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Narratives of the State and Scalpel: Doctor Memoirs Across Borders — A Comparative Study of *I Am a Government Doctor* and *The Postmortem of Postmortem* by Dr. Kumar Nanaware, and *The Checklist Manifesto* and *Better* by Dr. Atul Gawande

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Abstract: This paper explores the multifaceted ethical problems and challenges within the government healthcare systems as represented in the narratives of , *I Am A Government Doctor* and *The Postmortem of Postmortem* By Dr. Kumar Nanaware and *The Checklist Manifesto* and *The Better* By Dr. Atul Gawande from the perspective of the medical humanities. It also applies Michael Foucault's concept of political vision of medicine from his work, *The Birth of the Clinic: An Archeology of Medical Perception* and explores how doctors resist the appropriation of medicine by political/economic powers .According to Foucault, doctors have the moral and political responsibility to fight against poor governance and inequality. These memoirs are written by two distinguished doctors; one practicing in India and another in the USA. These works elucidate on the complexities and impediments involved in ensuring quality healthcare to the public. This paper gives a comparative study of the state-driven medicine in India and the system-driven medical bureaucracy in the US.

Keywords: *political responsibility, inequality, institutional mistreatment, systemic abuse, patient outcomes.*

> The first task of the doctor is therefore political: the struggle against disease must begin with a war against bad government. Man will be totally and definitively cured only if he is first liberated: "Who, then, should denounce tyrants to mankind if not the doctors, who make man their sole study, and who, each day, in the homes of poor and rich, among ordinary citizens and among the highest in the land, in cottage and mansion, contemplate the human miseries that have no other origin but tyranny and slavery?" If medicine could be politically more effective, it would no longer be indispensable medically. And in a society that was free at last, in which inequalities were reduced, and in which concord reigned, the doctor would have no more than a temporary role: that of giving legislator and citizen advice as to the regulation of his heart and body.
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> — Michel Foucault
> *The Birth of the Clinic*

A patient gets the opportunity to share his/her physical and emotional aspects of illness experience on many occasions. A doctor/ a medical professional is expected to demonstrate attentiveness to the patient's narratives with compassion. Rita Charon in her work, *Narrative Medicine:Honouring the Stories Of Illness* tell readers that, in order to narrate/share the pain, suffering, worry and anguish of their illness, it requires skill in "telling" tasks (4). The person who listens to the patient should develop narrative competence; should have the patience and skill in the task of "listening". The listener should also develop trust and emotional connection with the patent. In Rita Charon's words:

> Only when the doctor understands to some extent what his or her patient goes through can medical care proceed with humility, trustworthiness, and respect. (I use) the term narrative medicine to mean medicine practiced with these narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness. As a new frame for health care, narrative medicine offers the hope that our health care system, now broken in many ways, can become more effective than it has been in treating disease by recognizing and respecting those afflicted with it and in nourishing those who care for the sick (3-4)

Rita Charon is a physician, literary scholar and the founder and executive director of the program in Narrative Medicine at Columbia University. She along with the support of her colleagues started a twice-a-month lunchtime elective writing seminar, 'Narrative oncology' in 2000, to decrease staff burnout, to develop means of coping with the sadness and defeat of the work of the medical staff, and to build collegial supports among members of their interdisciplinary team at Columbia University (220).

Illness memoirs give patients as well as doctors the opportunity to share their lived experience. Most of the illness memoirs are autobiographical accounts. Apart from the medical professionals and patients, caregivers of the afflicted and people who belong to the inner circle of the medical professionals also use memoirs to share their first-person accounts of illness, suffering and healing. Doctors reveal their vulnerabilities by communicating their struggles, physical and emotional burnouts through the medium of memoirs. Doctors often get to know the emotional struggles of a patient when they hear or

read the narratives of their patients. In the same way, sometimes patients too realize the high-pressure work environment of the medical professionals after reading doctor memoirs. This helps them shift their perspective and helps to view medical professionals not as heroic figures, but as ordinary people doing their job. Unrealistic expectations commonly lead to misunderstandings in doctor-patient relationships.

Medical humanities can play a significant role in the authentic portrayal of filmic and literary illness narratives, as this discipline addresses subjects like goals of health care, the rights of patients, the meaning of illness and the definition of death. Excessive reliance on technology in the healthcare system increased the distance between the doctor and the patient. From a charity service, medicine transformed into a profession and later to a corporate business. The exploitative nature of the power structures and the social, political, philosophical and cultural developments in the society lead to the origin of medical humanities, narrative medicine and bioethics. All of these disciplines/fields of studies originated in a shared historical context.

