

1. **remedy** (noun) – solution, cure, answer.
2. **reach out** (phrasal verb) – contact someone for help/assistance/cooperation.
3. **distress** (noun) – hardship, adversity, trouble/difficulty.
4. **trigger** (noun) – an event that becomes a cause/reason something.
5. **reprisal** (noun) – retaliation, counterattack; revenge/retribution.
6. **seek** (verb) – try, attempt, aspire.
7. **look after** (phrasal verb) – take care of, care for, support, protect/guard.
8. **well-being** (noun) – welfare, good health, comfort/happiness.
9. **endorse** (verb) – support, uphold, approve.
10. **call for** (phrasal verb) – require, publicly ask/necessitate, demand.
11. **provocation** (noun) – prompting, inducement, incitement.
12. **indefensible** (adjective) – unjustified, baseless, illogical/irrational.
13. **the guilty** (noun) – culprit, offender, wrongdoer.
14. **bring to book** (phrase) – punish officially.
15. **provision** (noun) – term, clause, requirement.
16. **solely** (adverb) – only, simply, merely.
17. **deepen** (verb) – increase, intensify, escalate.
18. **neglect** (noun) – negligence, carelessness, irresponsibility.
19. **predominantly** (adverb) – mainly, mostly, commonly.
20. **reluctance** (noun) – unwillingness, disinclination, hesitation.
21. **underscore** (verb) – emphasize, highlight, underline.
22. **antagonistic** (adjective) – aggressive, belligerent, argumentative.
23. **systemic** (adjective) – constructional, organizational.
24. **deficiency** (noun) – defect, fault, imperfection.
25. **ascertain** (verb) – find out, discover, come to know.
26. **kin** (noun) – relatives, family members, relations.
27. **breakdown** (noun) – failure, collapse, foundering.
28. **aggravate** (verb) – worsen/make worse, exacerbate, compound.
29. **hard line** (noun) – uncompromising commitment.
30. **normality** (noun) – balance, routine, regularity.
31. **address** (verb) – attend to, tackle, deal with.
32. **institute** (verb) – set/put in, establish, begin/start.
33. **counsel** (verb) – guide, entreat, advise.
34. **pay attention to** (phrase) – heed, take notice of, listen/consider.
35. **scale up** (phrasal verb) – increase.
36. **look for** (phrasal verb) – search for, try to find, look around for.
37. **compassion** (noun) – care, concern, empathy.

Missing remedies: on West Bengal doctors' strike

West Bengal CM must reach out to doctors, and an upgrade of public health care is vital

An attack on doctors at a medical college hospital in Kolkata over the death of a patient has become the focal point of an agitation by medical professionals that is causing distress to tens of thousands. There can be no argument against the doctors' primary demands — a safe working environment and measures to ensure that unsuccessful treatments do not become a trigger for reprisals. The Indian Medical Association, which seeks to look after doctors' interests and the well-being of the community, has endorsed the demands and called for a strike on June 17. Whatever the provocation, the violence that severely injured a doctor is indefensible, and the guilty must be brought to book. Yet, the remedy cannot lie solely in new legal provisions for offences that are already covered by special laws in some States, and in the Indian Penal Code. On the other hand, there are clear factors that are deepening the social divide. Chief among these are neglect of the public health sector, unaffordable treatments under a predominantly commercialised care delivery system, State governments' reluctance to fill vacancies in public hospitals, and the increasingly high cost of medical education in the private sector. Some of these concerns were underscored in a review of violence against doctors by the *National Medical Journal of India* two years ago.

The effort to end violence against doctors and medical professionals must start with the understanding that doctors and patients do not have an antagonistic relationship, and barriers to care created by systemic deficiencies need to be eliminated. In the Kolkata case, it should be ascertained whether there was a delay in treatment due to manpower shortage, as the patient's kin claim. The police statement indicates that a communication breakdown aggravated the situation. It did not help that Chief Minister Mamata Banerjee took a hard line against the agitating doctors early on, without giving negotiations a fair chance. Considering the consequences of the breakdown for patients in several States where doctors have responded to protest calls, it is essential for Ms. Banerjee to reach out to the medical community and restore normality. The IMA should help arrive at a solution that can address the concerns of both doctors and patients: to institute better systems to counsel patients and remove unreasonable expectations about treatment outcomes. Structural change is needed. The NDA government's National Health Policy, which commits to raising public expenditure on health to 2.5% of GDP, must pay as much attention to scaling up infrastructure and the capabilities of government hospitals, as to providing financial



protection for treatment in expensive private hospitals. It is the public hospitals that the poor come to, looking for compassion.

Gupta Classes