

---

## Doctors and Doctoring: An Analysis of the Cultural Discourses of Medicine

**Ms. Shinu C.**

PhD Scholar, Dept. of English, Pondicherry University

**Dr. Binu Zachariah**

Professor, Dept. of English, Pondicherry University

---

### Publication Info

#### *Article history :*

Received : 15.4.2023

Accepted : 16.5.2023

DOI : 10.30949/dajdtla.v19i1.3

#### *Key words:*

Cultural Discourse, Illness,  
Medical Gaze, Medical  
Humanities, Medical  
Paternalism, Medical Pluralism

#### *Corresponding author :*

c.shinuchandran@gmail.com  
binu750@yahoo.com

### ABSTRACT

The astonishing stories from the discourses of medicine portray the values of a doctor and the process of doctoring based on humanistic principles. Medical Humanities is an interdisciplinary field of study where one of the aims is to attempt to focus on the importance of empathy and kindness in medical practitioners who experience anguish, anxiety as well as professional satisfaction. Haris Qadeer introduces Medical Humanities, basically a Western thought, to the Indian context by compiling translated stories of illness and cure from the regional languages of India. The book, *Medical Maladies: Stories of Disease and Cure from Indian Languages* (2022), through nineteen fascinating short stories ranging from the early twentieth century to the contemporary period, discloses the various aspects of the cultural discourses of medicine in India. The translation of literary texts into other languages enhances their scope of obtaining a wider readership as well as reviews and critical analyses. A text like *Medical Maladies* opens the doors of regional Indian literatures so as to enable us to understand and study the vicissitudes of life portrayed in literatures in regional languages from all over the country. This paper attempts to analyse the impact of medical pluralism and medical paternalism on the treatment offered, changing medical gaze, the threats of the corporatization of medicine that makes doctoring a business, the influences of sociocultural beliefs in the suffering of women, and the challenges faced by the doctors, patients and other medical practitioners through a study of five stories from this collection. These include "Quarantine", "A Day in the Labour Room", "The Surgeon", "Mantra", and "Narova Kunjarova".

---

The magnificence of literature is in its peculiar and essential characteristic of vividly conversing and illuminating people with the myriad facets of human conditions. The pertinence of reading literature by learners during their academic years to imbibe cognitive skills and acquire humanistic values has been identified even by the clinically based curricula such as medicine, pharmacy and related health programmes. During the late twentieth century, intellectuals in the West, for the first time, observed the inability of the objective field of medical science to train medical students to be empathetic, benignant and also to perceive suffering and joy. Later this realization steered the emergence of the field of Medical Humanities. The educators in the West believed that something indispensable was missing in the health professions' education and that humanities could fill this vacuum (Jones et al, 18). According to the Centre for Medical Humanities in London, "Medical humanities is an interdisciplinary, and increasingly international endeavour that draws on the creative and intellectual strengths of diverse disciplines, including literature, art, creative writing, drama, film, music, philosophy, ethical decision making, anthropology, and history, in pursuit of medical educational goals" (Kirklin 1050).

The advent of Medical Humanities in India was late as Radha Ramaswami remarks in her article "Embracing the Unknown: introducing medical humanities into the undergraduate medical curriculum in India." In order to discuss the medical curricular reforms, "[i]n September 2010, about 100 people, medical teachers and students, administrators and policy makers gathered in Mumbai" (Ramaswami 174) and consequently Medical Humanities was incorporated into the curriculum as a solution to satisfactorily address students' anxieties, distress or queries pertaining to their profession and also their own relationship to it (174). According to Radha Ramaswamy:

MH is a bold and continuous search for connections between medical practice and the realities of our world. It is an attempt to challenge one's own assumptions about 'how things have to be'. It is an enrichment of the mind and the soul through exposure to diverse knowledge systems, learning to see with the imagination, and feel what you dare not feel. It is an education in confronting contradictions within oneself. It is an encouragement to rest in the unknown, without fear or the urge to seek immediate resolutions. (174)

Medicine has been one of the themes of literature as Joanne Trautmann says at the beginning of her article "The Wonders of Literature in Medical Education." Trautmann, the founder of the field of literature and medicine and the first faculty of literature to join a medical school in the USA in 1972, observes that "[l]iterature and medicine are centuries-old allies" (23). These two fields appear to be extremely different, but, she finds that "the great literature of the past and present is one of our best sources for illuminations of many medical subjects" (25). Reading literature, facilitates a medical student to make reflective judgements out of perceptible symptoms of a patient.

