterfly rash and it could be indicative of a serious autoimmune disease harbouring inside, called Systemic Lupus Erythematosus (SLE).

Since Neha was a nurse, she could sense his worries. She locked her brown eyes on Anand’s face and asked anxiously “Doctor, can it be some disease?”

“Yes. It can be. We need to investigate it further. Keep a record of your fever and maintain a chart. Come to me next week.” Anand advised some investigations too.

She thanked him, “At least we are close to finding something. Once we diagnose, it can be treated,” she said and went out of the room, a bit worried but assured about finding some treatable cause.

Outdoors were really busy. Whole day, Anand was continuously dealing with patients, analysing their diseases, looking at records, prescribing medicines to some, or asking for investigations to others. Most of them were seen by multiple doctors but were still undiagnosed. It was a tiring but very satisfying experience. The process of diagnosing such difficult diseases was akin to solving jigsaw puzzles or like a game to find a hidden thief. Despite tiring schedule and fixed nominal government pay, he was enjoying the work, and a deep satisfaction of doing something worthy prevailed in his mind. To be able to help hundreds of lives was pleasurable. He could see the gratitude on the faces of patients who were relieved of their years of agony and pain.

Next week, Neha was back with reports, her fever was continuous albeit low. Her ESR and ANA reports indicated that her redness on cheeks was not innocuous.

She had already read many things from the internet about the significance of ANA positivity. She was looking a bit concerned as she now knew that her suffering was because of SLE.

“Doctor, what do you say?” she looked at Anand with curious eyes, listening with rapt attention, and waiting for his every word. She was being hopeful, that

the doctor would do something and cure her of the illness.

She had consulted at least three doctors previously, yet no one seemed to have an idea of what she was suffering from. She was tired of taking antibiotics.

Anand made note of the profound anaemia and raised ESR that was persistent in all reports.

“Doctor, why was I not diagnosed earlier by others?” she asked.

“Medicine is so vast that no one can know everything, I was lucky to have seen a few patients of this rare entity. Onset is very insidious and mysterious and there are no external factors. It is just the derangement of your immune system,” Anand was trying to be modest.

“I think you already know that it is SLE and it is not a good disease,” Anand said after a pause to gauge her sentiments.

“Good disease…? I think, all diseases are bad,” she said.

“Good diseases are those, which can be treated and get cured fully easily. SLE remains in your body that is why it is a bad disease. It is not fully curable,” Anand was slowly and gradually educating her about the disease.

“Can I get perfect or at least remain all right after treatment,” she was still hunting for favourable words.

“Yes, of course! You will be better. This is a complex disease. We can’t cure it completely, but it can be kept under control,” Anand went on to tell her the

details about the disease. He started some medications and elaborated on precautions.

“What should I do to keep myself all right?” Neha asked grimly.

“Avoid sunlight, use sunscreens. The most problematic thing is pregnancy, which might not be a smooth event with this disease. Pregnancy may complicate everything in SLE,” Anand slowly explained to her.

“My parents are about to finalize my marriage,” she said, feeling confused and sad.

Anand could see her eyes getting wet and could not say anything further.

She got up and slowly left the room.

Anand’s mind was feeling heavy and burdened by sadness. Although he used to see many patients in a day with similar or more severity, but he still felt uneasy. May be it was because of her ability to make a relationship or maybe because she was almost like a colleague. Before he could settle his mind, the next patient entered.

As usual, he was soon busy and there was no time for any emotional soothing.

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After about two weeks, Neha came to visit Anand in the outdoor and she was looking better. She wished him and handed over a thank you card.

“I am feeling perfectly fine now, I have no fever and my red cheeks are also better. I can eat a lot better

now," she was being very chirpy and behaved like a friend with Anand.

"That is very good. Yes, you look more energetic now," Anand smiled.

"Thanks. You diagnosed it correctly. I hope to be fine now because I have found the right doctor," she said, cheerfully.

"The diagnosis was written on your face," Anand said with a gentle smile.

"The last time I visited you, I told you how bad I felt. People looked at my red cheeks and used to say that they are beautiful. But inside I used to feel very down and lousy. Only you were able to tell that it was part of the disease," she said.

Anand was listening quietly and looking at the reports.

"Yes, no doubt, you will be all right. But still, you need to be careful. Take all the precautions as I told you and continue with the medications," Anand said, still trying to caution her.

"My father is very close to fixing my marriage. He will come to see you on my next visit." While saying so, she hurriedly got up and went out.

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After few weeks, she visited him again and this time she was accompanied by her father.

She introduced Anand to her father, "The best doctor I have ever met. His presence invites trust and confidence."

Her father was an educated, gentle and wise looking person. He thanked Anand profusely for helping his daughter; however, he wanted to know more about the disease.

Anand told him about SLE and assured him that it could be managed well.

“There is nothing to worry at present looking at her blood reports, but SLE and pregnancy can complicate each other. Sometimes complexity can exacerbate to the extent that it may be fatal. So it will need some kind of special management at that time,” Anand tried to caution him.

Her father was a bit worried and told Anand about the plans of Neha’s engagement. He had already finalized a boy, to whom she was going to get married.

“Have you told the prospective groom about SLE?” Anand asked her father.

“No..No, how can I do that? If I tell them about the disease, they might refuse her for the marriage. That would mean that I will have to find another one and then tell them about it as well. How can I ensure that after given this information, they will continue the relationship?” he was in a dilemma and worried.

“It is a genuine predicament, considering the circumstances. No one knows what is right in these circumstances?” Anand said slowly, realizing the dilemma.

“But if he comes to know after the marriage, it may cause problems in her life. Especially during pregnancy it will need some special care,” Anand himself was not sure, how to deal with this predicament.

Anand was unclear about his role in such discussions, which were beyond routine medical issues. He realized that the difference between right and wrong was not absolute; it was just one's way of thinking.

"In such circumstances, no one will marry my daughter if I tell them about the ailment," the father looked worried and a bit nervous. He kept pacing back and forth and continued, "Moreover, now she looks all right. She does not have any problems. No one can tell that she is not well or having a disease. Once she is married, then we will see," he paused and looked at Anand for affirmative answer.

"Hmm," Anand nodded, indecisively still.

"Ailments can happen anytime in life, before or after marriage." The father tried to justify his decision.

Anand could not say anything, but his silence communicated his disagreement.

"My aim is not to justify the decision, but to make you aware of the facts. After all it will be the decision of her life," Anand said.

"But are we sure that this problem will happen to her?" Her father again asked Anand.

"Maybe, I can't predict. But it will need to be managed well. Which patient will develop complications and who will not, that is impossible to forecast," Anand said slowly.

"My wife had ailments after the marriage. So what? We got her treated. These things happen in life. I believe in God and He will take care. It should be all right," her father said, trying to convince Anand. But actually, he was trying to be confident himself.

Anand was sure about the conflicts and confounding thoughts that were in her father's mind. Anand nodded his head reluctantly, but remained quiet and preferred to end the discussion.

"As a doctor, I have informed you about the medical issues, rest are your personal decisions and choices," Anand said.

"Thanks a lot, doctor; you have a very busy outdoor," he just shook hands with Anand and left.

Anand was dismayed at how people conceal the disease in order to get married. Better would have been, if the bridegroom could accept the situation with knowledge about the disease.

"It is better to match medical check-ups and health records than matching horoscopes and stars before marriage. Now in this case horoscopes have been wonderfully matched, but it may be a disaster," Anand was discussing the case with Vivek that night.

"If you are a bridegroom and conned like this, how would you feel? I will get a medical check-up done of the girl before our marriage," Vivek said and laughed.

"I have explained to her father that the better choice would be to tell the groom everything and then to go ahead. But he is also right; everyone will refuse if he tells them. It is a very complex and difficult matter for the girl." Anand said, trying to unknowingly justify her marriage.

Sometimes there are no right answers; and no limits up to which these issues can be discussed without reaching a consensus.

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Neha visited again after about a month, with a box of sweets and with the best of her smiles.

“I got engaged,” she said, happily.

Anand congratulated her.

“He is a lawyer. Marriage will be after two months, please do come to bless us,” she handed over an invitation card.

“Yes… sure. But I would still advise you to tell him, maybe at an appropriate time,” the issue was still on Anand’s mind.

“There is no point. We in the family have decided for now. I will try to postpone pregnancy. After some time, it should be all right,” she looked quite firm on the decision.

“Ok. As you wish. Please do not stop medications and be careful,” Anand said and smiled.

She did not come again after that.

Anand was so busy that he didn’t even look at the invitation card. The busy schedule of doctors is usually the reason for their poor social life. Many of his patients used to invite him to their family functions, but he was never able to attend. He did regret having so less time for self and almost no time for social life.

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Those were busy days and the memory of the period was just like combinations of days and nights. Weeks and months passed with the same gruelling schedule. At nights, sometimes Vivek would come and they would discuss about how life had changed since joining medical college.

For the last fifteen years, Anand's life had been spent between wards, ICU, hospital duty room and room bed.

No one came to hospital happily or in a pleasant mood. He would see people weeping, hear heart wrenching cries of children, wailing mothers, and silently sobbing fathers, all of them in the saddest mode of their lives. However, most of them would get treated and returned home happy.

The patients, who were lying still, started moving, opened their eyes and recognized their kith and kin. Their pain and agony vanished with medical interventions. Many patients, who looked dead at one point, turned conscious and communicated with their near and dear ones.

The busy schedule was proving fruitful. A sense of gratitude and appreciation by patients for the good work provided enough reason for going on with the hard work. Practically segregated from the world and having nearly nil social life was not being felt as a problem. For him, life was going on very fine.

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Later that year, Anand married Pooja, a girl chosen by his parents, who was a skin specialist. Pooja was a sensible girl and Anand was happy to have her as his wife. Both of them were thorough professionals and took their work seriously. Anand felt that she complemented his temperament, and provided a much needed respite from his mundane life.

Few years passed amid same busy routine.

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One morning as he reached the hospital, the ward sister came to him and told him hurriedly, “Someone is waiting for you.”

“I do not remember calling any one,” he said, as came out of the ward.

A young man with a fair complexion and curly hair was waiting for him. Anand could not recall seeing him before.

Anand introduced himself and looked at him questioningly.

“I am Ashwini, Neha’s husband; your patient a few years back,” the man looked anxious.

“Oh… Yes, how is everything? I have not seen her for the last three-four years. Is she well?” Anand asked, he immediately sensed some problem.

“Neha was admitted to ICU last night. She was expecting but suddenly became very sick. She had told me to contact you in case of any problem,” he said in a puzzled voice and looked at Anand with hopeful eyes.

“Let me see her first,” Anand said, rushing to the ICU.

Anand went near Neha’s bed and looked at the swollen figure lying lethargic there, she was drowsy, having high-grade fever. Her skin was hot, flushing and her lips looked parched and dry. Her face was puffed up and pale with a rash.

Anand felt sad as he stood looking at her, listless in bed. Her rapid pulse was barely palpable; her breath rate was fast despite oxygen rapidly flowing through the tubes. She was a little drowsy and confused, not knowing

exactly where she was and what was happening to her. After some time, she responded to Anand's verbal communication.

She looked at Anand and gave him a weak smile. Her voice was thick and she spoke slowly with slurred words. Slowly she brushed away her tears as she looked at Anand.

She couldn't speak coherently. Anand also did not utter a word. Just a reassuring smile to convey his presence was enough to bring an expression of satisfaction on her face. She stretched out her right hand and gestured for Anand to come closer.

After looking at the records and the whole clinical condition, Anand came out of the ICU.

Neha's father was also waiting for Anand, standing with folded hands, "Will she be all right?"

Anand nodded sympathetically and assured him that the best help from his side would be given.

"You were right doctor, but what could I have done?" her father said apologetically.

"No one knows the future; you did your best for her, we all will pray for her recovery. Please do not blame yourself for such problems. These are beyond our control," Anand tried to console him.

"May God help her," his father said, praying.

It was a typical flare up of SLE along with kidney involvement.

She had an abortion too.

“This is something, I had always feared,” Anand mollified his voice and said, “do not worry, we will start treatment immediately.”

Neha’s husband Ashwini also joined them and they discussed the current problems of Neha.

But for laymen, these issues are very complex and difficult to understand and impossible to fathom.

“But how could pregnancy cause this disease? She was perfectly healthy, I never noticed any abnormality in her,” Ashwini asked with curiosity.

“Different diseases have varied course. At present, she needs to be out of her current problems,” Anand avoided detailed discussion.

“She had an abortion last night. Will she be all right now? What would happen to her kidneys?” Ashwini asked in a concerned voice.

Anand was satisfied by the concern shown by Ashwini. He appeared genuinely concerned.

“She should be all right. Let’s see if her fever improves and urine output increases. I will be able to tell you in two to three days,” Anand said.

Once Ashwini realized that this disease was not fully curable, he could not fathom the essence of the conversation, and was a bit dejected.

Ashwini thanked him and Anand went back for his rounds. Although his mind was entangled in the thoughts about the entire episode and how complex issues had unfolded for him to see, his busy schedule won’t let him dive deep into his own mind. He had still another dozen sick patients to look after.

Neha started improving after two days and was shifted to the ward.

“How are you feeling now?” Anand asked her.

“Absolutely fine,” she smiled. Her swollen face and sunken eyes indicated the tough storm she had been through.

Anand again warned her, “Look, I told you to be careful about these aspects of the disease. You have tried once and tasted the consequences. Even this episode could have been fatal for you. In the future, please do not try this again. If you want, I can explain it to Ashwini as well. Or at least, take guidance from some doctor.”

“No, No, it is all right. Do not tell him anything about it. I will talk to him,” she said firmly.

“You should have contacted me in these years, this episode could have been dangerous,” Anand said.

“But I always knew that you would save me,” she smiled and tried to divert the conversation.

“I may not be able to save you every time. We always try but may fail sometimes; our efforts are not always rewarded. You are putting a big burden on me. The next exacerbation might be much more virulent as well, so please be careful,” Anand was firm, and getting irritated because of her persistence to intentionally divert the issue.

She did not say anything and just smiled.

She had shown her immense trust in Anand which is the basis of the doctor-patient relationship. She handed over her life to Anand and let him do whatever he could

to save her. This relationship of mutual trust and respect cannot be defined by law or regulated in any way.

A few decades ago, all the treatment used to be based on such a relationship. With modern medicine, the evolution has been more in medical law and finances with legal complexities. However, the mutual respect and relationships do not reach desired levels anymore.

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Neha went home after ten days of hospital stay. Gradually she settled well with medicines.

Next year again, she was admitted to ICU. She was in the same condition once again. This time, as Anand was talking to her husband, he felt that Ashwini was not much concerned. He was evasive about the discussions about her condition.

“Possibly he now knows better about the disease, or he has become tired of her illness,” Anand kept on thinking about the whole episode.

Why was Neha so adamant for pregnancy that she was putting her life at stake?

Perhaps there was an element of guilt or self-blame for not being able to have children?

Ashwini talked just little-bit, whatever was very necessary for the condition. Anand also preferred not to go into much detail.

Her father also came to meet Anand. He was feeling dejected and apologetic. “Can you please somehow advise both Neha and Ashwini to avoid pregnancy? It is a question of her life,” he pleaded with folded hands.

“Yes, I will,” Anand assured him.

She was better after a week, Anand again told her not to take any more risks. But this time Anand was not angry. “You never take my advice,” he said smiling.

“No, I will continue to take risk because I know you will save me,” she also said in a light vein.

“Neither a patient nor a doctor can be lucky every time, It is better to prevent the disaster. To treat, after the disease has already flared up, is tough and not always successful,” Anand still could not stop himself from warning her.

She turned serious, “Doctor Saheb, I know you are right. I have great respect for you, you always advised me correctly and sincerely. I am just a patient for you, but you have done more than anyone else for me,” she paused and looked at Anand.

She continued, “But he has married me. He and his family have some expectations from me. They have expectations of building their family. Even if I die, I will try to fulfil those. At least I will not be there as a block for the entirety of his life. Our society does not accept a daughter-in-law who cannot bear children,” she said in a determined voice and looked at Anand.

“If you allow me, I will explain the situation to Ashwini. What you are doing is like committing suicide,” Anand was feeling uneasy.

“There is always a right time for everything in life. This could have been done five or six years back when you advised me before marriage,” she said and looked at Anand in an apologetic and sad tone.

“You have grown up and have already decided everything,” Anand’s tone was full of despondency.

“Please don’t talk to Ashwini about it,” she begged him.

She turned her head to other side, indicating that the said conversation was over.

Anand could see her welled up eyes. He looked at her, patted her hand and said “All the best to you,” and went out.

He knew now that she did not want to survive in those circumstances. His mind became heavy, full of pity for her.

He was quite sure; he would not see her again. Once she had decided, there was no use of talking to her husband. She was educated, had a government job and could have easily lived her life independently rather than under false pretenses. Such issues, especially medical ones should have been sorted out before marriage, rather than causing suffering of whole life for both partners.

“Was marriage, with concealed facts, the reason driving her to death? If her in-laws had accepted her with the disease, she could have survived,” Anand was feeling sad.

No one could force her to have children until she herself felt the obligation to do so. Our society makes life difficult for a woman if she is unable to have children.

Lost in his thoughts, Anand went back to his room.

Next year again, Neha was admitted to the ICU with the same problem, but the only difference was that she was now unconscious and critically unwell. She had breathing problems and kidney failure. This time she was intubated and put on a ventilator.

Again Anand went to ICU and looked at the sickly figure in the bed, but this time she did not open her eyes.

She had high-grade fever, was sedated and on the ventilator with multiple infusions going on, surrounded by multiple monitors and equipment.

The day of their first interaction was still clear in Anand's mind. It was painful to see a young beautiful chirpy girl to have met such a sad end. He remembered the details of those moments- her effervescent smile, the opal-like quality of her eyes and the infinite trust she had in him.

As a doctor, he could see the unfolding of the mystery of the illness of uncountable lives. Various myths about life and certainty of death was something hardly anyone else could see better than him. He felt sad for her, and with heavy heart, came out of ICU.

Ashwini did not talk much and did not show any emotions.

Anand told him, "She is not well; the situation is too risky for her life. This time may be tough for her."

Ashwini just shrugged, "Do your best and leave rest to God," he said and without any other word, walked away.

Anand had his answer; Ashwini was no longer waiting for her to wake up.

This incident taught Anand not to dismiss emotion as human frailty or assume it to have less value than the diagnosis and treatment. Rational emotions are good, as they depict the relative's attachment with patient. Too much or too less of emotions suggest how much they care for the patient.

For doctors, it is a guide to decide the path of the conversation. Unsaid expressions and gestures disclose more than what is hidden in the mind.

Ashwini's silence, in a way, expressed his desire to be free of the moral and social burden.

Anand still did everything in whatever way he could. Neha had very low immunity that predisposed her to super-added infections. Her blood pressure and urine output did not recover this time. And she was eventually consumed by the disease.

Anand learned an incredibly valuable lesson for his life. Her strength lifted him above his sorrows. A patient can teach you so much more than just medicine. Neha had wanted Anand to acknowledge her pain and be there for her whether or not he could fix it. But ultimately, she gave away the painful life full of a burden for fulfilment of an obligation. The family's expectations from her were reciprocated by giving away of her life. She probably was tired of her moral obligation or the sense of guilt of being incomplete.

Anand was still thinking whether she had deserved this fate.

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Chapter 11
Story of an Upright Nurse

Unable to get a faculty post in the government institution, Anand joined a private hospital as attending consultant after senior residency.

What struck him was the different ambience from the routine medical institutions. The building was no less than a five-star hotel with a lifestyle service. He had an idea that private health care had ushered in a revolution in healthcare, bringing in the cutting edge technology and world standard patient care; the flip side had been the commensurately rising costs of healthcare. Big investments were coming in, to provide treatments in the five-star comforts with impeccable room service and multi-cuisine restaurants.

“No wonder the doctor-led small hospitals and nursing homes have lost their charm for the patients,” Anand was thinking as he walked through the long shining corridor.

Apart from the medical care, other systems of the hospital were different. As compared to the medical institution, he noticed there were a lot of managerial staffs, whereas in the government medical institution, there were almost no managers.

His mind was full of curiosity, “How would the hospital be able to afford their cost?”

While he was visiting the ICU, he had glimpse of a familiar face. Even after so many years, he recognized

her. She was Jamy, working in the same manner but looking more mature now.

After the shift was over he came out of the ICU and called her.

“Hey, Busy Bee, how are you doing? It is good to see you here after so many years,” Anand said.

“Dr Anand! What a pleasant surprise,” she reciprocated the smile and the happiness. Both felt as if they had found an old friend and walked towards the canteen together. As they were sipping coffee, she told him about the difficult phase of life she was going through.

She was married now and had a small child. Her in-laws did not like her doing the night duties. She wanted a job during the office hours only.

“Nursing is a respected profession abroad, while here we are treated like servants, both by the patient and the employer,” she said.

Her in-laws wanted her to quit this job which she had refused to do. After leaving the hospital, she did all the household chores and looked after the child. A good professional mind was being wasted in day to day routine work.

She told Anand about the incident that had happened at the previous hospital, where she had requested for morning shift work. She was laid off in the name of cost-cutting. Being a woman, she was expected to look after the family as well. She was unable to match her work-life balance, nearly being labelled a failure at both places. She felt squeezed in between pressures at work and demands at home.

“It comes as a surprise to me that how difficult it is to build a family. When everything is compounded with the workload, it becomes utterly exhaustive. These frustrations cause me severe dissatisfaction within a field that I had enjoyed previously,” she said and turned her face away to stop Anand from seeing his tears.

“If the family is not supportive, everything becomes difficult in life,” Anand said, sadly.

