



# Flouted Ethics, Postcolonial Wounds, and Cyclical Trauma: A Study of *Human* (2022)

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**Abstract**— The 2022 web series *Human*, set in Bhopal, India, portrays a fictional account of the unethical drug trials conducted by Vayu Pharmaceuticals and Manthan Hospitals, exploiting socio-economically marginalized communities previously scarred by the 1984 Union Carbide disaster. Using the health humanities and postcolonial frameworks, this paper aims to analyse the series' critique of clinical trial ethics, with a focus on the protagonist, Dr. Gauri Nath's trauma-driven complicity and ambition. This paper argues that *Human* examines the intricate intersections between systemic injustices, negligent regulation, legacies of postcolonialism, and personal trauma in sustaining pharmaceutical malpractice and neocolonial capitalist exploitation by using the lens of medical ethics, postcoloniality, trauma studies, and foregrounding it in the contemporary Indian clinical trial scene.

**Keywords**— drug trials, ethical violations, socio-economic disparity, trauma and complicity, vulnerability.



## I. INTRODUCTION

In countries which were historically at the receiving end of colonial exploitation and capitalist greed, clinical trials can turn exploitative when ethics are sidelined to prey on the marginalized and impoverished population for neocolonial capitalist ventures. Directed by Vipul Amrutlal Shah and Mozez Singh, the web series *Human* (2022) explores this issue with haunting urgency. It is set in the city of Bhopal, India. The location is a strategic choice on the part of the filmmakers since Bhopal still nurses the wounds inflicted by capitalist greed and ethical violations caused by the fatal 1984 Union Carbide Gas Tragedy. The series tells the fictitious story of the unethical pharmacological trials conducted by Vayu Pharmaceuticals in collaboration with Manthan Hospital. It also explores the psychological ramifications of such negligence through the character of the protagonist, Dr. Gauri Nath. It is her profound personal trauma that drives her to orchestrate these unethical trials. By doing so, it questions the binary of the victim-perpetrator. This paper aims to analyse *Human* through a combined lens of health humanities and postcolonialism, focusing on the question of ethics, the effect of traumatic events on individuals and its role in perpetuating harm on

marginalized populations. It makes the argument that the series is a critique on the commodification of vulnerable marginalized communities. It does so by exposing how socio-economic inequalities combined with inadequate and lax regulations in places with colonial legacy and scarred by individual trauma enable pharmaceutical and medical malpractices. The paper aims to answer the following research questions:

1. How does *Human* portray ethical violations in drug trials targeting marginalized populations?
2. How does Gauri's trauma shape her role as the victim-perpetrator?
3. What role does socio-economic inequalities, marginalization, and postcolonial vulnerabilities play in magnifying these issues?

These questions seek to illuminate the issue of the human cost of unethical drug and medical trials through narrative analysis and the lenses of ethics, postcoloniality, and trauma studies, while making a case for systemic change grounded in empathy.

## II. OBJECTIVES

This paper aims to achieve the following objectives:

1. Examination of *Human* to explore its narrative strategies in portraying ethical dilemmas in clinical and drug trials, underscoring exploitation and Gauri's trauma-driven complicity.
2. Situating these portrayals within the health humanities framework and postcolonial discourse on medical ethics, neocolonial exploitation, and trauma.
3. Evaluation of *Human* as a means to raise public awareness of systemic violation of ethics and neocolonial capitalist exploitation.

## III. LITERATURE REVIEW

The health humanities framework offers a nuanced lens for examination of healthcare practices by combining narrative analysis, clinical ethics, and social sciences. Rita Charon's 2006 book *Narrative Medicine: Honoring the Stories of Illness* emphasizes on the power of storytelling to foster empathy and awareness for marginalized voices battling with illness (Charon 189). *Human* does this by using visual storytelling to interrogate and expose the unethical nature of drug trials conducted in Bhopal. Arthur W. Frank in *The Wounded Storyteller* (1995) shows how suffering bodies choose to adopt their own set of ethics to negotiate with their condition and the stance one adopts while narrating one's tale of suffering (Frank 97). In doing so, the suffering body brings forth the systemic injustices and ethical negotiations that abound in the healthcare space.

Neglect and disregard for human life are concerningly common when the question of ethical practices in the healthcare field is raised. Rebecca Skloot's *The Immortal Life of Henrietta Lacks* (2010) narrates the story of Henrietta Lacks, an African-American woman, whose cancer cells were taken without her consent for medical experimentation purposes. The book delves into the intersectionality of factors — race, gender, class, and illness — that come together to cause the unethical exploitation of patients, particularly those from marginalized communities (Skloot 197). *Medical Apartheid* by Harriet A. Washington explores systemic racism in medical experimentation (Washington 245). The World Health Organization's *Ethical Considerations in Biomedical Research Involving Human Subjects* emphasizes transparency and autonomy — factors that are seen to be violated in the series (World Health Organization 12).