The memoirs chosen for analysis in this paper are written by two distinguished doctors; one practicing in India and another in the USA. These works discuss the complexities and impediments involved in ensuring quality healthcare to the public. The present study also considers a comparative study of the state-driven medicine in India and the system-driven medical bureaucracy in the US. It also explores the ethical implications in the strategic deployment of resources, workplace accountability, clinical excellence in care and systemic inefficiencies. Dr. Kumar Nanaware gives his firsthand experiences of verbal, physical and institutional mistreatment of doctors. He observes how systemic abuse damages healthcare delivery and patient outcomes. Through his memoirs Dr. Atul Gawande points out how weak institutional linkages and supervisory mechanisms become the reason for medical errors and endangered patient outcomes. Through his memoirs he also shares his experience as the Assistant Administrator for Global Health. In his interaction with Hasan Minhaj, Dr Atul Gawande expresses his anxiety about the influence of corporate powers on a government's decision making powers. In his article titled, “You Have to Ask a Little”: Troublesome Storytelling About Contested Illness” from the book, *Health, Illness and Culture:Broken Narratives* Pia Bülow explains the characteristics of narratives. In his words:

> Illness narratives are stories dealing with the experience of illness told by sufferers, by their kin, or by professionals working with patients like physicians, nurses, and occupational therapists (Hydén, 1997; Hydén & Bülow, 2006). Such narratives may include any kind of experience due to illness like issues about when and why someone has become ill, what illness means, the reaction of other people, and how to deal with illness. Furthermore, illness narratives explain, account for, and make sense of illness and actions toward illness. They include questions about identity, moral issues like responsibility, and changed perspectives (cf.

> Bülow, 2008; Bülow & Hydén, 2003a). Such narratives can be found in encounters at clinics, in books, on the Internet, and in research interviews. (131-153).

Between the Patient and the State: Dissecting life as a Government Doctor

Dr. Kumar Nanaware evaluates the strained and emotionally challenging work environment he experienced during his career phase as a government doctor. The cover page of the book *I Am A Government Doctor* depicts a handcuff, a gun, and a police officer, along with the images of a doctor and an injured leg— the cover pictures point toward the stressful work environment in which he worked. Despite being a dermatologist, Dr. Nanaware had to carry out many other official responsibilities as the government hospital where he worked was understaffed. At the very beginning of the memoir, he mentions the name of the place where he worked, where doctor bashing was an ordinary thing (Nanaware 7). In his words, "During the last decade or so, the environment for doctors in Ratnagiri has gone from bad to worse. Doctors are regularly being subjected to verbal assaults, physical attacks, complaints, held at ransom, marauding mobs, and political pressure; from common threats like, "Just dare to step outside, and I will show you" to more serious threats, and framing doctors in false police cases" (Nanaware 11).

Nanaware elaborates on how political interference and the hype created by media channels spoiled the friendly relationship that previously existed between the government doctors and the villagers. Due to the accidental death of a villager in connection with the 'Jaitapur Revolution Incident', Dr. Kumar Nanaware faces a cutthroat atmosphere in his hospital. As per the protocol, only government doctors were allowed to conduct the postmortem of a dead body before entrusting it to the relatives. But, the whole village and politicians try to stop Dr. Nanaware from conducting it. That was against their religion. The politicians and the media twist the facts for their benefit and try to put the blame on Dr.Nanaware. Nanaware explains that the ever-existing aggressive and adrenaline-fueled atmosphere in many of the government hospitals forces the majority of qualified and experienced doctors to choose the private sector. He also mentions the bill for Doctors Protection Against Attack. A non-bailable crime which the government passed in 2010. It failed to ensure doctors the promised safety against physical abuse at the workplace. Most of the instigators who attacked the doctors got bail easily whenever they committed any crime against doctors (41). He points out that due to the absence of backing from the government and media, government doctors are forced to resign or opt for transfer. Sensational journalism and false prosecution of the public makes it difficult for doctors to continue their job in government hospitals. Dr. Nanaware procures a gun licence as a safety measure and he opts for voluntary retirement on account of his workload (57).

Though Dr. Nanaware repeatedly mentions the physical and verbal abuses faced by government doctors, he also mentions errors committed by his colleagues due to their inexperience. His colleague, Dr. Mule, once extracted 250 mL of blood from his patient's body without taking consent and also didn't inform the authorities or the patient that he used it for conducting his research. Later, that doctor faced several legal issues due to this. In Dr. Nanaware's opinion, some politicians and the locals were involved in this issue with the intention of extracting a substantial amount of money from Dr. Mule. Dr. B.Sadananda Naik, in his article titled "Is the Society in India Envious of its Doctors? A Doctor's Perspective," discusses how social prejudice against the medical profession made it difficult for doctors to continue in their profession. In Naik's view:

> Somehow, sections of society in India find it difficult to accept that doctors could actually lead a life of reasonable comfort. This is basically due to the ignorance and inability of these sections of society to recognize the years of hard work, dedication, and sacrifice put up by healthcare professionals in their professional life, and the education preceding it. This innate intolerance surprisingly seems to extend only to the members of the medical profession, while the same society seems to be very kind and appreciative of politicians, businessmen, real estate tycoons, and film stars with their meteoric rises and falls (214).