“I am perceived as neither a good worker at the workplace nor an ideal mother at home. At both the places I am being seen as less dedicated,” she said in a disappointed tone.

Work-life balance for health providers, especially for women is a tough and stressful job. The whole systems in a hospital at odd hours are run by doctors and nurses. Continuous requirement to do odd time shifts, hard training and work demands tend to affect their families.

“At this stage of life, both the professional and personal roles become too demanding. The expectation at both fronts is guided by the idea of perfection,” Anand said.

“It is getting more difficult after birth of my child,” she said.

“To progress further in the profession, rigorous training and prolonged working hours are the new standards,” Anand nodded.

“If I try to match my ambitions in the career, I will be exhausted,” she said, morosely.

After about half an hour, she received a call from her in-laws and got up hurriedly, “I have to reach home in time,” she said as she prepared to leave.

Anand just shook his head but could not say anything and walked back towards the intensive care unit.

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A month later, a young man was admitted in the high dependency unit (HDU), he was an alcoholic and his behaviour was unbearable. He was abusive, ill-mannered, bad-tempered and stubborn. He was rude without any particular reason. Jamy was posted in HDU. Jamy was putting an intravenous cannula on the young man.

“What is your name sister,” he asked.

“Jamy,” she said and continued to work.

“I will call you …Jamy,” he continued his irrelevant conversation.

“I am at work, and would prefer to be called as sister,” Jamy said.

“I do not want to call you ‘sister’,” he arrogantly told her.

After some time, he called her, “My legs are paining, give me a leg massage,” he ordered.

She refused and politely told him that it was not part of her job to massage legs.

“I can apply a DVT pump and that may be helpful,” she was still polite.

“You know the importance of human touch in treatment, especially as a nurse,” he was being persistent in his demands as she continued with her work.

“What if your tending helps me and I feel comfortable,” he was getting difficult to tolerate.

“This is not a massage parlour,” she said in a stern voice, getting irritated.

She refused plainly saying neither it was part of her duty nor she had time for it.

He suddenly turned rude to her and threatened to complain if she did not comply.

Already busy with a lot of work, she also fired a few stern words at him.

A few angry words were exchanged between the two. But as time does not permit nurses to soothe their minds, she continued with her work and ignored the painful sarcasm thrown at her.

After that, he continued to nag her with remarks and comments.

“You are just stupid. You do not know your duties properly, I will complain against you,” he said.

“I know, but you were doing your duties very well,” she responded sarcastically. She made a gesture of holding a glass and said, ‘of drinking’ and just turned away to complete her documentation.

In the middle of heavy work load at nights, everyone was already on the edge. Jamy complained about the patient to the house officer on duty, Dr Raghav. He talked to the patient and told him to keep quiet, but the patient spoke rudely to him as well and complained

that the staff nurse did not know her work and was not helping him.

The house officer reported the incident to Anand, who was the attending consultant that day.

Anand tried to assure the patient that everything that he required for his ailment was being done.

There was no time for sweet talk. The manager on duty came to talk and the patient registered a complaint against Jamy for rudeness, not listening to him and ignoring care at night. He also mentioned selectively the sarcastic comment which Jamy had made.

He complained that she preferred to sleep rather than help the patients take medicines. He alleged himself as the victim of rude behaviour by the staff nurse.

In the morning, when Jamy walked out of the room, the patient's brother intercepted her with a look of reproach and said, "You should have behaved better. You know he is not well."

She did not say anything and just walked out of the room, Anand could see her dejected walk and drooped shoulders.

The next morning a junior administrative manager called Jamy and asked her about the incident. He sought an explanation about the complaint against her of being rude to the patient. She became more upset after the interaction with the manager.

She was worried about being in a conflict zone unnecessarily and expected the administrators to support her. The manager was quite casual while listening to her concerns and her side of the story. He gave an impression

that made her feel that her work was not respected. She felt upset about the whole episode.

"Do the large numbers of rights provided to patients give them a right to ridicule the nurses at every instance? The patient's need for extrinsic intoxication was understandable, but what to do about intrinsic intoxication he was filled with?" She asked Anand, feeling terribly sad, disturbed and helpless.

Anand also was feeling mutinous at the behaviour of the patient and the manager. He assured her of all possible help, but he was internally wary about how his support to a staff would be seen as at this new place, especially by administrators.

Attention and empathy to the emotions of a colleague are essential but sometimes are misinterpreted. It is usually a common belief among administrators that emotions should not be a part of a clinician's work and showing laxity towards junior staff represents weakness. Most of the time they expect clinicians to be ruthless to the other staff, the same as they themselves are.

Anand expressed his resentment to the manager and explained the incident. He tried to convey that she was not at fault. The manager however, did not reciprocate the concern raised by Anand.

He just said bluntly, "I will convey the report to the seniors in administration. We have to do an inquiry and close the issue; especially as there is a complaint. I will not be able to close it based on your statement. It is for the administration to decide. After all, we have to answer to the patient's family. Customer satisfaction is our motto."

Anand was concerned about this way of acknowledgment by the manager. “I know clearly that she is not at fault and it is harassment for no reason,” Anand said. He was still unable to understand the reason for blowing the issue out of proportion.

“The patient is the son of a VIP (very important person), known to the CEO of the company. The complaint is at that level, so I suggest you stay out of it,” the junior manager told Anand in an administrative tone.

Anand was not accustomed to such a tone and found it strange that the junior manager had the audacity to behave in such high handed way with a consultant.

Jamy was still upset when Anand saw her outside the HDU.

“The manager could have given me a better hearing with patience. It is always the nurse, who is always held guilty for any complaint; no one listens to us,” she said grimly.

Anand could sense the discouragement in her voice.

She had serious concerns about the way she was talked to, and about the equations of power and respect.

“A large proportion of patients crib and complain about something since they are already suffering. If I lose my cool, I would be seething the entire day. Take it as a part of our lives and in the present era, it may require some sort of self-management skill.” Anand didn’t want her to be in trouble again.

“I do not know what I should have done?” She was still thinking of what to do in such situations.

“You could have requested the supervisor to change the patient for you. There are many ways to solve the problem rather than being argumentative and proving yourself right. Of course, everyone knows that you were right. But the administrators, who have the power to decide, will expect you to be more compliant and not argumentative. As everyone believes that the patient is suffering, he would always have the sympathy of everyone. So, it comes on us ultimately to avoid conflict, despite being right,” Anand said, but he himself was not too convinced in his mind about his own advice.

She said in a lowered voice “I, being a new staff nurse, cannot raise my voice. Consequently, staffs with lesser power like me are more likely to be tentative in expressing a disagreement. Even if the consultant or a manager is wrong, I will not be able to raise an argument.”

“Maybe, being gentle with the patient or not saying anything would have been better. When patients have been rude or uncivil, you may feel quite justified to treat them in the same way as they have treated you; it’s part of human nature. However, being rude here in response is likely to escalate the conflict, even a little sarcasm may be also taken as rude behaviour, especially by the administration,” Anand was trying to counsel her keeping her future in mind.

“Let us see what action they take,” Jamy said as she firmed up her voice.

“For us, it is better to avoid word slinging in such situations. In the present era of consumerism, it is better to stop for a moment before shooting a word, and decide what to say next or just keep silent,” Anand said.

The manager was already unhappy because of her habit of being so upright. According to him, it was her behaviour that had escalated the conflict. Doctors and nurses deal with different kinds of patients, with everyone having varied thought processes. Not uncommonly they deal with unrealistic demands or expectations besides rude behaviour.

It is a common feeling among nurses that they do not get the respect that they deserve, neither from their seniors nor from patients. Many a time nurses have had to bear rude and undesirable behaviour.

“You know, now this complaint will remain in my file and management notices such small things whenever they need to cut staff. It becomes easier for them to choose and target by using such incidents as indicators,” Jamy said.

“Exhibition of sympathy or empathy may be important in area of patient care. But I am not professionally obliged to be an object of bad behaviour,” her tone was sad now.

“That’s right,” Anand could see her point of view.

“I am still unable to understand the problem, the abnormal attitude and behaviour that I am being treated with. Why is it thought to be a right of patient and relatives to mistreat me? How can they abuse me or ridicule me just because they are not happy? The patient will never be happy as he is suffering due to some disease. Why does everyone think that I need to apologize? Does my self-esteem remain unhurt with frequent bad behaviour by patients? By choosing to be a nurse, have I consented to be a punching bag or an object to be ridiculed?” She regained her anger.

Anand was forced to ponder over the incident as there was wisdom and truth in her words.

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Jamy was surprised when a managerial executive Mr Raj asked her to stay back for some time next morning, that too after a night shift. To make someone wait after their night duty, till late in the morning, just to explain, was indicative of the scant regard he had for the nurses. She was to wait in the office after her long night duty, while the person in authority himself would come at leisure.

She kept on thinking whether the apathy of the executive towards medical staff was deliberate or merely a lack of common wisdom.

“Possibly he has never done night duties himself, so a simple understanding of our problems is not expected from him,” Jamy told Dr Raghav who too had been asked to wait.

“I don’t understand this hue and cry about an exchange of words in which no one was harmed,” Raghav was annoyed.

The next morning after night duty Raghav and Jamy went to the office of the senior executive. Raghav had been working in the hospital for a few months but was still new to the system.

Somewhat warily, both of them took a seat in the waiting room in the office. Seated across the corridor, was a handsome executive in a well-tailored three-piece suit in a glass-window room. He was totally engrossed in the computer.

“They are doing paperwork and a lot of computer work. What is this work and how does it help patients, I am just unable to understand,” Raghav slowly said in a hushed voice.

Raghav looked at his rumpled white coat, with sheaves of dog-eared paper bulging from both pockets, he felt like a shabby mechanic in front of the industrial boss.

Exhausted from a long call shift, the waiting blunted the awakening systems of the brain, and lulled by the quiet, he started to doze off. Soon roused by the awkward position of his head, he started looking around.

After working for years in institutes, here he felt himself out of place. All these years, there was a senior doctor, whom everyone was answerable to and he was feared by all. Within a few minutes, a secretary came out and escorted him to the office of the senior manager.

Raghav entered the room of senior administrator. He was astonished to see that for so many months, he did not even know the person, who was at the helm of affairs of the hospital.

The man looked like ‘Shrek’. Raghav was highly amused in his mind to see and started calculating the timeline, whether the character of ‘Shrek’ was based on this man or vice-versa. He had a big and broad smile on a broader face with a bulbous abdomen protruding and his mannerisms were exactly the replica of ‘Shrek’.

“Come in, both of you. I am Shekhar Raj, CEO of the company. Would you like to have tea?” He asked with a broad smile.

"No….,nothing. We both are post duty, a bit tired as well," Raghav hinted that it was not fair to have a meeting at that time.

"No problem, I will not take much time. I just want to advise you to be polite to the patients; you would avoid a lot of problems for yourself," he said, as if Jamy was at fault.

"You are right, but that patient was very rude and we hardly said anything. In fact, he behaved badly to Jamy and the complaint against her is frivolous," Raghav told him.

Jamy tried to explain the situation, but Mr Raj was just superfluous in his thoughts and expression. For him, it was not a matter of concern.

Mr Shekhar again addressed Jamy, "We do not want to harm you, but as a senior I am giving you advice, which you should listen to. Our prime duty is patient care and customer's satisfaction. You write an apology and we will finish the matter." He was just behaving like another armchair preacher, without even listening to Jamy.

Also, the incident had earned her a warning and on the papers she had been declared as rude. Her good work carried no meaning; this one paper was enough to project her with a negative mark as compared to her peers.

Although the episode looked inconsequential to others, it created a lot of harassment and a sense of injustice in her mind.

Being a service provider in medicine will always put one on defensive and at the receiving end. Such incidents are common and cause a loss of enthusiasm in

health care workers. Inappropriate and rude behaviour is increasing towards doctors and healthcare providers by patients, relatives and sometimes administrators, which is enough to demoralize them.

Raghav discussed the incident in his department.

“Doctors and nurses are now advised to become more and more tolerant to injustice being doled to them,” Anand said.

To control the health system, many administrators have a tendency to pretend that shortcomings in the patient care can be rectified by punishing the doctors and nurses.

Jamy was different. She was hardworking, not a suppressible young girl with high esteem who took pride in her work.

She preferred to write her resignation letter instead of an apology.

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Aghosh had completed his fellowship in paediatric intensive care, one of the toughest branches of medical practice. He became one of the best and joined as a consultant in a good hospital.

But his heart always wanted to go back to his native place to fulfil his father dreams.

Few months later, when his father died because of a sudden cardiac arrest, Aghosh left his job the very same day and went back to his native place. He built a children hospital with an ICU at a place where even government’s primary care was primitive and difficult to access.

Everyone knew him as a generous, noble and talented doctor, who had come from a humble background and had become one of the best and yet had left everything to go back to his roots, just to fulfil a promise he had made to his late father.

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Chapter 12
Paradox of Medical Consent: Neither a Choice nor Prediction?

It was a fine Monday morning and Anand was on rounds in the intensive care with Dr Sarah. Soon, both of them reached the bedside of the last patient, who greeted them with a broad smile, beneath an impressive moustache.

“I am feeling good today,” he smiled. He was a policeman, admitted during the weekend, with massive bleed per rectum.

“That is good, let me go through the investigations,” said Anand.

Anand skimmed through the pages of the file.

At admission, the man had a weak pulse and low blood pressure. Resuscitation with fluids and blood products was done and that made him look fine by morning.

“The reason for bleed has to be confirmed; the Gastroenterologist will visit today and try to find the exact cause,” Anand said.

While investigations were being conducted for finding the cause for the bleed, he again had fall in blood pressure and slipped into shock within minutes. The situation had shifted back to square one. The rapidly developing shock was suggestive of a massive ongoing bleed again. Cycles of resuscitation with blood and blood products were repeated and again he improved. The

efforts and the process of investigation were hastened, but failed to pinpoint the exact site of bleeding.

When not having a bleed, he looked relatively stable and normal. But with the bout of re-bleed, he rapidly developed state of shock and doctors found themselves struggling to maintain his blood pressure.

Extensive investigations were done by surgery and gastroenterology teams, but with no success. The exact cause could not be located as it was somewhere in the small gut. Almost all the tests and the investigations available had been exhausted.

The ultimate option left was to open the abdomen surgically and look for the cause.

But some element of apprehension existed on the part of patient and his family. The fear of uncertainty was leading to indecision and reluctance. They were not able to make up their mind for such a high-risk surgery.

The hope that he would not bleed again was getting shattered every day.

The hesitation of the patient and the family was preventing surgeons from going ahead. The patient himself believed that he might not need surgery and was scared by the thought of being under the knife. He was still hopeful that interventional radiologist or gastroenterologist would be able to do the needful. So he was reluctant to sign for the high-risk exploratory surgery.

The uncertainty about the outcome was clouding patient’s mind.

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“The patients and relatives tend to think the worst and remain confused. Are they in a suitable frame of mind to take a balanced and correct decision?” Dr Sarah asked Anand.

“No one knows what would happen. This uncertainty causes the confusion; the only person who should actually decide is the surgeon,” Anand said.

“I wonder, why the system of medical consents, is being perceived as a choice. It may be actually harmful for the patient,” Dr Sarah said.

“Consent should not be misinterpreted as ‘Choice’. In real sense, there is no choice here, but definitely the patient needs to be mentally prepared. Anyway, it is a waste of crucial time. If he goes into refractory shock, delayed surgery will be risky and probably useless,” Anand said.

Which episode of bleeding would be fatal, no one had known. A lot of time was being wasted in the discussions with the patient and in explaining him the pros and cons.

Patients, who are harbouring a serious disease, but are conscious and communicating, give a deceptive picture of being stable.

A strange sense of fear and vulnerability always smoulders in the patient’s mind when he is unwell. Fear of unknown complications due to an uncertain element of risk stays like a scary thought in their minds. The weakened mind craves support, and trust plays an important role during these critical moments.

In such situations, uncertainties and doubts emanate from the information asymmetries due to very complex and uncertain nature of medical science.

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After two more days had passed and the situation had not changed, another surgeon, Mr. Wilson came into the picture. He was known for performing daring surgeries.

Mr. Wilson tried to convince the patient for the surgery; any new episode of bleeding might be fatal and then, even surgery would also be risky.

The intensity of such discussions can't even be imagined by others and they look trivial retrospectively. But they revolve around every possibility that could happen while giving glimmer of hope. Doctors don't want to force the patient yet feel helpless when the patient doesn't make a right decision; the one which can save his life.

"We have to do a surgery," the surgeon would have just ordered a few decades back. But in the present era of consumerism, a well informed consent and willingness of patient has become a mandatory legal requirement. Sometimes doctors ponder over the wisdom of wasting precious time on these discussions, obtaining consent and consequently increasing the surgical risk.

The delay could be critical, jeopardizing the final outcome.

"Can the patient decide correctly, considering his mental state? The patient's decisions are based on assumptions, prejudices, and fears, without having any

real medical wisdom and experience," Anand was talking to Dr Wilson.

"To refuse would be unwise, but we still have to abide by the patient's consent. Either way, long discussions waste precious time, there is no doubt," Dr Wilson said.

"How can we guarantee the outcome when we ourselves do not know it," Anand said.

"In this era, the medical consent is applied and perceived as a prediction. Most of the misunderstandings regarding medical science emanate from faulty definitions of consumerism, applied to medical care," Dr Wilson said.

"But retrospectively, the poor outcomes would be correlated and attributed to be consequent to doctor's actions," Anand said.

"The doubts in family's mind are mundane in front of the real issue," Dr Wilson said in a thoughtful voice.

"If he bleeds again, surgery will be more risky," Anand said.

"I can't let him die without the surgery being done and can't let him take a wrong decision. What medical wisdom has he got to refuse a lifesaving surgery," Dr Wilson said, agitated.

"If you do a surgery without consent and he dies, you will do surgeries in jail for the rest of your life," the medical director said.

"Ok, I will talk to him, if he doesn't give consent, I will take his refusal on file. Let it be the law taking the

upper hand rather than the medical science and his life. It is his will after all," Dr Wilson said and left the meeting.

To obtain consent, doctors usually need to soothe patients with encouraging words trying to give hope for the future.

Unable to get empowered at this stage could result in minimizing the doctor's engagement and losing life's battle out of fear and conflict.

Strangely, doctors need to negotiate and plead to be allowed to fight for life. A strange paradox exists, where consent makes decision-making tougher, rather than facilitating an easy execution of the much needed intervention.

It happens every day; patients are consumed by death while waiting to overcome their prejudices and fears. Every intervention, albeit small, carries some risk. Bigger the disease, higher the risk and surgeon always needs to take a calculated chance.

But doctors not only have to take a risk but also convince the patient to take the risk as well.

If a calculated risk is not taken, both may regret it later on.

"My life would be full of regrets if I were not to proceed with surgeries in view of risks involved. All those chances that I had refrained to take, the opportunities that I could not seize and all those fears I failed to face, would make me a weak person. On the other side of the fear, stands the success of saving a life," Dr Wilson said.

“The patient need to stay focused on the treatment and hope, rather than on prejudices and fears,” Anand said.

“We can talk to him and his family for one last time,” Dr Wilson said.

Dr Wilson tried to inspire confidence in the patient, “I can easily walk away by telling all the risks to any patient, but the reward will come only after taking the risk. Fortune is never on the side of the faint-hearted. As a doctor, I need to seize every opportunity that I can, to give a chance for the patient to survive.”

“Will I survive after surgery?” The patient asked.

“No one can predict the future, but I will do my best. I feel, not doing this surgery and not taking a risk, may be more dangerous. My opinion is that taking a risk with surgery is the safer choice.”

This time, the patient agreed for the high-risk surgery.

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During surgery, Dr Wilson found a small haemangioma (tumour of blood vessels) in the small intestine, which he resected. Ultimately the surgery turned out to be a simple one for him.

While closing the abdomen, he passed the gauze pieces to the nurse and said loudly, “Put it in the yellow buttock.”

There was a gush of laugher generated out of the pin-drop silence and the tense moments. Everyone in Operation Room was familiar about Dr Wilson’s habit of making jokes to keep atmosphere light through apparent

slip of tongue. It was an indication that he had finished another surgery well.

Sister dropped the gauze pieces in the yellow bucket and said, “Thanks Mr. Wilson, done as per your order.”

Everyone in OT smiled behind their masks but their pleasure was reflected in their eyes.

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Chapter 13
Critic versus Warrior

Dr Wilson continued to impress everyone with his wonderful ability of performing difficult surgeries.

A sixty-year-old petite woman was brought to the hospital by her son. She had been unable to eat food for many months, had suffered severe weight loss and was looking cachexic. Ultimately when the Endoscopy and CT abdomen were done, the exact diagnosis of a deadly disease was confirmed.

She was suffering from Cancer of the Stomach.

She was very weak, fragile and weighed hardly around 40 kg. Her son had consulted at least three surgeons and all of them had refused to operate her, citing the risk to be too high. Considering her poor diabetic control, low albumin, age and advanced stage, the chances of her survival were quite dismal.

“We have consulted other surgeons too and they also told us about the low survival rates at this stage and high risk,” her son said.

“Survival rate for a couple of years will be around 10%, surgery itself will be risky,” Dr Wilson told the son.

A lot of discussions went through and the final decision was to operate her after good pre-surgical care-preparing her by improving her albumin and control of diabetes. Dr Wilson believed that optimizing these factors may be helpful to minimize the risk.

Anand sometimes wondered about his approach for accepting the challenge. Difficult and complicated

surgeries, poor chances, refused by other surgeons- all such factors seemed to spur him further. If the guidelines said that surgery could be done, Dr Wilson used to accept the given surgical task.