The current landscape for clinical and drug trials in India shows that while its clinical trial sector has grown, ethical issues continue to persist as evident from the 2018 Jaipur

trial controversy (Shelar). While the 2019 New Drugs and Clinical Trials Rules aim to enhance participant protection, gaps remain — a 2025 study shows that 12% of drug trials take place unregistered making its participants prone to unknown side effects and even fatality (Ravindranath et al.). Understanding colonial legacies' influence on social and economic injustices is made easier with the use of a postcolonial framework. The psychological effects of colonialism are exemplified by Frantz Fanon's work, particularly his exploration of the enduring power disparities in postcolonial healthcare settings (Fanon 44). Adriana Petryna's *When Experiments Travel* discusses how pharmaceutical companies avail benefit of social and economic gaps and slack regulations to experiment with drugs by abusing postcolonial vulnerabilities (Petryna 25). *Colonial Pathologies* by Warwick Anderson demonstrates how postcolonial healthcare systems inherit colonial traditions (Anderson 67), while Srirupa Prasad focusses on how colonial legacies enable unethical procedures in India (Prasad 45). Gauri's engagement and fragility are highlighted by Edward Said's theory of "contrapuntal identities" (Said 66), in addition to Homi K. Bhabha's concept of the "subaltern" that underlines marginalized voices contesting exploitative hegemonic systems (Bhabha 198).

Dominique Lapierre and Javier Moro's *Five Past Midnight in Bhopal* gives an insight into Bhopal's vulnerability arising from the 1984 Union Carbide disaster that claimed 3787 lives immediately, over 15000 lives subsequently, and injured over 500000 people (Lapierre and Moro 301). Paul Farmer's concept of "structural violence" highlights systemic patterns of harm (Farmer 307), while Susan M. Reverby's analysis of Tuskegee Syphilis study discusses the prevalence of unethical medical experimentation on unsuspecting marginalized populations, which mirrors the crisis in *Human* (Reverby 112). Marcia Angell's critique of pharmaceutical greed also aligns with issues dealt with in *Human* (Angell 45).

## IV. METHODOLOGY

This paper uses qualitative textual analysis of *Human* as the primary source, with a focus on the narrative structure, character development, and thematic study of ethics, postcolonial exploitation, and trauma. To provide context, secondary sources on medical ethics, health humanities, postcolonial theory and trauma studies have been used.

## V. ANALYSIS AND DISCUSSION

*Human* (2022) unfolds the story of ethical transgressions within clinical drug trials, using the landscape of

postcolonial Bhopal, a city scarred by the aftermath of the 1984 Union Carbide disaster, as the backdrop. The series portrays the drug trials of S93R conducted by Vayu Pharmaceuticals in collaboration with Manthan Hospital without any regard for ethical considerations, commodifying human subjects and erasing informed consent in favour of economic coercion of the marginalized population. In episode 2 of the series, Mangu, a young labourer, is lured into the trial for a meagre sum of five hundred rupees, and his hesitant gaze set against the sterile backdrop of the clinic provides a tense visual for the inherent power imbalance that forms the very core of the series. As the camera lens zooms in on his trembling hand, the audience can infer that Mangu signs the consent form for the drug trial without fully comprehending the extent of the repercussions of his actions. This scene shows that informed consent is absent in exploitative systems, making disadvantaged populations the scapegoat of neocolonial capitalist ventures. The absence of ethical safeguards and oversight not only violates WHO's guidelines on transparency and participant rights (World Health Organization 12), but also echoes the violations of ethics as was seen in the Tuskegee Syphilis Study (Reverby 112) and the 2018 Jaipur trial controversy, where deception led to unreported adverse effects on the participants (Shelar). The recent 2025 data revealing that 12% of all drug trials in India are unregistered, shows how lax regulations and disregard for human life dominates the pharmaceutical industry, and by extension, the capitalist space (Ravindranath et al.).

The issue at the heart of *Human*'s ethical critique is Dr. Gauri Nath's character. Her traumatic past acts as a catalyst and as a casualty in the perpetuation of these ethical violations. This offers a complex psychological portrait of a victim-perpetrator. Gauri's trauma is revealed in fragments through flashback sequences spread across the series. In episode 3, as Gauri prepares for a surgery, a flashback sequence from her early career days is inserted — during a conference scene, a male colleague interrupts her presentation dismissing her with a patronizing smirk — the camera then closes in on Gauri's clenched jaw and averted eyes while the sound of muffled laughter deepens the sense of humiliation and erasure in a neocolonial patriarchal hierarchy. The flashback cuts with Gauri dismissing her colleague's concerns about the trial and its protocols. This scene is in alignment with Fanon's concept of internalized oppression where postcolonial subjects imbibe and replicate dominant power structures to reclaim agency even though they oftentimes perpetuate exploitation and subjugation similar to what they themselves have experienced (Fanon 44). In episode 4, during a tense board meeting regarding the trials of S93R, a brief flashback cuts off Gauri's arguments. The narrative shifts to another traumatic event

