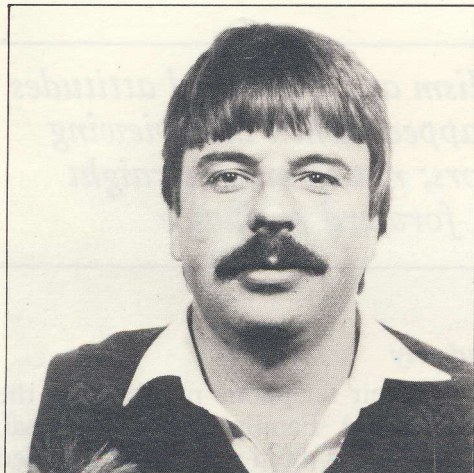


Separate facilities — ethical dilemma

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Curriculum vitae

Dr Andrew Jamieson graduated MBBCh from the University of the Witwatersrand in 1982. He did his internship at Coronation Hospital and then completed two years National Service. He has been in general practice since 1986. Dr Jamieson's interests are in the rendering of private medicine to economically and socially disadvantaged patients, and in Emergency Medicine. He is an honorary medical officer of the Midrand Emergency Services.

Anyone who reads international as well as national journals will have noticed in the last year a definite increase in calls for, and actual discrimination against, South African medical personnel on all levels — from a call to all students not to consider South Africa as a place to do an elective, to the Royal College of Psychiatrists refusing to allow a South African colleague to address them.

This type of action causes a feeling of righteous indignation amongst members of the medical profession in this country — are we all not very

Summary

Many GPs in this country differentiate between black and white patients by having entirely separate facilities for each population group. Some actively discriminate either by not seeing any black patients at all or by using dirty, poorly equipped, substandard facilities. Using data gathered by various means, the prevalence of this phenomenon is examined; the ethical desirability of such a practice is discussed and, in the light of current attempts to isolate the SA medical community, steps which should be taken to prevent such practices.

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proud of the medical services available to all races in this country? Can the poorest black patient not also expect treatment, regardless of the cost, all of the way up the high-tech ladder to the very pinnacle of modern medicine?

This study is an attempt to highlight an area, where we, as GPs may be disrupting doctor-patient-relationships by alienating a large section of the population.

The Facts

The simple fact is that a large proportion of South

African GPs actively discriminate against their patients purely on the basis of skin colour. Although this is often done with no conscious malice, an indefensible system has allowed itself to become the norm; most importantly affecting the doctor-patient relationship but also providing others with ammunition which could further isolate the medical community in this country.

Three sections of White GPs were studied; it should be stated at the outset that all of these studies are to be looked upon as pilot studies only — no attempt is made to achieve statistically significant figures.

1. Urban GPs

In a study done in 1986/87¹ in the Johannesburg/Witwatersrand area, a number of GPs were shown to differentiate between patients by:

- i. some not seeing non-whites at all (about 12% of total)
- ii. making black patients wait in a separate waiting room (about 40% total)
- iii. seeing black patients in a separate consulting room (about 40% total).

A marked difference between regional Johannesburg and the East and West Rand was noted — there seems to be a close correlation with the political leanings of the area. This study was conducted by quizzing the receptionist, who is the instrument of individual practice policy, and the person who has the first contact with the patient.

Discrimination on the basis of skin colour provides good ammunition for our enemies to isolate the medical community from their overseas colleagues

In a study done by Dr George Davie² in Pretoria in mid 1987, 184 white doctors were asked about their fee structures for black vs white patients. A total of 66 doctors (36%) of that total did not see black patients at all. The reason advanced by most of these doctors is that they did not have the facilities to see black patients separately.

2. Rural GPs

An anecdotal, informal survey of 15 pharmaceut-

ical representatives who do "country trips" in the Transvaal, was done. When asked if they had encountered any white-run general practices more than 100 km away from the JHB/Pretoria area which were integrated; the results were as follows:

14 — Never

1 — One practice.