One afternoon, Anand was working in the ICU. Dr Wilson walked to him and asked him to have a look at the patient in the ward.

“I will do the surgery and send the patient in your area for post-operative care,” he said and smiled.

Anand went to see the patient.

The patient was pleasant to talk to. She asked with a smile “Will I survive doctor? I want to live for a few more years.”

“Yes of course. We are taking all precautions. Have faith in God,” Anand said, holding her hand.

“I have a lot of faith in doctors. God has given me cancer and you people are trying to cure it,” she said, looking at Anand.

Anand smiled and thanked her.

In his mind, he appreciated her wisdom, correctness of the thought and words that she had uttered. Otherwise in the present era, people thank God rather than the doctor.

“What a wise soul,” he thought.

When coming out of the room, her son walked along with Anand.

“What is your opinion? Will it go successfully or is it a very risky one?” he asked Anand.

“I think you already had discussions with Dr Wilson. Whatever we are doing has chances of success around ten percent,” Anand didn’t want an elaborate discussion.

“Actually we have discussed at many places, and they say she may not tolerate surgery as she is very weak,” the son looked a bit anxious.

“I know. But if we do not do anything, then chances are zero percent. You need to sit with family and discuss it. Give preference to your mother’s wish as her decision is most important. Yes, it is risky, but you can take time to decide.” Anand said.

“But in case, she does not come out of surgery, there will be no days left with her. Without surgery, she may have few months or a year,” the son said, possibly digging for some assurance.

“That is something very difficult to predict,” Anand said.

“Doctor, please do not mind, I want everything to be perfect. You know, I am a media person and my brother is a lawyer…....,” he stopped, cut short his sentence and looked at Anand.

“We always do best from our side, and can’t predict future,” Anand said coldly; he felt hurt by the implied threat, which was uncalled for and unnecessary and said, “We strive to do our best and nothing can be done beyond ones’ ‘best’.”

While walking back, his mind was feeling a little heavy, due to the unnecessary intimidation.

He was already feeling the burden of words that her son had uttered to him, wrapped around a core of veiled threat.

The son had wanted to convey about the imminent harassment they would inflict on doctors in case anything went wrong.

“We always try for the best ourselves willingly, but now we will do the same things under pressure,” Anand told Dr Wilson about it.

Dr Wilson shrugged and said, “Just forget what he said to you. Take it as a normal way of conversation these days. Everyone passes threats in some way or another. Maybe they are too much worried. Just be careful about your documentation.”

“If they are showing so much concern now, why they could not detect it in early stages when she would have had a better chance of survival,” Anand said.

“Yes. But we have to perform in the situation given to us. No one looks at the mistakes of the patient and their families. If I tell them, they will have a sense of self-guilt or may accuse us of making excuses,” Dr Wilson was a practical person.

“What her son has said is like a threat. We could have also refused for the surgery. She looks too frail,” Anand said and looked at Dr Wilson.

“To tell you the truth, I have talked to the patient. I was about to refuse but she pleaded me to take a chance. She loves her granddaughter a lot and wants more time with her. Such surgeries are done and many times are successful also. We need to accept failures as well,” Dr Wilson was determined.

“If she herself wants surgery then it is all right. We will take care of the post-op part,” Anand said.

The patient was operated after optimization and shifted to the intensive care. She was doing well and was weaned off the ventilator after two days. Dr Wilson was optimistic about good outcome.

After a couple of days, she developed mild fever. The abdomen was absolutely soft and she looked stable.

The next day the fever worsened a bit and she was looking a bit uneasy. Antibiotics were escalated. CT abdomen scan done showed mild leakage at the anastomotic site, but deterioration continued and within next 24 hours, her blood pressure started to sink. The diagnosis was septic shock.

She had arrhythmias, and blood pressure maintenance needed vasopressors. She was put on the ventilator again. Despite all measures, she became very sick and expired within the next couple of days.

All these possible complications had been explained to her son like sepsis and leakage even before surgery and were mentioned in detailed consent as well. But, her son blamed the poor surgical technique or “some mistake” for the death. He wrote nasty things on social media, projected Dr Wilson as the worst surgeon of the century. According to him, it was evident that this was an undoable surgery and Dr Wilson had unnecessarily ventured to do it just to satisfy his surgical itch.

He filed multiple cases in the court against Dr Wilson, tried to harass him at social platforms beyond limits.

For a few months initially, Dr Wilson was shaken by this continuous bombardment everywhere on social media and court hearings.

To Maintain Mediocrity—an Easy Way Out?

Dr Wilson and the hospital were under attack on social media. Dr Wilson and Anand used to discuss the issue.

Once Anand told him, “Other surgeons had sensed the risk and that is why they were reluctant to do surgery. You could also have refused at some stage.”

“If I stop doing surgeries of this kind, then who will do it? At present, there are very few surgeons who dare to do such operations. Most find an escape route. Maybe next time, I will also have to think about it,” although Dr Wilson was upset, still he managed to put a confident face.

“His writings on the social media are full of lies, unilateral analysis and baseless allegations,” Anand said.

“Since I take more chances and dare to do more difficult surgeries, there will be definitely more failures or complications. As I operate on sicker subset of patients, I will have more difficult time as well. But I would rather do something special and then fail, rather than never have tried it at all. That is why I am counted different from others, maybe better. I would prefer to improve upon my skills further, expanding my human limits rather than live a life of comfort and mediocrity,” Dr Wilson looked determined.

“These days, we need to choose patients carefully, especially planned ones. In this era of legal complexity, it may cause harassment. All these problems are totally avoidable,” Anand said slowly.

“To maintain mediocrity is an easy way out. A certain degree of boldness is required by doctors in risky situations. I tried to execute a difficult task for a noble cause. Anticipation of the risk or being subject to harassment will push me to cowardly listlessness. I have earned success and position by trying to overcome my own fears,” Dr Wilson said.

“If performing a risky surgery can result in harassment to surgeon, why should they perform it?” Anand said.

“Yes, time may come, when doctors will not opt for difficult cases. Why should one risk himself knowingly? But that would be a bad scenario for surgery and medical field as such, and the worst for patients,” Dr Wilson said.

As both were sitting in the chamber and discussing these issues, the assistant called, “A police officer wants to see you.”

“Send him,” Dr Wilson said.

A man entered and said, “Dr Wilson.”

“Yes,” he nodded his head.

“Doctor, I am Anil Singh, a senior police officer. My mother has Oesophageal cancer. I had an appointment with you. She may require surgery,” he advanced his hands for a handshake.

“Ok, I am coming. Please be seated,” Dr Wilson looked at Anand, paused and had a smile.

“Anyone can create problems, but despite knowing the risk, we have to continue to remain engaged,” he went to his room to see the patient.

Anand could not say much. He was just thinking if surgeons like Dr Wilson start refusing difficult cases, who will operate such cases?

Dr Wilson was right that being a mediocre is an easier option, like being an escapist. But the legal complexity of the present era may force surgeons to opt for safer choices.

In the present era, everyone has turned critical of the doctors with retrospective analysis and with the wisdom of hindsight. Especially in few complicated instances, when things go wrong or outcome is poor. But in reality these instances should not matter or even count, nor also the people who make noises about doctors and point out how the doctors have stumbled.

The armchair preachers always say that the real performer should have done better, but it is always easier said than done.

The actual credit belongs to the person who is working in the difficult area, whose face bears the mask and who has the guts to put his hands in flesh, heart and blood in a quest to save a life.

He who strives valiantly may err while making decisions in a jiffy, despite fears of legal and negative media pressure, who works with great enthusiasm and devotion and spends his life in worthy pursuits like saving lives every day; he is the man worth his salt. He is the one who best knows that in the end, he can triumph over death and disease.

And at the worst, if he fails it will be while daring greatly to fight off the demons of death. His persona is greater than those cold and timid souls, who know neither victory nor defeat in life and death situations, and just remain a critic in the backstage.

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Chapter 14
Projection versus reality: Fallacy of Social Media

One of Anand's cousins, Vikas approached him for help and guidance. His wife was being treated for bronchiectasis for the last 15 years. She used to suffer multiple episodes of fever in a year and had to take a lot of antibiotics. She was advised surgery for bronchiectasis.

Anand suggested the name of Dr J P Singh, one of the best and most respected chest surgeons.

The next day, Vikas called Anand, protesting, "I was reviewing social media for the feedback. Patients have given a very bad opinion about him; I would not like to go to him."

Anand told him, "Please don't go by the social media campaign. Any patient with a poor outcome can write nasty things about anyone, I am sure about his work. He is a very competent surgeon."

"Someone has written that he has killed many patients," Vikas said fearfully.

"He does not speak much and is not a glib talker may be that is the reason. Not all good doctors are good communicators." Anand could not understand how to negate that social media campaign.

"Anyway, you can consult him and decide after that," Anand said.

Vikas and his wife went for the consultation.

Dr Singh had a look at the film of the CT scan.

Within minutes, Dr Singh changed the diagnosis. He told Vikas that she needed surgery but for a different disease.

According to Dr Singh, It was a tumour called 'Carcinoid' and that was the basic reason for her bronchiectasis.

"But for the last fifteen years, no one has told us about this tumour. So many senior doctors have seen her," Vikas could not believe it.

"They are fools if they have not told you," Dr Singh said, shortly.

He advised surgery for Carcinoid on the prescription.

Again Vikas was very dissatisfied and started complaining to Anand.

"He has told us a new thing. He says it is a tumour called Carcinoid that needs surgery. No one in all these years told us about the tumour. He talks so little and I was unable to discuss," Vikas grumbled. "He just told us the diagnosis in two minutes."

"He has told you the diagnosis. How can you discuss medical issues with him, without any knowledge and about something that you have never even heard of," Anand told Vikas firmly.

"This CT chest was done 4 years back. He could have advised fresh CT chest," he said.

Anand assured Vikas about Dr Singh's expertise.

"It is not uncommon for very good doctors to be poor communicators. Not every doctor can be a

loquacious narrator. Pleasing discourse may be desirable but it should not be a substitute for good clinical or surgical skills. But sadly such good surgeons and able clinicians, who are not glib talkers, are at a disadvantage." Anand said.

"He could have elaborated a little more," Vikas said.

"The expectation should be supreme perfection in surgery, not in communication. All genius people have eccentricities or shortcomings," Anand said.

"Hmm," Vikas nodded.

"Now imagine, all the doctors talked to you appropriately, but made a wrong diagnosis, that too for 15 years!!" Anand said.

"It is so confusing for me," Vikas was rather perturbed by the meeting with Dr Singh.

"Just think once again, a silver-tongued surgeon could have operated your wife for bronchiectasis and missed the Carcinoid tumour. Which situation would you have preferred?" Anand said.

Glib talk and good communication can create a different perception. Social media can make or break the reputation and is detrimental to genius doctors, who may not possess good social skills.

"The requirement of good communication may be more desirable for the purpose of medical business. But the surgical work speaks for people like Dr Singh," Anand said.

Vikas was still indecisive.

“Anyway I am sure that Dr Singh would not say anything until he was very confident,” Anand said.

“Should I go for second opinion,” Vikas asked.

“We can do a multiphase CT chest and decide. In fact, we should be thankful to him. He might have just made the correct diagnosis. He has picked up something quickly, which the other senior consultants were unable to diagnose in a decade. What if he is right?” Anand said.

Another multiphase CT chest was done and it proved Dr Singh to be correct. There was a Carcinoid sitting on the bronchus and causing the bronchiectasis as per radiologist.

Vikas finally understood the misguidance provided by social media.

He got the surgery done by Dr Singh.

In a few days, the misery and pain of his wife had vanished. Dr Singh still talked very little, but the opinion regarding him had changed, at least for Vikas.

The sentiments that are aired at social media platforms may be based on just a subjective feeling based on anecdotal incidents. The same doctor can be good for one and bad for another. Any disgruntled patient can put terrible nasty feedback for some good doctor.

“Such baseless and mindless propagation of views creates an environment of mistrust and generates chaos in minds of patients and doctors alike,” Anand said.

“Masses are ignorant about the truth and cling to the facts according to their beliefs and likes,” Vikas said nodding his head.

“In case of adverse outcomes, it is fashionable to hurl adjectives and insult the doctor. A culture of insult and misconceptions is propagated on social media,” Anand said.

“True,” Vikas nodded in agreement.

“Did you write anything on any social media platform,” Anand asked Vikas.

“No,” Vikas said.

“Look…. that is the problem. You were benefitted immensely by Dr Singh’s clinical expertise, but chose to just have the benefit and preferred to keep quiet about the bias against him on social media. Not every patient has a good course. Complications may arise unexpectedly. But the people write on social media even for genuine disease related complications and natural poor prognosis. Only negative feedback which is actually unjustified reaches people,” Anand said.

Vikas again nodded his head. Individuals may know the truth, but the system of the negative campaigns on social media remains, giving only a biased feedback.

Who will be harmed more by such irresponsible comments?

Both doctors as well as patients are harmed. But, the real loss is of the patients as they are deprived of the real good clinical care.

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Chapter 15
Altruistic Professions not Cherished Anymore: Choosing Medical Career

A young girl, Divya in her late teens was admitted to the hospital with the undiagnosed fever of around ten days. She was looking lethargic, was unable to eat or accept anything orally. Anand was talking to her father, Mr Chopra, who looked apprehensive and was worried because of her persistent fever and poor response to the routine medications. During the conversation, Anand came to know that he was a senior Judge in court and an influential person.

"Doctor, will she be all right? I am worried," Mr Chopra asked Anand.

"It can be typhoid fever. We will start the treatment and wait for the cultures reports," Anand told her father.

After about three days of antibiotics, she started getting better. Her culture was positive for Salmonella Typhi (Enteric Fever), which people commonly dread as typhoid fever. As it had been initially suspected and the required medicines were on, she was recovering fast.

She was a pretty, plump and chirpy girl, possibly the brightest thing in the room. As she became better, she started talking more to Anand. She felt elated, improved every day and was able to relish food of her choice. Although it was a routine case in medical practice, patients get impressed when they feel good after a

horrible time. Divya was planned for discharge after about a week of treatment.

On the day of discharge, she looked cheerful. As Anand entered the room, she twisted her body around to greet him. She welcomed him and a broad smile broke across her face.

“Today I had ice-cream, after so many days,” she said, happily.

“You are completely fine now, you can have whatever you like,” Anand also felt happy.

Cheerful patients are a boost to the doctor’s mood too.

“I also want to be a doctor; you are helping people to live a healthy life, every day and night. It is such a satisfying and good work that you do,” she said.

“Oh, that will be great! Come and join us after you become one; we are short of good doctors.” Anand said, delighted.

He felt satisfied, as he had touched a life and was an inspiration to someone. Her father also came to see Anand and thanked him. Thereafter the family went home.

After a few months, Mr Chopra came to see Anand, he wanted to discuss about the future course of studies for Divya.

“She wants to be a doctor and wants to have guidance from you. There is a bit of disagreement however, I want her to be in my profession, please talk and discuss this with her. If she remains persistent, I will

have to go by her choice. Please fix a time at your convenience," Mr Chopra said politely.

Anand nodded his head and did not say anything. He was not sure how he would guide her. He fixed a time for the next day afternoon.

The next day Divya came to see him.

She had the habit of making a tapping sound with her shoes to inform him of her presence.

Anand looked up and found her smiling at him. She expressed her happiness in meeting him after a long time.

"Welcome, Dr Little, please have a seat. I have a place vacant for you," he said with a smile and waved towards a chair.

"Thank you," she sat down.

"You can consider me a friend and say whatever you want to," Anand thought it would be better to hear her mind first.

"I want to be a doctor but my father wants me to be a judge," she said, expressing indecisiveness

"Your father is an experienced man, he is worldly wise and is in a powerful position. If he says so, there must be a strong reason in his mind. But still, your will have the final say," Anand explained.

"Yes, I agree with what you say," she said.

"These decisions are personal," Anand said after a pause.

"According to my father, the doctors do not have a good social status," she was candid, and blurted out the exact words of her father in her child like innocence.

Anand was taken aback by her words; he had worked so hard in life, saved hundreds of patient's lives. This remark was something unexpected regarding his profession.

"Is this what the people in power think about this profession?" Anand was shocked as her words stirred his thoughts.

Anand could not respond immediately to the comment.

Divya looked at him apologetically and said "I am sorry. He respects you a lot and did not mean exactly what my words have conveyed," she felt guilty and could sense a change in Anand's mood.

"It is right in a way. Respecting someone individually and the status of a profession as a whole is not the same. To become a doctor may require more hard work than becoming a bureaucrat or a judge. But still, the hard work done to be a doctor does not confer more powerful positions, more status and maybe… more wealth always. You can take my example," Anand didn't deny the fact because he himself felt it was true in a way.

But till now, he had not thought on these lines.

"I might save hundreds of lives, but still anyone can abuse me or complain against me just for being unsatisfied. Patients can say unpleasant words and still I have to keep quiet or apologize, it can happen any minute to you as a doctor. Those unsatisfied patients or relatives cannot behave like that to a policeman, judge or politician even in circumstances of a blatant injustice. I can be dragged to courts for an adverse outcome for even perceived or alleged negligence. For any kind of

dissatisfaction, I always remain on the receiving end." Anand himself found wisdom in her father's words, which she had inadvertently conveyed.

"So, you also mean that it is not a good choice to be a doctor?" Divya asked.

"No, I would not say that. But being a doctor puts you in a very vulnerable situation, especially nowadays," Anand said, shortly.

Anand in a way partly agreed to her father's thoughts.

"That is one of the aspects," Anand said.

"But I wish to be a doctor; many of my friends are opting for the same," she finally conveyed her bent of mind.

"Probably, people in powerful positions know the harsh reality, so they are unlikely to encourage their children to opt for this profession. The idea that a doctor, by nature of his profession is always at a receiving end and in a vulnerable position, puts them off," Anand said.

"Deciding about the one's future profession creates uncertainty. The same confusion persisted in my mind also about twenty five years back. I will tell you my dilemmas and the discussions that took place at that time. But be clear that, it is only you, who will have to decide. In my case, there were no advice or do and don't from the parents. But in your case, things are different," Anand said.

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Anand narrated to her the events of his life in detail, how he had decided his profession. His thoughts took

him back to more than about two decades, when he had chosen his future career option.

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Towards the end of the high school, Anand had received a form on which he had to give his final choice of subjects. He had opted for science already, just like other bright children of his class.

He remembered the doctors he had seen in his childhood; he had always liked their intelligence and composure. The way they provided relief always seemed like a miracle to him. He had always admired their soothing words and assuring touch.

“What subjects should I choose?” Anand had asked his father.

“Listen to yourself, be true to yourself, follow your heart and do what you feel is right,” Anand’s father had told him.

Anand’s father took him to the district civil surgeon, Dr Bhaseen. Anand was awed by his personality and composure. He told Anand about the strength of the medical profession.

“Being a doctor is an opportunity to treat patients, giving the gift of life, alleviating the pain of countless people and improving the world around us. The art of healing, which looks so difficult and magical to other people, is actually easier than thought. Even people in higher positions are unable to accomplish what a doctor can achieve just by doing his routine work. That is the strength of this profession; even a fraction of this work by others would make their life worthwhile.

I would prefer to go and see how the patient is doing after the surgery, rather than sitting comfortably and smoking after an exhausting day in an operation theatre. It would give me immense pleasure to see how much difference my effort has made in the life of a patient just within a few hours. The few difficulties faced are the price paid to occupy this wonderful position," Dr Bhaseen told Anand.

During those days, Anand's cousin had come for visit from USA. He was a software engineer. He advised Anand not to opt for the medicine stream. According to him, it meant a prolonged course and difficult life, with a lot of legal hassles.

"You may earn some money while being a doctor, but then you have to work very hard along with the legal complexities," he told Anand.

"What are these legal issues about treating a patient?" Anand was surprised.

"Patient has been defined as a customer and a consumer. So if there are complications during treatment, the patient can sue the doctor and demand compensation," he told Anand.

"That is strange," Anand could not believe this to be true.

"If I compare myself to my class-mates contemporary to me, they are still struggling in their residencies. It will take them many years to become medical consultants, and ironically their life after all the slog would become even more difficult. If you see the scenario for doctors now, it has become complex, with

legalities and with industry controlling the profession," the cousin told Anand.

His guidance changed Anand's thoughts and he opted for the non-medical stream.

"What is the confusion about?" asked one of his class fellow.

"How did you decide which branch to choose?" Anand asked.

"I closed my eyes and thought about what I would be after 10 years. I visualize myself as a doctor. I was treating a patient, so I chose medicine," the student answered and smiled.

Anand's eyes were fixed on the ceiling and he was trying to visualize his life's possible conduct. He saw himself, engrossed in the hospital environment, quietly doing his work. It had been his desire to be a doctor and be a part of this noble profession.

The next morning, he went to the office and requested the officer to change the choice. Officer smiled and gave him his form back. Anand asked him, "Am I making a right choice?"

The officer was a wise man. He told Anand that the change of subject was something natural and quite common as the students were still confused at that time.

"They keep on changing the subject again and again for about a week or ten days. Take your time and do not blame anyone later for the choice. Right or wrong will finally depend upon your effort and commitment, which will be known only in the future. I can't guide you about your decisions. It is important to decide yourself as no

one else can understand your mind any better," the officer advised Anand.

Anand considered this and looked at the man again as though asking him to elaborate.

"Children always have some special talent that remains hidden. It only resonates with their work, waiting to be engaged in a worthy pursuit. That purpose is known to yourself only because your mind drifts towards that unique purpose or objective. No one else can feel that passion inside you, not even your parents. That drift indicates the higher potential in that field," the officer said.

"My parents have left the decision entirely to me," Anand said.

