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Response to Kamath et al 'A syncretic approach can yield dividends'

Paul Macneill, Karen M Scott, Jo River, Paul Dwyer, Claire Hooker, Louise Nash and Kimberley Ivory, 23 April 2017

Dear Editor,

We welcome the response from Kamath et al. and their insight into the issues and culture within medicine in India, and their thoughts about how to address these issues. We also agree that a drama-based approach is not sufficient on its own to deal with entrenched power issues which affect students adversely. As we have indicated, we believe “a multipronged approach is needed to generate systemic change.” These authors similarly advocate that student mistreatment be dealt with “in a comprehensive manner” including a ‘grievance redressal system’ and other measures to withhold accreditation where there are issues of abuse of power.

Nevertheless, we note that Kamath et al. have responded positively to our approach—as a part of that mix—and it would be of great interest to see whether drama-based workshops could support medical students developing embodied acting skills in their institution and whether they may have similar transformative effects. We’d like to refer the authors to an excellent *Medical Humanities* paper we referenced that outlined drama-based activities in medical education in India: Gupta S, Singh S. Confluence: understanding medical humanities through street theatre. *Medical Humanities*. 2011;37(2):127-128.

Despite the above article, the authors note that medical education in India has not embraced the medical humanities. We would draw a distinction within the medical humanities between activities which are primarily studious (reading literature, studying medical history) and workshops that are based on participative and embodied activity. Our experience has indicated the effectiveness of drama-based workshops in addressing both the cognitive and emotive aspects of harmful practices and we believe that it is the embodied nature of acting skills workshops that is transformative.

One of the indirect outcomes of workshops of this kind is how they draw attention to the issues of harassment and bullying within medical education and could support reflection within Indian medical schools and the wider culture. However the broader political context is also important. Our workshops occurred following widespread media attention and criticism of the abuse of power within medicine. Furthermore medical associations (including the Royal Australasian College of Surgeons) had taken steps to challenge these abuses. We note that there are similar responses from

politicians in India critical of The Medical Council for corrupt practices, and this may indicate a political climate conducive to change.

Conflict of Interest:

None declared.

References:

Gupta S, Singh S. Confluence: understanding medical humanities through street theatre. *Medical Humanities*. 2011;37(2):127-128.

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