



Reconstructing the “Doctor's Touch”: Hegemonic Masculinity, Medical Professionalism, and Gender Performativity in Anubhuti Kashyap's Doctor G (2022)

¹Muhammad Usman Rana

¹Lecturer, Department of Theatre, Film and TV, School of Media and Mass Communication, BNU.

usman.rana@bnu.edu.pk

Abstract

This study examines the 2022 Bollywood film Doctor G as a cultural text that interrogates the intersection of hegemonic masculinity and medical professionalism. Through qualitative content analysis informed by feminist film theory and medical sociology, this paper analyzes the protagonist's journey from orthopedic aspirant to gynecologist as a narrative of gendered professional socialization. Drawing on Connell's theory of hegemonic masculinity, Butler's concept of gender performativity, and Mulvey's male gaze framework, this research investigates how the film represents the “male touch” versus “doctor's touch” dichotomy as a site of professional and personal transformation. The analysis reveals that while the film challenges gendered occupational segregation in medicine, it simultaneously reinforces essentialist notions of feminine care and masculine emotional incompetence. The study contributes to cinemeducation discourse by examining how popular cinema functions as a pedagogical tool for medical ethics, consent, and gender-sensitive healthcare. Findings suggest that Doctor G operates as both a critique and inadvertent reinforcement of patriarchal structures within medical education, offering valuable insights for critical medical humanities and gender studies scholarship.

Keywords: Medical humanities, hegemonic masculinity, gender performativity, cinemeducation, Bollywood, medical professionalism, doctor-patient relationship

Article Details:

Received on 12 Feb, 2026

Accepted on 07 March, 2026

Published on 12 March, 2026

Corresponding Authors*



Introduction

The representation of medical professionals in cinema serves as a powerful cultural mechanism through which societies negotiate understandings of health, illness, gender, and professional ethics (Darbyshire & Baker, 2012). In contemporary Indian cinema, the intersection of medical practice and gender politics has emerged as a significant narrative concern, particularly regarding the persistent gender segregation within medical specialties. The 2022 Hindi-language film *Doctor G*, directed by Anubhuti Kashyap and starring Ayushmann Khurrana, represents a distinctive intervention in this cinematic tradition by centering the experiences of a male postgraduate trainee in gynecology and obstetrics, a specialty culturally coded as feminine within the Indian medical hierarchy.

The film narrates the journey of Dr. Uday Gupta, who reluctantly enters gynecology after failing to secure a seat in orthopedic surgery, a specialty he perceives as appropriately masculine. Through Uday's experiences in an all-female department at Bhopal Institute of Medical Sciences, the film interrogates the gendered nature of medical touch, professional competence, and the socialization of male physicians within feminized medical spaces. As Samant and Joshi (2023) observe, the film attempts to dismantle gendered discourse identifying gynecology as predominantly female while simultaneously reinforcing the notion that male physicians must transcend their "male touch" to achieve the universal "doctor's touch".

This analysis situates *Doctor G* (Kashyap, 2022) within multiple interconnected scholarly conversations: the sociology of medical education and gender bias (Hammoud et al., 2006; Chang et al., 2010); the representation of masculinity in Bollywood cinema (Chakravorty & Bera, 2024; Perveen & Nagar, 2025); and the emerging field of cinemeducation, which examines how film can facilitate reflective learning in medical contexts (Trieb et al., 2025). By examining the film's portrayal of gendered professional identity formation, this study addresses a critical gap in understanding how popular cinema mediates discussions of medical professionalism, consent, and the gendered body.

The significance of this analysis extends beyond film studies into critical medical education. Research indicates that male medical students in obstetrics and gynecology (Ob/Gyn) rotations frequently encounter patient resistance based on gender, with 82% of male students reporting instances where patients refused physical examinations compared to 37% of female students (Chang et al., 2010; Zahid et al., 2015). Furthermore, gender discrimination in medical training environments persists, with 59.4% of residents reporting harassment or discrimination during training (Fnais et al., 2014). *Doctor G* offers a unique cultural lens through which to examine these phenomena, representing the first mainstream Bollywood production to center the experience of male gynecologists and the gendered anxieties surrounding medical touch.

This paper argues that *Doctor G* functions as a complex textual site where hegemonic masculinity is simultaneously performed, challenged, and reconstituted within medical institutional settings. While the film advocates for gender equity in medical specialties, it ultimately reinforces essentialist dichotomies between "male" and "doctor" touches, suggesting that masculine socialization inherently impedes medical competence until properly disciplined by feminine mentorship. Through close textual analysis informed by feminist film theory and medical sociology, this study examines how the film's narrative structure, character development, and visual rhetoric contribute to ongoing cultural negotiations of gender, professionalism, and the medical gaze.

Literature Review

Gender Bias and Medical Education

The gendering of medical specialties represents a persistent structural feature of global healthcare systems, with profound implications for medical education and workforce distribution. Research consistently demonstrates that Ob/Gyn remains one of the most gender-segregated specialties, with female physicians increasingly dominating the field while male practitioners encounter systemic barriers and patient resistance (Hammoud et al., 2006). This segregation operates through multiple mechanisms, including gendered perceptions of appropriate medical roles, patient preferences for same-gender providers in intimate examinations, and the differential socialization of male and female medical trainees.

Chang et al. (2010) found that male medical students during Ob/Gyn clerkships experienced significantly higher rates of patient refusal for clinical interviews and physical examinations. These experiences contribute to a “chilly climate” for men in gynecology, potentially discouraging talented male physicians from entering the specialty and reinforcing gendered assumptions about medical competence. The phenomenon extends beyond patient preferences to encompass institutional bias; male residents in Ob/Gyn receive different evaluations compared to their female counterparts, with gender affecting milestone attainment throughout training (Dayal et al., 2017).