"Follow the inclination of your mind and take advice from your relatives and friends, but final decision should be yours. The first step to realizing your life's vision is to define it correctly after identifying your strong points," the officer said.

"Yes, success or failure will be my own," Anand nodded his head and thanked the officer.

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Anand paused after telling his own story and looked at Divya, who was listening quietly.

"These were the discussions that happened in my time. After talking to the officer, I was at peace and made my final decision," Anand told Divya.

At the end of the conversation, Anand himself did not know, what was going to be the outcome of the

discussion. But in the process, he himself had gained some insight into others' thoughts.

Divya thanked him quietly and went home to introspect.

After a few months, Mr Chopra came to see Anand.

"I have come to say thanks to you, Divya has joined law. You showed her both sides of the coin, and not just only the one-sided rosy picture of the medical profession," Mr Chopra said.

"I think she is very sensible and intelligent. My aim was just to help her make a well-informed decision," Anand said while sipping coffee.

"I am glad she took her independent decision based on her inclinations," Mr Chopra expressed gratitude to Anand after an informal chat.

Both shook hands and Anand was soon on his way towards intensive care.

But he still had anguish with a barb-like feeling in his heart about those words of Mr Chopra, "Doctors do not have a good status in the society."

But what worried him was the fact that altruistic professions were not cherished anymore. More anguish in his mind was about the fact that the words of Mr Chopra might just be true in the present era.

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Chapter 16
Minimalist Doctor; Carved out of a Warrior King

How a PICU was Closed?

Anand was now working as a consultant in an eminent institution. During monsoon season, there were torrential rains causing floods in the state. As media projected the plight of people, many teams of doctors were constituted and were rushed toward the remote district and distant areas. Anand, along with other staff, also received orders to visit distant areas. Anand made a list of medications and got them issued from the store. They went to a place nearly 300 km away, an area that had flash floods.

It was one of the most backward districts of the state. Anand visited the area along with six other team members and a van full of medicines. As they approached the area, he was astonished to see a lot of vehicles going to and fro. Most of them were just making social visits.

“These resources can be better utilized doing something substantial for the people,” Anand thought.

Prominent people were shown to express their grief on television while visiting the place.

“How is this kind of lip service of help to people? Is merely expressing grief useful when every year floods occur at the predicted time and season?” He wondered

and similar discussions were going in the van among other team members too.

Anand went to Senior Medical Officer (SMO) posted in the district, who was busy talking to a lot of visiting dignitaries. Given his serene attitude and wisdom, he could have easily managed the medical issues. Instead, he was busy handling those people, who were visiting the place for social reasons.

The officer told him that more than dozen medical teams had been sent there. By his expression, Anand understood that these many teams were a waste. The poor fellow was busy organizing and handling the large number of teams rather than actually helping the affected people.

As Anand tried to enter the hospital, he was awed by the appalling conditions. Rains were particularly unwelcome for medical reasons. Outside the hospital it was all flooded. A row of bricks peeking out of the floodwater offered the only land route to inside the hospital. This small hospital was the only facility of its kind available to entire local population. A few doctors and nurses treated hundreds of patients every day.

Overcrowding was an obvious and expected consequence. Each bed was shared by at least two patients. Anand walked through the long corridor, which was broken and unrepaired. He discussed the problems with the senior medical officer of the hospital and took an overview about the facilities.

“The patients we treat here are poorest of the poor. Problems are compounded by many factors like poverty, filth, and lack of education. We need more oxygen supply, medicine stocks, beds and intravenous infusions.

We sometimes do not have enough beds, so we are forced to keep patients on the floor. Even electricity is so erratic. How can we work in such situations? Patients think it is our fault that we do not have medicines, beds and even electricity," one local doctor said.

"Hats off to you. Without any resources, you are doing so much," Anand said.

"There is overcrowding. The dozens of relatives are of no help and rather keep pressurizing us to treat well and that too immediately," the SMO said.

"Once there are heavy rains, the water gets mixed with garbage and dirt. Narrow and filthy lanes are swarming with flies, mosquitoes, overflowing drains, filth and excreta float around. All sorts of diseases play havoc then, and we doctors become helpless.

"Vector-borne and waterborne disease precipitate during monsoon and will lead to a spike in causalities," Anand said.

"We feel bad as all these problems are preventable. Hundreds die because of absolutely preventable deaths. Moreover, the worst part is that people and administrators will blame us for the poor treatment. The real genesis of disease is not thought of or highlighted as the cause of death," the medical officer said.

"I am surprised by the extra-ordinary tolerance to the filth by the people here," Anand said.

A holy man visited the hospital on request of a patient's relatives. He did a ritual for purification of the patient by spraying of holy water. Their concern for religious ritual rather than patient's real benefit was befuddling and unfathomable. The misplaced priority

about the symbolic purity of individual rather than actual cleaning of surroundings was evident.

Anand was bit amused at treatment by rituals. But for masses, anything beyond their personal zone of priority remained perpetually out of focus. But diseases can't be prevented or cured by rituals. People were completely oblivious to the benefits of public cleanliness.

Anand visited a few villages and nearby areas. But he felt that he was of little help as people told him that they are not unwell. They did not need medicines. What they needed was food, shelter, fuel and timely transport in case anyone fell ill. Anand was disheartened to find that there was nothing, he could do for them.

What a waste of resources! What would a dozen of medical teams do here?

There was water logging all around. Prevention should have been the aim at this point of time. Diseases would come later after few weeks, not now.

During visit to a distant village, someone requested Anand to see a child. He examined the child and found him quite unwell. The child was having high grade fever and breathing difficulty. His fingertips were dusky indicating compromised oxygen perfusion. His breath rate was high and he was little drowsy.

"I can hear bronchial breathing (a sign of lung infection and pneumonia) in the left infra-scapular area. He is very sick, possibly with Pneumonia and going into septic shock," Anand auscultated the chest with stethoscope and told the medical officer.

Anand took him in his ambulance, started oxygen and brought him to the civil hospital.

“He may require Paediatric Intensive care or at least a General ICU, which we do not have,” the SMO told Anand.

“How you manage such sick patients here?” Anand was surprised.

“We put them on oxygen, intubate and with an Ambu-bag, transport them to the civil hospital. Earlier there was a good set up locally. Dr Aghosh used to run a PICU, but now he has closed the ICU,” the SMO told him.

“Dr Aghosh Das?? Oh yes, is he here?” Suddenly Anand became inquisitive.

“Yes, do you know him?” The medical officer asked him.

“Yes, he was my close friend in college days. Can you take me to his place in the evening, after our work is over?” Anand asked.

“Yes sure,” the SMO nodded.

Anand intubated the child, started oxygen, administered intravenous fluids and antibiotics. They quickly made arrangements for the transport of the child to the city civil hospital.

Anand felt some sense of satisfaction, as he had certainly stabilized the child, which could have been a definite death in those circumstances.

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In the evening, the SMO dropped Anand at Aghosh’s house. Anand wanted to give Aghosh a surprise and had not called him up.

“What a pleasant surprise, my dear Anand!!” Aghosh exclaimed with joy.

But the bigger surprise was waiting for Anand himself.

Aghosh’s wife brought the tea. Anand was awestruck and his heart skipped a beat as he saw Sushree after so many years. She greeted Anand and looked happy to meet him. She had changed a lot but was clearly recognizable.

“When did you both get married? I never knew,” Anand could not hold his curiosity.

“It is all destiny. I had a car accident and my first wife died,” Aghosh told Anand.

“Oh, sorry,” Anand said, but he remembered that Sushree had married Dr Jaideep, one of his seniors.

“Sushree had divorced Jaideep almost at the same time,” Aghosh continued his side of story.

“Really! Your marriage was destined to happen,” Anand said.

Sushree did not say anything.

They had met after so many years. Soon they were chatting. From college days and the Aghosh’s journey back to the village, they discussed each other lives, their families’ and children.

Next day, when Anand reached Aghosh house in the evening, Sushree was there.

Aghosh had gone to see some patient. Sushree brought tea and Anand started a conversation.

“It is a surprise to see both of you here,” Anand said.

“Yes, it was a pleasant surprise for us too,” Sushree said.

“Last I saw you, it was during post-graduation days, almost 15 years back,” Anand said.

“It feels like ages ago, a different life time altogether,” Sushree nodded.

“I never knew about your divorce with Jaideep and marriage to Aghosh,” Anand said.

Suddenly the inhibitions which he had felt in the yesteryears had disappeared.

Sushree kept quiet for a while.

“Both I and Aghosh were going through very tough time. We actually were a big support to each other in those painful circumstances,” Sushree said in a low voice and looked at Anand.

“You know, once I was on verge of proposing marriage to you,” Anand smiled. While saying these words, his heart again skipped a beat.

Though Anand had smiled, it had required an extra effort to say something this serious in a light way; the unsaid words which he could not utter years ago, when they had mattered the most.

He knew well that these were the last few moments to clear his life-time regret. As he said these words, his heart started pounding and he could feel the palpitations.

With a strange fear and anxiety in his mind, he was awaiting the reaction from Sushree.

She was quiet and kept looking at her own hands in a thoughtful posture. Slight trembling of her hands expressed her effort to find the right words.

Slowly she lifted her face and looked at Anand.

“Then, why did you not do that?” She said and her voice had turned very serious.

Initially Anand kept quiet, and didn’t know what to say. Probably he was not ready for such a direct question.

“I was not sure, possibly…. I did not want to risk our relationship as friends,” Anand could not give any convincing answer, trying to find correct words.

“You very well knew, I would have said… Yes,” Sushree said very clearly.

Anand could not say anything. A strange state of mind engulfed him.

“Possibly, It was my mistake and I regretted it,” Anand said these words, his heart pounding along with clouding of thoughts.

His mind had become hazy. He felt like holding her hands or hugging her. All past incidents were mixed up in his mind in a jiffy.

Years of imaginary inhibitions were shattered in a fraction of a moment.

But he kept on sitting still, at his place and decided not to create confusion in their lives.

After few moments, Anand’s mind cleared up and the haze lifted.

“After many painful years in my life, I met Aghosh. At least, I have now returned to a normal peaceful life,” Sushree said slowly.

“Aghosh is a very nice person,” Anand said. “He is lucky to have you as his wife. And I too am really happy with my wife Pooja. You must meet her sometime,”

Anand felt sad for the difficulties Sushree had to face in life. A subtle awareness, that somewhere it was his mistake as well, filled his heart.

Again there were quiet moments.

“Your communication with patients was excellent, but with me….I will give you zero marks,” Sushree smiled after minutes of silence and the atmosphere became light.

“I agree,” Anand nodded and smiled.

Sushree didn’t say anything after that. Both kept on sitting without saying a word, watching television.

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Soon, Aghosh returned and joined them. Sushree went to kitchen to bring tea for him.

“There was a sick child; I had to refer him after stabilization,” Aghosh said, while sipping the tea.

“Facilities are really scarce in this area. There are lot of villages in the interior,” Anand said.

“If the district administration is not able to provide the facilities, how can we do it? Sushree had returned to her seat.

“It needs lot of human resources, equipment and infrastructure for paediatric emergencies. Being in a

remote area does not change the treatment. It requires a similar set up as what you are having in the city," Aghosh said.

"Medical officer told me that previously you were running a Paediatric Intensive Care Unit (PICU) here," Anand asked him.

"Yes, but now I attend only to the outdoor patients and do paediatric practice. I have closed admissions too," Aghosh told him.

"Why did you close the PICU? You were doing well and this place needs a PICU. I had to send the sick child 100 miles away," Anand was curious.

"The paediatric practice had become very difficult, especially since I was running a private set-up. I had very little support staff. Practically I was at work for 24 hours seven days a week. Who would come to work in such a remote area? There are no facilities, no good schools, and practically no security," Aghosh said.

"But you were one of the best among paediatric intensivists. All that work and training are of no use to a doctor if it is not practised. If you do not treat patients, it is a waste. Moreover, people here badly need it. Even the civil hospital is without any facilities," Anand wondered why he had to leave intensive care.

"You are right, but there are practical problems. Here, if a child is brought sick, I would do the treatment. But instead of requesting, the attendants of the child usually start argument on mundane doubts, financial issues and pressurize me without any reason. They do not behave in a civilized manner. Most of the time, really sick children are brought, that too in serious condition.

Every time it can't be a good prognosis. If something happens to the child, I am at the real risk of being harmed," Aghosh said.

"That is really unfortunate," Anand said.

"These people will first go to quack, take some treatments from Baba or self-proclaimed saints or a quack. When the child's condition deteriorates, they will come to me. The trust in modern science is shattered by these local quacks, baba and by negative projection in media. They tell them that modern medicine doctors are looting them. Even television and celebrities have painted our profession in a bad light, by giving some stray incidents as an example. They come to me, already with prejudiced minds and misbehave. I can't take responsibility for a sick child with that kind of mind-set," Aghosh became upset.

Anand was quiet, he too felt bad.

"People do not even want to pay the nominal amount. I used to charge very reasonably. But, I too need to keep the centre functional. How can I run a set-up without money and any support?" Aghosh said with pain in his voice.

"Yes, running an intensive care unit needs lot of support and trained human resource," Anand was in agreement with Aghosh.

"What can I do? Why should I face this nonsense every day? Now I just do OPD practice and spend time with my family. I have my ancestral farms here, which give me enough income. It is the loss of the society. They have to at least respect me and my profession. When I had sick children admitted, I used to feel insecure for me

and my family. Even if the child was treated well, people were still unwilling to pay the basic fee. My paediatric centre had become financially unviable," Aghosh continued.

Anand remained silent and looked at the anguished face of Aghosh that exuded hard earned wisdom and pain.

He had the world-class training, excellent clinical skills, sincerity of purpose and composite compassionate persona. He kept himself abreast with advances in paediatric medicine and intensive care. Everyone was impressed with the way he had conducted himself with patients and colleagues even in college time. He was one of the best practitioners of science as well as the art of medicine with cognitive excellence and humanistic aptitude.

And yet, he had lost his will to practise to the best of his skills, since society didn't give him the respect he deserved for his work. Anand knew him as to be an almost saintly person, who by choice did not go to big cities or abroad and came back to his native village for a promise he had made to his late father.

Alas, the society failed to realize its own benefit.

A primitive society, which was more worried about the gain of their saviour rather than its own welfare, had failed to utilize his services. He was unable to serve, as the needy themselves failed to recognize the blessing of being served by a doctor of his calibre.

A definite loss to the community, but sadly people could not appreciate their own loss.

Now, he used to do some medical work and looked after his farm's business as well. He earned enough for his family.

He had curtailed his professional ability and cognitive capabilities to suit his requirements and comfort, mainly due to the compulsion of a non-supportive environment. What he utilized now was a fraction of a vast resource of his world-class knowledge, clinical acumen, and humanistic aptitude. Contemporary reflections had put his cognitive abilities and intuitive goodness in defensive mode.

Anand, deep in his mind had complete empathy with him.

The fear of harm and circumstances had carved a meek out of a noble warrior.

"So you have turned to be 'A careful doctor minimalist' now," Anand said, just to make the atmosphere light.

"Yes, you have used a right term," Aghosh nodded and smiled.

After this hardship was imposed upon him for no reason, he had transformed in certain ways. Mind is modulated in certain decisive ways by these experiences.

The changed definition of the 'patient' to the 'consumer' has changed the doctor to a mere service provider.

"In these circumstances, I would think to save myself before thinking of saving the patient. If this is what our law and society wants, then so be it," he said.

The medical officer was waiting outside in his car as Anand said goodbye to Sushree and Aghosh.

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PART 3
BLAME AND MEDICAL LAWSUITS: TO TREAT THE HUMAN FRAGILITY— A MISTAKE?

Chapter 17

Futility of the Quest: And ‘Death’—an Inevitable Reality

An elderly gentleman in the late eighties was admitted to the hospital. He was a known patient of diabetes with nephropathy, chronic renal disease, cardiomyopathy with ejection fraction around 20% (pumping function of the heart) instead of usual normal 60%, and urinary infection. He was a frail man weighing around 50 kg and was being treated with antibiotics.

After about a week of antibiotics and supportive treatment, there was some improvement, but he developed a second-degree heart block and had bradycardia (slow heart rate). Occasionally when his heart rate went down to thirties, he used to have giddiness, but he never had a significant fall in blood pressure. He underwent dialysis and optimization of electrolytes, to correct metabolic abnormalities.

Temporary pacemaker was instituted and the cardiologist advised patient’s son to wait for the permanent pacemaker. The heart block was not settling down and there was a difference of opinion about the permanent pacemaker. There was a hope that after correction of sepsis and metabolic abnormalities, he might not require a pacemaker.

But the son did not agree to suggestions and had a stubborn attitude.

“Do everything and not to worry about finances. I want my father to be all right,” At the start of the discussion, the son would always say. The patient was a wealthy man, with a lot of money and the adamant son.

But he failed to realize the main crux of the discussion that despite full efforts, doctors cannot prolong anyone’s life beyond a certain point.

Illogical Distribution of Health Care

His deliberate tendency to ignore the concept of death was difficult to fathom.

Whether it was an intended tendency or non-acceptance of the actual situation could have been anybody’s guess. All conditions, according to him, had a solution. Dialysis for renal failure, a ventilator for lungs, a pacemaker for heart block and antibiotics for sepsis, but in reality this solution was piecemeal with nothing to cure the problems of old age.

Human body is not a machine, where two added to two, yields four always. Aging and consequent death is a certainty. But people make an effort to live as much as they can. It is presumed that money, even in final stage should be able to help. Especially in present era, when medical therapies are perceived as purchasable and patient is a consumer.

Corporatization of health care has projected medicine as a purchasable commodity and consequently resulted in an illogical distribution of health care. People, who can afford, spend millions in the last few days of their life, just to have only a few more days to live. Resources spent in such a futile quest are equivalent to

thousands of times the money for food and medicines for the poor who lose lives for fraction of that expense.

It seems humanity has legalized the hoarding of medical care; give it to the rich, bundled with consumerism though not necessarily the needy. It is the same as hoarding of the food that is sold to rich, letting the poor die somewhere in the world without food, which remains invisible to all.

People, especially superrich tend to take for guaranteed the dreams of immortality and divinity, feeling assured because of their ability to buy the most expensive modern medicine. When they think so, most of them have a false illusion about making a lot of sense. Despite having the huge technological hubris for these dreams, death remains inevitable for rich and poor alike.

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While talking to the son, there was no headway to the end of life care discussions. He wanted each and everything to be done, as finances were no problem. His thoughts were that if the doctors would do things as per norms, his father will have some more years to live.

“Yes, you may be right. But still, there can be no certainty about it. I feel the chances are very bleak. Outcome can be bad as well; we cannot assure you of the best outcome,” Anand told him.

Anyway, the pacemaker was instituted. His heartbeat became normal. After three days, he had swelling at the incision site. There was a big hematoma and the surgeon had to open the incision to drain the hematoma.

Unable to understand the reason for complications, the son asked Anand, “Why this problem doctor? Is it also some rare complication or some mistake?”

Anand could sense a bit of sarcasm.

The intention to express a feeling of shoddy work was apparent.

Anand was in no mood to teach him medicine. He tried to answer in minimum words, “We are prolonging life by all possible artificial means. All these little complications are part and parcel of the treatment.”

“But I have not consented for suboptimal care,” The son’s tone now had a bit of aggression.

These days, such harsh tone has become common, especially while talking to doctors.

“He is on blood-thinning medications, so bleeding is a known and common side effect and not an indication of a suboptimal care,” Anand also firmed up his voice, feeling a bit disturbed by the triggered response to a common complication.

There was no further discussion. The son kept quiet but possibly remained unconvinced.

Anand was still not sure whether he had understood the real issue.

After a few days, the octogenarian again developed a chest infection. He was shifted back from the ward to ICU, was intubated and put on a ventilator.

He was lying in the bed, slightly restless and was restrained. He had nasogastric tube for tube feedings, Endotracheal tube for ventilator, Dialysis catheter,

Noradrenaline drip for low blood pressure, and a catheter for urine and was a bit sedated.

His son was permitted to stay with him. The nurse went for turning over the patient after midnight.

His son was asleep on the side bed and woke up.

“What do you want? Why are you waking me up?” He asked nurse angrily.

The nurse explained that she had to turn over his father and provide the required care.

“Next time, please perform all these in day time,” he said rudely.

“Intensive care continues day and night. There are no time preferences. Whatever is required by the patient, we need to do,” the nurse said.

She cleaned up the bowel movement in the bed and changed his sheets.

The nurse told Anand about it next morning, “I am sorry but his son is not being rational.”

“He thinks that his father would live forever. Possibly the son is the reason for his sufferings,” Anand said.

“The son wants everything done and is not allowing him to die peacefully. But the patient is suffering. Each day is painful for the patient and for us as well,” Anand said.

“It is becoming increasingly difficult to deal with the torment that lies in the ICU. I do the best, within my capabilities, but we are neither his servants nor waitresses. We are caregivers, professionally educated to

treat their sick loved ones," The nurse said with sorrowful voice.

When Anand talked to the son in daytime, he persisted to try fully and reminded that finances were not an issue.

"He may not be able to make this time," Anand explained to the son.

"But you need to be careful when you talk to my mother. She is very sensitive and you must tell her that everything is all right. Please do not give her any negative news," he again said in a commanding tone. His words were wrapped around an order concealed in the form of request.

Anand kept quiet still deciding in his mind, whether it was right or wrong to conceal the real situation from the patient's wife.

The old lady came and enquired Anand about the health of her husband.

Anand was a bit hesitant to talk and just mumbled few words as an unclear narrator, "We have started the treatment for chest infection, so we need to wait."