Dr. Nanaware also emphasizes in several instances in his memoir that a critically ill/wounded/poisoned person must receive medical care at the correct time. Patients should reach the hospital before the 'golden hour'. People often refuse to admit the fact that in many critical conditions, neither modern medicine nor professional expertise can save the patient. The reluctance to accept the reality connected to the sudden demise of a loved one makes people incapable of thinking logically. The false information provided by some politicians and the hyped news reporting of the media increases mistrust in the general public's perception. Dr. Nanaware says that the government doctors who get involved in fake cases and inquiries become scapegoats. During prolonged legal battles, many doctors age significantly and develop health issues like diabetes, hypertension, and angioplasty, along with other stressors related to their family responsibilities. Some senior doctors die before the completion of court proceedings. Their families and minor children suffer, due to the absence of court decisions regarding the pension benefits (57).

The memoir then proceeds with his mention of Dr. Kothule, Dean of CPR hospital, Kolhapur, who became a sacrificial figure of factionalism and political manipulation. He fails to take strict action against the trespassing vendors inside the hospital campus. These vendors, with the support of political party members, make it difficult for Dr.Kothule to resolve the issue. Unable to take disciplinary action against the problem makers and deprived of a calm work environment, Dr. Kothule faces relentless pressure from his higher authorities. Dr. Nanaware notes that Dr. Kothule's application for police protection gets rejected, and the district collector, who was supposed to assist a government doctor in

such disputes, refuses to break his silence and overlooks Dr. Kothule's official request. Dr. Kothule falls unconscious due to brain hemorrhage when the problem makers try to attack him. Unable to bear this shock, Dr. Kothule's wife dies. Dr. Kothule died several months after this tragic incident (64).

Dr. Nanaware goes on to describe an instance where a doctor was forced to rewrite a postmortem report that he submitted to the police one year ago(77). Doctors who refused to accept the demands made by the politicians were tortured with immediate transfers. He elaborates in detail various demands that conflicted with the professional standards and practical limitations made by the patients and their families. In his view, politicians often encourage people to take advantage of the system to increase their votes in the upcoming elections. Dr. Anil Chandra Anand, in his article titled "Indian healthcare at crossroads (Part 1): Deteriorating doctor–patient relationship," remarks that several factors weakened the warm relationship between doctors and patients in the Indian healthcare system. The erosion of trust and poor health literacy often makes the common people attack the doctors. In his view, public humiliation and lack of support from the higher authorities force some doctors to adopt indifference towards the patients, and such doctors slowly learn to prioritize profit over care. Dr. Anil Chandra notes in his article titled, "Indian Healthcare at Crossroads (Part 1): Deteriorating Doctor–Patient Relationship." :

> (Thus,) The government's statements painting the entire medical profession with the same black brush and declaring them greedy and corrupt does a disservice to the honest majority, demoralizing them in the process. Such public humiliation by the government and political leaders can be expected to induce some doctors to prematurely retire from clinical practice, worsening the physician availability, and the others to give in and adopt the practices that they were being accused of, albeit wrongly. If one is being called a 'money-sucker' anyway, why not be one and at least make money? (43).

Dr.Nanaware proceeds to describe in detail the treatment protocols prepared by the healthcare department for snakebite and poisoning for the public awareness (106-111). In many cases, the snakebite patient reaches the hospital several hours after the accident, and the public becomes violent when the patient fails to survive. The doctor is held fully responsible. Self-diagnosis and internet-based health information make the public medically semi-literate, and this gives them the impudence to attack health professionals. Dr.Nanaware mentions the suicide of Dr. Anoop Krishna from Kollam. He committed suicide when he failed to save a child suffering from congenital heart disease. Dr. Anoop was lynched by the violent mob, social media, and the public (p 161). Dr.Nanaware later reflects on an event where his elder brother, Dr.Balakrishna Nanaware, a senior medical officer in Gadchiroli district, got help from Naxalites when they lost their way in a forest. In Dr. Nanaware's opinion, those terrorists demonstrated better manners than the political thugs. To quote him:

> I still ask myself even today as to who are the real Naxalites? The ones who stay in the forest or the ones who inhabit cement jungles? The real terrorists are those who attack the doctors who save society from disease and death. These terrorists are often seen abusing doctors verbally and attacking them physically. The actual Naxalites were still in their senses, for they gave my doctor brother something to eat on the way and guided them back safely to the village. They were nothing like the people today who threaten and pressurize doctors. (135-136).

Dr. Nanaware explains that he mentioned this incident in his memoir to raise social awareness among the public (135-136). As the memoir progresses, he delves deeply into the details of an instance where, in 2015, a cabinet minister had to seek medical help from a private hospital as there were no practicing MD doctors in the Civil Hospital (144). Dr.Nanaware ends the memoir by raising a question towards society. He criticizes the stand taken by the central government when it waived off crores of loans availed by businessmen. "1500 doctors died while rendering medical service during COVID times. Has the government waived off a single hospital(doctor) so far? Why are the doctors still labelled as looters? (299).

