

Excerpt from the Submission to The Truth and Reconciliation Commission

by The SA Academy of Family Practice / Primary Care

14 May 1997

The SA Academy of Family Practice/ Primary Care (Academy) was founded in 1980 as an academic body of doctors in primary care.

The aims of the Academy are to raise standards of primary health care in SA *inter alia* by means of continuing medical education, publications, research and training – undergraduate and postgraduate. The latter initiative in particular was seen as addressing an important health need in SA i.e. by establishing post-graduate vocational training programmes in under-doctored areas to serve the health needs of these communities in a way which would not otherwise have been possible.

From the outset the Academy was at pains to point out that it was not a “medico-political” organisation, although it would obviously involve itself in medico-political issues which directly affected its aims and objectives. It argued that such viewpoints and aims could best be expressed through organisations like the MASA (Medical Association of South Africa, now SAMA), and NAMDA (National Medical and Dental Association) as an “alternative” association to MASA, to take a stand on health issues in the apartheid system. The Academy for its part prided itself on non-racial membership, its belief in non-discrimination, and its commitment to improving primary health care for all. The membership included doctors from the whole range of political viewpoints from the far right to the far left and for this reason the organisation tended to avoid taking positions which could be regarded as “politically controversial”. (An exception to this rule was a motion passed by the National Council in 1986, protesting against the effects of detention without trial and solitary

confinement, and another protesting against the politically propagandist nature of an opening address at a Family Physicians Congress hosted by the Northern Transvaal (Pretoria) region of the Academy in 1980.)

Tensions relating to differing socio-political perspectives grew as the years progressed, particularly during the successive states of emergency, with pro-government members and others feeling it was not the Academy's role to take a “political stand”, while others felt the opposite i.e. that “academic” medicine could not be divorced from its socio-political context and that the Academy was obligated to make its voice heard on the social injustice which prevailed in South Africa, particularly as it affected health. The situation was aggravated by the fact that certain Academy members were detained by the Security Police while others were severely harassed by them. The organisation was deeply divided as to how to respond to these issues.

Various attempts were made to defuse these tensions. One of these was to “regionalise” the Academy's functioning and policy-making by giving each region a large measure of autonomy. For example, the Western Cape region took a strong stand on issues like detention-without-trial, apartheid in the health services, etc. in contradistinction to other, more conservative centres. This also manifested in the form taken by bi-annual national congresses which differed widely according to the centre which organised it, e.g. the Cape Town conference in 1988 featured a plenary session on the topic of “Towards a National Health Service” while a Pretoria-based conference referred to earlier, invited the Minister of Health (Dr W van Niekerk) to open the conference – the latter took the

opportunity to castigate “NAMDA doctors” for breaking the law. At the end of his speech, the Chairman thanked him for “telling us what we needed to hear”, while a substantial section of the audience was clearly disgusted by it.

In spite of the difficulties cited above, the leadership and membership felt it was worthwhile continuing its activities because of the potential contribution the organisation was making to health care in South Africa. This view was, I believe, quite justified. Indeed, the Vocational Training Programme in Natal-KwaZulu, Eastern Cape-Ciskei and Western Cape (Cape Flats) made a significant contribution not only to training primary health care personnel but also to serving areas which had been almost totally neglected by the apartheid health system. In addition to this, the Academy has pursued and is still pursuing various Rural Health initiatives.

The Academy will also be hosting the World Organisation of Family Doctors (WONCA) International Academic Congress in 2001 in Durban which testifies to its standing in the international medical community.

It needs to be stated further, that, notwithstanding the views of certain members, the Academy itself as an organisation never committed, supported or condoned any gross human rights violations.

The above initiatives all testify to a relatively progressive position of the Academy relative to the Apartheid society it was functioning in.

On the debit side, it must be acknowledged that the organisation could have taken a far stronger position in relation to the inequities and

injustices of the society, particularly in relation to health matters. Its failure to do so cannot be blamed only on the pro-government members in its ranks. Many of the more “liberal” members were steadfastly opposed to any “political” standards and were clearly irritated by those who suggested them. This was not due to any malice or even apathy on their part; they appeared to be genuinely unable to see the need for the Academy to involve itself in “political” matters. I believe that the causes of such attitudes need to be sought beyond the Academy itself, by delving into what could be called “the professional acculturation process of doctors in South Africa”.