Apart from what medical humanities means for medical practitioners, as an emerging literary field, it also integrates the narratives of doctors, patients and caregivers about their accounts of illness. The stories of the human condition of being ill provide insight into the impact of illness in familial and sociocultural contexts. The cultural discourse of medicine is where, as one of the theorists of Medical Humanities Alan Bleakley points out in his article, "[p]hysicians first call on the power of science to see "into" the body beyond symptom to cause and then separate objectified "disease" from experienced "illness," patient from person"(714). The literature which portrays stories of illness, disease, cure and the field of medicine efficaciously acquaint the readers with the complexities and feelings associated with it. Through the contemplations on these episodes in literature, a medical practitioner can prescribe the best treatment method, the caregiver can nurse the patient diligently and the patient can be alleviated from the intensity of grief.

As far as Indian Literature is concerned, medicine and related topics are not unprecedented. However, the recrudescence of the Covid-19 pandemic has restored the interest of literature and medicine to analyze the meticulous documentation of epidemics in literary history (Qadeer 14). The petrifying experiences of illness have been recorded not only in one specific genre of literature but also in all the existing genres. Haris Qadeer, a professor of English and a writer, combines nineteen short stories (ranging from the early twentieth century to the contemporary times) about diseases and healing from Indian languages in his book *Medical Maladies* (2022). The stories, originally written in regional languages, explore the medical practices and cultures in India. David T. Mitchell in his foreword to this book states:

In this collection, which may be observed to be somewhat removed from Western contexts with its interests planted firmly in India, Haris Qadeer assembles a variety of 'short life' pieces that evoke a wide array of medical contexts and cultural traditions. The multiplicity of India is on display in their portrayal of a variety of medicalized approaches to disability and interrupted health status. The physicians in these works retain their paramount status and thus make the collection recognizable as a gathering of Medical Humanities- based texts. (8)

One of the most significant aspects of medical humanities is the predominance of "physicians as a healer" (7) and the ascendancy to the role of a protagonist which is evident in the writings from Indian social contexts. The stories included in *Medical Maladies* illustrate not only the terrifying life of health professionals, and patients suffering from various infectious and external diseases but also the horrifying ordeals of the surrounding people and society. These stories reaffirm Alan Bleakley's views on the need for a democratic medical gaze rather than an aristocratic way of looking at patients in the medical field.

In the introduction to the book *Translation—Theory and Practice*, Astradur Eysteinnsson and

Daniel Weissbort state “Translation, ... hands over or delivers, and it is instrumental in passing on and handing down documents deemed worthy of such delivery” (3). Literary texts that originated in regional languages get a wider recognition by virtue of their being translated into international languages such as English. Eysteinsson and Weissbort further say that “Literary translation—as much as literature itself—draws on experience from diverse Worlds of human experience, and its discursive operations overlap with those of other kinds of translation”(2). The engrossing stories of the collection, *Medical Maladies*, communicates to the readers the discourses of medicine in both urban and rural areas, medical paternalism that exists in clinical practice, crises due to medical pluralism, the sufferings of women aggravated by the patriarchal intervening, the dreadful experiences of pandemic and death, etc. The psychological experiences of a doctor are different from that of a patient during these circumstances expounded by the writers. The collection includes stories with compelling narration by doctors and patients. Most of the stories are written in a third-person perspective with a doctor or a patient as the protagonist. The stories which focus on the medical professionals outline the desolate ambience of the hospitals. The implicit portrayal of the psychological distress of these professionals explains the intricacies of this profession. The stories include “Quarantine” by Rajinder Singh Bedi (translated from Urdu by Amit Julka), “A Day in the Labour Room” by Jeelani Bano (translated from Urdu by Zakia Masshadi), “The Surgeon” by Sheeba E. K. (translated from Malayalam by Swetha Antony), “Mantra” by Premchand (translated from Hindi by Kanupriya Dhingra), “Doctor Moni” by Bibhutibhushan Bandyopadhyay (translated from Bengali by Debayudh Chatterjee), and “Narova Kunjarova” by Shirin Shashikant Valavade (translated from Marathi by Keerti Ramachandra), “The Stranger” by Ashok Vasishth (translated from Punjabi by Guntasha Tulsi) and “The Final Test” by Amar.