The title of the memoir *Postmortem of postmortem* itself is a critique of the endless and exhaustive legal review of the postmortem procedures. Dr. Nanaware begins the memoir by mentioning an instance where he had to appear before the court as an expert witness related to a postmortem he conducted many years ago. Dr. Nanaware claims that despite conducting more than 10000 postmortems, he never fell for bribes. He also guides his readers, especially those who are related with the medical profession to keep a record of all the official documents and bills related with their official duties. His habit of archiving official documents saved him many times. The doctor also breaks the superstition related with postmortem by stating that in spite of conducting 10000 postmortems, he was never possessed by evil spirits or ghosts (22). On many occasions Dr. Nanaware had to seek the help of the police as sensitive religious beliefs and superstitions prevented postmortem procedures many times. In the chapter titled, *"Injuries and their Effects"* Dr. Nanaware details various kinds of injuries and their lawful effects. Many such detailed descriptions and observation notes given by Dr.Nanaware in the memoir related with postmortem procedures can be used for the reference purpose of medical students. He even gives valuable instructions and important guidelines to be followed while dealing with MLC(Medico-Legal case). In Dr. Nanaware's opinion, if a doctor has expertise and knowledge in his area, lawyers will not be able to confuse expert witnesses with their intimidating questions.

Dr. Nanaware strongly condemns the doctors who exploit the medical system for unlawful deeds like fetus gender determination. Dr. Nanaware's testimony in court related to a fetus gender determination case once resulted in a doctor being sentenced to one year of imprisonment (40). He additionally cautions his readers (especially doctors) against fake injuries and illness conditions staged by certain individuals to get MLC to cover up their own mistakes/crimes (46). Dr. Nanaware repeatedly addresses

doctors and advises them never to violate the law as it could possibly invite future issues in their career (64). He emphasizes the importance of a doctor's visit to the place of death/murder/suicide before the postmortem procedure. Dr.Nanaware openly expresses his admiration for the crime series CID, one of the longest-running television series which aired on Sony TV. The series became popular due to its unique story telling technique. The series gave importance to forensic investigation and skillfully portrayed medical themes with accuracy. In many of its episodes the show depicts the important role played by postmortem and forensic medicine in detecting the criminals. To quote him, "Mr.Vilas Patil, SP, CID department and I travelled together. I felt as if I was sitting next to Superman. I was thrilled with this experience" (85).

Dr. Nanaware digs deeper into the procedures of postmortem repeatedly by detailing a few criminal acts in which deliberate killings were presented as suicides. He reiterates the fact that no criminal is talented enough to erase the scientific evidence marked on a dead body. The human body reacts differently to self-inflicted deaths and murders. Following this, he mentions a murder case in Kolhapur where the culprits disguised the murder to appear as an accident. They watched a crime thriller where the hero covered up the murder committed by him. Dr. Nanaware warns his readers never to imitate the crimes depicted in movies as many of them depict misleading facts(111). He provides in the subsequent pages the detailed notes of a postmortem report , death certificate and different types of homicides and deaths. As the narrative progresses, Dr.Nanaware mentions that in the way some channels show hyped media news and films, prominent world leaders too spread false information related to pandemics. He cites the wrong statements delivered by the US president Donald Trump during COVID-19 spread. His claim that coronavirus could be treated by injecting sanitizers misled many common people. He then brings attention to the deaths of people that happened world-wide after consuming sanitizer/injecting spirit. He concludes the narrative with the mentioning of actor Sushanth Singh Rajput's postmortem and observes that it was conducted 10 hours following the death. Such delays would make it challenging for the forensic surgeon to get accurate results regarding the causes of death. In his opinion doctors should never forget to note down the date and timings of the postmortem for future references.

A large part of Dr. Kumar Nanaware's memoirs deal with the challenging experiences; he clearly points out how systemic abuse damages healthcare delivery and the patient outcomes. As outlined in Michael Foucault's concept of the 'clinical/medical gaze', which he established in his book, *The Birth of the Clinic: An Archaeology of Medical Perception* doctors exercise power over the patients' body through medical procedures and related monitoring processes. But, in the modern context, political and economic power structures have taken over the control. By appropriating and reshaping the hierarchy of authority, medical professionals have been stripped of autonomy. The increasing mistrust between patients and doctors is fostered by these hidden power structures. Patients use their memoirs to resist

the medicalized appropriation of their lived experience. For doctors their memoirs help them to resist and point out corruption and systemic inefficiencies.