The Academy has always been a non-racial organisation, but the majority of its members were white, male and from professional and middle-class backgrounds. While many if not most, grew up with values of social consciousness and charity, in most instances this did not extend to an ethic of active involvement in society in relation to all activities including work, nor was any such ethic likely to be taught or acquired during their years of education at school or at university. Specifically with regard to medical school training, the societal context of medicine was neglected if not altogether ignored. Students acquired an extensive knowledge of clinical medicine and a strong ethic of responsibility in relation to individual patient care, but little if any sense of responsibility to the community as a whole and still less to working towards effective changes in society which would be likely to benefit health care in that society. A sense of responsibility to address the socio-political backdrop of malnutrition, AIDS and tuberculosis was certainly not inculcated in students to any significant extent.

The result of the above training process was that graduates were produced with good clinical skills and generally high ethical standards towards patients under their care, but little or no sense of direct social responsibility in relation

to health. This is not particularly surprising if one bears in mind that until recently, the admission policies of most medical schools were such that most white medical students went through their training without seeing more than an occasional black face on the lecture-hall benches with them. They received almost their entire medical school training within the rarefied atmosphere of the teaching hospital and barely set foot in the community where the vast majority of the population lived, became ill and died, often in conditions of extreme privation and poverty. Moreover, while great advances in the field of high-tech medicine were taking place all around them, they heard little in the way of strong protest against apartheid in health from their teachers and faculty. What they did encounter more were vociferous and self-righteous protests against the policy of academic isolation (the “academic boycott”) which opponents of the government had implemented to try to bring pressure to bear on the regime.

In the light of the above it is not surprising that few medical graduates emerged from medical school believing that it was their responsibility as doctors to fight the apartheid system with every means at their disposal. When they became members of bodies like the Academy with sincere intentions of improving standards of primary health care in South Africa, they were genuinely puzzled by arguments that health care and socio-political issues were inseparable.

In summary :

1. The Academy was not guilty of any human rights violation.
2. It made a significant contribution towards the improved standard and delivery of primary health care particularly in the under-doctored parts of the country.
3. It fell short in respect of taking a stronger stand on health issues in apartheid society. This can partially be attributed to what has been described as the “professional acculturation process” of doctors in South Africa.

What lessons can be learnt from the Academy’s experience?

The answer seems to be largely an educational one. All prospective professionals need to be conscientised to the fact that their profession cannot be viewed in isolation from the society in which it is practised. Indeed this process needs to be integrated into the care and philosophy of these teaching institutions, and inculcated into all students.

Another possible lesson is that there appears to have been an artificial division between “academic” and “medico-political” bodies until now. While one organisation may certainly have more of an emphasis on a particular area of activity than another, it should be realised that they share a common stake in their socio-political context. Perhaps one way of promoting this would be for there to be more interaction between these organisations.

Finally, there needs to be some reflection on the role of government in this regard. While it is acknowledged that education institutions like medical schools are entitled to a degree of autonomy in their functioning, it is also true that these bodies are dependant on government funding. It therefore behoves government to make these institutions accountable in terms of the students they select for medical training and the kind of training they deliver i.e. whether it will continue to be predominantly “first world”, teaching (hospital-based) or whether it will shift towards a more community-orientated, primary health care approach with a strong accompanying sense of social and political responsibility.

Furthermore, I believe government bodies need to interact more with bodies like the Academy. This interaction should be a two-way process. During the apartheid years, many individuals and organisations wrung their hands in frustration at the perceived aloofness and arrogance of

government departments and bureaucrats.

It would be a tragedy if this situation were to be reported under a democratic government which is already showing some similar tendencies. Government has a responsibility to educate, particularly in the sense of promoting social consciousness. But it also has a responsibility to listen to others. For if

people do not believe they are being heard or an attempt made to understand them, they are unlikely to co-operate with any joint ventures to promote health care in a socially responsible way.

If this tragic folly is repeated by this government, then much of the potential for good in terms of improving health care in SA from organisations like the SA Academy of Family Practice could

be jeopardised. Let us all learn from our experience!

DR STANLEY LEVENSTEIN
Previous National Vice-Chairman of the SA Academy of Family Practice/Primary Care

Note: A copy of the full report is available at the Western Cape Academy Office

New Members

The Chairman wishes to welcome the following new members:

Dr. C. Kyegereka, Pinetown
Dr. I.K. Teofilow, Claremont

Dr. C. Vanishri, Sea Point
Dr. A.D. Mediayese, Ellisras
Dr. I. Beharie, Raisethorpe
Dr. S. Bissoon, Hillary
Dr. N. Kahn, Elsie's River

Dr. Y.G. Harypursat, Westbrook
Dr. R.A.N. Salojee, Lenasia
Dr. N. Daya, Lenasia South
Dr. M. Shamsuzzaman, Club Ville



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