The Rural Transvaal is certainly politically the most conservative of all the provinces, and the proportions may vary in other provinces.

Paternalism and ingrained attitudes often appear when interviewing doctors; not so much straight forward prejudice

3. The Academy

Nine GPs have their telephone numbers on the front page of the SA Family Practice Journal. A survey of all 9 asking them if they have applied separate facilities for their black patients either now, or when they were in practice, had the following results:

2 (22%) — Separate facilities

7 (78%) — Integrated facilities

The GP's Side

Straightforward prejudice is not often a factor one comes across in interviewing doctors, although evidence of paternalism and ingrained attitudes does often appear.

Reasons put forward, include:

1. Economic — "what will my conservative white patients say?" "They will go to Dr X down the road if I do that" — are reasons which are put forward most frequently.

2. Separate systems — "no appointments are made"; "first come, first served"; "We have a separate system for blacks — one fee includes all medication"; "We have a black sister who first sees our black patients"

3. Paternalistic — "The patients prefer to be with their own kind", "workers feel uncomfortable sitting there in their working clothes", "lucky to get a waiting room at all".

4. Bigoted — "They smell", "I can never understand them"; "They don't appreciate white medicine".

The patient's side

Twenty-eight black patients were interviewed sequentially — they were asked if they had ever encountered a segregated white run GP practice:

20 (of the 28) said yes

These 20 were asked the following questions:

1. Were you made to wait in a separate waiting room and were you examined in a separate consulting room?

20 — yes

0 — no

2. Were any questions asked of you eg, "Are you on medical aid?" "Do you have an appointment?" before you were directed to a specific area?

15 — no

2 — yes

3 — can't remember

3. Would you prefer to be seen in an area which is reserved for black patients only in future?

16 — no

2 — yes

2 — don't know

4. Do you feel that the doctors' white patients got better treatment than you?

15 — yes

3 — no

2 — don't know

In the rural Transvaal only one practice could be found where services were integrated

Conclusions

1. A number of GPs in this country discriminate against patients purely on the basis of skin colour.

2. There appears to be a correlation between this phenomenon and the political climate in a given area.

3. Although this differentiation is not usually intended to be discriminatory, it has the effect of being just that.

4. It is adversely affecting the doctor-patient relationship.

Discussion

Although medical practice in this country has ethical rules governing virtually all aspects of the profession — there is not one propagated by any of the mainstream medical control bodies regarding racial discrimination. The only way to prevent doctors from losing financially is to have an ethical rule regarding this subject. This would force all doctors to apply the same principles, and no complaint can be made that a GP will lose patients to another doctor.

Many doctors in rural areas provide a superb semi-subsidised medical service to black patients on a segregated basis; care must be taken to point out that these practitioners often only have their patients' interests at heart — but with the outside world being so very conscious of apartheid, and its ramifications, can we afford it?

It could be argued that publicising a situation like this is inviting further boycotts and international action against us — this is not my intention. By inviting discussion on this issue my aim is to stimulate action from within the profession instead of having facts that we have been ignoring, pointed out to us by an outsider.

References

1. Jamieson A. Urban private medical practitioners' attitudes towards black patients. *S Afr Med J* 1987; 72: 160-1.
2. Davie G. Personal Communication 1987.

From the journals

Deaths related to smoking in South Africa in 1984 and projected deaths among coloureds and blacks in the year 2000

S Afr Med J 1988; 73: 400-2

Abstract Using a World Health Organisation/International Agency for Research on Cancer classification of causes of death, we found that 34,5% of deaths among whites were

attributable to smoking-related causes in 1984. The comparable figures for Asians, coloureds and blacks were 24,5%, 14,5% and 3,9% respectively. Age- and sex-specific death rates in 1984 for 35- to 64-year-

olds among coloureds were greater than those among whites. Taking into account the expected ageing of the black population and the increased use of tobacco by blacks, smoking-related deaths are expected to increase by between 140 and 1 200% by the year 2000. Smoking-related diseases by 2000 will make a severe impact on the delivery of health services.