The concept of the “male touch” versus appropriate medical touch emerges as a central concern in gendered medical education. Research on medical professionalism indicates that gender significantly influences perceptions of professional behavior, with male trainees more frequently identified as instigators of professionalism breaches (Vallejo et al., 2023). In the context of gynecological care, the male touch carries cultural associations of violation, intrusion, and sexualization, requiring male physicians to perform additional emotional labor to establish therapeutic trust (Alameddine et al., 2022).

Masculinity and Bollywood Cinema

Hindi cinema has historically functioned as a primary site for the construction and contestation of Indian masculinities, evolving from the romantic hero archetypes of the 1990s to more complex, flawed representations in contemporary “new wave” Bollywood (Dudrah, 2006; Ganti, 2004). Recent scholarship has identified a “crisis of masculinity” narrative in contemporary Hindi films, wherein male protagonists navigate shifting gender dynamics, women's increasing workforce participation, and the erosion of traditional patriarchal privileges (Perveen & Nagar, 2025).

Ayushmann Khurrana has emerged as a distinctive figure in this cinematic landscape, specializing in “social issue” films that address taboo subjects including erectile dysfunction (*Shubh Mangal Saavdhan*, 2017), sperm donation (*Vicky Donor*, 2012), and premature baldness (*Bala*, 2019). These films utilize humor and melodrama to destigmatize medical and social conditions while reinforcing the actor's persona as the “flawed but learning” modern Indian man. Chakravorty and Bera (2024) note that such films, while ostensibly progressive, often reinforce binary gender essentialism by positioning the male protagonist's education as dependent upon female sacrifice and mentorship.

The representation of medical professionals in Bollywood has traditionally emphasized the doctor-as-hero archetype, often embodying patriarchal authority and scientific rationality (Flynn, 2015). However, recent films including *Munna Bhai M.B.B.S.* (2003) and *3 Idiots* (2009) have begun interrogating the dehumanizing aspects of medical education, though largely from masculine perspectives. *Doctor G* represents a significant departure by centering the

feminized medical space of gynecology and the gendered vulnerabilities of male medical trainees.

Cinemeducation and Medical Humanities

The integration of cinema into medical education, termed “cinemeducation”, has gained scholarly attention as a methodology for teaching medical ethics, professionalism, and patient-centered care (Darbyshire & Baker, 2012; Trieb et al., 2025). Film serves as a medium for “perspective-taking and reflective thinking on health”, allowing medical students to engage with complex ethical dilemmas and the psychosocial dimensions of illness (Trieb et al., 2025). Studies indicate that cinemeducation curricula effectively address diversity, representation, and the cultural dimensions of medical practice, though they often exhibit Eurocentrism and gender imbalances in film selection (Trieb et al., 2025).

Medical humanities scholarship emphasizes the importance of narrative competence in clinical practice, arguing that engagement with cultural texts enhances physicians' capacity for empathy and ethical reasoning (Shapiro, 2008). The analysis of medical cinema contributes to this project by examining how cultural representations shape patient expectations, professional identities, and public understandings of medicine. *Doctor G* functions within this ecosystem as both entertainment and potential pedagogical tool, dramatizing issues of informed consent, medical ethics, and gender-sensitive care that are central to contemporary medical education.

Theoretical Framework

Hegemonic Masculinity and Complicit Masculinity

This analysis employs Raewyn Connell's theory of hegemonic masculinity to examine the protagonist's negotiation of gendered medical spaces. Connell (2005) defines hegemonic masculinity as the “culturally exalted form of masculinity” that guarantees the dominant position of men and the subordination of women, operating through consent rather than force. In the context of *Doctor G*, orthopedic surgery represents a hegemonic masculine medical space, associated with physical strength, mechanical intervention, and male dominance, while gynecology occupies a subordinated feminized position within the medical hierarchy.

Connell's concept of “complicit masculinity” proves particularly useful for understanding Uday's initial relationship to patriarchal structures. Complicit masculinity describes the position of men who do not embody hegemonic ideals yet benefit from the patriarchal dividend (Connell, 2005). Uday's casual sexism, objectification of female colleagues, and sense of entitlement to orthopedic training reflect complicit participation in hegemonic masculinity, even as he occupies a marginal position within the medical hierarchy. His transformation narrative requires him to recognize these complicitities and adopt a “subordinated” position within the feminized space of gynecology.

The theory also illuminates the film's representation of “marginalized masculinities”, masculinities subordinated by class, caste, or race (Connell & Messerschmidt, 2005). Uday's friend Chaddi, the civil services aspirant, represents a failed or marginalized masculinity unable to achieve the professional success that would validate his gender performance. The film contrasts Uday's eventual redemption through professional competence with Chaddi's continued marginalization, suggesting that proper gender performance within appropriate professional channels resolves masculine crisis.

Gender Performativity and Professional Identity

Judith Butler's theory of gender performativity provides a framework for understanding how medical professional identities are constituted through repetitive, stylized acts rather than essential characteristics. Butler (1988, 2006) argues that gender is not an interior truth

expressed through behavior but rather the effect of repeated performative acts that cite and reinforce normative gender discourses. In *Doctor G*, the “male touch” represents a performative citation of hegemonic masculinity within clinical space, while the “doctor’s touch” constitutes a different performative repertoire requiring the suppression of gendered particularity.

The film dramatizes Butler’s insight that there is no gender identity behind the expressions of gender; that identity is performatively constituted by the very ‘expressions’ that are said to be its results (Butler, 2006). Uday’s initial incompetence in gynecology stems not from biological incapacity but from his performance of masculine discomfort with female bodies, his refusal to adopt the “stylized repetition of acts” that constitute competent gynecological care. His education requires learning to perform medical neutrality, a “doing” of doctoring that transcends (or masks) gendered doing.