Medical Humanities also includes the stories of the patients and their experiences with illness. The nature of a doctor-patient relationship also influences the fast recovery from illness. Debra L. Roter and Judith A. Hall assert in their book *Doctors Talking with Patients / Patients Talking with Doctors* that “[p]atients need to feel that their doctors take a personal interest in them as individuals, (and that) like them, are concerned and committed to their welfare, and will consequently take pains to do a good job.” (7) The doctors may diagnose diseases through a keen observation of symptoms but they may not be aware of the effect of this disease upon the patient's life. It is through talking that the patient feels at ease and the doctor understands the psychological and physiological difficulties that he/she undergoes. According to Roter and Hall, talk is fundamental to medical care (4). Patients' narratives of illness depict the excruciating impact of the disease upon the body and also the surroundings. Such stories in this collection include, “A Major Operation” by Basant Kumar Satpathy (translated from Odia by Aditya Nayak) and “A Gift of Vision” by Rabindranath Tagore (translated from Bengali by Debayudh Chatterjee). There are other stories which are narrated by an omniscient third-person narrator about the anguish of patients who go through different fatal diseases and the attitude of society towards these people. The stories also examine the issues of medical pluralism and paternalism, follies of the medical field, the sufferings of the female body, physical health and mental strength. These issues can be found in “A Crisis of Medical Treatment” by Rajshekhar Basu 'Parshuram' (translated from Bengali by Rajorshi Das), “Whose Turn Now?” by Shankar Raina (translated from Kashmiri by Neerja Mattoo), “Manzoor” by Saadat Hasan Manto (translated from Urdu by Haris Qadeer), “The Longing” by Kartar Singh Duggal (translated from Punjabi by Guntasha Tulsi), “The Cavern” by Bhabendra Nath Saikia (translated from Assamese by Dhurjjati Sarma), “Day Care” by Zakia Masshadi (translated from Urdu by the author), “Asif Jahan's Daughter-in-Law” by Rashid Jahan (translated from Urdu by Mohammed Afzal), “The Plague-Witch” by Master Bhagwandas (translated from Hindi by Abiral Kumar) and “Heartless” by Annie Zaidi.

To analyze the role of doctors and the aspects of doctoring in traditional and contemporary

medical discourses, five stories have been extracted from the collection: "Quarantine", "A Day in the Labour Room", "The Surgeon", "Mantra", and "Narova Kunjarova".

The objective and more technologically based discourses of medicine lead to the ebbing away of humanistic values. A physician should be capable of understanding the experiences of the patients and fellow clinicians. Rachel Smydra et al in their article "Integration of Arts and Humanities in Medical Education: A Narrative Review" analyze that "[p]hysicians must be able to reflect on both personal and professional relationships to develop and enhance their own practices of recognizing and understanding cultural differences between themselves and other clinicians, patients, and caretakers" (1267). The stories narrated by the medical professionals and the patients in this anthology exceptionally represent various aspects of medical discourses.

"Quarantine", the opening story, deals with the danger of human existence during an epidemic. The outbreak of the fatal epidemic, plague, drags human beings into a life with a fear of death. Moreover, the idea of quarantine makes people as fearful as the plague. The author Rajinder Singh Bedi says "While the plague was terrible enough, the quarantine was more dreadful still. People feared it more than the disease itself, ..." (37). The circumstances of the recent Covid-19 pandemic can be related to the incidents of this story where health professionals have been glorified and admired.

The dilemma of people who are in quarantine is about the chances of being affected by the epidemic. The seclusion affects their mental stability and weakens their physical health. Dr. Bakhshi, the narrator of the story asserts the following:

As a doctor, I can say it with some authority that the quarantine claimed more lives in the city than the plague, although the former isn't a disease per se, but rather the name to an area where those suffering from this infectious pandemic are lawfully isolated from healthy people to prevent further spread of infections. (37)

The constant exposure to the plague-diffused environment frightens Dr. Bakhshi, but that never forbids him from serving people. The conscientious doctor takes measures to maintain his mental stability even after witnessing the gruesome scenes of death and the disposal of dead bodies. The horror is manifested in his words, "[d]ue to the excessive number of deaths, the dead were disposed of in a peculiar manner. They were thrown into a heap like corpses of dogs, doused with petrol, and set on fire without following any rites or customs" (38). He says that to prevent himself from the bacterial infection and mental breakdown, "I would wash my hands profusely with carbolic soap, gargle with a disinfecting mouthwash and drink some nasty stomach-searing coffee or brandy" (38). While people suffer from fear of disease and death, the doctors experience the dreadful effects of disease upon humans and death.