Dr. Kumar Nanawares' memoirs are his attempts to break the silence of bureaucratic structures and resist political and institutional corruption. He points out how strategically the power entities implement their 'divide and rule policy' to assert and maintain their authority. By controlling both the public and healthcare field easily, they make profit. Throughout his memoirs, Dr. Kumar Nanaware shares several experiences to show his readers that the physical and verbal abuse faced by doctors affects their clinical performance. Stephen Scher and Kasia Kozlowska, in the chapter "Nurturing the Clinician's Voice" from *Revitalizing Health Care Ethics*, point out the consequences of systemic problems. They include:

- Burnout or compassion fatigue associated with a harsh, impersonal, or overly demanding work environment.
- Exhaustion, low morale, and difficulties in maintaining a work–life balance in the face of chronic staff shortages.
- Chronic stress or distress associated with conflicting cultures of clinicians versus institutions (e.g., clinicians' dedication to quality care versus administration's emphasis on economic efficiency, time management, and reducing costs, services, and staff).
- Inadequate voice regarding policies and programs (e.g., in the context of an unresponsive administration and the potential fear of retaliation) (189–190).

All these issues related with systemic inefficiencies severely influence the clinical performance and professional competence of the doctors. This eventually results in the detachment of doctors and patients. Irrespective of systemic failures, the burden of blame is unfairly shifted on to the doctors.

Fixing the System and the Self : Atul Gawande's Prescription for Modern Medicine

Atul Gawande is an American surgeon, writer and public health researcher. Through his memoirs, *The Checklist Manifesto* and *Better : A Surgeon's Notes on Performance,* he shares his experiential knowledge as a medical professional. In his opinion, the medical professionals should have the willingness to accept their mistakes and medical negligence. They are expected to work without expressing any protest even if they face intense emotional responses from patients and families. In his words:

> We also face daunting expectations. In medicine, our task is to cope with illness and to enable every human being to lead a life as long and free of frailty as science will allow. The steps are often uncertain. The knowledge to be mastered is both vast and incomplete. Yet we are expected to act with swiftness and consistency, even when the task requires marshalling

> hundreds of people—from laboratory technicians to the nurses on each change of shift to the engineers who keep the oxygen supply system working—for the care of a single person. We are also expected to do our work humanely, with gentleness and concern. It's not only the stakes but also the complexity of performance in medicine that makes it so interesting and, at the same time, so unsettling (Gawande 4).

In the beginning of *Better*, Dr. Atul Gawande clearly indicates that his book covers how he, and fellow medical professionals grapple with systems, resources, circumstances, people- and their shortcomings(8).In the chapter titled, 'The mop-up' he mentions the campaign and activities made by WHO and UNICEF to eradicate polio in India. He points out that unhygienic atmospheres, improper drainage systems and poor health literacy become the main reasons for the frequent outbreaks in many of the remote villages in India. Dr. Gawande then elaborates on the professional dilemmas and ethical challenges during the examination of the intimate body parts of the patients. Propriety and moral codes differ from place to place. Misunderstanding often leads to legal cases. He expresses the view that both patients as well as doctors sometimes commit sexual crimes, He refers to a study conducted in 1994, which found that 72% of the female medical students and 29% of male medical students experienced patient-initiated sexual misbehaviour (80).

In the chapter, 'What Doctors owe' Dr Gawande mentions that doctors are always under the threat of litigation. As mentioned by him:

> Malpractice suits are a feared, often infuriating, and common event in a doctor's life. (I have not faced a bona fide malpractice suit yet, but I know to expect one.) The average doctor in a high-risk practice like surgery or obstetrics is sued about once every six years. Seventy percent of the time, the suit is either dropped by the plaintiff or won by the doctor in court. But the cost of defense is high, and when doctors lose, the average jury verdict is half a million dollars (87).

Society has zero tolerance for the mistakes committed by doctors due to the unique nature of the medical profession. Then he mentions Dr. Bary Lang, an orthopedic surgeon who changes his profession and becomes a lawyer specialized in suing doctors (92). Dr.Bary hopes to get better career opportunities by becoming a malpractice specialist lawyer. In Atul's view, the main reason behind the medico- legal cases is a doctor's unwillingness to accept medical negligence. In order to prevent the possibility of future litigation, many doctors show reluctance to give proper medical explanations to patients and their caregivers. It makes the patient's family doubt the doctors intentions and out of their anxiety they sue the doctor. Thus, Dr. Gawande reiterates the importance of honest and transparent communication between patients and doctors to prevent the mistrust that leads to legal battles. Still, he

concedes that it is in the nature of human beings to commit mistakes while doing their job, and medical professionals too commit unplanned mistakes. Such oversights never make them villains.

To quote him, "Society is still searching for an adequate way to understand these instances. Are doctors who make mistakes villains? No, because then we all are. But we are tainted by the harm we cause" (106). In his view medical theme based films and TV dramas often depict doctors as benevolent beings who sacrifice their life for patients without demanding remuneration for their work. The influence of such visual narratives reinforces the idea in peoples' minds that doctors who demand money for their service are evil and greedy (114).

Dr. Atul Gawande criticizes societal bias against the medical professionals when they seek appropriate payment for their work (114). Every other person related with a doctor's profession considers their field a business; pharmaceuticals, hospital authorities and health insurance companies. Health companies often refuse to give payment for the claims made by patients (117).

