

Indian health care workers call for reform after rape and killing of doctor

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The rape and killing of a 31-year-old resident doctor at a hospital in the West Bengal capital of Calcutta has sparked widespread outrage, mobilizing tens of thousands of medical trainees and doctors across India to demand justice and reform.

The incident prompted a 24-hour national strike by doctors, who withdrew all non-essential services at medical institutions on Saturday. Women led massive rallies, candlelight vigils and midnight marches, as slogans of “Reclaim the Night” and “We Want Justice” echoed through the streets, with protests spreading to London and New York.

The resident doctor was found dead in the early hours of Aug. 9 with extensive injuries and signs of sexual assault in a seminar room at RG Kar Medical College and Hospital in Calcutta where she was resting at night after a 36-hour shift.

The police have arrested a civic volunteer linked to the incident. However, the parents of the victim, who cannot be identified under Indian law, have alleged to the media that some of her colleagues were involved.

The attack has exposed underlying problems with India’s medical training system, significant gaps in security for health care workers, and serious lapses in safety for women.

The Indian Medical Association has called it “a crime of barbaric scale” that has “shocked the conscience of the nation.” The IMA is urging Prime Minister Narendra Modi to intervene and implement measures to meet its demands, such as a total overhaul of working and living conditions for resident doctors, and additional infrastructure to ensure hospital-security protocol is “no less than an airport.”

Since India lacks a federal law to protect health care workers from violence, medical bodies such as the IMA, Federation of Resident Doctors’ Association and the Junior Doctors’ Network are demanding swift

implementation of legislation on the issue, which has been in limbo since it was introduced in parliament in 2022.

The incident has also highlighted the difficult conditions under which medical students and resident doctors work in India. A study by the IMA has found that more than 75 per cent of doctors have faced some form of violence at work.

“Next to nurses, resident doctors are the workhorses of the medical community,” R.V. Asokan, national president of the IMA, told *The Globe and Mail*. “They work long shifts, face patient mistrust and the constant threat of violence. A doctor being attacked on duty is not even news any more because it is so commonplace.”

Medical trainees are also increasingly vulnerable to taking their own life because of stress, and there is a pressing need to cap working hours and ensure proper rest and security for doctors, he added.

Rajsmita Bhattacharjee, an assistant professor at a government medical college in the Punjabi city of Mohali said the attack was even more horrifying because it happened in the resident’s place of work.

“The conditions under which resident doctors work in government hospitals are deplorable,” she said. “There are no clean washrooms. Whatever areas are available to rest are infested with bed bugs and rats.

“Resident doctors are often overburdened especially in emergency wards, with one doctor looking after more than 10 patients on a 24-hour-duty shift. I now fear for my sister’s safety too, who works in a government hospital and does two night shifts a week.”

With a growing sense of insecurity, particularly among female doctors who make up about 65 per cent of the profession, there are greater demands for better monitoring of sexual harassment and violence in health systems.

There has also been an outpouring of stories from doctors

and medical students.

Kanika Sharma, a general surgery resident in Chennai, recalled many past experiences of harassment and stalking during her medical training in India.

“I am deeply saddened by women suffering such intense violence in this country,” she said. “The Calcutta tragedy has instilled fear in the hearts of my fellow women doctors. When nearly all of us have faced some level of perceived danger in the workplace at some point, we’re always looking over our shoulders, hoping we’re not next. The scariest fact is that the predators are amongst us.”

“Doctors are asking for basic human rights. While medical training is expensive worldwide, India is unique wherein even post-graduate training courses entail hefty tuition fees in return for measly stipends. They don’t feel respected or rewarded,” added Dr. Sharma.

But she hopes the outcry that has followed the attack will help.

“It is a traumatic time for women, but the projection of our collective outrage is important. It might herald the change we desperately hope for,” she said.

After the widespread demands for reform, India’s Health Ministry has set up a committee to examine measures to protect doctors. It has directed heads of medical institutions to file a report within six hours of any incident of violence against health care workers on duty.

While the majority of health care workers in India are women, only 25 per cent hold leadership roles, according to the collective, Women in Global Health. It has called for better representation of women in health care leadership.

The West Bengal government, meanwhile, announced measures including a mobile app with an alarm connected to local police stations and a plan to deploy female private-security personnel at government institutions.