The doctors are being valorized by neglecting the efforts of their assistants. William Bhago Khakrob, the sanitation worker and the close ally of Dr. Bhakhshi sacrifices the safety of his family for the society. He represents the health professional in general who selflessly work for social well-being. The doctor who wields on hierarchical dominance feels envious towards Bhago. Dr. Bhakhshi narrates "I wanted to praise Bhago's bravery but was so overwhelmed with my own emotions that I couldn't articulate my thoughts. His confidence and deeds made me envious" (41). Bhago does not step back even during the disposal of dead bodies. He sanitizes the whole street in the early morning and also takes care of the patients in the quarantine zone without hesitation. The doctor uses his autocratic powers to instruct Bhago to carry out certain tasks that require close contact with the patients and the self-seeking Dr. Bhakhshi transfers his duties to his subordinate to rescue himself from the disease. Bleakley observes, "[p]hysicians themselves reinforce such autocracies" (707) in the traditional field of medicine.

The subordinates or the workers like Bhago witness the actual terror of an epidemic rather than a doctor who treats at the hospital and occasionally at the homes of the patients. When Dr. Bhakhshi says with a sigh, "[y]es, this place is worse than hell... I am myself thinking of ways to escape this hellhole..." (42), Bhago informs him of a horrifying incident that "[a] patient who fainted under the spell of the disease was presumed to be dead, his body was thrown into the pile of corpses and set on fire, I saw him flailing his arms and legs in the flames" (43). His arms get scorched while saving him and the half-burnt man dies horrifyingly with greater agony. Bhago takes the body into the same heap. The workers cannot take a break from their work, but the doctor can. Dr. Bhakhshi's spending time with friends provides him with relief from the mournful and depressing atmosphere.

The commitment of Bhago is conspicuous when he engages in work even after the death of his wife. The doctor's ego comes out when Bhago pleads to treat his wife. The former advises regarding the need of taking care of one's own life. Bhago feels vicarious pain for the people who suffer and "experiences psychological disarray as a result of E-imagining the unpleasantness of another's pain" (Vignemont and Jacob 312). Paradoxically, only the doctor is honoured by the public and he is awarded the rank of lieutenant colonel. The service of the miserable workers remains unnoticed. This represents the general attitude of society towards health professionals, especially the enshrinement of a doctor as a magical healer.

Alan Bleakley in his article "The Medical Humanities in Medical Education: Toward a Medical Aesthetics of Resistance" states:

Where medicine remains structurally undemocratic, dysfunctional hierarchies and autocracies will persist in clinical teamwork, and paternalism will prevail in consultations, placing patients at risk by compromising communication essential for effective systems-based health care that includes accurate diagnoses and referrals (708).

Although Dr. Bhakhshi remains dutiful, serves society, is empathetic and acknowledges the efforts of his fellow workers, he also enjoys the power and respect of a doctor in the cultural discourse. In traditional discourses of medicine, as Bleakley observes, the doctor becomes an autocrat who does not listen to the opinion of the colleagues and also the experiences of a patient. The relationship of the doctor with his patients and colleague seems to be undemocratic where the ultimate word is that of the doctor's. The story, "The Surgeon", delineates the prevailing system of medical paternalism. Haris Qadeer in his introduction to the anthology says: "Ultimately, beyond the personal and the professional narratives the story focuses on a painful universal truth: humaneness being surgically removed at the hands of a larger narratives of profit and materialistic comforts" (31).

The obsession of people with health and beauty is sometimes exploited by doctors for whom doctoring is a business than a service. Dr. Ahmad Ali, the titular bariatric surgeon, becomes an advocate of the corporate world of medicine and is "conscientious enough about the growth of the hospital to remember that it is important to grab on to a patient till his last breath" (116). A hospital is a place where the doctor is the ultimate authority who exercises power over everything. The story is set in Kerala and the author speaks about the desire of an ordinary Malayali:

These are the Malayalis who are obsessed with being healthy, yet are quite lazy about maintaining it, always relishing food with high fat and cholesterol content and turn into patients by their own effect and accord- these are the ones who are ever ready to spend money on health care and medical expertise. (116)

The medical gaze of these doctors at the people who are health conscious is fused with a covert



goal of making profits. Dr. Ahmad Ali wins the patients and gradually converts them to regular visitors. The narrator says about how Raghava Warriar becomes a regular visitor of the hospital after the first meeting with Dr. Ahmad Ali abroad during a seminar:

In fact, after crossing the mighty ocean, Warriar himself came to this hospital, in search of this illustrious doctor, Dr. Ahmad Ali. A minor surgery for his stomach ulcer was performed and Warriar slowly transformed into a regular visitor at the hospital, what with the reviews every 15 days and the mandatory checkups each after a month. (116)

When Ahmad Ali represents the doctor community which promotes the corporatization of medicine, his father Chekkutti Vaidhyar stands for the benevolent experts in indigenous medicine. Ahmad Ali believes that his father's generosity could never earn anything. Chekkutti's values and attitudes towards the people who come for anti-venom remedies and treatment remind the doctor's role of serving humanity. Ahmad Ali's obsession with the surgeries and his covetousness mark the deterioration of humanity among doctors. Fixation with surgery makes him imagine the droplets on the soft drink as the drops of blood, "[t]he water droplets on the surface of the chilled bottle seemed to him like the blooming drops of blood on the surface of the skin on being caressed by the surgical blade" (117). Repeated surgeries and corporate goals make Ahmad Ali inhuman and "[n]o matter who sat in front of him all he could conjure up in his mind was the surgical blade that would gaze across the skin. A kind of pleasure is there when the blood drops break out like sweat as you feel the cold of the blade against the warm skin" (121).

As Bleakley mentions Kenneth M. Ludmerer's ideas in his article, "The Medical Humanities in Medical Education: Toward a Medical Aesthetics of Resistance", "... public respect for medicine has gradually eroded through high-profile examples of error and misjudgment as well as growing concern about medicine's arrogance and lack of accountability, the medical gaze is resisted, dispersed, and reallocated" (714). Here, Ahmad Ali's gaze is on the patient's symptoms only to transform that person to a recurrent visitor at the hospital until death. He prescribes unnecessary tests, "[a] couple of random blood tests, X-rays, a scanning here, if possible, an endoscopy there, in some cases, a biopsy" (116), to meet the monthly earning target. The doctor forgets the medical ethics of saving life at the cost of anything. Ahmad Ali commits a grave mistake by not being careful during surgery. He forgets cotton swabs and threads in a patient's stomach. The doctor seems to be presumptuous in doing surgery after surgeries and Ali's wife Zarina anxiously asks "can't you stop this whole business of making money?" (125). This is something that medical humanities is concerned about. Doctors need to possess humanistic values. Femi Oyeboade in his article "The Medical Humanities: Literature and Medicine" enlists the aims of medical humanities propounded by the Association for Medical Humanities. One of them includes the need to "contribute to the development of students' and practitioners' abilities to listen, interpret, and communicate, and to encourage their sensitive appreciation of the ethical dimensions of practice" (242). The corporatization of medicine takes away the ethics and all humanistic values from the practitioners. Doctors in such hospitals endure continuous pressure from the authorities to meet the target income every month. So, when Raghava Warriar lives with a ventilator waiting for his impending death, Ahmad Ali arranges to perform another surgery, Tracheostomy.

Dr. Ravi Lopez, an assistant to Dr. Ahmad Ali withholds ethical principles of healing and considers the patient's needs too. In the narrator's words, "[h]e was a young Kannadiga. Even though he was a meritorious MBBS graduate he did not show much interest in higher studies. Brilliant, yes! But his conscientiousness was a grave drawback" (118). Even though he vehemently disapproves of tracheostomy, his voice is subdued by Dr. Ahmad Ali's monopoly. Where medical paternalism prevails and doctor serves for money not for life, the democratic medical gaze can never have a future. Bleakley observes:

The act of looking deep into bodies through literal dissection is linked with an exclusive diagnostic vocabulary that affords an imperialism of the gaze. What the doctor says is “true” (knowledge is power), which is reinforced by it being said in the doctor's exclusive professional domain of the clinic (authority), which in turn reinforces identities (that of the doctor and that of the patient). The “gaze” is not confined to literal sense-based diagnosis but offers a metaphor for professional solidarity, making sense of medicine as a cultural discourse. (714)

The patients and their families, victims of corporate medical discourse rely upon the powerful words of doctors and are inarguably convinced by the treatment procedures.