He then talks about a famous surgeon who insisted on treating only those patients who came to seek his treatment without the support of insurance. In Dr. Gawande's view, that doctor is a talented surgeon and earns millions a year. He was never short of patients. Though he shared his experience with Dr. Gawande, he insisted on hiding his identity. Dr. Atul Gawande addresses the importance of health insurance coverage and its benefits while mentioning his son's heart surgery. He managed the huge financial costs with the help of health insurance coverage(127).

He mentions the studies conducted by William Weeks, a Dartmouth professor, on the work life of physicians (120). According to these findings, the work hours of doctors as well as all other medical professionals are longer than other professions (120). Following this, he discusses different kinds of medical procedures that were used to assist the execution of criminals.

Dr. Atul Gawande recollects an instance where a prisoner addressed the medical professionals involved in executing him as, "involved killers" (147). He expresses his concern and dread over the interest shown by the US government in medically assisted executions. In his words:

> The U.S. government has shown willingness to use medical skills against individuals for its own purposes—having medical personnel assist in the interrogation of prisoners, for example, adjust their medical documentation and death certificates, place feeding tubes for force-feeding them, and help with executing them. As our abilities to manipulate the human body advance, government interest in our skills will only increase. Preserving the integrity of medical ethics could not be more important (152).

Though Atul Gawande is against the idea of medically assisted executions, he supports the capital punishments of high-risk offenders (148). In his opinion, mass murderers deserve capital punishment. He thus seems to support a government's decision to exercise biopower in particular scenarios. Michael Foucault in his 11th lecture *Society Must Be Defended: Lectures at the Collège de France* details the ways in which the modern state exercises its biopower over individuals by regulating their bodies. "One of the greatest transformations political right underwent in the nineteenth century was precisely that, I wouldn't say exactly that sovereignty's old right - to take life or let live- was replaced, but it came to be complemented by a new right which does not erase the old right but which does penetrate it, permeate it. This is the right, or rather precisely the opposite right. It is the power to make live and to let die."(Foucault 241-242)

The state uses the same medical power which they use to manage the health of its citizens to eliminate the lives of criminals; those who become a threat to the society as well as to the state power. Though Atul Gawande is not against the capital punishment of dangerous criminals, he is concerned about the government' s increased interest in the power of medical science to manipulate and monitor the human body. After using the medical assistance for execution, the government could use it in future to manipulate human bodies for their political gains.

In the following section Dr. Atul Gawande delves into the effect of scientific developments on obstetrics. He gives a thorough analysis of the historical milestones in obstetrics that reduced maternal and infant mortality rates. Even as he acknowledges the merits, he also considers the negative implications of the increased C-section deliveries. He feels that this breaks the connection to a natural process of life (198).

Dr. Atul Gawande then states his observations about the brain drain of Indian doctors and the reason for their migration to foreign countries. While performing his service as Global Health Mission Administrator, he has witnessed Indian doctors struggling to work in a stressful atmosphere. Many hospitals, especially those in remote villages, grappled with the shortage of minimal operational tools. Dr. Atul also finds that, with available reference books and hectic work schedules, majority of the surgeons in India possessed an astonishing range of expertise in their area. They succeeded against material odds. He writes:

> (And over time,) Motewar carefully worked out his technique. I saw him do the operation, and it was elegant and swift. He even did a randomized trial, which he presented at a conference and which revealed the operation to have fewer complications and a far more rapid recovery than the standard procedure. In that remote, dust-covered town in Maharashtra, Motewar and his colleagues had become among the most proficient ulcer surgeons in the world. True success in medicine is not easy. It requires will, attention to detail, and creativity. But the lesson I took

> from India was that it is possible anywhere and by anyone. I can imagine a few places with more difficult conditions. Yet astonishing successes could be found. And each one began, I noticed, remarkably simply: with a readiness to recognize problems and a determination to remedy them (245-246).

In Dr. Atul's opinion, Indian doctors were not ready to give up on critically ill patients and were extremely kind towards their poor patients. Many of them worked extra hours without raising a complaint. Their dedication and empathy towards their patients amazed him. He points out three things to achieve true success in medicine. It requires will, attention to detail, and creativity (245-246)

Dr. Atul Gawande's transition from Surgery to Structural Change

The present section analyzes American television host Hasan Minhaj's interview with Dr. Atul Gawande. In this interview Dr. Atul Gawande narrates how the sudden dismantling of USAID started affecting Global health. The interviewer introduces the topic by stating that his interview will be a postmortem of USAID. The interviewee Dr Atul Gawande, worked as the global head of USAID from 2021-2025, states that it was with the initiatives taken by the USAID that the world succeeded in eradicating epidemics like smallpox in the early 1970s. He states that the main motive behind the formation of USAID is that the United States of America will never be able to thrive while other nations remain impoverished. USAID is an independent agency that helps people globally to fight poverty, pandemics and other chronic diseases. It prevented millions of deaths. After the shutting down of 86% of its activities in July 1,2025 , the control was taken by the United States Department.