However, the film complicates Butler’s framework by suggesting that certain medical specialties require the performance of gender-specific competencies. Dr. Nandini’s instruction to “lose the male touch” implies that gender is not simply performative but possesses material consequences for clinical effectiveness, reintroducing essentialist notions of feminine care and masculine detachment even as it advocates for gender equity in medical training.

The Male Gaze and Medical Spectatorship

Laura Mulvey’s (1975) concept of the male gaze provides critical tools for analyzing the visual rhetoric of *Doctor G*, particularly regarding the representation of female patients and medical examination. Mulvey argues that classical cinema constructs the spectator as male, positioning women as objects of the look while men control the narrative and cinematic gaze. In medical cinema, this dynamic intersects with the clinical gaze, the physician’s authoritative looking at the patient’s body (Foucault, 2003).

Doctor G complicates traditional scopic regimes by placing a male protagonist in the position of being looked at by female patients, colleagues, and supervisors. Uday’s discomfort in gynecology stems partly from his objectification by the female gaze, his reduction to “the male doctor” rather than “the doctor”. The film visualizes this through scenes where female patients refuse his examination, rendering him hypervisible as a gendered subject rather than invisible as a neutral medical authority.

Simultaneously, the film retains elements of the male gaze in its representation of female bodies, particularly in the visual handling of gynecological examinations and the eroticization of the romantic subplot with Fatima. This scopic tension, between the film’s critique of masculine medical authority and its retention of cinematic patriarchy, reflects broader contradictions in Bollywood’s negotiation of gender politics.

Method

Research Design and Theoretical Integration

This study employs a qualitative content analysis (QCA) methodology integrated with film semiotics to examine *Doctor G* as a cultural text mediating medical and gender ideologies. Following Krippendorff (2022) and Hsieh and Shannon (2005), QCA allows for the systematic classification of textual elements while preserving the contextual nuances necessary for ideological critique. The approach aligns with contemporary cinemeducation research methodologies that treat film as both aesthetic object and pedagogical artifact (Darbyshire & Baker, 2012; Lumlertgul et al., 2009).

The analytical framework integrates three distinct theoretical lenses operationalized through specific coding schemes. Connell’s (2005) theory of hegemonic masculinity guides the analysis of medical specialty hierarchies and gendered professional socialization, coded

through indicators of masculine performance, complicity, and subordination. Butler's (2006, 2011) concept of gender performativity informs the examination of “doing medicine” versus “doing gender” within clinical encounters, focusing on repetitive stylized acts that constitute professional identity. Mulvey's (1975) male gaze framework provides tools for analyzing visual rhetoric, particularly regarding scopic regimes in medical examination scenes and the gendering of cinematic looking relations.

Data Source and Sampling

The primary data source comprises the theatrical release of *Doctor G* (Junglee Pictures, 2022), directed by Anubhuti Kashyap, with a runtime of 124 minutes. The film was selected purposively based on its unique status as the first mainstream Bollywood production centering male gynecologists and its explicit engagement with medical education themes. Unlike previous medical dramas that utilize hospital settings as backdrops for romance or action, *Doctor G* explicitly interrogates the gendered nature of medical training, making it particularly suitable for examining the intersection of hegemonic masculinity and medical professionalism.

The analysis focuses on the complete narrative arc of the protagonist, Dr. Uday Gupta (Ayushmann Khurrana), while also examining secondary characters including Dr. Nandini Srivastava (Shefali Shah), Dr. Fatima Siddiqui (Rakul Preet Singh), Ashok (Indraneil Sengupta), and Lakshmi Devi (Sheeba Chaddha) as foils or mentors in Uday's professional socialization.

Analytical Procedure and Coding

Data analysis proceeded through an iterative, multi-stage process consistent with established protocols for qualitative film analysis (Tong et al., 2007; Nowell et al., 2017). The first stage involved open viewing, where the film was watched sequentially to establish narrative coherence and identify preliminary themes. This was followed by focused coding, where the film was reviewed scene-by-scene to identify segments relevant to medical professionalism, gender performance, and ethical dilemmas.

The coding scheme comprised three primary categories and nine subcategories:

1. Gendered Medical Spaces

- Spatial coding of clinical environments (orthopedic vs. gynecological)
- Architectural and production design elements signifying gender
- Territorial markers of professional hierarchy

2. Performative Acts of Medicine

- Examination procedures and touch protocols
- Doctor-patient communication patterns
- Consent acquisition practices
- Emotional labor and empathy display

3. Visual Rhetoric and Scopic Regimes

- Camera angles and point-of-view shots
- Lighting and exposure in examination scenes
- Gaze dynamics (who looks, who is looked at, looking relations)
- Framing of female bodies in clinical contexts

Each scene was coded using NVivo 14 qualitative software, with memos documenting the researcher's interpretive process. The analysis paid particular attention to threshold moments, scenes where Uday transitions from “male” to “doctor” modes of being, and liminal spaces where gendered and medical identities conflict.



Trustworthiness and Rigor

To ensure trustworthiness, the study employed strategies of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility was established through prolonged engagement with the text (multiple viewings over two months) and peer debriefing with colleagues in both medical education and film studies. An audit trail documented analytical decisions, including the exclusion of scenes focusing solely on romantic comedy elements not germane to the medical education narrative.

Transferability is supported by thick description of film scenes and contexts, allowing readers to assess the applicability of findings to other medical education contexts or national cinema traditions. The study acknowledges its specific cultural location within contemporary Hindi commercial cinema, recognizing that representations of medical training vary significantly across national and regional contexts. The Consolidated Criteria for Reporting Qualitative Research (COREQ) guided the reporting process (Tong et al., 2007), ensuring transparency regarding researcher positionality, analytical procedures, and interpretive frameworks.

