

Slave Culture

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Slavery is an old concept; a wonderful concept, from the point of view of slave-owners, whom we shall call slave-masters. The slaves are 'slaves'. They cannot have a point of view of their own. If they have, they are forbidden from expressing it.

You may be thinking that my grammar is wrong. I am in the present tense, while I really should be in the past tense when talking about slaves. Friends, let me assure you that nothing is wrong with my grammar. Slavery in some form or other exists, everywhere. Let us tell you about a certain leading medical college hospital in a certain metro city. Who would expect to find slaves in such a place? Well, they are there, well camouflaged, but well noticeable if one knows where to look. The slavery here is a little different from that in the good old days, but is principally the same.

There are different levels of slaves in this system. There are 'Level One' slaves – the Interns. The duration of slavery is at least one year. If the work output of the slave is not satisfactory, the period can be extended. Generally the slave-masters do not extend the period because every year there is a new batch of such slaves, and who would like to keep the 'Level One' slaves from turning into 'Level Two' slaves? One needs those too.

The resident doctors are 'Level Two' slaves, who enjoy the services of 'Level One' slaves. Though the final control over 'Level One' slaves is that of the Professor, he/she is not the true beneficiary of their services. He/she (henceforth we will call the Professor 'he' for convenience) just releases the 'Level One' slaves from slavery when 'Level Two' slaves are done with them.

Slave interns do the menial work that the menial workers of the hospital will not do for any reason, or even without any reason. It includes taking urine, stool, blood, and any other biological samples to the laboratory, collecting reports of laboratory tests, filling forms requesting laboratory tests, accompanying patients to different outpatient clinics etc. This is called 'medical training' to satisfy the central governing body called MCI. But it is slavery all right.

One perhaps wonders what prevents 'Level One' slaves from revolting, from breaking free. After all there are no chains, no locks, no restraints. All that is quite old fashioned. Here the control lies in the 'release from slavery' process. Unless released from the slavery, the interns do not get a degree certificate, and are not true doctors, who can practice medicine. It is no wonder they go through this slavery without any audible complaints. In fact there is a special category of 'Level One' slaves called Externs. The regular interns get a stipend for their slave labor, like the inmates of a jail do for working in the jail. But the Externs actually ask for a transfer to another slave-house of their choice, and pay money to both the slave-houses for getting such a transfer. They do not get any stipend for their slave-labor too. This is a very curious form of slavery, in which the slave actually pays to be a slave.

Resident Medical Officers (RMOs) are 'Level Two' slaves. They usually slave for 2 to 3 years, some of them longer, under different slave-masters in rotation. Usually RMOs in surgical branches make good slaves, because the rewards of good slavery are sweet. These

rewards are called ‘cutting’, which means operative work. Without this reward, ‘Level Two’ slavery is meaningless, as without this experience they do not develop competence and confidence to practice their art after qualification. So they are wonderful slaves. On the other hand, ‘Level Two’ slaves on the medical side are not so good (from their masters’ point of view) because they do not have much incentive to work. Seeing patients and thinking about their diagnoses cannot be stopped by their masters, because if the RMOs will not do this work, their masters will have to do it. But still they do some work, because their masters do have a control over them. This control is in the clearance of their dissertations. If the slaves do not get their masters’ signatures on the dissertations, they cannot appear for their postgraduate examinations, and cannot become consultants.

‘Level Two’ slaves have to stand outside the staff-room, waiting for their masters to finish their post-arrival-to-hospital tea/coffee (on the house), so that the day’s work can be begun. If the masters continue to sit and chat, the ‘Level Two’ slaves wait patiently. If they are doing some work when the master arrives, they stand up and either keep doing the work in standing position (if they think the master will not mind) or stop the work to attend to the master’s desires. They do not sit down even if the master tells them to sit down (very few masters actually do that), until the master goes away. They accept the master’s criticism with a smile. They laugh dutifully at their master’s jokes, good or bad. They do not criticize the master on face, even if the master is definitely wrong. They take the master’s relatives, note-cases, and private patients to other departments and laboratories, so that their work is done quickly without having to stand in long queues. Some of them even go to assist their master in his private practice, without any remuneration of course. They accept the blame for the complications the master creates, if the master so desires. Their conversation with the master is usually limited to ‘yes sir’, ‘no sir’, and ‘sorry sir’.

‘Level Three’ slaves are Lecturers and Associate Professors. They are fully qualified, at least as much as their master, sometimes more than the master. Still they are slaves because they are younger than the master, and got into service later. They do not feel like slaves themselves, but their masters tend to consider them as such. They obey the master because the service rules state they should. This slavery is usually limited to taking the students’ lectures the master is supposed to take, assisting the RMOs when the master should actually be doing it, attending boring meetings in place of the master etc. They remain under the master’s control because their confidential report is written by the master at the end of each year, and if the report is not good, they cannot get a promotion.

The slave-master, usually a professor, is in a very comfortable position. He can work when he feels like (if at all), and assign the dirty work to his slaves when he doesn’t feel like (which is quite often), but still take full credit for having done the work himself. He can demand respect. He can throw tantrums on ward rounds, and throw instruments in operation theater if he cannot do something properly. No one can stop him from this throwing business. The list of work done for him by his slaves that we have already seen is by no means complete. Different slave-masters have different needs, and their slaves do their bidding on the double.

The beauty of this slave culture is that middle level slaves are slaves of higher level slaves, and are masters of lower level slaves at the same time. Thus only the lowest level slaves are pure slaves, while others serve someone and get served by someone. The system works, the slaves waiting for their slavery period to get over, so that they can either go away from the system for good, or become slave-masters themselves.

I request the readers to understand that not all Professors in the certain hospital I told you about are slave-masters, and for those who are not, there are no slaves. Not all slave masters are as bad as those described here. Actually there are grades of them, ranging from mild to severe. The Professors are not supreme slave masters too. They in their turn are slaves of higher authorities, who in turn are slaves of authorities higher than them. This is how God has made them, and that is how they will continue to be.