"I have brought a few home medicines, alternate herbs and grounded herbs etc. He used to suffer from severe constipation. He does not feel well until he has a good motion. So he is used to taking these home medicines. I request you to please give him these medications and he will improve. He may become all right also," she said in a requesting tone.

"Ok, I will give these medications through the feeding tube," Anand assured her.

After that, Anand could not say anything to her and kept quiet. He took the medicines.

He was surprised that people really couldn't understand the gravity of the situation. Even when everything was there before their eyes, with death seeming inevitable, still there was no acceptability to the final reality.

Rethinking, he found great wisdom in words of the old lady, which the son was unable to understand. Unknowingly, the patient's wife was talking about the comfort care.

Although she talked about something that looked mundane at that stage, but the hidden intention was 'the patient was to be made comfortable'.

In such situations, simpler means to make patients comfortable are more important than applying all technological advances for prolonging life.

For next few days there were unnecessary arguments with the son over mundane issues like the peeling of the skin, mild ecchymosis patches on sampling sites, about food and diet, constipation, postures and pitfalls in communication. His son blamed the care and had complaints against nursing staff for no solid reason.

"All these complications can occur to a body which is not healthy despite best care. These are minor problems. The real issue is that he may not survive," Anand said.

"How come he has developed pneumonia, while in hospital? I have read about hospital acquired infections. It is because of your poor nursing care. I will drag everyone to court," the said harshly in an accusing tone.

Anand tried to counsel him, but he was argumentative and adamant.

“I am paying so much for everything, I want better services,” the son said angrily, with typical expression of an aggrieved customer.

Continuous threats from the son made doctors and nurses take a defensive side. Meanwhile irrelevant discussions with the son went on and the old man was subjected to all possible tests and therapies. Nurses’ with increasing susceptibility and fear of getting an unfair deal, continued poking the flesh-and-blood for newer test everyday.

Patients Die due to Disease and not Because of the Doctors

The treatment was now no less than a war, which was more against the old age than the disease itself. The myriad technological advancements project cure and gave false hope to son for the octogenarian.

Discussions lasted for a longer time, battle with disease took days, and the treatment dragged on for weeks, which slowly became more of a legal issue than medical one, for no real reason.

The actual war had already been lost, but the fight continued.

After the death of the patient, the battle again restarted. The medical battle had changed to legal battle as the son was trying to find faults in everything.

Medical struggle was against the disease, knowing well at the onset that chances were bleak, but the legal battle started against the doctor.

The saviour, who was trying to save the patient, an uphill task from the beginning, was the ultimate sufferer.

Doctors and nurses were now struggling to save themselves to prove that they tried their best and the complications were routine ones and unavoidable. Therefore a war continued, which should not have been there at all.

There are thousands of saviours like that, battling to save themselves rather than saving more patients. Demoralized and disillusioned by the treatment given to saviours, they just rued the situation they were in.

With the changed legalities and consumerism, future battles would be lost without even being started.

The realization that the doctor was trying to win the battle for the patient does not exist.

The warrior may become less keen to fight against the death for others, because if he loses, the blame would be on him, rather than on a stronger opponent like old age, disease and death. If the torment to the saviour continues, the combats would be with caution and fear, and death will be allowed to win easily; and surrender by warriors will be a meek one.

There would be lesser battles, until the people realize that patients die only and only due to disease and not because of the doctors.

Excessive consumerism may be a loss making deal for the patients in long run.

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Chapter 18
Killing the Golden Goose: The Medical Lawsuit

It was a typical day in the ICU. Amid the routine morning hustle and bustle in the ICU, Anand was going through the investigations of patients. Nurses were rushing to complete work before the morning rounds. The beeping of monitors was indicating a busy morning.

Anand turned his head towards the sound of a wheelchair, carrying a young lady. She was little breathless with dull eyes, but was talking normally and looked stable. Within moments, Dr Shishir, the nephrologist also entered behind her. He was an enthusiastic and brilliant doctor, a tall fellow with salt and pepper hair. He noted down the medical history of the patient and relevant points.

He examined the patient and advised her early dialysis.

The patient had an abortion a few days back and thereafter had a drop in haemoglobin and developed renal failure. A diagnosis of somewhat rare condition called ‘Haemolytic Uremic Syndrome’ (HUS) was made. Her kidney functions had deteriorated and progressed to acute kidney failure. She was on dialysis twice a week. Her previous dialysis catheter was removed as it was not functioning well. A new dialysis catheter was required to be inserted. That day she was feeling a little uneasy and mildly breathless and therefore the nephrologist had decided to do a dialysis.

Anand immediately processed the papers and started the necessary workup. He was a bit surprised to notice that ABG and monitor probe were showing lower oxygen saturation of around 85%. But in such situations, a bit of fluid overload resulting in reduced oxygen levels was not uncommon and Anand hoped it would be easily correctable by dialysis.

He informed Dr Shishir immediately about this new problem.

“You may be right; she needs urgent dialysis,” Dr Shishir said hurriedly, sounding worried.

However, Anand felt a bit odd that the patient looked quite stable and was able to talk normally.

Anand advised augmenting her oxygenation by nasal prongs. Patient responded well and immediately her oxygen levels improved to normal. After the necessary paperwork, the procedure to insert the dialysis catheter was started immediately.

As soon as she was made to lie down for inserting a dialysis catheter, her oxygen levels dropped again and her vitals started drowning within no time. Her oxygen saturation dipped and she became drowsy. Anand could sense her becoming unresponsive and noticed the up rolling of eyeballs and shouted for mask bag oxygen. In that split second Anand guessed that possibly she has developed a flash pulmonary oedema that could result quickly in a cardiac arrest.

“No pulse; she is going to have a cardiac arrest. What is happening?” Shouted Dr Sarah trying to start CPR.

Suddenly the scene was galvanized to a new unanticipated catastrophe.

It was frightening to see a stable looking young patient just dying in a jiff. Especially in front of everyone, on an ICU bed, when the doctor was preparing for a procedure. Nurses rushed towards the bed with resuscitation trolley. Within moments, sister passed an endotracheal tube towards Anand and the in next fraction of seconds the conduit to the lungs was in place.

“Lot of froth is coming in the tube, but her oxygen is picking up,” Dr Sarah said with a relief, continued to bag oxygen.

“Saturation is better and cardiac rhythm is becoming normal,” Anand said.

“Please give her sedation and connect a ventilator,” Anand said with a deep sigh.

“Pulse is good now,” Dr Sarah said, while feeling the carotids.

Dr Sarah looked at Anand with expression of relief. She was still trying to control her own palpitations.

Mildly pink froth coming through the endotracheal tube confirmed the possibility of pulmonary oedema. Anand was compressing the bag to push oxygen into the lungs. The chest rise with simultaneous improving levels of oxygen saturation on the monitor, correlated well with changing character of beeps; all indicated achieving the desired levels of oxygenation. It meant that the patient’s breathing was in place and same ensured of doctors’ too.

The ventilator was connected.

Shishir and Anand both were bewildered by the abruptness of the terrible event.

Anand managed the dialysis catheter and the rolling pump of the dialysis machine started pushing blood in the circuit, allowing a peaceful sigh from both. All these tasks were accomplished in few minutes.

“Let us wait; if she becomes conscious, then everything should be fine,” Anand said optimistically.

“It should be alright, we managed oxygenation in less than two minutes. Good thing is that it happened in ICU and we all were at the bedside,” Dr Shishir said as he wiped the sweat from his forehead.

Doctors usually hope for the best but still a fear of poor outcome always lurks in their minds. The most dreaded complication in such situations is hypoxic brain injury due to cessation of circulation causing irreversible brain damage. If brain perfusion is not achieved within three minutes, it may result in a vegetative state which is the most perilous condition.

After an hour, the patient opened her eyes and Anand heaved a sigh of relief.

Dr Shishir thanked Anand for handling the situation so well.

Silently, Anand thanked his own stars.

Echocardiography was done. It was found that her ejection fraction (pumping action of the heart) had been reduced to 20% from earlier normal of around 55% (normal) about a week ago. One of the common causes of such an acute drop in heart’s pumping function is stress-induced cardiac damage, which could be reversible too. Any sick patient with severe infection can develop stress

cardiomyopathy, which could easily explain such a complicated course.

Watching a patient gasp for breath, that too a young female who was apparently sitting normally and talking, was a frightening sight. Nothing is more terrifying to a doctor than a patient dying in front of his eyes. Anand was looking at the numbers filled in the vital chart that signified how sick she had become in the last few minutes. The aim at that point of time was to keep the life intact, keep her alive till the downhill course was reversed.

The body would be able to survive the vicious illness if doctors are able to maintain blood pressure and oxygenation in these crucial moments. The recent advancements like ventilators, dialysis and new drugs have made these miracles possible.

Keeping at bay, the sudden pouncing of death monster was no less than fighting a devil more powerful in an unknown and scary battlefield.

The patient looked truly sick after the episode, but after a few hours, she was conscious and was communicating. Such unanticipated moments take a toll on the doctors. With many critically sick patients around, such events are a recipe for errors or poor outcomes.

In the meantime, relatives were briefed regarding the abrupt course of the events. Ironically, they blamed Anand and Shishir for the deterioration.

It was hard for them to understand the complex scenario. There were no reasonable medical discussions possible and hence non-acceptance of event was a natural consequence. Despite the fact that the timely brilliant

action had actually saved the life of the patient, both the doctors were on the receiving end of the relatives' ire.

There was no way doctors could have known or anticipated the fiery episode. Good communication to families is often emphasized by armchair preachers. But in real frightening scenarios, or adverse events, it does not help. And it is something only a doctor who is working with very sick patients would understand.

Dr Shishir and Anand were trying to explain the complexity of the situation, justifying themselves rather than being thanked for saving a life.

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While this issue was going on, another patient was wheeled in with respiratory difficulty. Soon, Anand was examining the new patient.

At the same time, Dr Shishir received a phone call from the office. After receiving the call, he left everything and requested Anand to take care of the dialysis patient.

Anand asked him to have a look at another patient, but Shishir hurriedly left and said, "I will come back and see."

It was a busy day and many patients were having multiple issues.

There were many unresolved issues in the ICU. A lot of discussion and brainstorming was going on with a surgeon whose patient had landed up in ARDS after three days of surgery.

Shishir came back with a grim expression and looked visibly distressed. He told Anand that a patient he

had treated about a year ago had sued him on some flimsy grounds. Among so many patients and amid everyday grind, Shishir could only vaguely remember that patient's case.

Anand could feel that in the last one hour, Shishir's attitude had changed. The patients he was focussing on earlier, ceased now to be his focus of thoughts. He called the record room and asked them to trace the file of that patient immediately.

He read through the medical file and revisited his notes, recalling all the details of the patient. That was a genuine complicated case with a poor prognosis. The patient was a lady around 60 years, having chronic renal failure with serum creatinine around 6.0 mg/dl (Normally less than 1).

She was brought to hospital for reduced urine output, assuming that she required dialysis. But after investigation, she was found to have sepsis secondary to pneumonia and urinary infection. Her blood pressure was also on lower side.

Dr Shishir had hoped that she would pass more urine if sepsis and blood pressure improved and hence had decided to wait for dialysis. Moreover, she had become stable during the initial period with antibiotics. Her sepsis and pneumonia too had too gotten better. But after two days, she again had a decrease of urine output and therefore Dr Shishir had advised dialysis for her then.

While she was awaiting dialysis for about a couple of hours, she had looked conscious and stable. She had sipped tea comfortably and had a chat with her husband as well. After a few minutes, however she had a sudden

cardiac arrest. Although she was revived after CPR and regained consciousness, her cardiac function had continued to deteriorate in the next few hours. She had an episode of ventricular tachycardia and had eventually died the next day. Her family at that time had accused Dr Shishir for not doing dialysis earlier and attributed death to that decision.

In retrospect, everyone seems to be wiser, especially as now everyone knows the end result. Everything looks crystal clear to all by a retrospective analysis and through fault-finding prism. But in a real-time, doctors do not have a crystal ball to see the future. Although a lot of effort was done to counsel them and explain that it was an unfortunate and unrelated cardiac event like arrhythmia or an acute coronary event; but they preferred to take revenge from the doctor, who had acted in good faith and decided not to initiate dialysis, considering the safety of the patient.

The complexity of the medico-legal lawsuit soon started taking toll on Dr Shishir. The malpractice case began to affect all aspects of his life, affecting his sleep, personal and professional interactions.

His mind was bogged down with negative thoughts. He spent most of his free time worrying about things that actually should not have been a matter of concern. He had lost the ability to laugh and share joy with his family. His mind was burdened with the thoughts of prolonged future uncertainty along with present challenges at work.

Many doctors nowadays are spending the best years of their lives stuck in a state of constant worry. They worry about their sick patients, jobs, ever-increasing

regulations, and the stressful environment with added family issues.

Though, Dr Shishir, deep in his heart, had a feeling that most of the things, he was worrying about would never happen, but still, he was unable to free his mind from the burdensome negative thoughts which had shackled him.

Black Coat versus White Coat

Although Dr Shishir was dedicated to providing the best possible care to his patients, but suddenly he took to a more defensive and conservative approach.

Now, while examining a sick patient, the frightening question used to come to his mind automatically, “How might this patient sue me?” “If I am be dragged to court for this patient, what evidence would I need to defend myself?”

“Do an early dialysis. I am not going to take any more risk this time,” he used to tell Anand frequently. He started having ideation about all patients as potential litigants.

Anand was clear in his mind that Shishir had done nothing wrong. Whatever was being written by lawyers to blame him to extract handsome claims looked very unreasonable from the medical point of view?

But will court think and perceive the case in the same manner? Will an individual judge’s prejudiced mind or a general universal sympathy with the patient harm Shishir? Would lawyers’ projection in court be truthful?

“Would courts be objective and impartial or guided by sympathy to the diseased?” Shishir mind was full of negative thoughts.

Cases are decided on the basis of clever law practice rather than by actual medical wisdom. That is true for all cases, all over the world.

“If lawyering had been that mathematical, clear and based on sound facts, why would anyone pay huge amounts to clever lawyers, so called good lawyers?” he was wondering and told Anand as various thoughts swept through his mind, adding further frustration and a sense of impending doom and injustice.

“Yes, there can be a lot of arbitrariness,” Anand nodded.

“Same thing can be proved right or wrong, by clever lawyers and slick arguments,” Dr Shishir said.

But how will the Judge act? Lawyers and courts will just analyse everything in a comfortable atmosphere, with all wisdom of hindsight and especially looking for faults. Every one becomes wiser in retrospect and can easily find the mistakes. It is the easiest task to find the mistakes of a doctor, especially when the patient has died or the expectations are not fulfilled. It could be a cakewalk for lawyers, given the luxury of time.

Shishir was anticipating years of harassment, irrespective of the court decision.

The most important and difficult task for Dr Shishir was to explain the situation and medical complications to the lawyer. The lawyer should be able to further explain the medical complexity to the judge. Will the lawyer be effectively able to convince the judge of so many

complexities like poor prognosis, genuine complications and difficult unforeseen situations, happenings on a particular day in that patient?

Situations, in which doctor has to decide is difficult to explain to people who are not doctors. How so ever learned they may be, it is difficult to acquire the medical wisdom by learning few facts. They cannot even imagine real-time medical situations and difficulties.

“A doctor should just follow protocol and do the documentation as best as possible, in a way to save himself,” Anand was wondering about the need to change his approach.

“I could have easily done the dialysis a day before and everything would have been alright. No one could have questioned the timing of dialysis. The opportunity to blame me for a cardiac event would not have been there,” Shishir was repenting his decision not to dialyze the lady earlier.

His present was totally engulfed by the past, engrossed and gripped by a fearful nostalgia. He felt as if his life had gone one year back and he was struggling for a comeback in present.

The lawsuits generate an array of negative emotions, from self-doubt to high levels of stress and anxiety.

While sitting in the doctors’ lounge, a serious discussion started about the current scenario.

“The lawyer will fight case pro bono and try to suck as much blood as he can out of the doctors. They have nothing at stake and will go to any extent to prove that you are a careless and cruel doctor. So one should always

be careful about documentation," said one of the senior physicians.

"But such extensive documentation in every patient is easier said than done. There are so many sick patients. Anyone of them can die. Which one will go to court and who will seek revenge, nobody knows. Practically every patient can sue us. I do not think we can work like this," Dr Shishir was almost on the verge of leaving the job.

"Do not be foolish. You need to be a bit hard-headed. Take it as a lesson for your life. If the lawsuit proceeds further, you'll face the uncertainty that accompanies any courtroom process. You need to learn to work along with these issues," Dr Wilson advised him.

"Take lawsuits head-on. They will guide you for the future about how to save yourself," said another senior doctor.

"Lawyers and judges have not treated any patients in their lifetime. Doctors need to take an active role in their defense, as no one else can explain the real problems," the cardiologist said.

"My only advice is to not depend on defense lawyer alone. If discussion happens, they will not be able to say a word in court," The physician said.

"Suppose I ask you to talk about a mistake happening at a national bank, can you do justice to it? How can you analyse the situation at banks? It is the misfortune of doctors, that people deciding about medical issues have no experience of being in medical complexities," Dr Wilson made a point.

Dr Shishir was feeling sad and said, "Every moment I ponder about the case, I am dragged towards my past

and it sucks my time from present. Every minute, I am thinking of my court case and possible harassment for many years and it takes me away from finding solutions for the current patients. I ponder about all those decisions that I wish I had never taken, actually blocking all the decisions I want to take now."

"There is no point thinking about it all the day long. It makes no sense to worry about past events or mistakes which you made inadvertently. All these are part of the wisdom you have gained in hindsight. Do not repeat mistakes and document well, unless you want to experience the lawsuit for a second time," Dr Wilson advised him.

But Shishir was deeply discouraged by the episode.

"One of the biggest thing, that scares me as a doctor is the uncertainty of medical science, an unforeseen outcome and arbitrariness of the malpractice lawsuit. It cracks open my self-doubts and fears, kills hope and cravings for peaceful working aspirations within me. There is not a single moment when I am free of such thoughts," Shishir said in a discouraged voice.

"You have not understood the business dynamics and financial complexities of present era, which should come with education to the medical field. Please do not be oblivious to complex interactions of law, industry, and administrators. Remember the golden phrase 'survival of the fittest'. If you have to survive, develop the survival traits of the new system. Those who are unable to adapt, become extinct," Dr Wilson told him.

"These tricks and traits of the trade are a bit different from the virtue of being only a good doctor," the cardiologist said.

The litigation had a significant impact on Shishir's family life. Talking about this to his family would fill his house with negative vibes, so he decided not to talk about it.

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The husband of the deceased patient had put complaints at multiple forums and social media. That created a lot of harassment and humiliation besides wastage of time. The most painful aspect was that Dr Shishir was already being projected as a criminal.

Lawyers were talking to him as if he were a seasoned offender. They made every effort to belittle him. He was so much frustrated, angry at himself. But since he was just a doctor, not accustomed to these legal techniques and entanglements, it was easy for the lawyers to unnerve him. Every word was an attempt to intimidate, belittle and demonize him. Courts also did not object to the language, which became a source of pain for him.

The lawyer called him a fraud doctor and questioned his competence. He tried to have a dig at his reputation. By false narratives the lawyer had tried to project that expectation in such cases should be a perfect outcome.

Shishir knew in his heart that what lawyer had said was a complete lie. He was feeling angry, sad and embarrassed. But he could only be a defendant at the best.

"What if the judge agrees to what lawyer said?" he thought while walking along with his lawyer, musing.

Element of the arbitrariness of the decision was nagging him to the core of his soul.

To him, the lawyer appeared to be fully successful in raising sympathy for the deceased and creating an impression of his foolishness and incompetence.

The rules of the legal world are very different from the rules with which doctors operate in medicine or the way they are trained. It is an unknown territory for doctors, a forest where they can be entrapped easily by clever legal tricks and deception.

Multiple factors like fears of getting into hot waters, facing difficult patients, hurting arguments, being accused unnecessarily, may fuel burnout in doctors.

Some of them, who become financially well, think of early retirement. The occurrences of depression, burnout and physician suicide are not rare entities anymore.

As Shishir kept on thinking about his problems, he was unable to focus on his craft as a healer. An intelligent mind, which was his best companion, had become his worst enemy. He found it strange, those things he wanted to remember, it forgot. But all those things he wanted to forget, it remembered. A brilliant mind that always thought about betterment of patients got entangled into a useless mental clutter.

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The Saviour or a Criminal; the Blackmail

Shishir was discussing his case with his lawyer.

“How much the lawyer is charging the complainant?” Shishir asked curiously.

“He is not charging anything,” the lawyer said.

“How is that?” Shishir was astonished.

“They will share the amount received from the case, I think 30 or 40 percent,” the lawyer told.

“Oh, that is the deal!” Shishir was surprised.

“So, the lawyer will try to extract the maximum,” The lawyer nodded and looked at Jeevan.

“Unfortunate times for doctors,” Shishir said in a discouraging tone.

Shishir was remembering zero fees and fixed commission ads on television by lawyers instigating patients to file lawsuits against doctors. They lure patients to file lawsuits and promise them hefty reimbursements. There is no dearth of such relatives and lawyers who are ready to try their luck, sometimes in vengeance and sometimes for the lure of money received in compensations.

Next day, Shishir’s lawyer came with a suggestion. Complainant lawyer wanted a meeting for the possibility of out of court settlement. Shishir agreed for the meeting.

The complainant lawyer was intimidating and unnerved Shishir completely.

“Doctors usually try to make peace with me. Why do you want to prolong your agony? I will prove so many things in court that you will not be able to practice again. Why take so much bad name? I can get it printed in newspapers too. Just pay three millions to me and enjoy life. You are just at the start of your career,” the lawyer stated in an offensive tone.

