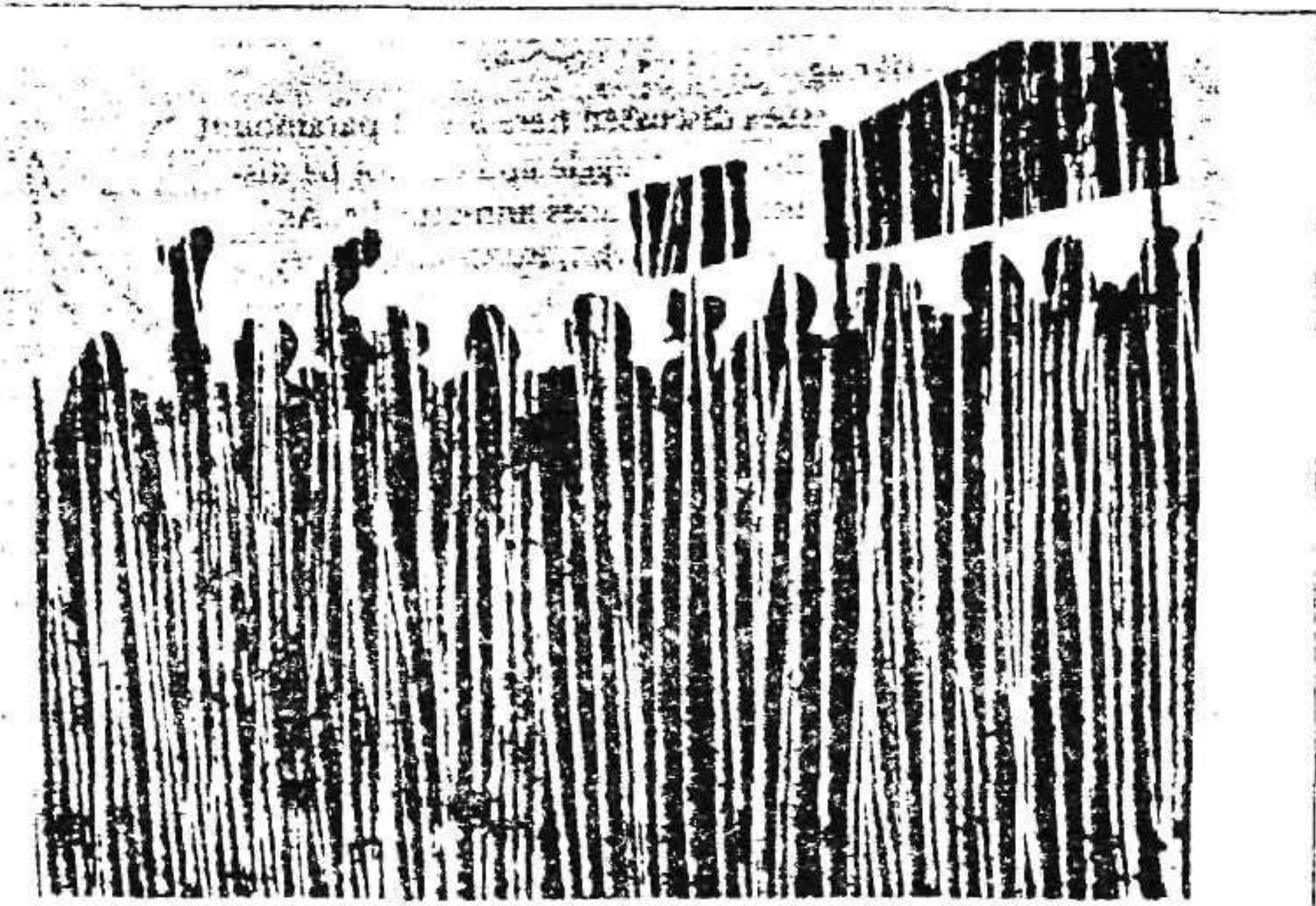


BIKO SAGA

THE ETHICS OF SUPPRESSION



B I K O S A G A :

THE ETHICS OF SUPPRESSION

The death of Steve Biko in detention nearly three years ago, sparked off a major controversy which has still to be resolved. That it can never be entirely resolved is obvious; those who were instrumental in causing his death were freed from blame. What can and should be settled is the role that the medical practitioners who attended to Steve Biko played: whether their action or lack of it contributed to his death and whether their actions were in all respects, ethical and devoid of negligence.