Premchand in his short story "Mantra" sketches a doctor named Chadha whose aim is luxury. But fate teaches him who a real doctor is. An impoverished old man, Bhagat, loses his only son because Dr. Chadha disagrees to treat him even after several pleas. When Chadha leaves for playing golf, "[t]he old man stood still like a statue for quite a while. He could not come to terms with the reality that there exist such people in the world who could care more for their pleasure, their leisure over someone's life" (147). In a civilized world, people are ruthless and it influences the medical discourse to become a commercialized healthcare system.

The doctors must know the value of life as they are entitled to save the lives of those who consult them for treatment at any time. In the book *Medical Humanities: An Introduction*, Thomas R. Cole et al ascertain that “[e]xistential questions-questions about the meaning of life and death – are essential to medicine” (15). The old man Bhagat, a snake-bite healer represents folk medicine, illuminates Chadha with the duty of a healer and also reminds him of the value of life. The dichotomy that exists between modern medicine and indigenous medicine elucidates the receding bioethics in the discourses of technologically advanced modern medical practices.

There is a polarity between the family discourses of these two men, Dr. Chadha and Bhagat and which indicates successful modern medicine and the withering folk medical field. The narrator says “[d]octor Chadha gained fame and prosperity in abundance, and along with it he also took great care of his health, which was a regular affair for him”(150). He lives in a mansion and organizes luxurious parties. Whereas, Bhagat lives in a tiny house without any basic amenities. The death of his son turns him against Dr. Chadha and civilized society in general. The picture of his house illustrates hopelessness and disillusionment:

Several miles away from the city, an old man and an old woman were spending their winter nights in front of the brazier in a tiny house. The old man was drinking coconut water and coughing in between. The old woman was staring at the fire with her head fixed between both her knees. A kerosene lamp was burning on the ledge. There was no cot in the house, nor any bed. There was some straw lying on one side. There was only one stove in this dungeon. The old woman used to collect cow dung and dry wood all day long. The old man used to cut and sell rope in the market. That was their livelihood. Nobody saw them crying or laughing. All their time was spent in trying to survive. Death was standing at their door, where was the time to cry or laugh! (156)

The portrayal of Bhagat's pathetic life discloses the failure of the indigenous medical field to compete with the modern system. The folk system of medicine values life other than monetary benefits. Hence, Bhagat becomes unable to resist himself rushing to Chadha's house and saving Kailash, Chadha's son. Bhagat as an innocent healer with ethics does not take revenge against Chadha for the medical negligence towards his son. In the end, Chadha utters, “I will make sure that I find him, and I shall fall on his feet, I will ask for forgiveness for my heinous crime. I know, he will not take anything from me, he was born instead to shower prosperity onto others. His kindness will lead me by example, for the rest of my life” (164).

Medical discourses are also not eluded from gender-based violence. A woman, who always suffers from unrecorded patriarchal rules, does not have authority over her own body. The

stories "A Day in a Labour Room" and "Narova Kunjarova" focuses on the experiences of female doctors in their professional circumstances. But the patients they encounter extrapolates the violence against women in the cultural discourse where man possesses the ultimate power.

"A Day in the Labour Room" is from a female doctor's perspective and she narrates the helplessness of women. The first patient she speaks about in the story does not have her voice, rather "[s]he always authorizes someone else to speak on her behalf" (71). The male companion takes this woman to this hospital for an abortion without her consent. But the woman silently obeys as she painfully accepts everything. Women usually surrender before everything in a male-dominated society. The doctor remembers, "I see this face of women quite a few times within the span of a day- compulsions of foregoing the rights over her own body. People may play with it the way they want, trample upon it, cut it into pieces, and throw it away" (72). Objectification of women denies them even the right to express their thoughts.

The female doctor experiences the patriarchal rules and male dominance exercised in the medical community. She narrates an incident: "Once my guide in the dissection hall chided me as I ripped open all the layers of a female body and reached her brain. 'What will you do with her brain? There she does not have anything which she could call her own.' All my classmates had burst out laughing" (73). Medical practitioners and the educated community do not provide equal authority to both men and women. During autopsies, the male doctor says that "[p]ost-mortem is not done on a woman's head" (78). The perception of men towards women as unintellectual is evident in this statement. Aren't male doctors suppressing the rights of female colleagues here? Therefore a democratic medical gaze does not take place. Male doctors think these females are brainless and cannot contribute much to their objectives in the medical field.