“Hmm,” Shishir could not say anything. He just wiped sweat from his forehead.

“If you practise in the ‘correct manner’, this amount is peanuts for you,” the lawyer winked and continued with a wicked grin.

“Till the court decision comes, your name would have appeared many times here and there on social media,” his junior lawyer commented further.

Shishir was feeling blackmailed and expressed his inability and unwillingness to pay that much amount.

“I have just asked for one-third of the amount that I will be demanding in court. Think over it. These days’ courts give generous compensations against doctors,” he indirectly warned Shishir of dire consequences.

“You do not have to pay, ask your insurance company. I will help you. I know your professional indemnity insurance is much more,” the lawyer suggested.

Shishir became very upset after the meeting and came to Anand.

“If you agree to pay him, what is the guarantee that they will not start another case? It is very easy to put the case in any patient who dies after medical treatment in the hospital. There are no deterrent for frivolous cases,” Anand was not in favour of any payment.

“I could have gone for the easy decision of dialysis, but it was more risky as patient was in sepsis and had lower blood pressure. If the outcome is not good, any one can say in retrospect of not doing enough. In future, we will be forced to do what is safe for ourselves,” Shishir was completely demoralized.

Every case that goes to court involves lawyers and their expensive fees.

“The lawyers have been benefitted enormously because of the consumer protection act at the cost of doctors. By increasing mistrust and unhappiness in the patient’s mind definitely neither helps patients nor the doctors but the lawyers,” Anand said.

“Strangely doctor’s fee is quite low but lawyers charge the doctors astronomical amounts, which are beyond any logic,” Shishir said with discouragement.

“In an era, where people fight with their parents, brothers and sisters for money and property, it would be naive to think that the idea of making money from a doctor does not exist. With court compensations going into multiple millions, it is not uncommon that some patient relatives may try to use this as an opportunity. They have nothing at stake so they can make some noise on social media and harass the doctor in court or on social platforms,” Anand said.

“Amount of money which was paid to me to save a life was peanuts as compared to what I will now pay to the lawyer to save myself,” Shishir said.

Sense of being a victim to a looming injustice and feeling of being a sitting duck for harassment engulfed Shishir. A sense of impending gloom and feeling of hovering harm was lurking in his mind.

“Why me?” He was unable to shake off the negative thought from his mind. He left the hospital, crying over his stumps, and ruing as a victim of bad luck or as a winner of the bad lottery.

He was unable to accept the randomness of the tragic tale imposed on him for no reason.

Such issues spring from the intersection of deep commitment to treat seriously ill patient's life and the simultaneous real fragility attached to it. He got involved because he had willingly chosen to treat that fragility and carry the burden of being the life saviour.

"Why take responsibility for the human fragility, if there is no protection for ourselves?" Shishir said, sitting with Anand.

"True," Anand just nodded his head.

Shishir was still in the ICU, trying to salvage fragile lives, his mind engulfed by a strange fearful premonition about an imminent misfortune; what was coming next?

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Chapter 19
Doctors are not Gods: From Divine and Godliness to just so Humble Human

John organised a get together of the graduation batch at their medical college. Everyone in the batch was excited and looking forward to the day. They had planned to stay there for almost two days. The young medical students had now grown into senior doctors and looking at each other; how they were after almost two decades.

They enquired about others' progression, their families and children; was like a curiosity of life time unraveled. In the day time, they roamed in the medical college campus. The nostalgic moments of dissection hall and anatomy museum was revisited. They went to lecture theatre and every one by turn came and talked about their jobs and families.

They all felt that despite living apart for nearly two decades, they still were friends and not at all stranger like.

In the evening, there was a dinner party at the Hotel. Anand and John were sitting together. They were discussing about the professional life of doctors. Vivek and Manisha also joined.

Anand told them about the court case Dr Shishir was facing.

“The dense mazes of consumerism, extensive communication, documentation, unrealistic expectations, negative media insinuations, legal complexities are demoralizing to doctors and certainly counterproductive for patients,” Anand said.

“But is this what the patients actually need? Would the entanglement of doctors in such a maze help the patients in real sense?” John said.

“No reward, if treat hundreds patients but one adverse outcome may be enough to ruin whole career,” Anand said.

“An effort to govern the medical profession cruelly by administrators is not new. King Hammurabi 4000 years ago had initiated to write the rules of the game,” John said.

“The present global system of medical regulation is becoming somewhat similar to those ancient regulations in terms of punishment and revenge,” Vivek said.

“In an effort to institute well-controlled healthcare, our society is in a way re-entering the realm similar to that of the ancient medical regulatory system,” John said.

“Hammurabi believed that doctors needed to be punished in case there was a poor prognosis. He failed to understand the complexity of the human body and the limitations of medical science, most of which were unknown at that time and probably still are,” Anand said.

“The ancient priests postulated disease on the basis of invisible evil spirits. But after medical discoveries, these spirits or demons have been identified and named as bacteria or viruses,” Manisha said.

“There are still people who believe in these ancient remedies. Even my mother starts doing rituals when someone is unwell in our house,” Vivek said.

“Believing in supernatural thoughts may be just an optional and adjunctive supplement, but still a large number of people are unable to shake it off their minds,” Manisha said.

“Even the event of death was explained depending on faith. The common belief was that those having faith in God would be saved, while those who didn’t will be punished,” said Anand.

“Ironically, despite more medical advances, doctors are being punished. The doctors and modern medicines save everyone irrespective of whether they have faith in them or not,” John said, laughing.

“In ancient times, there was no other way to worship through a priest in a bid to keep God happy,” Manisha said.

“Do you realize, mixing of the two, religion and medicine, has created a problem for doctors?” John said.

Everyone looked at John.

Manisha said, “I don’t think so, they can pray and we can treat. I don’t think there is any problem.

“If a patient is saved, relatives thank God and the priest. If not saved, they tend to blame the doctor. I think that is the problem,” John said cynically.

“People tend to believe that doctors can control life and death,” Anand said.

“The outcome of life and death depends on disease and treatment rather than by the existence of deities,” Manisha said.

“To compare doctor’s work with God puts doctors at more risk as there is always a chance of failure, complications, and death even in a simple-looking treatment and procedure. Failure after becoming an imaginary God is more dangerous than being defined as a simple human being with some special skills. As all these failures are usually labelled as errors and scrutinized through a legal lens, the theory that confers this superhuman legitimacy to the doctor is dangerous for the saviours themselves,” John said.

“By knowing modern science, the fact that got unmasked is that there is no secret divine power, it is all so humane. The control over such humans, known as doctors is easily possible. In a quest to control death, the punishments for doctors have become more stringent,” Anand said in an angry tone.

“Therefore modern doctors are not respected as much as they should be. Despite possessing a skill of saving lives, there is no need to be feared from them, in present era. Why give them respect, when you can control them or drag them to court merely by a perceived negligence or mistake?” John too had become worked up.

“An imaginary miracle is respected more than the real application of science,” Anand agreed with John.

“A doctor is a simple human being and nothing super-natural. Hence an extreme control can be exercised easily,” John said.

Anand remembered the texts about ancient medicine that he had been reading few years ago, especially about Hammurabi's cruel code for doctors. Fear factors and impact of present legal complexities on doctors now appeared to be at par with that of the Hammurabi era.

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Chapter 20
Under the Shadow of Death: The Story of a Child with Dengue ARDS on Ventilator

A new day started, a typical Monday morning amidst a busy ICU, with gloomy environment. A patient admitted at midnight with septic shock had a cardiac arrest and after an early morning unsuccessful CPR, had been declared dead.

Anand was trying to catch up with the pending paperwork. A lot of investigations were to be traced and checked. Nurses were working on the nursing sheet to complete documentation for the morning handover. Shift was getting over and everyone was trying to hurriedly finish the pending work.

A pale-looking boy in mid-teens was wheeled into the intensive care unit, accompanied by his mother and a tired-looking EMO (emergency medical officer). The EMO had finished his night shift, so he gave the relevant handover and dashed out. The mother looked anxious and a bit scared by the overpowering environment of the ICU.

The child was looking weak but smiled curiously and greeted Anand, “Good morning doctor uncle.”

Anand smiled back and instantaneously felt good by the pleasant mannerisms of the child. He looked at the papers from the emergency, and started to converse with the boy.

“Good morning. How are you? I need to talk to you,” Anand softly talked to the child.

While talking to the child, Anand noticed mild breathlessness.

Mild dyspnoea, a subtle finding which is usually noticed by intensive care doctors, is very important and sinister as well. Anand became more concerned and examined him in detail.

“Do you have papers from the previous hospital?” Anand asked his mother.

She silently handed over a file to him.

The child had fever for the last five days. As the fever became high about two days back, he was admitted to a hospital near his home. The investigation conducted diagnosed the ailment as dengue fever. He had a rash on the body and purpuric spots because of falling platelet counts.

But the most sinister sign was breathlessness. Although it was mild and he maintained saturation with little supplemental oxygen, the previous hospital had preferred to refer the patient. Such subtle signs are often noticed by doctors, while parents are oblivious to the concealed danger associated with such mild symptoms.

Sometimes the decline may be very rapid and patient can deteriorate drastically in few hours. Moreover, there is a lot of concern when such serious ailments happen to children.

The patient’s name was Anirudh. Anand went again to note down the initial data. The child again smiled and looked at Anand with hopeful expectation.

“How long will I have to stay here? I am missing my school and friends,” Anirudh said.

Anand smiled indulgently and said, “As soon as you feel good, I will send you home.”

“I am fine, only the fever is not settling, but the previous doctor sent me here. I have these red spots,” he said worriedly while referring to his feet.

Anand looked at the extensive purpuric spots on legs.

Anyways, Anand examined the child and noted the initial findings and advised an ABG (Blood Gas Analysis).

“Doctor Uncle, will sister prick me again for blood? I had all the tests done yesterday,” he said in a protesting tone. His smile disappeared and he became visibly unhappy.

“I am sorry, but for a couple of days, we have to test blood a bit frequently, brave boy!” Anand tried to reason and cheer him up.

Small subset of dengue patients may become sick and progress to develop a capillary leak syndrome or ARDS type of picture. A child developing acute unexpected potentially serious disease; the possibility of emotional complexities was also heavy on Anand’s mind.

“The illness was preventable only up to the moment of the bite of the mosquito. There are no specific medicines and the treatment is only supportive until the disease process reverses naturally,” Anand told Dr Sarah, his assistant.

“A preventable disease with a progressive decline of vitals and possibility of rapid slide towards death is like an explosive situation. Parents would neither be able to accept nor expect such a disaster happening to their child,” Dr Sarah said.

It is natural for doctors to envisage the worst case scenario, as the course of disease is varied and uncertain for every individual.

After evaluation and charting the plan and initiating the monitoring, Anand came out to meet the parents of the child.

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Assumption vs Reality

Anand found himself listening to the wailing mother. She was trying to explain the history, through tears; how unfair it felt for her to see her son in intensive care. She was upset with the doctor, who had treated him initially at the previous hospital.

She gained the impression that it was a simple viral fever, likely to settle down. The conversations with previous doctor left her with some common, but few misguided assumptions. Anand remained quiet for some time and in between just tried to counsel her. The main reaction harbouring the concern was ‘why our child?’

Anand had neither answer to these questions, nor he wished to get into arguments on these issues. The mother was really sad. But the problem was the tendency to blame the previous doctor for the situation rather than the actual genesis of disease. Her thinking was based on

inappropriate assumptions, which were not only wrong but a catalyst for unnecessary painful thought for herself.

Anand did not want to waste time on previous treatment and that was not important at this stage. He just let her cry. Only after the emotional storm abated, it would be possible for him to tell the parents regarding the uncertain course of complicated dengue fever.

“Despite advancements of modern medicine, we can’t predict how the disease will behave further,” Anand was wondering while talking to Dr Sarah.

“He looks alright, but his sleeping respiratory rate is around 20 to 22 per minute, a bit higher. That is something, I am not comfortable with,” Dr Sarah said.

“We need to watch closely his respiratory rate and oxygen requirement. Sometimes there may be very rapid deterioration. Check the haematocrit levels,” Anand instructed Dr Sarah.

“What is significance of haematocrit?” Dr Sarah asked.

“If it is rising or on higher side, is indicative of capillary leak syndrome. Higher value will predict a possible difficult course of disease,” Anand said.

After about an hour, a lean and tall person came and introduced himself as child’s father. He looked visibly anxious and was trying to hurry everything. Anand had few investigations results as well and wanted to explain the risk that was looming and complexities that could happen. Although it was the initial stage, there was a real risk as the child was definitely on the path for deterioration.

Anand first let him speak and tried to understand his concerns. Anand had a good assessment and deeper sense about anticipated risk clinically and the factors that mattered, which needed to be discussed with the father at the earliest.

But instead of trying to understand the severity of the ailment, the child's father started from a different point of view. He repeated the same narrative that directed implicit blame at the previous hospital for not treating the patient well and lamented about the possible negligence as cause of deterioration.

"The doctor at that place started some treatment and failed to anticipate the progression of the disease. Just see, if he had administered some wrong medications? Maybe he did not treat well, so as a result, the situation has worsened," the father continued the blame tirade.

Anand could sense the anxiety bubbling in his voice, as his thoughts about the previous treatment had not yet been addressed. But Anand was more concerned about the present situation and further plan at this stage.

Anand was feeling bad for the previous treating doctor.

"The previous doctor could not have done anything to halt the progression. There is no specific medicine to prevent, once the mosquito bite has happened," Anand told the father clearly.

"The doctor had initially told me that everything would be alright," the father said.

"Small percentage of dengue patients may develop complications," Anand tried to reason.

The child's father kept quiet for few minutes. He left the room, possibly in disagreement to what Anand had said.

Anand started walking back to ICU along with Dr Sarah.

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"What a pathetic way of thinking," Dr Sarah said to Anand.

"This is the way, laymen presume about medicine these days. May be an excessive supportive hope was the reason. So be careful in future, when you casually tell the patients that everything would be alright," Anand told talking to Dr Sarah.

"No one would have known the future, but the previous doctor had correctly anticipated the problem and signs of progression. So he referred as soon as he could find the subtle pointers of deterioration," Dr Sarah said.

"Similarly, we also are uncertain about the future," Anand said.

Anand re-assessed the patient and checked all his investigations. His lungs were already affected, blood pressure was border-line and haematocrit was slightly higher, Indicating capillary leak and thus he fell in the serious subset of dengue patients.

"He is sick. The apparent looks of stability are deceptive," Anand told Dr Sarah.

"What are the mechanisms for deterioration? Dr Sarah asked.

"Immune reactions and complex chemical cascades may affect many organs, especially lungs and result in

ARDS (respiratory failure). ARDS is severe inflammation of lungs, a serious complication that can progress to respiratory distress and can be fatal sometimes. To save the life, sometimes we might put the patient on ventilator; give medicines, trying to save the lungs until the cascade shows a reversal. But in the process, the disease itself can cause havoc to kidneys, and result in multi-organ dysfunction (MODS). These simple and common sounding diseases get complicated by endogenous complex immune biochemical reactions, get infected by superadded infections and carry very high mortality," Anand explained to Dr Sarah.

"I have seen such complications in sepsis," Dr Sarah said.

"In this child, virus and resulting immune reactions have already affected multiple organs," Anand told her.

"I have seen many sick patients with Dengue shock and Dengue haemorrhagic fever, but not ARDS," Dr Sarah was intrigued.

"During mosquito season, we receive many patients with Dengue ARDS and MODS in ICU," Anand said.

"At this stage I am not sure how the patient's sufferings and complications would unfold," Anand told Dr Sarah.

He looked again at the data, which was almost same and comparable to previous ones. He tried to find some kind of pattern buried in the maze of numbers and results. Although the child looked comfortable with oxygen, there were abnormalities in liver and kidney profiles and biochemical parameters, providing an early indication of possible worsening.

Anand discussed the case with physicians and chest specialist.

“Nothing else is possible, we have to just wait. At present, close observation with high suspicion for deterioration is required,” the chest physician said.

Anand wanted to counsel the parents with empathy and offer hope. The child was on the extreme spectrum of a common and preventable disease.

What to tell the anxious father of the patient? Will he understand the problem? Is he in the right frame of mind to acknowledge the real issues? For him, it is a common viral fever which should have been set alright by now.

“They must have given some wrong medicine or injection,” the child’s mother persisted, a common allegation which most of the doctors have to listen to.

“Our neighbour had dengue, he was alright within seven days,” the child’s father made his expectations clear at the outset.

Doctors just do not have time and energy to have a word match for such unrealistic and uncomfortable arguments. Anand preferred to keep quiet and avoid reacting to unpleasant comments.

This is a nightmarish situation for both patients as well as doctors in intensive care. Many patients, who are on the edge, are sick and may even die. The family was unable to fathom the sudden devastation.

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A Beautiful lie or a Painful Truth: an Unclear Narrator

The next morning, the child deteriorated a bit. He was visibly breathless. X-ray chest also showed some more haziness. Anand checked the lab reports and ABG. Nothing was there to suggest a reversal in the progression of the disease. But he was maintaining with the oxygen mask. Anand again repeated the risk involved and told his father about the impending deterioration and discussed further possibilities.

"He was alright till yesterday. He was eating, talking and fever was also mild. I do not understand how he has become so sick. I think you doctors are in the habit of making exaggerations," the father kept on muttering in disbelief.

The child's father was unable to discern the gravity of the disease. Anand had full sympathy for the child and he genuinely wanted parents to understand the complexity. He wanted to assure them that the best is being done. A good percentage of such patients do deteriorate and need a ventilator. But could he tell such a bad outcome at this stage?

Therefore, just enumerating about the worse possibilities, he tried to keep the future course uncertain. This ambiguity is seen as a deliberate lack of clarity on part of the doctor, who is blamed for not telling everything and full truth.

Talking to his father, Anand himself had a feeling being of an unreliable narrator. He was trying to explain the future of the precarious disease that was unpredictable.

The patient's father's expectation were unrealistic and talked in a harsh tone, "You are a doctor and must know the disease and the treatment. Tell me correctly and clearly."

The father was assuming and expecting that the doctor would know everything, including future events. Dilemmas on the part of the doctor are difficult to understand.

"Why do you think he will deteriorate? Why don't you do something to prevent further downslide?" The father asked.

Instead of being with his patients, Anand found himself entangled in fruitless, emotional and painful discussion with parents. Good Communication had been reduced to answering rude and baseless questions and soothing the relatives' sentiments.

Not infrequently, in sick patients, predicting to normal recovery might turn out to be a beautiful lie and to forecast death a painful truth. The answer lies with the future that would unfold like the unveiling of a mystery. Invariably patients would be unhappy about painful truth. Painful truth can be made bare bluntly or wrapped around with supportive hope.

Lies, how- so- ever sweet they may be, can be most enticing illusion and hide the painful truth about death. Patients often fail to accept the limitation of medical science and the capabilities of doctors to predict the exact course.

Anand wanted to give supportive hope but was a bit hesitant. He was wary of the situation that may be interpreted as a commitment of a good outcome. What-

so-ever, he told, would be perceived as a prediction and a kind of commitment to the future prognosis. Later with retrospective analysis, it can be interpreted as beautiful lie retrospectively, if the 'prediction' fails.

Optimistic Bias or Supportive Hope: Prediction, Forecast and Reality

Supportive hope is usually an unintended approach by doctors, but may be looked as a misleading gesture in retrospect. At best, Anand could only to tell the data or percentages.

"There must be some chances that he can improve," the father asked anxiously.

Anand tried to balance the emotions and told the parents about a significant proportion of patients who do well also.

"The difficult phase is next two to three days and then everything may settle down," he said and after these soothing words, the father looked a bit comfortable. All the words said by doctors in the stressful situations, can't come the same way as expected. But still, doctors say something about it or utter words which express a certain degree of positivity. These words are expressions of supportive hope and have potential to backfire.

"Most of sinister diseases start with milder symptoms, looking innocuous, and are deceptive in presentation," Anand said in a grim tone.

"Treatment can be done by protocols, what I find difficult is the communication," Dr Sarah later told Anand.

“Yes, these days, whatever words we utter have legal ramifications. That is the most unfortunate part,” Anand said.

“In your absence, if I have to communicate, what should I say?” Dr Sarah asked.

“Can we say at this stage that child is at risk of death? But at the same time, can we be sure of his recovery? So use your words carefully, lest you ignite emotions. Just tell the actual parameters and rest is fate,” Anand told her.

“The disease may not progress and he may become stable,” Dr Sarah said.

“Yes, that is also a possibility,” Anand said.

Most doctors while trying to predict the survival of patients often tend to communicate or even err towards a more optimistic prognosis. But for an individual patient, how a mystery unfolds is beyond the physician’s optimism.

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Instituting Ventilator: Damned if you do, Damned if you Don’t

Another night passed without any major event. Next morning, the gradual deterioration continued. He was breathless; bit restless and most problematic issue was the increase in requirement for oxygen as well as medicines to support blood pressure.

“He is getting dyspnoeic. Oxygen requirement has increased,” Dr Sarah told Anand.

“How is X-ray chest?” Anand asked.

“Bilateral hazy, it has worsened,” Dr Sarah said.

“Apply NIV (non-invasive ventilation),” Anand instructed.

“Yes, will do.” Dr Sarah immediately ordered to arrange for NIV. Non-invasive ventilation is a ventilator applied from outside with a mask, without intubation (putting tube in lungs).

“I am thinking of intubating and putting him on ventilator now, electively,” Anand said, looking at the parameters.

When discussing about the ventilator, Dr Sarah had a quandary in her mind. She was having contradictory thoughts from within, about instituting intubation and ventilator, since the boy had borderline parameters and was maintaining oxygen saturation.