Steve Biko, a black consciousness leader, who was banned and restricted to King William's Town in 1973, was arrested and detained on 18th August 1977, under Section 6 of the Terrorism Act. This allowed for his indefinite detention for questioning. He was first seen by a doctor, Dr. Lang, a district surgeon, on the morning of 7th September. The other two medical practitioners, who were also responsible for him were Dr. Tucker, chief district surgeon of Port Elizabeth and Dr. Hersch, a specialist physician.

This article will first look at the sequence of events which ended in the death of Biko, stressing the roles played by the doctors. I will then analyse the actions of the South African Medical and Dental Council (S.A.M.D.C.) in dealing with the complaint lodged against the doctors, following the inquest into Biko's death that culminated in the preliminary Committee of Inquiry of the S.A.M.D.C. deciding not to pursue the matter. Presently the whole S.A.M.D.C.

On Wednesday morning, 7th Sep 1977 Colonel Goosen of the Security Police (S.P.) requested Dr. Lang to examine Biko, stating that he suspected a stroke. After thoroughly examining Biko, issued a short certificate stating

"I have found no evidence of any abnormality or pathology on the detainee." (1) In a clinical report, dated October 13th, he says he found, in his first examination of Biko, "cut lip, a bruise on the sternum, an inability to move the limbs, swollen hands and feet and slurred speech."

Dr. Lang, when questioned during the inquest, admitted that his certificate was inaccurate.* Dr. Lang did not ask Biko how he received his injuries, although he felt the lip injury could have indicated a head injury. He assumed that this injury occurred when Biko had to be restrained. Dr. Lang admitted during the inquest that he believed Biko was shamming (faking illness), accepting that Colonel Goosen's remarks strengthened this belief. He acknowledged that his report was misleading, giving the reason for the unco-ordinated walk of Biko as lack of co-operation when in evidence during the inquest he said it was due to swollen feet. Having left the police station, he gave no instructions for the care of Biko; under questioning from the counsel for the police during the inquest, he said he felt Biko was shamming and he would have had no complaint if Colonel Goosen had wanted to proceed with the interrogation. Dr. Lang said he had treated the patient with the same care as he would any other patient.

The following day Colonel Goosen again expressed concern to Dr. Lang over Biko's condition stating he had not urinated in the previous 24 hours and had refused to eat. Dr. Tucker accompanied Dr. Lang and they examined Biko, finding his blankets wet. Biko complained of vague pain in his head and back and Dr. Tucker found a possible extensor plantar reflex, which is indicative of brain damage. Dr. Tucker did not ask Biko how he received his cut lip, neither did he, in his report mention how Biko had received the abrasions on his ankles and wrists - these were in fact due to the handcuffs. Dr. Tucker asked Biko if he had any complaints and admitted during the inquest that although he thought Biko could have suffered a head injury he did not question Biko or Colonel Goosen about this.

* This was despite the fact that in 1968 in a document referring to "Untrue or Misleading Certificates and other Professional Documents" the General Medical Council had the following to say :-

"Any doctor who gives, in his professional capacity, any certificate or kindred document containing statements which he knows, or ought to know, to be untrue, misleading, or otherwise improper, brings himself within the scope of the Council's Disciplinary Committee." (4)

"If I am called to see a patient and he has a cut on his head then I am interested in treating him and not how he got his cut." (1)

Dr. Lang felt that there was no significant change in Biko and was unsure about the plantar reflex. Yet he did not discuss the possibility of brain damage with Colonel Goosen nor did he suggest that the patient required treatment. Both doctors decided Biko should be transferred to Sydenham Prison Hospital where Dr. Hersch, a physician, could examine him. That evening Dr. Hersch examined him at the hospital and it was decided that a lumbar puncture be performed. During the examination, Biko's movements were strange, he found it difficult to turn over in bed, and he walked with a left-sided

Did Biko matter less?