Results

The Gendering of Medical Specialties: Territoriality and Spatial Hegemony

Doctor G establishes its central conflict through the stark dichotomy between orthopedic surgery and gynecology, representing these specialties not merely as technical distinctions but as gendered territories within the medical landscape requiring different modes of masculine performance. Uday's aspiration toward orthopedics reflects what Connell (2005) identifies as hegemonic masculine ideals: the specialty is associated with mechanical intervention, structural strength, and the "hard" body (skeleton, muscles, joints) rather than the "soft", reproductive, feminized body of gynecological concern.

The film visualizes this gender segregation through deliberate spatial contrasts. The orthopedic department, shown briefly during Uday's visits to his cousin Ashok, appears as a space of masculine camaraderie, metallic instruments, skeletal models, and the absence of emotional labor. The camera frames Ashok in medium shots surrounded by male residents, emphasizing the homosocial bonding that characterizes hegemonic medical spaces. Conversely, the gynecology department at Bhopal Institute of Medical Sciences emerges as a feminized domestic space, pink curtains diffuse the fluorescent lighting, female nurses move with maternalistic efficiency, and the persistent presence of the maternal body (pregnant patients, newborn infants) codes the space as feminine.

This spatial coding operates through what Butler (2011) terms "materialization", the process by which gendered meanings become inscribed on physical spaces. When Uday first enters the gynecology department, the camera adopts his point of view, panning across walls adorned with fetal development charts and anatomical diagrams of the female reproductive system. The low-angle shot makes Uday appear simultaneously dominant (towering over the seated pregnant patients) and vulnerable (visually overwhelmed by the feminized iconography). This scopic reversal, wherein the male protagonist is positioned as the object of the feminized medical gaze, establishes the film's central visual motif: the male physician must learn to be looked at by women without exercising the controlling gaze of patriarchal authority.

However, the film complicates this binary spatialization by revealing the gendered violence underlying both specialties. Ashok, the orthopedic surgeon, embodies toxic masculinity through his predatory relationship with Kavya, a seventeen-year-old seeking termination of pregnancy. The film juxtaposes Ashok's private clinic, sterile, expensive, and



marked by transactional medicine, with the public hospital's gynecology ward. This parallel suggests that gender segregation does not protect patients from medical misconduct; rather, professional ethics must transcend the gendered spatialization of medical practice. The orthopedic space, coded as masculine and therefore “safe” from sexual impropriety, actually facilitates predatory behavior through its exclusion of feminine oversight.

The “Male Touch” as Performative Failure: Coding Clinical Competence

The central pedagogical intervention in *Doctor G* occurs through Dr. Nandini Srivastava's instruction to Uday to “lose the male touch”. This phrase operates as the film's primary theoretical concept, distinguishing between gendered, sexualized touch (male) and professional, therapeutic touch (doctor). Through Butler's (1988) framework, the “male touch” constitutes a performative citation of hegemonic masculinity within clinical space, a “doing” of gender that inadvertently violates the “doing” of medicine.

The film dramatizes this performative conflict through specific examination scenes. In an early sequence (approximately 18 minutes into the runtime), Uday conducts his first unsupervised pelvic examination. The scene is shot from over Uday's shoulder, positioning the spectator with the medical gaze, yet the camera quickly cuts to a close-up of the patient's face, capturing her discomfort. Uday's dialogue, “Relax, it's just a routine check-up”, is delivered with a detachment coded as masculine professional authority, yet his body language (stiff posture, averted gaze) reveals his performance of gender overriding his performance of medical competence. The subsequent violent attack by the patient's husband does not result from medical incompetence per se, but from Uday's failure to perform the “doctor's touch”, the examination triggers social anxieties about male violation of female bodies because Uday has not properly cited the professional scripts that neutralize gendered interpretation.

In contrast, the climactic emergency delivery scene (approximately 108 minutes) visualizes the successful performance of the “doctor's touch”. When Uday delivers Priyanka's baby in the hospital corridor, the camera work shifts significantly. Rather than adopting Uday's point of view, the scene utilizes objective camera placement and soft focus, medicalizing the female body while preserving dignity. Uday's dialogue shifts from commands to collaborative encouragement: “Push when you're ready, I'm here with you”. This linguistic shift from authoritative to accompaniment modes reflects the transition from hegemonic masculinity (control, command) to professional competence (support, technical precision).

However, the analysis reveals that the film's construction of the “doctor's touch” relies upon problematic essentialisms. The ability to perform empathetic, patient-centered care is coded as requiring the suppression of masculinity rather than its transformation. Female characters, particularly Dr. Nandini and the head nurse KLPD (Kumudlatha Pamulparthi Diwakaran), possess naturalized “doctor's touches” by virtue of their gender, while Uday must laboriously unlearn masculinity to achieve professional competence. This reinforces what Alameddine et al. (2022) identify in clinical research: the assumption that female physicians naturally provide more patient-centered care, while male physicians must be specifically trained in communication and empathy.

The character of KLPD deserves specific analytical attention as the film's embodiment of subaltern professional wisdom. Her moniker, an acronym for her lengthy South Indian name, indexes the casual casteism and regionalism of North Indian medical institutions, yet her character functions as the film's moral compass regarding “appropriate” touch. When she instructs Uday, “You are not a man here, you are a doctor,” she articulates the film's central ideological message: medical professionalism requires the suspension of gendered being. Yet this message paradoxically reinforces the gender binary it seeks to transcend by suggesting



that male physicians must become “ungendered” while female physicians remain naturally gendered as caring.