In Dr Sarah’s mind, there was a weak intuitive hope. As NIV was being used successfully more often these days, she hoped to avoid an invasive ventilator.

“If we delay ventilator and some event like haemodynamic instability or hypoxia happens, it would be detrimental for the patient. If the outcome is unfavourable, then every decision would be questioned. So it is better to follow protocol and if indication exists, go for intubation,” Anand told Dr Sarah.

“I remember a similar patient, who recovered well with NIV only,” Dr Sarah said.

“In the present medico-legal environment, one should avoid decisions based on intuitive hopes, especially based on just experience or gut feelings. How-

so-ever good clinician's intentions may be, such decisions can be professionally fatal in cases of adverse outcomes," Anand said.

"Yes, that is right," Dr Sarah nodded.

Anand clearly communicated the possible need for a mechanical ventilator. Although the child was conscious and maintaining saturation with NIV, but his breath rate was high. In between, he would become agitated and restless. Anand explained the procedure of intubation and the pros and cons of ventilator in an elective situation to Anirudh's parents.

As the child's father was informed about the requirement of intubation and ventilator, his reaction to the suggestion was awkward, as if he had been given out a 'death sentence'.

The child's father's mind had bias about doctors and ventilators. Such prejudiced thoughts were troublesome hurdles to the further step, which was actually required. But doubts and prejudice of parents were strengthening the dilemmas more than solving the issues.

Anand found himself engaged in seemingly illogical and contrary nature of the conflict, which was, in reality mundane in front of the real issue.

"At such a critical stage, nothing else matters except just to do whatever is needed. Waiting and deciding later will not help and may be dangerous. Every fraction of second is important," Dr Sarah said.

"Yes, if this time goes, there will be nothing left to cry for. When the doctor is empowered selectively, he gets entangled in worthless pursuits for example consent,

documentation, communication, which are less important than life," Anand said.

"What a paradox! We are trying to obtain acquiescence for saving a life," Dr Sarah said disappointingly to Anand.

"Yes that is unfortunate," Anand said in a grim voice.

Anand tried to soothe the parents with encouraging words, trying to give hope for the future. Supportive hope was being used to lubricate the doctor's engagement with the family. A hope which if unfulfilled had a potential to backfire.

He was trying to negotiate to be allowed to challenge death. Failure to fight or unable to get empowered at this stage would result in losing patient's life's battle out of fear and conflict.

Almost every day, Anand was confronted with a situation, when a decision to put the patient on a ventilator would be taken. Sometimes indications were very clear, but not always. But at the same time, Anand did not want the words of criticism or mistrust to overburden him and ruin the quality of treatment

The real discussion was about convincing the parents for instituting a ventilator electively. For doctors, it was a catch 22 situation, damned if you do, damned if you don't, too frequent in such situations. Anand discussed the case with a chest specialist, Dr Patel. He was an experienced doctor in mid-fifties, had big moustaches and used to stroke them, when in stressful situations. He advised Anand to conduct a Multidisciplinary meeting.

In the multidisciplinary meetings, all the concerned specialists discuss and a combined opinion is communicated to the family as well. There was a discussion about the available options which were very limited in this case.

“We can talk to the father again and make him understand the reality, especially more about illness and what it means in severe cases. We can help him gain wisdom for his better understanding. But we need to maintain meticulous documentation,” the medical director was in favour of more counselling and strong documentation.

“No one can change the outcome now. We can, at the best; support life till the child recovers. We are doing our best. But the father can have more peace if he accepts the disease as such and not the doctor’s mistake. More mistrust he carries against doctors, more it would be painful for him as well,” one senior medical consultant said.

“Here the child is conscious, somehow maintains oxygen saturation, but at the same time, his rate of breathing is high, worsening X-ray chest,” Anand quickly explained the scenario.

“Do you think, we can hold ventilator at present,” medical director asked.

“I have no doubt that delayed use of ventilator can pose problems. On the contrary parent’s apprehensions about ventilator are sadly misplaced, being ill-informed,” Anand said.

“These days we should consider our safety as well, as there would be future discussions for fault finding or

court cases. In case of adverse outcome, we will need to justify. No one will pardon us in case of a poor outcome," the chest physician said.

"That is the pain of retrospective analysis; why it was not done before etc etc? They are standard questions of patients' relatives and courts. Let both, patient and the doctor be safe," Anand said.

"Safe practice is the need of present era. So follow protocols meticulously," the physician said.

"In such borderline cases, doctors should err on the sides of the protocol. A conscious decision to avoid a ventilator can be easily interpreted as a mistake later on. Every decision will be questioned with the wisdom of hindsight," Dr Patel finally opined to ventilate patient electively. During the discussion, he was continuously stroking his moustache and Anand could sense anxiety in his mind.

It was decided that the child be electively intubated and put on a ventilator. Everything needed to be explained, documented and video recorded for legal safety of hospitals and doctors.

The decision was tough and correct answers were hazy. At that moment, Anand had to analyse the overall situation keeping in mind the safety of the patient as top priority.

The main aim was to maintain the life of the child. All other questions, concerns, and considerations of the parents were simply unnecessary distractions. The next step was being delayed, consequent to their inability to correctly understand the situation.

For conscious patients having borderline oxygen levels, Intubation and ventilation are difficult decisions, which are further made tough because of myths about ventilators.

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The Myth about Ventilators: Despised Despite Saving Lives

To combat the mistrust, Anand tried to counsel parents and explained all possible angles. But all the discussions were time-consuming.

The family was accompanied by one of the relatives. This uncle of the child was sour-faced, embittered soul, and had nothing constructive to say. He was talking with curdled expressions and had malevolent eyes.

Although he cursed doctors for not doing a proper treatment, underlying thought was that the life had dealt them a more unfair deal than to others. Thought of 'why our child' embittered them to no extent. Ironically they wanted the answer to question from the doctor, who had no link to the generation of the disease.

The uncle was dominating because of his ability to pungently insult the doctors. But usually, such badly behaved relatives are admired by patient's relatives rather than rebuffed. Arguably, they were looking at deterioration, expecting to lose, were nit-picking about doctor's decisions as an alibi of poor outcome.

This person started the discussion on a different note. Anand had a feeling that this new person had trouble understanding the real agenda. Although both the

uncle and the father displayed a high level of anxiety, both continued to argue.

"First of all, we need to accept that, Ventilator is the best choice in present situation," Anand said, addressing the child's father, and paused after these words and looked at the child's father.

The father didn't say anything, just looked indifferent.

Anand kept quiet for a moment, as he did not want to hurt the father with painful words, albeit real, to the father.

"We have to treat in the situation given to us and we have limited choices," Anand said.

The uncle wondered, "Why you are even asking us? You are the expert, not any one of us. We just want our child back, fit and cured."

Anand was in no mood to have word slinging especially when all discussions were without any wisdom.

"That is what we also really wish," Anand wanted to keep the conversation more 'rational' rather than 'emotional'.

In reality, ventilator is an invention, which should be worshiped. But contrarily, due to wrong projections and misguided perceptions, it has been hated despite saving lives. Doctors and ventilators are in a similar situation, both are despised, despite being the only ones of help in critical situations.

“Will he become all right by instituting a ventilator?” His father was unable to see the role of ventilator.

“Ventilator just supports the life till lung recovers and is not a treatment. Someone who is drowning will need a small boat to save a life. The boat will not settle the sea storm, but will be enough to save a person from a certain death.” Anand tried to explain.

“Do you think he will survive after being put on ventilator,” the father again repeated.

Anand knew well the myth regarding ventilators among the minds of masses. So he patiently explained “When human body gets severely diseased, the major organs like heart and lungs need to be supported for saving the life till ailment improves. All patients need a ventilator when the battle for saving a life is ongoing and it is a last-ditch attempt.”

“It is easier to presume that a ventilator has caused death, rather than having a rational thought about the severe disease as the real cause. Death occurs due to a disease, which is severe enough that, needs a ventilator and not vice versa. Ventilator is a friendly machine, saves lives every day and helps people who have failed lungs,” Dr Patel added.

“Doctors place patients on the ventilator at their own will and also sometimes keep dead patients on a ventilator for financial gains. My child is not unconscious,” the child’s father persisted.

He was saying things which were a common myth; painful to doctors, but such hurtful words were still a daily routine.

Anand further explained, “Once the patient is on the ventilator, it is a stress for the doctor as well to take the patient off the ventilator. A large fraction of patients put on ventilators are saved and go home.”

The mother again tried to repeat, “We have heard the famous actor Mr Sameer Singh saying on television that doctors put patients on a ventilator unnecessarily,” People merely with prejudice, and are not hesitant to inflict hurt on to doctors.

“One can learn dancing and acting from film star, Mr Saameer Singh, but not the indications for use of ventilator,” the chest physician said, little irritated.

Anand was still calm, “Every day thousands of patients are placed on a ventilator and sent home to lead a normal life. Any patient who is given general anaesthesia is placed on a ventilator in the operation theatre and then taken off the ventilator at the end of the surgery. All your beliefs about this issue are not true. I can’t withhold a life-saving measure based on misinformed myths. I have to do what-ever is right for the patient.”

Anand just wished that the child’s father to say, “Do everything. Go ahead, do whatever you want and try to save the child.” But those were the words he used to listen a decade ago and very infrequent these days. Patient’s mistrust and prejudice against doctors have become hindrances in executing the correct treatment at the right time and are harmful only to patients themselves.

“Will he be all right by use the ventilator?” His mother still persisted with her doubts and wanted some future assurance.

“I can’t predict the future,” Anand said a bit firmly, being careful not to give any false supportive hope.

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After the multidisciplinary and the family meeting, a decision was taken to put the child on ventilator. Anand asked for the intubation trolley and Dr Sarah was to assist him.

“Intubation in such patients in itself is a dangerous procedure. During the procedure, there can be a fall in blood pressure. I have seen even cardiac arrest. Procedure should be as smooth as possible. Hold your nerves and have a calm mind. Do not let your anxiety prevail over your skills,” Anand was teaching Dr Sarah.

“I know, one of my seniors, Dr Ghosh. While he was intubating, used to sweat, and shout on everyone around,” Dr Sarah nodded her head, checking the equipment.

Anirudh became little apprehensive as he saw hustle and bustle around him.

“What is happening? What are you going to do uncle?” Anirudh said in a tired and breathless voice.

“You are breathing very heavily; I will give you sleeping medicine. Your breathing will become smooth,” Anand told him in sweet voice and touched his head.

“Will I feel pain? I will be alright Uncle? Anirudh held Anand’s hand.

“Yes sure. I will do everything for you. Please be brave,” Anand said with a heavy voice, stroking Anirudh’s hand. With many thoughts in mind like fear, anxiety, love for the child, legal complexity and paper

work, he went to head end of the bed and tried to calm his own mind.

By attaining an imperturbable state of mind against apprehensions, Anand executed a sense of self-assurance. His mind attained a stone like state that had always helped him in such anxious circumstances. Doing the procedure with professional protocols and calm composure would lessen the complications.

He asked sister to administer intravenous sedatives, while bagging the oxygen.

Intubation went smoothly and everyone was relieved for that moment. The risk of uncertainty of every moment was put at abeyance, at least for the time being.

“Yes, now give fluids, his blood pressure is coming down,” Anand said.

“Intravenous fluids started,” the sister confirmed.

The child was put on a ventilator. The decision appeared to be correct, as worsening of the parameters continued. Even with 100% oxygen and high PEEP (Positive end-expiratory pressure- a ventilator parameter) and with the use of all other newer modalities, he was barely able to maintain oxygenation.

The next day, the child was on full life support and high doses of vasopressors (drugs used to increase blood pressure). The parents and relatives continued to blame doctors and ventilators for deterioration.

The submissions and reasoning about the dangers and complications arising from dengue ARDS, MODS were not of much avail.

Every hour was getting tough with no improvement. There were other sick patients with multiple issues and Anand was working like a stressed machine. Trying to do the best, carrying the burden of mistrust had become a routine.

"You should fear God. You are unable to treat dengue fever," the child's father's anxiety of mind was evident by negative remarks.

"This is a known complication of dengue. I have explained everything to you," Anand said politely.

"Every day, he is deteriorating. What are you doing?" the mother also said angrily.

"We all can pray to God. Maybe that will help. We are doing whatever we can," Anand said in a loser's tone, a bit disheartened.

The child's father was disrespectful towards doctors in general. Although the father's words were discouraging and painful to Anand, he preferred to keep quiet.

Anand was not sure, whether God would help the patient or not. If God so willed, why everyday so many patients would die in hospitals? But modern science, doctors, ventilators or antibiotics help everyone irrespective of their faith.

There were moments when the death of some patients looks close, and doctors work tirelessly to avert death. These sick patients could have died any moment, but doctors are able to keep them alive till the effect of the disease has waned, the physiological derangements have vanished and the healing powers of body are restored.

But who will make it, is best described as God's wish. Who exactly decides or what exact factors are, no one knows for sure.

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Anand was feeling battered after the conversation. He felt as if he had been in a brawl. He was trying to counsel the parents of the child, but was feelings of frustrated, irritated and even sad.

His profession was an unsaid commitment to treat everyone, but being a subject to prejudice and mistrust, had become a heavy burden.

He felt irked, angry and hurt over the arguments and undeserving criticism. He had to listen even while doing everything correct and with right intentions. Failure to discuss politely, even for unreasonable arguments might be considered rude.

He felt his energy drain just to gain trust and confidence of families. But what about the real part of management 'the treatment'?

Anand preferred to let these issues slip into the background and focus more on the hope that the patient would respond to treatment, although it was necessary sounding a grave prognosis. But the parents still chose to be in denial mode and failed to realize how close to death, the child really was.

These situations are quite common, where doctors are confronted by both—death as well as relatives. The emotional outbursts, usually full of conflict, consume the crucial time.

Strangely the real major cause, the basic disease was not considered an important cause of deterioration;

rather there was a tendency to blame the actions of the doctor. What he did, something he didn't or what he should have done etc occupies the mind more, rather having trust in the treatment suggested.

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Stress at the Horizon—Complex Working Environment: no Respite

Relatives of every patient in ICU want their near and dear to survive. The unrealistic expectations result in fruitless discussions and arguments. Quite often uncomfortable words are exchanged.

"If somehow, he remains alive on life support for few days, without an unforeseen event, he might recover," Anand told Dr Sarah.

"Let us hope so," Dr Sarah said.

"Our aim should be to sustain life somehow, till the viral infection and intrinsic chemical cascade settles down," Anand said.

"I have increased Noradrenaline. There are mild electrolyte disturbances, which I have corrected," Dr Sarah said.

"Hmm… the lung compliance still remains poor," Anand said while looking at ventilator graphs.

Anirudh would not have been alive, if it were not for the medical innovations achieved in the last few decades. The newer interventions like ventilator had made possible to maintain life for many days, while the boat of life looked like drifting towards the oblivion.

Amid life and death, his own life continued like a combination of stressed days and nights. The happiness of saving a life was invariably associated with the gloom of losing another one. Increasing legalities, financial complexities, and prejudice against doctors with media rumblings made delivering medical care terribly complex.

"Will you live whole life like this? Every day, out of ten patients, one or more will be sick and many on ventilators. Even doing everything correctly will not relieve you from stress. Try to relax your mind and most importantly complete the documentation well," Dr Wilson used to tell him.

"You should leave ICU and do some light work. Working in this manner, you will burn out," Anand's wife would tell him often.

"Hmm…," was usual response from Anand. Fighting with death had become like a 'pain-pleasure complex' for him now. He had realized his inability to quit it now. A strange curiosity about the deadly disease monsters always remained in his mind. He wanted to see "what happens next?" "What will happen in this patient? How can I take him off ventilator?"

Challenging the death monster had become his habit. Nothing could match the satisfaction which he got when he saved critically ill patients.

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Deserve Gratitude-Get Blame: Forgiveness in Mind

It had been around seven days and the child was still on ventilator.

“He is still running high grade fever,” Dr Sarah told Anand.

“Please find out about the culture reports,” Anand said.

“I feel we need to upgrade his antibiotics,” Dr Sarah opined.

While the child worsened within few days, a strange conundrum was staring at the parents, who were not able to understand or accept the medical complexities. In such sick patients, Anand was feeling the inexorable limitations as a doctor. His ability as a good doctor regarding prognosis could only be anticipatable, not more than this.

Dr Sarah collected the reports. Cultures had turned positive and the child needed higher antibiotics. He was sedated with drugs and had a swinging blood pressure (BP). The requirement for vasopressors (drugs needed to maintain normal blood pressure) was also high.

These were points suggesting deterioration and during family meetings, the same was conveyed to the father. Multi-organ dysfunction in severe diseases affects all organs and carries a high mortality. But such a frightening scenario is difficult to fathom by people who lack medical knowledge.

“We brought the child here in a fairly good condition- he was talking, eating normally and even smiling. Look what you have done to him. You have pricked him all over with tubes and pipes all over the body. I have a feeling that he is not even alive. You are just prolonging his agony artificially on ventilator. People rightly hate doctors and call them as butchers.

You all are worthless thugs," the child's father yelled at Anand during one of the meetings.

Such words were not new for Anand. Many sick patients' relatives, during the course of sickness, abuse or hit the saviour with the most painful words.

Anand and Dr Patel were discussing the situation.

"Reason for their suffering is a disease that has root cause somewhere else, maybe at their home. But people find it soothing to blame the failure of treatment on the doctor," Dr Patel said.

"This strange phenomenon is because of prevalent mistrust. How could any doctor have done differently?" Anand said.

Even genuine gentle protest or retaliation is seen as rudeness on the doctor's part.

Although Anand had full sympathy for the child and parents, he disliked the accusation and threats hurled at him. He did not want to be looked upon as the culprit for something he was not responsible for.

Amid these disheartening thoughts and drooping morale, he went to see another patient who had been shifted from the ward and was breathless. This new patient had low oxygen saturation and required urgent intubation and ventilation. Upon reaching the patient, his mind changed and felt charged again. Like a machine, he was soon busy oxygenating the patient, instructing the team and was administering sedation to put the tube in the lungs.

This is the strength that mind of a doctor possesses. Working with the sickness of others takes away the negativity of their minds.

As doctors are accustomed to such conflicts, most of them can handle such situations with experience. But the sense of mistrust gives them bitterness and sadness. When they try to save someone and get abused in return, it is bound to be painful. Unfortunately, rather than an exception, such painful conversations have become routine in the present consumer era. The scepticism causes despondency but they continue to perform their duties, carrying along the burden of mistrust.

The sense of gratitude, Anand deserved from the patient was being replaced by the burden of blame.

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So he took a deep breath and summoned his most patient self. He was trying to avoid further escalation of disagreement into a full-blown conflict that would consume much more time and energy.

“You should remember, we both have a common goal here, to save the child,” Anand had firmness in his voice.

“Oh yes, you want to treat, but are you really able to? If something happens, I promise, you will repent,” the father said in a threatening tone.

“I am fighting for his life and want you to assist me, cooperate and participate in the treatment,” Anand told his father firmly.

The father did not talk much. He simply and sternly conveyed that he is unable to accept the risk of death of his son. “I do not know, what I will do if something happens. I have otherwise also less trust in doctors. In so many days his platelets have still not improved. You

instituted ventilator despite his being conscious. You have spoiled everything."

"This is a natural course of the disease and we can only support life at this stage and that too up to some limits. Please do not hold me responsible for his low levels of platelets and the severity of the disease. We cannot control or dictate the outcome," Anand just tried to communicate the reality in a calm and stern voice.

"Maybe he needs a better treatment. Try harder and sincerely," his father had advice for him with painful words. He was still blaming doctors and trying to hurt them by words.

But this contemptuous behaviour towards doctors does not help them in any way.

Anand preferred to choose words with care. He just looked away and tried to control his anger. He felt it better not to respond to the father, who had irritated him beyond limits.

Anand kept quiet and listened calmly to even the worst of words. Why was he calm? Possibly he had stopped registering the words of the father and relatives. He just knew that doctors were always being blamed by angry parents and relatives for a naturally occurring poor prognostic disease. Such scenarios sometimes made him ask himself why he chose to be a healer.

Whether the thought to treat the human fragility was a mistake in the present era?

Anand dropped his pen and indicated that he wanted to stop further discussion.

Dr Sarah and Anand kept sitting quietly as the family left.

“His father is not in a very fit state of mind,” Dr Sarah said.

“I hope he will later understand the intricacies and complexities,” Anand said.

“Today, you were very quiet,” Dr Sarah said.

“Yes, to answer him with hurtful words, unleashed in a single fit of anger will lead to a completely ruined relationship. My silence was needed in the best interest of the patient,” Anand said.

“Possibly there is neither any glimmer of hope in the minds of the parents nor any iota of faith left. The hatred and suffering due to the disease has been tagged to the doctor and we are being seen as the culprit,” Dr Sarah said with disappointment.

How could Anand tolerate these allegations? He could not afford to have this pain, anger, and grudge suffocate him. He could have expressed his anger and hurt. But could he reciprocate with hatred and revenge? That would escalate conflicts and contrarily suppressing that natural response could enhance the stress for himself.

The best habit he had developed along with great patience was to cultivate forgiveness. He just learnt to ignore the venomous words that had been hurled at him. He was also keeping in mind that the reaction of parents could be just circumstantial.

Anand did not want to let his mind stagnate in an inflicted pain.

If doctors are unable to forgive, then thoughts of anger, bitterness, and revenge will rankle in their minds which will make them suffer. They will not be able to concentrate fully on their craft of healing. The cycle of

mistrust will result in toxic thoughts with pollutants of hatred and anger, which can be controlled only with balm of forgiveness.