RDM
19/6/80

SO A CLOSED meeting of the South African Medical and Dental Council has finally decided there will be no disciplinary action taken against the three doctors who attended Steve Biko before he died in Security Police custody in September 1977.

Where does this sorry tale of a two-year delay, unusual secrecy and refusal to act against the doctors even on what is a matter of inquest court record, leave the lay public?

It leaves them with the inescapable conclusion that because Mr Biko was black, a political activist and a Security Police detainee, his life as a medical patient somehow mattered less.

It makes mumbo-jumbo of fine phrases of the Hippocratic Oath, phrases which apparently do not preclude doctors in such cases from filling in false medical certificates or ignoring serious signs or from leaving a patient naked, urine-soaked, manacled to a radiator grille, or from being driven 100km through the night in the back of a Land-Rover.

If all that was not wrong, then it must be acceptable medical practice. And a profession, justifiably proud of its world-class medical achievements, is now stuck with defending and upholding such medical practice before the whole world.

limp. At midday it seemed that Biko could not walk. (1)

Dr. Lang admitted it produced a strange picture and he felt Biko had been shamming; during the inquest, he acknowledged that this possibility had been talked about between police and doctors.

On Friday 9th a lumbar puncture was performed by Dr. Hersch, the results showing that there was blood in the cerebro-spinal fluid. This indicated he had either pierced a blood vessel during the procedure or that there was a brain injury. Although he suspected damage to the brain, he did not specifically state it in his report. The previous evening Dr. Hersch had found the patient suffering from echolalia (a speech defect), left-sided weakness and an extensor plantar reflex. Dr. Hersch did not notice a scab over Biko's left eye, yet in retrospect at the inquest he remembered a whitish area over Biko's left eye which he thought was dried saliva. Dr. Hersch said that judging by the rest of the examination, it could almost have been expected that there be a brain lesion there. Dr. Hersch made it clear to Colonel Goosen that there were positive signs of nervous system damage.

On being asked by the counsel for the Biko family, why Biko was not taken to a proper hospital, Dr. Hersch replied :-

"Unfortunately this was not in our hands". (1)

There was no doubt, according to Dr. Hersch that had Biko been a private patient, he would have been admitted to hospital. Dr. Hersch said that Dr. Lang had told him he could not be placed in hospital.

Dr. Hersch recommended that the patient be examined by a neurosurgeon; basing this on the results of the examination done the previous night and the blood in the cerebro-spinal fluid obtained from the lumbar puncture. Dr. Hersch admits he was convinced there was brain damage, although he left it out of his report, regarding it as self-explanatory. He also failed to mention any treatment.

Dr. Lang visited Biko shortly after the lumbar puncture was performed, finding him comfortable and in possession of all his senses. A warder reported to him that Biko had eaten; having earlier been found in a bath with all his clothes on, soaking wet. Dr. Lang did not perform an extensor test as "he did not want to disturb the patient" (1), feeling that the patient's condition was improving. Dr. Lang suggested Biko should be sent to Livingstone Hospital but Colonel Goosen refused, ruling out a private hospital as well. Dr. Tucker

was informed by Dr. Lang that the patient had been examined by Dr. Hersch and an abnormal plantar reflex had been found. Dr. Tucker felt it was a very serious sign of brain damage. However, he did not act because he felt Biko was Dr. Lang's patient.