In Atul Gawande's view, the US president only sees conflict, chaos and destruction. To rationalize the suspension of USAID, Trump accused some beneficiary countries of USAID, as supporters of terrorism. Billionaire Elon Musk too supported the dismantling of USAID by baselessly accusing that the financial aids are being misused for conducting bioweapon research. Dr. Gawande addresses these fabricated allegations as, 'incredible embellishments'. He also expresses his objection against the unsubstantiated and exaggerated remarks made by Donald Trump, Marco Rubio and Elon Musk to justify the dismantling of USAID. 2500 healthcare officials who were deployed all over the world as part of USAID missions were terminated. Their missions included eradicating poverty, distributing medicines and food aid to the malnourished and severely ill people in underdeveloped countries and helping war-affected people. Eric Reinhart in his article titled, "On medical ideology and the production of docile doctors: The politics of care in an age of authoritarianism" published in the journal *Social Science & Medicine* (vol. 383) mentions, Timothy Snyder's (historian of authoritarianism)study related with the tyranny of America's health care system. In his view, giving Donald Trump a second chance as US president is an invitation to tyranny. In Eric Reinhart's opinion:

> United States' corrupt and ineffective health care systems constitute "an invitation to tyranny" (Snyder, 2020) – one that played a key part in ushering Donald Trump back to the White House for a second term and Robert F. Kennedy Jr.'s associated ascent to control over the nation's health systems. Under the guise of their "Make America Healthy Again" agenda, Trump and Kennedy are now exploiting justified anger at the U.S. health systems to attack public trust in medical and environmental medical research, and scapegoat gender and racial minorities. But even amid this rise of what I have elsewhere called medical fascism (Reinhart, 2025c), one thing remains stable: the prioritization of healthcare industry interests and the essential collaborating role and obedience of physicians within it. Even those within the medical and public health professionals who are, rightly, decrying the Trump administration's cruelty and unjust policies are overwhelmingly doing so by appealing for a return to the pre-Trump status quo – while ignoring its role in fueling authoritarianism's appeal – rather than insisting upon an alternative vision for genuine systems transformation to provide care to all (Reinhart, Snyder)

The medical fascist ideology adopted by the new power holders are using trumped-up charges to justify their narrow minded approach. They openly reveal their intolerant agenda by refusing to provide aid to the people who are against their political interests. Eric Reinhart also observes that many US doctors working in under-resourced hospitals and those who work in the wealthiest hospitals are thinking of quitting their job dissatisfied with the medical systems' profit-over-people policies and the cruel inequalities created by the same system. This also signifies that the corporate interests of the businessmen have started successfully deploying 'Ideological state apparatus'(Althusser) like the medical field to indirectly control the society without deploying direct force. Denying care and services to those who go against capitalist interests of the state is an example of this; dismantling an independent agency like USAID and restricting access to the funds for global health improvement. Eric Reinhart firmly argues that the health institutions play a main role in creating unequal economic systems in America.

Dr. Atul Gawande explains how life expectancy of people all over the world increased with the help of healthcare missions set up by the USAID. The ceased missions include; monitoring of bird-flu, providing medicines to 20 million HIV patients, and thousands of trucks that were meant to provide food aid to the poverty-stricken Gaza citizens. In his view, the decision to abolish an independent agency that has improved global health for the past 60 years, is an utter destruction unleashed in days. Dr. Atul Gawande also observes that, terminating an agency like the USAID has created a humanitarian crisis. It would take decades to rebuild or form a new agency like that in the future and by then, millions could die due to starvation, malnutrition, chronic diseases and pandemics.

Denying essential healthcare services to those depending on it the most, is the consequential thing a government has ever done. In Dr. Atul Gawande's opinion, the only thing that can be done is– witnessing the destruction silently. With this statement, Dr. Gawande is silently stating that as medical professionals like him are working within the system set up by the government, they lack the autonomy to subvert and resist the systemic pressures set up by the American hegemony. Silence is the only form of resistance left to the medical professionals who were part of USAID. By becoming a moral witness to the sufferings of people, Dr. Atul Gawande speaks out on behalf of all the people who are against the dismantling of USAID.