The male-dominated society exhibits cravings for male children which leads to the death of many women by undergoing several pregnancies and ill health. The narrator knows "lots of women whose lips move but voice is not their own" (75). Dr. Reddy, the senior doctor seems to be a male chauvinist and indifferent towards female patients and does not care about the psychic condition of the female doctors assisting him. The physical and psychological pain, each woman experiences during their labour are unnoticed by the male doctors and also the members of a patriarchal family. Even if the female doctor understands the intensity of the intolerable pain, she becomes helpless to defend the patient in the labour room. Nevertheless, she brings patients back to normal within hours by having surgery. At least she can alleviate the pain of those patients for a while.

Still, the narrator tries to proffer an environment to the patients where they feel comfortable and open to telling their stories. As Roter and Hall reflect, "It is in this context that patients attempt to establish their unique identities—where patients search for the opportunity to tell their stories and to experience the feeling that their stories are heard" (7). To make female patients comfortable in revealing their stories, she asks Dr. Reddy to leave her room occasionally. She listens to a number of stories of oppression, male dominance and rape cases every day. The doctor relates these stories with women in general. The dead eyes of the victims of patriarchal norms and cravings for a boy child, stare at the whole of humanity who consider women only as a tool for reproduction.

The narrator feels frustrated due to the inequality in the workspace, minimum opportunities to express her opinions and the sufferings of women who are brutally tortured by the male-dominated community. Although she gazes at her patients to observe the physical changes, she cannot discuss it with her fellow companions to relax from the mental distress caused by the stories of the patients. The ideals of the cultural discourse that exist in society influence the



medical discourse as well. Gender inequality and patriarchal norms implicitly reign in the medical practice and the female doctors and patients can only lament about it.

The story "Narova and Kunjarova" unravels "a medico-legal story dealing with the dilemma of a doctor" (34). The doctors have to handle medical and legal issues associated with any crime and have to report with utmost care so that the innocent will not be punished. Surekha, an unmarried woman is charged with killing an illegitimate child. Dr. Shubha Rao carefully examines her and reports the marks of delivery. Once she understands the reality of Surekha's sister-in-law, she puts in an effort to save the accused. She thinks:

Every time I have to deal with a medico-legal case, I recall my professor's words. He had warned us as students, 'Always remember, never do a slipshod or incomplete investigation. Be thorough when you conduct an examination. Write a detailed and accurate report. If you don't, you will be trapped when you present yourself in court. Facing a cross-examination is trickier than walking a tightrope. And if you are not careful the legal system will get you. So even though you may come across as cold and heartless, when you handle a medico-legal case you will benefit in the end.' (211)

In order to save the life of an innocent victim, Dr. Shubha explains the process of delivery and the indications in the body. With much courage, she reports in the court that:

There were definite indications of delivery having taken place. But I did not specify whether a child had been delivered or a fibroid tumour, because I did not know. In obstetric terms, delivery means expelling per vaginum- through vagina. It could be a child, a fibroid tumour, a placenta, or anything else (219).

She uses medical jargon and definitions to prove to the court that the dead child does not belong to Surekha. The doctor seems to be compassionate and patient to listen to the stories of the victims. This story proves that a person cannot be called a culprit only because of the scars on the body. The ethical dilemma of whether to reveal the truth or let the innocent suffer finds a solution when the doctor speaks for the accused in court. As Alexander M. Capron discusses in his article "Law and Bioethics", "bioethics is ultimately about people and the fundamental choices that determine and even define their lives" (1790). The doctor's choice to save an innocent life ensures justice and determines the future life of the victim.

Doctors, considered to be healers, must abide by the medical and bioethics to alleviate the physical and psychological pain of every patient and cure their illness to provide a normal and healthy way of life. Stories like "The Surgeon", "Mantra" and "A Day in the Labour Room" portray the pictures of doctors who show inhuman tendencies towards patients. They consider their patients only as objects with some defects and the work done to rectify these problems earns them money. Biomedical reductionism, prevailing until the late twentieth century in the field of medical practice, attends to patients' disease instead of illness and pain in place of suffering (Cole et al 13). The moral uncertainty and the ethical conflicts get disappear in other stories like "Quarantine" and "Narova and Kunjarova." The unconditional service of doctors for the betterment of their patients and society marks the ethical aspects of doctoring. The narrator of the story "A Day in a Labour Room" and the snake-bite healer of the story "Mantra" also become the epitome of humanitarianism and humanity. Haris Qadeer, by translating these stories from different regional languages to English, enables a wider range of people to read, appreciate and comprehend the intricacies and subtleties involved in the discourse of medicine. In a country like India where language is an important aspect that signifies the diversity of the nation, translations of literary texts help people to connect themselves with neighbouring states and understand and value the cultural diversity. "[L]iterature combines cultural and aesthetic values, and this makes its translation so difficult and challenging, but also so urgent"

(Eysteinnsson and Weissbort 2). Nevertheless, translation becomes popular in this contemporary literature scenario. Anisur Rahman analyses in his article "Indian Literature(s) in English Translation" that "[a] contemporary Indian writer writing in one language will be read in several others. Similarly, an Indian reader reads across languages and conditions. This implies that both writer and reader operate beyond the frontiers of a given language and literary culture" (167).