On Saturday 10th, Dr. Keely, a neurosurgeon, was consulted and after a discussion on the telephone he agreed that there was brain damage. It appears that Dr. Hersch was not perturbed, feeling there was no immediate urgency. Dr. Keely had said that Biko should be kept under observation. Dr. Hersch agreed during the inquest that Dr. Keely meant the sort of observation one would have received in hospital i.e. checks every hour.

Later on Saturday, Dr. Lang again visited the patient, finding him with no complaints and no change in his physical condition. Dr. Lang wrote out a bed letter stating that he and Dr. Hersch could find no pathology and that the lumbar puncture was normal: coupled with this was the fact that Lang had stated that the plantar test was done on the right instead of the left side.

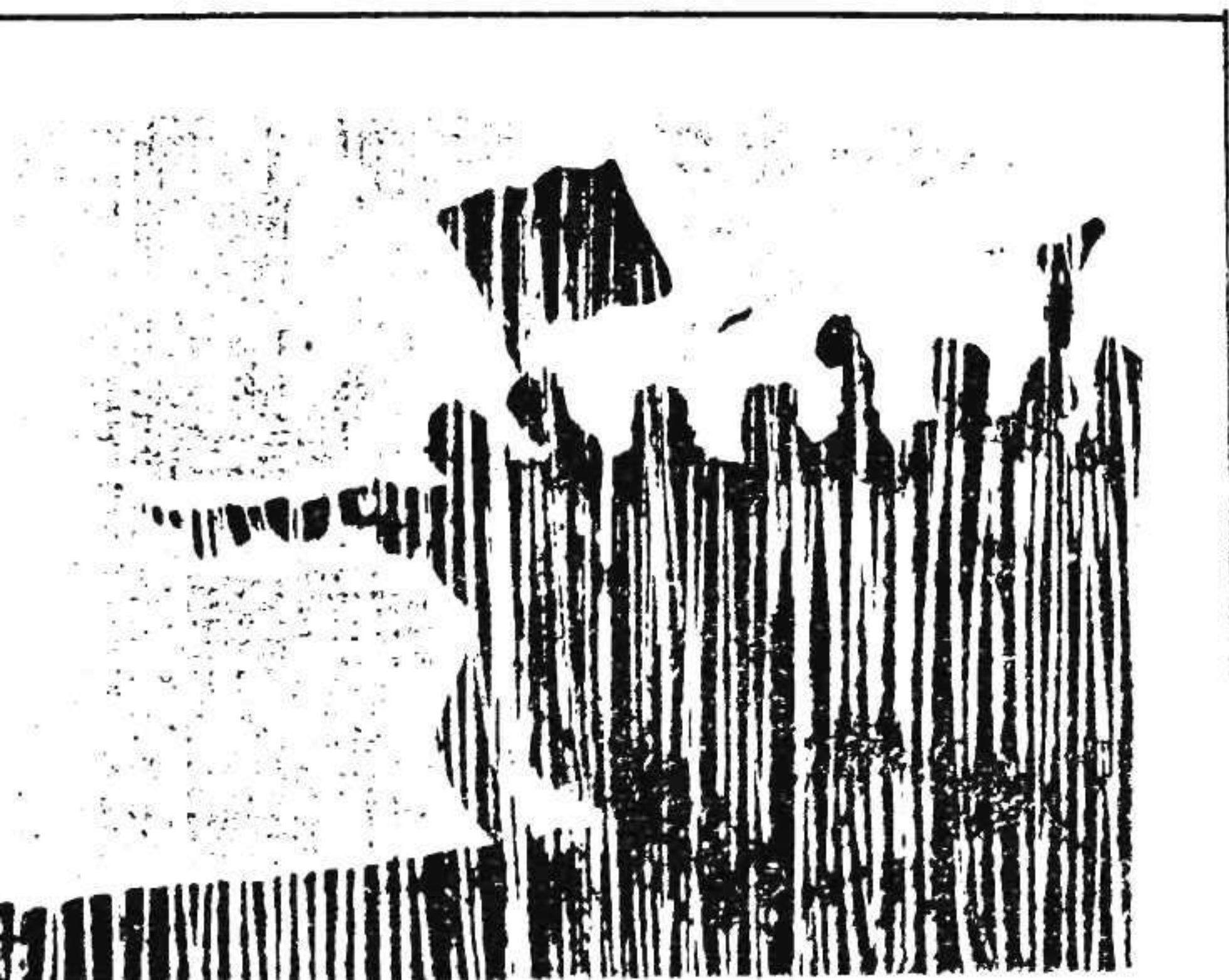
Dr. Lang said he believed Biko had been improving, basing his evidence on what he heard from the warders. He acknowledged that had he had a free choice, Biko would have been in hospital.