Marco Rubio, Head of the US State Department makes it clear in the official government website that, in future, the US government would support only those nations which promote US interests. According to Dr. Atul Gawande, this is a violation of US's global health and foreign policies that used to support people all over the world without considering their political interests. The formation of "docile bodies" (Foucault, 108) and the "biopolitics" concepts put forward by Michael Foucault can be used as a framework for understanding the fascist stand taken by the US state administrators to control global health. Foucault introduced the concept of biopolitics in his book, *The History of Sexuality, Volume I.* The rollback of USAID can be seen as a biopolitical act; a strategic move to control and monitor human health and life domestically and globally. With the declaration that the US government would not help political adversaries through USAID global health programmes, the US government is trying to create 'docile' bodies that would willingly accept their fascist ideology. Docile bodies that may be subjected, used, transformed and improved (108). They use biopower to control global humanity by suddenly withdrawing financial aid to the global health missions that sustained life and prevented millions of deaths. The withdrawal of help to vulnerable populations is a deliberate act of managing/ controlling mortality; letting people die. In his work, *The History of Sexuality, Volume 1* Michael Foucault states that:

> The old power of death that symbolized sovereign power was now carefully supplanted by the administration of bodies and the calculated management of life. During the classical period, there was a rapid development of various disciplines—universities, secondary schools, barracks, workshops; there was also the emergence, in the field of political practices and economic observation, of the problems of birth rate, longevity, public health, housing, and migration. Hence there was an explosion of numerous and diverse techniques of achieving the subjugation of bodies and the control of populations, marking the beginning of an era of "bio-power."(Foucault 136-137)

Dr. Gawande clearly expresses his protest against the politicization of health programs. In his view, a doctor would never be able to think like a politician when it comes to saving lives. He also says that, narrow minded fascist mentality of any government that denies help to the suffering humanity will

later face the wrath of the public. Dr. Gawande resists the politicization of medicine by remaining within the system. In order to express his protest, he became a dissenting physician and speaks against the narrow minded mentality of the US president through his public speech, interviews and social media interactions. He proves that a doctor has the responsibility to become the voice of the suffering humanity.

Dr. Kumar Nanaware strictly followed medical ethics and his professional practice experience to express his dissent against the systemic inefficiency. There was an overburdening workload and inadequate staffing at the government hospital where he was employed. Because of these factors he selects voluntary retirement. He used his memoirs to convey to the society the professional impediments of the doctors working in government hospitals.

Works Cited

Anand, A. C. "Indian Healthcare at Crossroads (Part 1): Deteriorating Doctor–Patient Relationship." *National Medical Journal of India*, vol. 32, no. 1, 2019, pp. 41–45.

Bülow, Pia. "'You Have to Ask a Little': Troublesome Storytelling About Contested Illness." *Health, Illness and Culture: Broken Narratives*, edited by Lars-Christer Hydén and Jens Brockmeier, Routledge, 2008, pp. 131–153.

Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. Oxford University Press, 2006.

Coburn, David. "Vicente Navarro: Marxism, Medical Dominance, Healthcare and Health." *Marxism, Medical Dominance, Healthcare and Health*, edited by Vicente Navarro, Palgrave Macmillan, 2015, pp. 405–423.

Dolan, Brian. "One Hundred Years of Medical Humanities: A Thematic Overview." *Humanitas: Readings in the Development of the Medical Humanities*, edited by Brian Dolan et al., University of California Health Humanities Press, 2015, pp. 1–2. muse.jhu.edu/book/124664.

Foucault, Michel. *Discipline and Punish: The Birth of the Prison*. Translated by Alan Sheridan, Penguin Classics, 2020.

---. *The Birth of the Clinic: An Archaeology of Medical Perception*. Vintage Books, 1994.

---. *The History of Sexuality. Volume 1: An Introduction*. Translated by Robert Hurley, Vintage Books, 1990.

---. *Society Must Be Defended: Lectures at the Collège de France, 1975–76*. Edited by Mauro Bertani and Alessandro Fontana, translated by David Macey, Picador, 2003.

Gawande, Atul. *Better: A Surgeon's Notes on Performance*. Profile Books, 2008.

---. *The Checklist Manifesto*. Profile Books, 2009.

Hydén, Lars-Christer, and Jens Brockmeier, editors. *Health, Illness and Culture: Broken Narratives*. Routledge, 2008.

Kozlowska, Kasia, et al. *Revitalizing Health Care Ethics*. 2025, library.oapen.org/bitstream/handle/20.500.12657/99872/9783031784750.pdf.

Naik, B. Sadananda. "Is the Society in India Envious of Its Doctors? A Doctor's Perspective." *APIK Journal of Internal Medicine*, vol. 8, no. 4, Oct.–Dec. 2020, pp. 214–15. https://doi.org/10.4103/ajim.ajim_71_20.

Nanaware, Kumar. *I Am a Government Doctor*. Wings Publication, 2022.

---. *The Postmortem of Postmortem*. Wings Publication, 2022.

Reinhart, Eric. "On Medical Ideology and the Production of Docile Doctors: The Politics of Care in an Age of Authoritarianism." *Social Science & Medicine*, vol. 383, July 2025, p. 118428. https://doi.org/10.1016/j.socscimed.2025.118428.

Wikipedia contributors. "Atul Gawande." *Wikipedia*, 9 Sept. 2025, en.wikipedia.org/wiki/Atul_Gawande.

---. "Rita Charon." *Wikipedia*, 17 July 2025, en.wikipedia.org/wiki/Rita_Charon.