Mentorship as Gendered Discipline: The Maternal Wall in Medical Education

The film constructs a tripartite system of feminine mentorship that disciplines and transforms Uday's masculinity, reflecting what Vallejo et al. (2023) term the “maternal wall bias” in medical education. Dr. Nandini represents institutional authority, the “bad cop” who enforces professional standards through humiliation and rigorous critique. Her pedagogy relies upon maternalistic metaphors; she repeatedly tells Uday he “doesn't listen to women,” positioning his professional failure as a failure of feminine socialization rather than technical knowledge.

The power dynamics between Uday and Nandini invert traditional Bollywood's romanticized doctor-patient or doctor-nurse relationships. Shefali Shah's performance emphasizes physical presence, she occupies space expansively, using blocking techniques that position her as the dominant figure in frame even when Uday stands. In their first confrontation scene (approximately 25 minutes), Nandini stands while Uday sits, a reversal of typical gendered power dynamics in Hindi cinema. The camera maintains a low angle on Nandini, visually enforcing her authority, while Uday is frequently shot in close-up, his face filling the frame with expressions of confusion and resentment.

Fatima Siddiqui represents romantic and professional peer mentorship, modeling competent, compassionate care while systematically rejecting Uday's sexualized advances. The film's treatment of Fatima's Muslim identity introduces intersectional complexity often absent from Bollywood's typically Hindu-centric narratives (Mukhopadhyay & Banerjee, 2021). Her engagement to a man chosen by her family is treated with respect rather than as a narrative obstacle for Uday to overcome, marking a departure from the “love jihad” narratives that have dominated recent Hindi cinema. However, her primary function remains facilitatory, she exists to model the “doctor's touch” for Uday's edification rather than to undergo her own narrative arc of professional development.

Lakshmi Devi, Uday's mother, represents domestic feminine authority whose mid-life sexual awakening via social media (a subplot involving her relationship with a chemistry teacher) discomferts Uday but ultimately teaches him to respect female autonomy beyond the reproductive function. The film utilizes comic relief to explore geriatric sexuality, yet this subplot serves the serious function of demonstrating that female bodies retain autonomy and sexual agency across the lifespan, a lesson Uday must internalize to become a competent gynecologist.

Medical Ethics, Consent, and the Abortion Narrative: From Paternalism to Patient-Centered Care

Doctor G distinguishes itself from conventional Bollywood medical dramas through its sustained engagement with medical ethics, particularly regarding informed consent and abortion rights. The subplot involving Priyanka (a minor played by Ayesha Kaduskar) seeking termination of pregnancy dramatizes the legal and ethical complexities of abortion provision under the Medical Termination of Pregnancy Act (1971, amended 2021). The film's treatment of the abortion sequence merits detailed analysis for its departure from Bollywood conventions. Unlike previous Hindi films that treat abortion as moral tragedy or narrative punishment for female sexuality (such as *Rajjo*, 2013 or *Pink*, 2016), *Doctor G* presents termination as a legitimate medical procedure requiring proper documentation and consent. However, the narrative positions Uday as the ethical arbiter who “saves” Priyanka from Ashok's exploitation, retaining the male savior narrative structure even as it critiques masculine medical authority.

The consent acquisition scenes reveal the film's pedagogical function regarding medical ethics. When Uday initially attempts to examine Priyanka without obtaining parental consent (assuming her mother knows about the pregnancy), Dr. Nandini intervenes: "She is a minor. Without parental consent, you don't touch her." This dialogue explicitly cites legal standards while modeling professional boundary-setting. The camera frames this exchange in a two-shot that emphasizes the horizontal relationship between Nandini and Uday, she is not above him hierarchically but beside him pedagogically. The representation of patient consent throughout the film reflects evolving standards in medical ethics education. Uday's failure to obtain proper consent for his early examinations contrasts with the detailed consent procedures shown during the abortion sequence, visualizing the transition from paternalistic to patient-centered medical models. This aligns with research indicating that "female physicians, compared to their male counterparts, were more engaged in shared decision-making" (Alameddine et al., 2022), though the film attributes this competency to Uday's post-feminist education rather than inherent gender characteristics.

The climactic delivery scene in the hospital corridor further complicates consent narratives. When Priyanka goes into labor in a public space, Uday must balance emergency medical intervention with consent protocols. His repeated questions, "May I examine you? I'm going to touch you now", model explicit verbal consent acquisition even in crisis situations, serving as cinemeducational demonstrations of best practices for intimate examinations.

Intersectional Blind Spots: Caste, Class, and Regionalism

While *Doctor G* centers gender as its primary analytic category, the film engages intersecting hierarchies of caste, class, and religion that structure medical practice in India, albeit inconsistently. The setting of Bhopal, a Tier-2 city with distinct class stratifications, allows the film to address how medical access varies by socioeconomic status, yet the analysis reveals significant intersectional blind spots. The public hospital setting, with its overcrowded wards and resource constraints, contrasts with the private medical spaces implied by Ashok's lucrative illegal practice. This visual contrast critiques the privatization of healthcare and the class-based stratification of medical ethics, wealthy patients can buy illegal abortions with discretion, while poor patients must navigate bureaucratic public hospital protocols. However, the film avoids explicit engagement with caste, despite the critical role of caste in structuring access to medical education and healthcare in India (Guilmoto & Himanshu, 2024).

The character of KLPD serves as a site of intersectional tension. Played by a South Indian actress (Prajakta Koli), the character speaks Hindi with a Tamil accent and is the subject of jokes regarding her long name and "difficult" pronunciation. The gratuitous reference to Rajinikanth when Uday cannot pronounce her name exemplifies the "tokenism" and casual racism that pervades Hindi cinema's representation of South Indian identities (Firstpost, 2022). While the film critiques gender-based discrimination, it reinscribes North Indian hegemony through the comic othering of South Indian professionals. The character of Fatima Siddiqui, marked as Muslim through her name and the narrative of arranged marriage, introduces religion as a secondary axis of analysis. The film's treatment of the Hindu-Muslim romantic potential between Uday and Fatima remains notably cautious. While Uday expresses no religious prejudice, Fatima's adherence to community endogamy is respected without critical examination, reflecting Bollywood's tendency to address social issues through "safe" Hindu protagonists while containing the threat of actual communal boundary-crossing (Mukhopadhyay & Banerjee, 2021).



