



## Where the mine meets the operating theatre: embodiment, risk, and the ethics of dignity

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**The Weight of Labor**

### Artwork Credit:

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The light in the painting was striking, more so because of the way it contrasted with the shadow-like figures that emerged from the shaft of a coal mine.

The painting was of coal-miners set against a rugged, minimalist landscape. The foreground was dominated by the close-up of a worker whose expression conveyed a

deep fatigue, while the background showed a repetitive, rhythmic line of figures silhouetted against a pale evening sky. They carried heavy baskets atop their heads. Their blackened faces and bent shoulders suggested exhaustion and defeat.

I had gone to the exhibition following the invitation of my friend, Dr Manoj, whose

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artwork was on display. I had known him earlier as a spine surgeon before he left clinical practice, and I was curious about his artwork. As an orthopaedic surgeon practicing in a district shaped by mining, I thought I understood something about the labour of mining. I treat the fractures, the crushed fingers, the stiff backs. I write discharge summaries. I counsel, advise rest, and guide regarding a graded return to work. I assumed that such proximity to injury meant proximity to understanding.

Standing in front of that painting, where a focussed light brought life to the canvas, I realised how limited that assumption was.

In the operating theatre, I also work in light - abundant light that floods the field and shows me bone, muscle, and fascia. It is an ecosystem where safety protocols play a major role. I enter the confines of the Operating room to cut and repair, being fully aware that oxygen is available, there is backup power, and that life saving drugs and support staff are at my disposal. On the other hand, when the miner enters the earth's cavity, he seems to chart a territory where he has no control over the light, nor of the oxygen. Safety hangs by a thread.

It dawned upon me, as I appreciated the painting, that I am able to choose when to expose myself to risk. Whereas for him, risk is part of his job description. When he descends into the shaft, collapse is not theoretical. A small error can be life threatening, and it cannot possibly be revised at the next sitting. For a surgeon, on the other hand, errors are reviewed. There are meetings. There is documentation. Questions about the protocols surface. In my world, risk is itemised - infection, neurovascular injury, implant failure. When a miner dies underground, there may be an inquiry, a compensation paid, and the guilty punished. But there is also a kind of inevitability - a quiet sense that this is part of the terrain where the risk is constant, rarely discussed, and the next day dawns as full of

risk as the previous.

The miner carries home the dust and the sweat on his skin, a reminder of his everyday turmoil. When I leave the hospital, I leave in clean clothes, satisfied with the job done, though physically tired.

The painting led me to consider how the world regards the two professions through very different lenses. The surgeon is cast as precise, learned, perhaps even heroic - a healer. The miner surfaces in public consciousness only at moments of disaster or unrest - then recedes again, deep down into the earth. He is unacknowledged yet indispensable, for the light in my operating theatre draws on the earth he descends into daily. The implants I use carry within them a history of extraction I have never paused to consider.

My professional composure and competence rests, without my realising it, on forms of precariousness I am not trained to see. The dignity with which I practise my craft, in the confines of my hospital is quietly underwritten by labour that remains, for me, almost entirely out of view.

I went back to look at the painting one last time before leaving the gallery.

Dr Manoj was standing nearby, speaking to another visitor. Proud, smiling, shaking hands, and getting photographed. When he left his surgical practice, he found in painting a way of paying attention that the operating room had not taught him. I always thought of his departure from clinical work as a kind of loss to society. Standing in front of his work, now, I began to look at it differently.

The miner's expression in the foreground had not changed, but I felt I had been too quick to name it. Perhaps what I had mistaken for resignation was simply endurance without an audience.

That endurance has an audience now. I

realise that my work in proximity to the mines and to the miners may not directly translate into bearing witness. Knowing how to treat a fracture or crushed fingers is not the same as knowing the uncertain life in which these occurred. But once you know, once you witness it, it quietly changes you.

I am an orthopaedic surgeon in a district shaped by mining. I had not understood,

until that afternoon, what weight that sentence fully carried.

I am still learning to read it. Perhaps that is where medical education, in its deepest sense, actually begins - not in the lecture hall, not in the ward, but in a moment like this one: standing before an image that refuses to let you look away.