that shows why she is so keen on manufacturing a 'miracle drug'. Gauri receives the news of her son's death and collapses against the wall clutching her son's toy in the hospital corridor. There is an absence of audio during this deeply emotional scene. The deafening silence serves to highlight the enormity of her trauma. Gauri's silent sobs are contrasted with the harsh overhead hospital lights, amplifying the emotional and psychological burden of her isolation. The flashback cuts to the board meeting where Gauri asserts that the S39R trials will save lives against the snide remarks made by others. Her voice carries apparent confidence veiling the undertone of desperation behind her actions. In episode 7, as Gauri sits alone at night reviewing data from trials, the scene transitions into a rainy night from many years ago. Her brother has been in a fatal car accident. Gauri helplessly performs CPR on her brother, screaming and crying for help. The emotionally charged scene combines thunderclaps and heavy rain with Gauri's screams and sobs making nature symptomatic of Gauri's intense emotional turmoil and thereby palpable to the audience. The series of traumatic events explains her unrelenting and even dangerous ambition. She is desperate for redemption and wants complete control over life and death, even if it means exploiting and harming others. In the climactic confrontation in episode 10, Gauri's psychological unravelling is punctuated by a montage of flashbacks, including the earliest one from her childhood. Gauri, then a child, is seen stumbling through a fog of toxic gas as she clutches her mother's hand while her mother asks her to run away. The 1984 Bhopal Gas Tragedy had claimed the lives of her family members, leaving her an orphan, alone and defenceless. The collective trauma of Bhopal's disaster is explored by Lapierre and Moro (Lapierre and Moro 301). This flashback cuts to Gauri's breakdown where she asserts that she has had to fend for herself in the world completely alone. The legacy of the disaster, as noted by Prasad, perpetuates and accentuates colonial vulnerabilities (Prasad 45). The multiple traumatic events positions Gauri as a victim of systemic violence and negligence. The corporate space adds to her indifference and finally shapes her trauma-driven desperation to transcend victimhood, even at the cost of becoming a perpetrator of the very things she herself was subjected to. Episode 10 embodies Edward Said's concept of "contrapuntal" identity where victimhood and complicity collide (Said 66). Gauri's traumas come together in the climax of the series and expose what drove her to orchestrate the unethical events — a desperate bid for control over a world that repeatedly disempowered and failed her. This echoes with health humanities' emphasis on narrative empathy, as suggested by Rita Charon, that invites the audience to see Gauri's human, albeit flawed, nature beneath the web of her grave transgressions (Charon 189).

These scenes also serve to show the adverse effects of systemic oppressions on individuals, shaping their personal moral failure, as articulated by Prasad and Fanon (Prasad 45; Fanon 44). The flashback scenes serve to illustrate the point that clinical trial violations and unethical medical conduct are not merely institutional failures but deeply personal wounds that demand both empathy and accountability.

The socio-economic and postcolonial underpinnings of ethical violations in clinical trials are woven into the atmosphere of *Human* — Bhopal is shown as a microcosm of neocolonial predation and exploitation. The gleaming high-tech visuals of Manthan Hospital is juxtaposed with the dilapidated slums where the test subjects like Mangu live, giving the audience a feel of the social hierarchies that mirror the class divide. Petryna's argument that global pharmaceuticals rely on outsourcing test subjects from postcolonial regions, where lax regulatory oversights and economic disparity make it easier for the companies to make large profits by exploiting already vulnerable populations is reflected here (Petryna 25). In addition to this, Prasad's exploration of the exploitative colonial legacies in the Indian medical landscape highlights how inherited power imbalances perpetuate a cycle where the subaltern subjects become expendable in pursuit of profit (Prasad 45). Farmer's concept of "structural violence" posits that poverty and limited access to healthcare coerce individuals like Mangu into drug trials where one's safety and even life is sold for a meagre sum. This highlights the quiet desperation that sustains exploitation (Farmer 307). In episode 6, Mangu's confrontation of a drug trial recruiter asserting his identity as a "human" as opposed to rats meant for experimentation, challenges neocolonial exploitative control paralleling Bhabha's subaltern agency as a disruptive force against hegemonic structures and systems (Bhabha 198). The subtle invocation of Bhopal's scarred legacy in episode 1 through archival-like footage of gas leak, and the personal tragedy caused to people (particularly Gauri) in episode 10, positions the drug trials conducted by Manthan Hospital and Vayu Pharmaceuticals as a continuation of corporate negligence in favour of capitalist greed exploiting socio-economic and postcolonial vulnerabilities.