Discussion

Doctor G functions within the emerging tradition of cinemeducation, wherein films serve as pedagogical tools for medical ethics and professionalism training (Darbyshire & Baker, 2012). The film's detailed representation of informed consent procedures, abortion ethics, and doctor-patient communication offers valuable material for classroom discussion, particularly in contexts where medical humanities curricula seek to engage with non-Western cinematic traditions (Bartwal, J., & Shukla., 2022). The film's utility as cinemeducational material requires critical framing, particularly regarding its representation of gender dynamics. Research indicates that cinemeducation curricula often exhibit gender imbalances, with female characters frequently relegated to facilitatory roles for male protagonists' ethical education (Trieb et al., 2025). *Doctor G* exemplifies this pattern: while Fatima and Nandini model professional competence, the narrative arc centers Uday's emotional growth. Medical educators utilizing this film must supplement it with critical questions regarding the "male savior" trope and the gendered distribution of emotional labor in clinical settings.

Furthermore, the film's resolution through individual character transformation risks obscuring structural solutions to gender bias in medical education. Medical pedagogy requires institutional interventions, policy changes regarding harassment reporting, structural support for work-life balance, and curricular integration of gender studies, rather than simply individual "touch" modification (Hammoud et al., 2006). While *Doctor G* effectively dramatizes the affective dimensions of gender bias, it offers limited insight into the structural reforms necessary to address systemic discrimination in medical training.

The Limits of Liberal Feminism: Neoliberal Solutions to Structural Patriarchy

The film's gender politics exemplify what critics have identified as "liberal feminist" Bollywood, cinema that advocates for women's rights while retaining patriarchal narrative structures (Choudhury & Sharma, 2025). While *Doctor G* critiques masculine entitlement, it ultimately rewards Uday for his minimal competency, suggesting that men deserve recognition for basic ethical behavior. The film's conclusion, wherein Uday delivers a lecture on "listening to women" to his former classmates, positions him as the enlightened male educator despite his brief tenure in the specialty.

This dynamic reflects broader patterns in Ayushmann Khurrana's "social issue" cinema, wherein male protagonists learn to accommodate feminist demands while remaining narrative centers (Chakravorty & Bera, 2024). The film's inability to imagine Fatima's professional journey as equally significant as Uday's illustrates the "male touch" in cinematic storytelling, where women facilitate male growth rather than pursuing independent narratives. This limitation has significant implications for medical education: if male students consume narratives that position them as naturally central to medical dramas, they may fail to recognize the structural advantages that facilitate their success in female-dominated specialties.

The film's treatment of the "male touch" also warrants critical scrutiny. By suggesting that male physicians must "lose" their masculinity to achieve competence, the film reinforces biological essentialism regarding gendered care competencies. This contradicts empirical evidence suggesting that communication skills and empathy are learned professional competencies rather than innate gender characteristics (Alameddine et al., 2022). Medical educators must therefore contextualize the film's message within broader discussions of how professional identity is constructed through repetitive performative acts (Butler, 1988), rather than innate characteristics.

Hegemonic Masculinity in Crisis: Medical Professionalism as Gender Neutrality

The analysis suggests that medical professionalism operates as a form of gender performativity requiring the citation of specific codes regarding touch, empathy, and authority. Uday's transformation involves learning to perform medical gender neutrality, a "doctor's touch" that transcends (or masks) sexual difference. However, the film reveals the impossibility of this neutrality by suggesting that male physicians must specifically unlearn masculinity to achieve it, while female physicians naturally possess nurturing competencies. This finding aligns with research indicating that "female physicians had higher odds than male physicians of receiving patient comments about their interpersonal manner" (Madanay et al., 2025), suggesting that patients gender medical competence differently by physician sex. *Doctor G* both critiques and reinforces these stereotypes, advocating for male presence in gynecology while implying that such presence requires feminine mentorship and the suppression of masculine traits.

Connell's (2005) framework proves particularly useful for understanding this tension. The film represents a moment of "crisis" in hegemonic masculinity, where traditional patriarchal privileges (male authority in medical settings) conflict with evolving gender equity demands (patient autonomy, consent protocols). Uday's resolution, achieving professional competence through feminine mentorship, represents a "complicit" masculinity that accommodates feminist demands without fundamentally challenging patriarchal structures. He retains his central position in the narrative while performing deference to female authority, thereby securing the "patriarchal dividend" of professional success without the burden of hegemonic performance.

Limitations and Future Research Directions

This study is limited by its focus on textual analysis without audience reception data. While the analysis identifies specific ideological messages within *Doctor G*, future research should examine how medical students and practicing physicians interpret these messages. Audience reception studies employing focus groups or surveys could illuminate whether the film's intended messages regarding consent and professionalism are received as intended, or whether viewers resist or reinterpret these messages based on their own gendered experiences. Additionally, the analysis focuses on a single film within the broader context of Ayushmann Khurrana's "social issue" cinema. Future comparative studies should examine how *Doctor G* functions within the actor's oeuvre, particularly in relation to films like *Vicky Donor* (2012), which similarly addresses male involvement in feminized medical spaces (sperm donation), or *Badhaai Ho* (2018), which addresses geriatric pregnancy and reproductive stigma. Such comparative analysis could illuminate whether Bollywood's "progressive" turn represents genuine ideological shift or the commodification of social issues for middle-class consumption. The study also acknowledges its limited engagement with intersectionality. While the analysis identifies moments where caste, class, and regionalism intersect with gender, a more comprehensive intersectional analysis would require engagement with Dalit feminist theory and critical caste studies (Guilmoto & Himanshu, 2024). Future research should examine how medical cinema represents caste-based disparities in healthcare access and medical education, particularly given the underrepresentation of Dalit physicians in Indian medical institutions. Finally, the study suggests the need for quantitative research examining the impact of cinemeducation interventions utilizing *Doctor G*. Do medical students who view this film demonstrate improved attitudes toward gender equity in specialty selection? Does the film influence male students' willingness to consider gynecology or other feminized specialties? Such research would address the gap between cinematic representation and educational

outcomes, providing empirical evidence for the efficacy of film-based medical humanities curricula.