Then Dr. Keely told Dr. Lang that observation was necessary, meaning that Biko should go to hospital. Dr. Lang told him that this was not possible as the Security Police wished to keep Biko in a prison cell, and that the doctors would have to do their best under the circumstances.

Dr. Lang, having decided that Biko's condition was improving, gave permission for his transfer back to the Walmer Police Station so that he would be able to observe him more closely. He stated that because the police station was closer to his home, he was able to carry out his observations more easily.

Dr. Lang told Biko that there was nothing much that he and Dr. Hersch could find wrong with him. After the examination, Dr. Lang did not see Biko again, the time being 3.30 p.m. on Saturday.

On Sunday 11th, Colonel Goosel contacted Dr. Tucker to say that Biko had collapsed. When Dr. Tucker arrived to see Biko he found him in a dazed condition with froth at his mouth and breathing rapidly. He examined him in five minutes, testing Biko's legs for spasticity (stiffness) but he did not test the plantar reflex, concluding that there was no change. Asked why he conducted such a brief examination, Dr. Tucker maintained that with the tests he had performed, he could rule out serious



brain disease. Dr. Tucker concluded in his statement that there was no sign to indicate organic disease, although under questioning he admitted this had been incorrect.

Dr. Tucker recommended that Biko be admitted to a hospital and Colonel Goosen said it should be a prison hospital. Dr. Tucker felt Biko was fit enough to travel to Pretoria by road, even though he still did not know the specific results of the lumbar puncture. Dr. Tucker did not insist that he go to a civil hospital because he said he didn't think he could override the decision made by a responsible police officer. Dr. Tucker felt that Biko was possibly still shamming at that stage.

Mr. Kentridge asked "In terms of the Hippocratic Oath are not the interests of your patient paramount?"

"Yes".

"But in this instance they were subordinated to the interests of the Security Police".

"Yes". (1)

Although Dr. Tucker was told of the specific results of the lumbar puncture before Biko left for Pretoria, he made no effort to intervene. Neither did he nor Dr. Lang, whom he spoke to, send any information to Pretoria so that the medical personnel there could have an outline of the background of the case.

Although the journey to Pretoria started late on Sunday afternoon, Biko had been deprived of observation all day even though Dr. Lang had undertaken to keep him under observation. When Biko arrived in Pretoria, he had to be carried into the hospital on a mat. With no history of the case, the young doctor in attendance, having been informed that Biko had been on a hunger strike, gave him a vitamin injection.

Six hours after arrival, Steve Biko died. Kentridge, counsel for the Biko family described his death as "a miserable and lonely death on a mat on a stone floor".

In my discussion of the sequence of events, I have been forced to omit a large body of evidence, some of which may contribute further to my argument.

SOME QUESTIONS TO BE ASKED:

A number of questions arise from the course of events described above.

- * Was Dr. Lang's report, written on September 7th, due to carelessness, or was it intended to be misleading?
- * Why did no doctor question Biko as to the origin of his injuries: were they entitled to make the assumptions they did, based on Colonel Goosen's remarks?
- * Why, when all the doctors at some stage felt Biko might have suffered brain damage, did none of them question either Biko or Goosen?
- * Why did Dr. Lang not keep Biko under regular observation?
- * Why did Dr. Lang fill in the bed-letter incorrectly?
- * Why did Dr. Tucker allow Biko to be taken to Pretoria?
- * Why was no action taken when an abnormal plantar reflex was found, indicating the presence of brain damage?
- * If the doctors were not able to persuade the Security Police that Biko needed to be hospitalised, why did the doctors *not* refuse to treat him as a form of protest against not having total control over the treatment of their patient?