These stories introduce the readers to those nuances of medical discourse unexplored so far. The doctors also withstand psychological distress due to the aristocratic working environment. The story "Quarantine" reminds us of the need to recognize the efforts of health workers along with the glorification of doctors. "The Surgeon" warns society about how a doctor should not be. The importance of being humane and withholding moral principles in the field of medicine ascertains the advancement of medical humanities. The story "Mantra" cautions us of the cost of medical negligence and the value of life. "A Day in the Labour Room" exposes the struggles of a doctor to conform to patriarchal norms and violence against women. And "Narova and Kunjarova", the title borrowed from *Mahabharata*, informs about the medico-legal discourses a doctor involves in. The relevance of preserving humanistic values in doctors and maintaining a comfortable relationship with patients during consultation as well as during treatment is inevitable in the cultural discourses of medicine.

### Works Cited

- Bleakley, Alan. "The Medical Humanities in Medical Education: Toward a Medical Aesthetics of Resistance", *Health Humanities Reader*, edited by Therese Jones, Delese Wear, and Lester D. Friedman. Rutgers University Press New Brunswick, New Jersey, And London, 2014.
- Capron, Alexander M. "Law and Bioethics." *Bioethics*, 4th edition, edited by Bruce Jennings, Macmillan Reference, pp.1789-97. [https://www.researchgate.net/publication/263889873\\_Law\\_and\\_Bioethics](https://www.researchgate.net/publication/263889873_Law_and_Bioethics)
- Cole, Thomas R., Nathan S. Carlin and Ronald A. Carson. *Medical Humanities: An Introduction*. Cambridge University Press, 2015.
- De Vignemont, Frédérique, and Pierre Jacob. "What Is It Like to Feel Another's Pain?" *Philosophy of Science*, vol. 79, no. 2, 2012, pp. 295–316. doi:10.1086/664742.
- Jones, Therese, Delese Wear, and Lester D. Friedman. *Health Humanities Reader*. Rutgers University Press, 2014.
- Kirklin, Deborah. "The Centre for Medical Humanities, Royal Free and University College Medical School, London, England." *Academic medicine: journal of the Association of American Medical Colleges* vol. 78, no.10, 2003, 1048-53. doi:10.1097/00001888-200310000-00023
- Oyebode, Femi. "The medical humanities: literature and medicine." *Clinical Medicine*, vol, no. 3, 2010, pp. 242–244. doi:10.7861/clinmedicine.10-3-242
- Qadeer, Haris. *Medical Maladies: Stories of Disease and Cure from Indian Languages*. Niyogi Books, 2022.
- Rahman, A. (2007). "Indian Literature(s) in English Translation." *Journal of Postcolonial Writing*, vol. 43, no. 2, 2015, pp.161–171. doi:10.1080/17449850701430499
- Ramaswamy, Radha. "Embracing the unknown: introducing medical humanities into the undergraduate medical curriculum in India." *Indian Journal of Medical Ethics* vol. 9, no. 3, 2012, 174-6. doi:10.20529/IJME.2012.059
- Roter, Debra L., Judith A. Hall. *Doctors Talking with Patients / Patients Talking with Doctors: Improving Communication in Medical Visits Second Edition*. Praeger Publishers, 2006.

- Smydra, Rachel et al. "Integration of Arts and Humanities in Medical Education: a Narrative Review." *Journal of Cancer Education: The Official Journal of the American Association for Cancer Education*, vol. 37, no. 5, 2022, 1267-1274. doi:10.1007/s13187-021-02058-3
- Trautmann, J. *The wonders of literature in medical education. Möbius: A Journal for Continuing Education Professionals in Health Sciences*, vol. 2, no. 3, 1982, 23–31. doi:10.1002/chp.4760020306
- Weissbort, Daniel and Astradur Eysteinnsson. *Translation— Theory and Practice: A Historical Reader*. Oxford University Press, 2006.