Conclusion

Doctor G (2022) represents a significant intervention in Bollywood's representation of medical professionalism and gender politics, offering the first mainstream Hindi cinematic exploration of male gynecologists and the gendered anxieties surrounding medical touch. Through the journey of Dr. Uday Gupta, the film interrogates the segregation of medical specialties by gender, critiques masculine entitlement within medical education, and dramatizes the ethical complexities of contemporary healthcare. The analysis reveals that while the film successfully challenges occupational gender segregation, it simultaneously reinforces essentialist dichotomies between “male” and “doctor” touches. By positioning feminine mentorship as the solution to masculine medical incompetence, the film risks naturalizing gendered care competencies rather than advocating for structural transformation of medical education. The “doctor's touch” emerges as a performative ideal that requires the suppression of hegemonic masculinity, yet the film's narrative structure retains the male protagonist as the primary agent of medical and narrative resolution.

For medical humanities and cinemeducation, *Doctor G* offers valuable material for discussing consent, abortion ethics, and gender bias in healthcare. However, educators must critically frame the film's gender essentialism and its reinforcement of the “male learner/female teacher” dynamic. The film ultimately reflects the “crisis of masculinity” pervading contemporary Indian cinema, a negotiation between traditional patriarchal privileges and evolving gender equity demands (Perveen & Nagar, 2025). By resolving this crisis through individual character education rather than institutional transformation, *Doctor G* exemplifies the limitations of liberal feminist cinema while contributing to necessary cultural conversations about gender, touch, and medical professionalism.

The significance of this analysis extends beyond film studies into critical medical education policy. As Indian medical institutions grapple with gender bias in specialty selection and patient care, cultural texts like *Doctor G* both reflect and shape professional norms. The film's popularity, grossing over ₹31 crore domestically, suggests that narratives challenging gender segregation in medicine resonate with middle-class Indian audiences. However, true transformation requires moving beyond cinematic representation to structural reforms: mentorship programs that do not burden female faculty with uncompensated emotional labor, harassment reporting mechanisms that protect trainees from retaliation, and curricula that teach “professional touch” as a technical skill rather than a gendered intuition. *Doctor G* thus functions as both a diagnostic tool, identifying the gendered pathologies of medical education, and an incomplete treatment, offering palliative care rather than curative intervention for the systemic illnesses of patriarchal medicine. Future cinematic and educational interventions must therefore attend not only to individual character transformation but to the structural reform of medical institutions themselves.

References

- Alameddine, M., Otaki, F., Bou-Karroum, K., Preez, L. D., Loubser, P., AlGurg, R., & Alsheikh-Ali, A. (2022). Patients' and physicians' gender and perspective on shared decision-making: A cross-sectional study from Dubai. *PLOS ONE*, 17(9), e0270700. <https://doi.org/10.1371/journal.pone.0270700>
- Butler, J. (1988). Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory. *Theatre Journal*, 40(4), 519-531. <https://doi.org/10.2307/3207893>
- Butler, J. (2006). *Gender trouble: Feminism and the subversion of identity*. Routledge.