Therefore, despite listening to undeserved hurt, Anand's mind was still at peace, as he had already forgiven these agonized souls in his mind.

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Future Hope: A Game of Chess—Brain is the King

After the meeting, Anand went to see the child. He double-checked if there was something else could be done to help the patient. But he just ended up continuing what was already being given.

"If the inflammatory cascade settles down and till that time we can pull through, it might lead to favourable outcome," Anand told Dr Patel, the chest physician.

"How is the brain function till now?" Dr Patel's hands were again on his moustache.

"There has been no event like cardiac arrest or hypoxia. Although with very high support, but we have been able to maintain him well. Pupils are bilaterally well reacting," Anand told him optimistically.

"Till now, the child should be neurologically intact and that is the only hope for the future," Dr Sarah said.

"Let us try hard and hope for the best. There is nothing I can add further," Dr Patel hoped for a change in course.

"As his pupils are reacting well and nothing to suggest irreversible damage," Dr Sarah added.

“Brain function and reflexes are the most important guiding parameter. In such patients, the situation is like a game of chess. All organs may be functioning well, but if the brain, ‘The King’ is damaged, the game is over. Here all organs are affected, but possibly the brain is working well. There is still hope. We will still try and continue to do everything we can,” Anand told Dr Sarah.

“Let’s continue the supportive treatment,” Dr Patel too agreed.

“Family is becoming less hopeful due to their negative thoughts, but I have faith in medical science and my own experience,” Anand told him confidently.

Anand still had a glimmer of hope; he remembered the innocent smile of the child, talking to him on the first day. He remembered the moment when Anirudh had held his hands with hopeful eyes and had asked him if he would be able to go to school.

He looked again at Anirudh, with multiple tubes in his body and sedated with medicines.

“Just give it some time and you will be soon up and about,” Anand murmured.

He just ignored the painful words that the child’s father had said to him. He still had a hope that the child would talk to him again.

Given our human limits at some point, there is an end point to the efforts of what doctors can do. Beyond a certain limit, no new efforts can be made.

Those patients with poor prognosis are ultimately left to ravages of disease with nothing more than the endurance of their own and best trial therapy of doctors to rely on.

Families can't envisage the pain of their kin's death in a modern hospital with all facilities and an unsaid projected promise to treat everything. Between the projections and perceptions, the balancing act is left to doctors to help patients converge at some point, the realistic one.

This balancing is the sore point which takes a lot of time and documentation.

Ebbed from all sides, doctors unintentionally are distracted away from the real point of intention, towards unnecessary defensive medicine and extensive documentation.

That day, Anand remained in the hospital till late in the evening, unable to shake off certain issues from his mind.

His sleep was a disturbed one. In the morning, he got up with a feeling of heavy unsettled mind. The uncertainty of every future moment was not letting his mind rest at peace. He got up early in the morning with a sense of gloom. His wife, Pooja was working in kitchen.

"Good morning," Pooja smiled.

"Why did you get up so early?" Anand asked her.

"Í told you, I am presenting a seminar. I have to leave early," she said and brought him tea.

"You always tell me to be cheerful after getting up. You never liked gloomy good mornings. But now you are not following your own preaching," She could sense his mood.

"That is why, I told you to cheer me up, whenever I need it," Anand smiled.

There had been no phone call from the unit at night.

The apprehension about the real possibility of death of the child was on Anand's mind. The anticipation about difficult day and heavy discussions were still on his mind.

Every day globally, the doctors and the nurses still look forward to a new dawn and return to their work of taking care of their patients, knowing well the difficulties involved.

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Families of even the sickest patients in ICU, expect them back in perfect condition.

Today the father had a new query, "Will Anirudh become physically and mentally normal, when he goes home from here?"

Anand looked at him and didn't know what to say. The father was worried about his child's quality of life, whereas from the medical point of view, the patient was still under the shadow of death. Enquiring about the future quality of life meant that the family still had not accepted the risk to boy's life. Hope was like a burning flame in mind; it could become volatile and might turn into a violent form.

"Presently we are worried about his survival. It would depend upon how he will be able to cope with the illness. We will know the outcome in the future only," Anand thought carefully before responding.

The child's father and Anand looked at each other with gloomy expressions, both aware of the possibility of impending doom. There was a silence between them for few moments.

Anand had a feeling that the answer left the father uneasy, frustrated and feeling uncomfortable. The father wanted to hear to some positive predictive words, an assurance that Anirudh would be well and alive. But Anand was unable to give a false assurance of any kind, especially since he himself was not sure about the future outcome.

The deliberate hesitancy for reassurance was causing dissatisfaction in the father's mind.

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Anirudh hadn't improved and still had the need for vasopressors, high ventilator parameters and requirement of high oxygen.

"Do you think I should warn the parents? Even uttering a word of death may be a disaster. But not telling is also not right," Anand told Dr Sarah amid conflicting thought in his mind.

"A truly realistic view of the doctors can be sensed as too blunt. Becoming too realistic about death may spoil the relationship as parents expect the child to do better," Dr Sarah said.

A natural hesitancy always exists in the doctor's mind to bring up the fact about the future outcome as bad as death.

"The parents may interpret it as failure of medical treatment. But they need to pass the stage of denial and reach a stage of acceptance, so they can tolerate unexpected outcomes," Anand said. "What if the child deteriorates in the next few hours and develops a fall in BP and oxygen saturation? We will be blamed for not telling the correct picture."

“Unfortunately families are not realistic about time and energy of doctors. Lot of time is wasted for their satisfaction,” Dr Sarah wondered.

Such predicaments in the doctor’s mind are difficult to be understood.

Anand completed the documentation, being extra cautious by keeping in mind the legalities that may evolve later. Not only communication, but the documentation of communication is also important. Otherwise, it may appear or be assumed later that no communication was done.

Patients, now redefined as consumers, are unable to understand and realize their loss. By creating the problems for doctors and wasting their time and energy that could have been better used for the patients.

Consequently, more time is spent on issues, which are assumed to be worrisome but actually are not, and less time spent on the issues that really count.

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A Fragile Truce: Weaning off the Ventilator

After ten days of intense treatment, with ongoing ups and downs, there was some ray of hope in the form of, decreasing requirement of oxygen support and vasopressors. It was like the soothing wind to the tired body, as rain in the desert and light of dawn after a dark night. The chest X-ray cleared and the opaque areas of lungs started looking better. The angel of hope became more powerful and the fear demon started waning a bit.

But the child was very weak and the power of his limbs was also diminished. Possibly he had developed

critical illness neuropathy. In such patients, respiratory muscles also become weak and there is poor cough reflex secondary to any life-threatening illness. It can happen in any severe illness. Weak cough reflex results in pooling of secretions in the lungs and can cause new infections. But if life is saved, several of such complications are usually reversible with time.

After a long discussion, it was decided that it would be safer to wean him off the ventilator with Tracheostomy.

During communication with parents, this decision was conveyed to them. The benefits and risks, including temporary voice loss, were explained.

“Why doctor; he is conscious and understands everything. Why do you need to perform another procedure and that too in the neck?” His father exuded anxiety.

“His chest muscles and cough reflex are weak. He may not be able to cough out the phlegm out of the lung, which can cause complications,” Anand tried to explain.

“Can’t we remove the tube and just check, if he needs a Tracheostomy? Moreover, he will not be able to speak. How long do you plan to keep the tube?” His father asked.

“God has been kind till now and we have reached this stage. I will advise you not to take any chances. Regarding the period, I cannot predict, but I promise we will try to remove it at the earliest possible time. Whatever I am doing, is the requirement of his body rather than my wish,” Anand told him firmly.

The parents were again restless a bit and took some time to think over and ultimately consented for Tracheostomy (which is a temporary small passage created in wind pipe below voice box to help the patient in breathing). Besides better clearance of secretions, Tracheostomy covers the risk and protects the airway till muscle power returns.

The next week, the child was weaned off from the ventilator. He was conscious and neurologically intact. There were no bounds to the parent's happiness. They shared their happiness amongst themselves but hesitated to thank Anand.

They still had something in their mind about the deterioration or doubts about initial decisions or 'some mistake'. The parents profusely continued to thank God for the help. Negative gossips about the doctors continued among them and with the other patient's relatives.

The irony of the present era is that even those patients who get a gift of life are not thankful to doctors either. Prejudice in their minds about 'some mistake' or 'wrong injection' as reasons for hospital death have been ingrained by negative publicity by media. What is that 'some mistake' that no one seems to know?

The gratitude from patients that Anand had always felt until few years ago had been replaced by an expression of cribbing and dissatisfaction.

But in his mind, Anand knew that the modern interventions had actually saved the boy's life. Doctors, antibiotics, ventilators had helped, despite being hated, abused, and despised!

He went to the doctor's lounge to have coffee. He started talking to his colleagues about the worsening spectrum of simple diseases like dengue.

"We had never received so many patients with such rapidly progressive virulent course in dengue, especially with ARDS and MODS. The spectrum of the disease has changed a bit," Anand said.

"There could be viruses that have mutated and have become more virulent or cause a more complex immune response in the body," said another physician.

"It is sad to see that a dangerous disease, can be prevented easily just by controlling mosquitoes," Anand said.

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The Paradox: Highlighting Single Complicated Hospital Death but not Dozens of Preventable Deaths

Suddenly a news flashed on the television; breaking news about a reputed hospital in the city.

"Medical negligence; the child dies of dengue fever," the news headline announced.

The sensational issue buried beneath appeared to be manufactured, as it projected dengue fever as a simple disease. The child was admitted for about two weeks and was on the ventilator. There was no effort to educate the masses about life-threating complications of dengue. Instead they chose to sell their news by projecting doctors and hospitals as callous and negligent. An impression was being fostered on half cooked facts that doctors were responsible for the death. No one had even

bothered to enquire about real reasons or actual gravity of the disease and the complicated course.

“Doctors are butchers,” such comments were made, without going into the complexity of the illness.

Anand could easily relate the story to the child he had just weaned off that day. As dengue was rampant in this season, all major hospitals had sick and complicated dengue patients in intensive care.

The media, instead of highlighting the failure to prevent dengue in thousands, chose to create sensation by highlighting and sensationalizing a single complicated death in the hospital. The selective negative projection ignited the hysterical suspicions and the blame for deficiencies of inept system, powerful industry, inadequate infrastructure and poor outcomes of serious diseases was shifted conveniently to doctors, who were unable to retaliate to the powerful media machinery.

The complex treatment of the seriously ill patient was being projected as gruesome atrocity being inflicted by doctors.

Media can easily able to sway opinion and treatments of the millions just by game of projection and perception. A projection of selective negativity is causing tremendous discouragement and demonization of the medical profession. It doesn’t take into account the larger good work being done by the medical community at large. It creates a mist in the minds of people as if lives saved every minute are of no consequence.

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Doctors Projected as Universal Villains; Will it Help Patients?

Unfortunately, a vicious cycle of mistrust and misfortune was being propagated, without a notion about whether it was of any good for society or patients.

Sadly, such negative news was not innocuous. Mistrust generated thereby would affect millions of people.

“Media has played a major role in demonizing doctors with the sole purpose of peddling inflammatory news. This brand of journalism sells a negative image of the medical community. Thousands of lives are saved every day in hospitals, but an adverse incident or death is blown out of proportion selectively,” the paediatrician, Dr Malhotra was upset.

“The perception thus created against doctors by media and celebrities has done immense damage to the profession. Unfortunately, whether there is any substance to the allegations does not seem to matter,” Anand was feeling discouraged.

“Media people are least bothered by the mistrust and consequent harm to patients and doctors,” said one consultant.

“A news with a headline describing the one latest tragedy will sell more than airing the fact that a dozen lives are being saved at every hospital in a day,” the physician said.

“The more demoralizing part is that doctors are held responsible for the death, whereas the real reason and genesis of disease is outside the hospital, the mosquito bite” Dr Malhotra said.

“It is the officers responsible for mosquito control who should be punished. What a paradox!” Anand said.

“Our patient was lucky that he came out of it and was saved,” Dr Patel said.

“I think, I was also quite lucky, otherwise it would have been us on the television, being abused,” said Anand and smiled.

“You would have been famous in a day,” Dr Shishir winked and smiled sarcastically.

“There are so many sick patients, it can still happen anytime now as well. Who is going to ask doctors before the telecast whether they did right or wrong? An impression is created that the patient died because of doctors’ mistakes and not due to a serious disease,” Dr Malhotra was worried.

The mood of everyone in the lounge was low; now all the admitted patients would exude mistrust and discuss the callousness of doctors. The prejudice would be difficult to treat, even when all doctors were doing things correctly and trying to help the patient.

“We can just follow protocols and document well to save yourself,” Anand said.

“Documentation may be of some help in courts but not from media harassment,” Dr Malhotra said.

But, was this a fair and appropriate response?

The basic disease; mosquito bite and dengue fever should not have occurred in the first place; a fundamental question that media and no one even bothered to raise.

In the majority of such cases, biases remain hidden, while hindsight analyses are half-baked, submerged and

woven into an emotional fabric that is wrapped around their business. The selected sensational negativity thus created is sold to masses under the banner of a projected premise of better medical services and health care optimization.

“It is the patients who will be affected in the long run,” Dr Wilson said.

“Why? Patients are happy if doctors are punished,” Dr Patel was upset.

“Doctors doing their normal routine work are shown as terrifying spectacle of negligence that captures the imagination of people. The projected incident makes them feel as if they would be sliding into bad chaos in hospitals. They will fear taking help from doctors at the right time,” Dr Wilson said.

“Something very wrong is happening to us and our profession, a grave injustice,” Anand said.

“Unfortunately only doctors can feel it,” Anand said.

“People are unable to realise their loss,” Dr Wilson said.

Unable to tolerate the program further, Anand went back to ICU.

That news continued to air on TV the whole day. There were debates to put doctors on the mat as they failed to treat a ‘simple’ disease like dengue, without a word about the possibility of the extent to which it might complicate. Doctors usually find themselves helpless against such malicious campaign.

Following that news item, there was a huge furore, loud protest, and demand for action against the involved medical personnel. Everyone appeared to be baying for his blood. There were discussions on the television media about doctors being cruel and callous.

Armchair preachers, who had never treated a single patient in their lives, were full of empathy, emotions and advised doctors all over for soul searching and introspection. It was indeed sad that the child had died, but death is final and irreversible event and most of the times a consequence of a disease process. But one that occurs after a medical intervention automatically leads to a blame game. Allegations of substandard care were thrown at the treating team without reason, unjustified provocation or rationality.

Therefore any hospital death, expected or unexpected, due to natural poor prognosis, due to unforeseen complications or even because of system failures was easily pinned down to the doctors, who were being projected as universal villains.

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Anand told Dr Sarah about the episode on television.

But he thanked God that it was not his patient, he could have been the universal villain that evening itself.

That same evening Anirudh's father met Anand. He discussed the future course, but was still unsure about the Tracheostomy and the process of De-cannulation (removal of tracheostomy). However, Anand could discern a slight change in his attitude.

“If he comes out of this situation, will he be normal? Will he be able to walk and play normally?” Anirudh’s father asked.

“I think, he should be. It may take a few weeks. But still, a few things will unfold in the future which I cannot predict. As of now, he has shown marked improvement and has come out of difficult times. We hope and pray that he should be alright,” Anand still emphasized the uncertainty with some positivity.

After a pause, the father started speaking again, in a calm voice, “Dr Anand, since childhood, Anirudh had been a bit naughty boy. Whenever I was sleeping, he used to tickle on the sole of my foot or used to run away pulling my big toe. Now when I see him lying lethargic, I remember those days. I wish to see the same playfulness in him again,” he paused and looked at Anand.

For the first time, Anand noticed that the father’s eyes were wet.

“God has been kind and we have reached a stage where full recovery is possible. I am hopeful about a good recovery,” Anand said though still wary.

The father looked at Anand and did not say anything. For the first time, he thanked Anand and just moved quietly out of the room. Possibly he realized that God had been kind to him and doctors had done all the hard work possible against the deadly disease.

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Working with Burden of Mistrust and Prejudice

Anand’s mind slipped into deep thought. He wondered, how that man, the father would have reacted

in case the child had not survived. Anand and his colleagues would have been the object of revenge. So the gratitude, he had earned was not entirely because of his hard work but had an element of luck also. He could have suffered badly in the situation of an adverse outcome.

For him, his effort and energy was always the best he could give. He would have fought the same uphill battle for every patient but prognosis would define the outcome and consequent conflicts. In retrospect, anyone can easily fish out a few mistakes or some faults in the doctor's notes because of wisdom gained as a hindsight. Even courts, while looking into the documentation, may consider the disease as curable. The doctor's plea about disease progression can be easily presumed as a fig's leaf to hide behind, and an excuse. Even a minor fault in documentation or communication is enough to hold doctors guilty.

Consequently, human errors, natural poor prognosis, therapeutic side effects, the uncertainties of medicine and diseases, individual body's variations and idiosyncrasies are usually interpreted as demerits of the treating doctor through the retrospective prism. These issues of adverse outcomes are least understood and the negative projection by media promotes the already existing prejudice and mistrust amongst the public.

Media could have done better in helping to take off the spectacles fogged with bias against doctors and recognizing them as real saviours, just as deserving of justice.

The demonstration of the cleft that separates doctors from the actual overpowering controlling medical industry and administrators is not given, in order

to maintain the prejudice with its dangerous bias towards health care workers, who are in forefront and are visible to public.

Anand found such episodes emotionally draining. This is not the way, medicine should be practiced. He remembered his early training days when he could treat emergencies without wasting time on paper work. Such extensive documentation and consent were not thought necessary in sick patients and complications were taken in the right spirit as part of the disease, rather than as a fault of the doctor.

These days, all the harm to the patient and even genuine complications are taken as the mistake of the doctor unless proved otherwise. Number of years spent to justify one small error would consume a good part of the life of a doctor, besides demoralising him.

The question coming to Anand's mind was about the conflict and stress generation, which was loaded on the warrior amid the battle of life and death. Is it worthwhile to lead such a life full of conflicts? Why not to do something, where the mind is free and without needless pressures. Any moment or one patient can bring legal trouble enough to throw the doctor into a waste bin.

"If I am doing the good work, why should my mind suffer in such sentimental sediment? Why should I carry the stress along with burden and pain of mistrust on my head and receive the blame Instead of gratitude", Anand was thinking.

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Next day, Anand was on the rounds, Dr Sarah removed the tracheostomy (de-cannulation) of Anirudh.

Both looked at each other with a winner's smile in their eyes.

After removal of tracheostomy, Anirudh's voice was restored. "Thanks uncle, I want to see your face," his said in hoarse voice because of some air leak as tracheostomy was just removed.

Standing by the Anirudh's bedside, Anand smiled at him behind the mask, he could appreciate the brightness in the child's eyes. Anirudh slowly lifted his hand and Anand held it between both his hands.

"You are alright now, brave boy. You are a great fighter. After a few days, you will be able to go to school," Anand talked to him for a few minutes.

"But I will remember your voice and your eyes," Anirudh said nodding his head.

"Before you go home, we will have tea together," Anand said, stroking his hand.

Anirudh smiled and with an eye gesture, thanked him. Anand slowly came out of the room; his heart was filled with happiness.

From worldly parameters, he had got nothing out of the whole episode other than painful days, then why did such enormous happiness and satisfaction fill his heart?

Anand understood the reason for this happiness. He enjoyed the infinite bliss of a winner, unbroken by the hurt thrown at him, conquering over a certain death. He has performed well as a warrior against deadly monster.

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Chapter 21
Medical Words and Abbreviations

Altered sensorium	:	Low conscious level
ANA	:	A blood test to diagnose SLE
ARDS	:	A condition with severe lung failure, respiratory distress
Arrhythmia	:	Rhythm disturbance of heart
BP	:	Blood pressure
Bradycardia	:	Low heart rate
Cardiac arrest	:	Cessation of heart beat and circulation
Complete heart block	:	Severe conduction defect of heart
CPR	:	Cardio-pulmonary resuscitation. Technique used for revival after cardiac arrest.
Critical illness neuropathy	:	Nerve weakness due to any severe illness
CSF exam	:	study of brain fluid

Culture	: Microbiology technique to detect germs
Defibrillation	: Electric shock given to revive the patient.
Dialysis	: Technique to clean blood, done in kidney failure
Dyspnoea	: Breathlessness
Ejection fraction	: Pumping function of heart
Endoscopy	: Telescopic test to see the stomach internally
ER	: Emergency Room, which receives emergency patients
Haemangioma	: Tumour of blood vessels
Hypoxia	: Low oxygen levels in blood
ICU	: Intensive Care Unit
Intubation	: A tube put in lungs to connect ventilator.
Lumbar puncture	: technique to get CSF
Meningitis	: swelling in coverings of brain
Microbiology	: study of germs
MODS	: Multi organ dysfunction syndrome

NIV	: Non Invasive Ventilator. Instituted without putting a tube inside.
OPD	: Outdoor department to see patients.
OT	: Operation theatre, where surgeries are conducted.
Oxygen saturation	: oxygen levels in blood
Paediatric	: Medical branch related to children
Paediatric	: Medical branch that deals with children.
PICU	: ICU for children.
Psychosomatic disorders	: psychological disturbances, Hysteria
Pupil reaction	: An important eye reflex to check brain function.
ROSC	: Return of spontaneous circulation. revival after CPR
Seizure	: Fit, epilepsy
SLE	: Systemic Lupus erythematosus, an autoimmune disease
Tracheostomy	: Small opening done surgically below voice box

		in wind pipe to help in breathing
Vasopressors	:	Medicines used to increase Blood pressure.
Ventilator	:	A machine to be used in lung failure to give artificial breaths.
Weaning off the ventilator	:	Taking off the ventilator.