Broader implications emerge when *Human* is situated within India's evolving clinical trial landscape, where although growth is visible (Shelar), it coexists with ethical lapses as evidenced by the 2018 Jaipur controversy and the 2025 data on unregistered trials (Shelar; Satija and Tandon). The series highlights the urgent need for stricter regulations regarding participant selection, participant protection, and harm minimization. The story's merit lies in its ability to humanize abstract ethical debates. Reverby's study of the

Tuskegee exposé highlights media's reformative ability, something that *Human* does by amplifying subaltern voices like Mangu's (Reverby 112). The series' intellectual and emotional depth — Gauri's multifaceted trauma set against the backdrop of Bhopal's postcolonial scarred legacy — positions it as an appropriate medium for discourse, juxtaposing systemic patterns of subjugation with personal narratives of exploitation to pursue justice in clinical research.

## VI. CONCLUSION

*Human* highlights the ethical failures of clinical trials in a postcolonial context, without proper regulatory oversight and respect for human life and wellbeing. By intertwining Gauri's personal trauma with the suffering of those from marginalized communities like Mangu, the series reveals how socio-economic disparities, lax regulations, neocolonial capitalist greed, and psychological wounds coalesce to create an environment of disregard and indifference towards fellow humans. Using a postcolonial lens and a health humanities framework, this paper has tried to show how the narrative successfully humanizes issues otherwise abstract and distant. In doing so, this paper aims to contribute to discussions on medical ethics, patient autonomy, trauma, narrative advocacy, strict regulatory reforms, and protection of vulnerable communities.

## REFERENCES

- [1] Anderson, W. (2006). *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*. Duke University Press.
- [2] Angell, M. (2005). The Truth About the Drug Companies: How They Deceive Us and What to Do About It. *Choice Reviews Online*, 42(09), 42–5297. <https://doi.org/10.5860/choice.42-5297>
- [3] Bhabha, H. K. (1994). *The Location of Culture*. Routledge.
- [4] Charon, R. (2006). *Narrative Medicine: Honoring the Stories of Illness*. Oxford University Press.
- [5] Fanon, F. (1963). *The Wretched of the Earth*. Grove Press.
- [6] Farmer, P. (2003). Pathologies of Power: Health, Human Rights, and the New War on the Poor. *North American Dialogue*, 6(1), 1–4. <https://doi.org/10.1525/nad.2003.6.1.1>
- [7] Frank, A. W. (1965). *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago UP.
- [8] Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence--From Domestic Abuse to Political Terror*. Basic Books.
- [9] Lapierre, D., & Moro, J. (2003). *Five Past Midnight in Bhopal: The Epic Story of the World's Deadliest Industrial Disaster*. Grand Central Pub.
- [10] Petryna, A. (2009). *When Experiments Travel*. <https://doi.org/10.1515/9781400830824>

- [11] Prasad, S. (2015). Cultural Politics of Hygiene in India, 1890–1940. In *Palgrave Macmillan UK eBooks*. <https://doi.org/10.1057/9781137520722>
- [12] Ravindranath, A. G., Benny, A., Bhalla, I. S., Vaswani, R., & Saberwal, G. (n.d.). Clinical Trial Registration in India: 12% of Drug Regulatory Trials Are Not Registered, as Required by Law. *Health Research Policy and Systems*, 23(1). <https://doi.org/10.1186/s12961-025-01288-x>
- [13] Reverby, S. (2009). *Examining Tuskegee: The Infamous Syphilis Study and Its Legacy*. Univ of North Carolina Press.
- [14] Said, E. W. (1994). *Culture and Imperialism*. Vintage.
- [15] Satija, B., & Tandon, K. (2025, February 26). India on the verge of becoming clinical trials hub, Parexel executive says. *Reuters*. <https://www.reuters.com/business/healthcare-pharmaceuticals/india-verge-becoming-clinical-trials-hub-parexel-executive-says-2025-02-26/>
- [16] Shah, V. A., & Singh, M. (Directors). (2022, January 14). *Human*.
- [17] Shelar, J. (2021, December 4). *After a Lull of Five Years, Clinical Trials on the Rise in India*. The Hindu. <http://www.thehindu.com/news/national/after-a-lull-of-five-years-clinical-trials-on-the-rise-in-india/article61829675.ece>
- [18] Skloot, R. (2019). *The Immortal Life of Henrietta Lacks*. Pan Macmillan.
- [19] Washington, H. A. (2006). *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. Doubleday.
- [20] World Health Organization. (2000). *Ethical Considerations in Biomedical Research Involving Human Subjects*. WHO.