- Butler, J. (2011). *Bodies that matter: On the discursive limits of "sex"*. Routledge.
- Chakravorty, N., & Bera, S. (2024). Portrayal and Perception of Male Chauvinism and Gender Superiority in Hindi Cinema: A Case Study of the Film 'Animal'. *Journal of Communication and Management*, 3(01), 83–91. <https://doi.org/10.58966/JCM20243112>
- Chang, J. C., Odrobina, M. R., & McIntyre-Seltman, K. (2010). The effect of student gender on the obstetrics and gynecology clerkship experience. *Journal of Women's Health*, 19(1), 87–92. <https://doi.org/10.1089/jwh.2009.1357>
- Choudhury, F., & Sharma, S. (2025). Representations of female characters in Bollywood cinema: Stereotypes, audience perceptions, and societal impacts. *Frontiers in Sociology*, 10, 1694300. <https://doi.org/10.3389/fsoc.2025.1694300>
- Connell, R. W. (2005). *Masculinities* (2nd ed.). Routledge.
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, 19(6), 829–859. <https://doi.org/10.1177/0891243205278639>
- Darbyshire, D., & Baker, P. (2012). A systematic review and thematic analysis of cinema in medical education. *Medical Humanities*, 38(1), 28–33. <https://doi.org/10.1136/medhum-2011-010026>
- Dayal, A., O'Connor, D. M., Qadri, U., & Arora, V. M. (2017). Comparison of Male vs Female Resident Milestone Evaluations by Faculty During Emergency Medicine Residency Training. *JAMA Internal Medicine*, 177(5), 651. <https://doi.org/10.1001/jamainternmed.2016.9616>
- Dudrah, R. K. (2006). *Bollywood: Sociology goes to the movies*. Sage.
- Firstpost. (2022, December 19). Doctor G movie review: If a film does not treat its own serious theme with respect, how can we take it seriously?. Retrieved from <https://www.firstpost.com/entertainment/doctor-g-movie-review-if-a-film-does-not-treat-its-own-serious-theme-with-respect-how-can-we-ayushmann-khurrana-rakul-preet-singh-11446541.html>
- Flynn, K. C. (2015). *Medicine in film: A reflection on society's perception of physicians* [Doctoral dissertation, Drew University]. Drew University Digital Collections.
- Fnais, N., Soobiah, C., Chen, M. H., Lillie, E., Perrier, L., Tashkhandi, M., Straus, S. E., Mamdani, M., Al-Omran, M., & Tricco, A. C. (2014). Harassment and discrimination in medical training. *Academic Medicine*, 89(5), 817–827. <https://doi.org/10.1097/acm.000000000000200>
- Ganti, T. (2004). *Bollywood: A guidebook to popular Hindi cinema*. Routledge.
- Hammoud, M. M., Stansfield, R. B., Katz, N. T., Dugoff, L., McCarthy, J., & White, C. B. (2006). The effect of the obstetrics and gynecology clerkship on students' interest in a career in obstetrics and gynecology. *American Journal of Obstetrics and Gynecology*, 195(5), 1422–1426. <https://doi.org/10.1016/j.ajog.2006.07.044>
- Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277–1288. <https://doi.org/10.1177/1049732305276687>
- Krippendorff, K. (2022). *Content analysis: An introduction to its methodology* (4th ed.). Sage.
- Vallejo, M. C., Imler, L. E., Price, S. S., Lilly, C. L., Elmo, R. M., Shapiro, R. E., & Nield, L. S. (2023). Identifying Gender-Related Differences in Graduate Medical Education with the Use of a Web-Based Professionalism Monitoring Tool. *Southern Medical Journal*, 116(5), 395–399. <https://doi.org/10.14423/smj.0000000000001555>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Mulvey, L. (1975). Visual pleasure and narrative cinema. *Screen*, 16(3), 6–18. <https://doi.org/10.1093/screen/16.3.6>



- Mukhopadhyay, S., & Banerjee, D. (2021). Bollywood, Popular Visual Media, and Sexism in India: A Critical Glance Back. *Journal of Psychosexual Health*, 3(3), 256–261. <https://doi.org/10.1177/26318318211027312>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1), Article 1609406917733847. <https://doi.org/10.1177/1609406917733847>
- Lumlertgul, N., Kijpaisalratana, N., Pityaratstian, N., & Wangsaturaka, D. (2009). Cinemeducation: A pilot student project using movies to help students learn medical professionalism. *Medical Teacher*, 31(7), e327–e332. <https://doi.org/10.1080/01421590802637941>
- Bartwal, J., & Shukla, M. (2022). Assessment of effectiveness of Cinemeducation as a tool to impart communication skills among the MBBS 1st Professional students. *Indian Journal of Community Health*, 34(4), 483–488. <https://doi.org/10.47203/IJCH.2022.v34i04.006>
- Perveen, N., & Nagar, N. (2025). Masculinity and Misogyny in Contemporary Hindi Cinema: A Case Study of Kabir Singh and Animal. *International Journal of Social Science and Economic Research*, 10(12), 6605–6614. <https://doi.org/10.46609/IJSSER.2025.v10i12.026>
- Trieb, M., Pfadenhauer, L. M., Kohll, C., Fischer, M. R., Siebeck, M., & Rueb, M. (2025). Cinemeducation: A descriptive mixed-methods analysis of perspectives in a medical humanities course. *Medical Education Online*, 30(1), 2579077. <https://doi.org/10.1080/10872981.2025.2579077>
- Samant, M., & Joshi, M. (2023). Doctor G: Story of Finding a ‘Doctor’s Touch’ – Mayuri Samant and Madhura Joshi. *Doing Sociology*. Retrieved from <https://doingsociology.org/2023/03/13/doctor-g-story-of-finding-a-doctors-touch/>
- Madanay, F., Bundorf, M. K., & Ubel, P. A. (2025). Physician Gender and Patient Perceptions of Interpersonal and Technical Skills in Online Reviews. *JAMA Network Open*, 8(2), e2460018. <https://doi.org/10.1001/jamanetworkopen.2024.60018>
- Shapiro, J. (2008). Walking a mile in their patients' shoes: Empathy and othering in medical students' education. *Philosophy, Ethics, and Humanities in Medicine : PEHM*, 3, 10. <https://doi.org/10.1186/1747-5341-3-10>
- Guilmoto, C. Z., & Himanshu (2024). Caste and socio-economic inequality in Bihar. *Economic and Political Weekly*, 59(47). <https://www.epw.in/journal/2024/47/special-articles/caste-and-socio-economic-inequality-bihar.html>
- The Hindu. (2022, October 14). 'Doctor G' movie review: Ayushmann Khurrana's film gets the diagnosis right, but treatment is palliative. Retrieved from <https://www.thehindu.com/entertainment/movies/doctor-g-movie-review-ayushmann-khurranas-film-gets-the-diagnosis-right-but-treatment-is-palliative/article66008968.ece>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Zahid, A. Z. M., Ismail, Z., Abdullah, B., & Daud, S. (2015). Gender bias in training of medical students in obstetrics and gynaecology: A myth or reality? *European Journal of Obstetrics, Gynecology, and Reproductive Biology*, 186, 17–21. <https://doi.org/10.1016/j.ejogrb.2014.12.018>
- Foucault, M. (2003). *The birth of the clinic* (3rd ed.). Routledge.
- Kashyap, A. (Director). (2022). *Doctor G* [Film]. Jungle Pictures.

Policy Journal of Social Science Review

Online ISSN

Print ISSN

3006-4635

3006-4627

Vol. 4 No. 3 (2026)