And finally, an important question relating to detention in general. What if Biko had not died and in court he had accused the Security Police of assault. The reports of the doctors would have indicated no injury. Biko would have been branded a liar.

A basic question which needs to be asked concerns the relationship of the doctors with the Security Police. Extracts from the Council's submission on behalf of the Biko family, sum it up.

"The doctors, for whatever precise reason - felt themselves beholden to the Security Police. They did not query the origin of Biko's injuries and symptoms, either from Biko or the Security Police.

This studied lack of curiosity can only be explained either by their active collaboration with the police or a deliberate election not to embarrass the police, nor indeed themselves, by asking questions, to which the answers were obvious."

Why, even if they did not demand that Biko be admitted to hospital, did they not at least demand that the conditions under which Biko suffered be improved. The doctors remained silent. Why?

It is instructive to look at "The Geneva Convention Code of Medical Ethics", which was based on the original Hippocratic Oath.

This states, inter alia, that

- "I will practice my profession with confidence and dignity.
- The health of my patient will be my first concern.
- I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and the patient.
- I will maintain the utmost respect for human life from the time of conception, even under threat. I will not use my medical knowledge contrary to the laws of humanity."

The Code was clearly not adhered to by the doctors "caring for" Steve Biko.

SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL.

What is the background to the decision of the South African Medical and Dental Council (S.A.M.D.C.) not to continue the investigation into the doctors conduct?

On 20th December 1977, the Ombudsman of the South African Council of Churches (S.A.C.C.) wrote a letter to the Registrar of the S.A.M.D.C. notifying him of his intention to submit a complaint against the three doctors involved in the treatment of Biko. On 16th January 1978, he submitted a full length complaint, with evidence from the inquest based on reports from the Rand Daily Mail, a list of the sequence of events and questions relating to the conduct of the doctors concerned. (In a covering letter, Mr. Roelofse said "In order to prevent any injustice to any of the doctors, it speaks for itself that the court records and not press reports be used as a basis for your investigations.") He also drew attention to the fact that after the inquest, the presiding magistrate had referred the medical evidence to the S.A.M.D.C. for possible action against the doctors.

RDM 10/...

Petition on Biko doctors

The Biko ghost walks again

Challenging new questions on Biko

Final say on Biko doctors

RAND

Daily  Mail

THURSDAY,
May 15, 1980

The Biko doctors: action needed

RDM 17/6/80

Biko ruling for Supreme Court

In March 1978 letters were sent to the doctors by the S.A.M.D.C., asking for explanations relating to the complaints. The doctors objected to these complaints on the basis of legal technicalities.

Since then, two factors apparently delayed S.A.M.D.C. action on the matters.

Firstly, the civil action brought by the Biko Family against the State, and secondly, the appeal of the doctors against having to give any explanation of their actions to the S.A.M.D.C. The former resulted in a settlement with the sum of R65,000. being paid by the State to the Biko Family and the latter application was rejected by the Supreme Court Judge. The doctors still chose not to furnish any explanations to the S.A.M.D.C.

The delay by the S.A.M.D.C. in acting on the matter was clearly longer than it needed to be, and in so doing, the S.A.M.D.C. to some extent defused the united front of opposition against the whole Biko affair.

The Preliminary Committee of the S.A.M.D.C. sat in April, and reached the conclusion that the conduct of the doctors did not warrant investigation. The statement released by the S.A.M.D.C. dealing with the decision concludes :-

"the committee concluded there was no prima facie evidence of improper or disgraceful conduct on the part of the practitioners. The committee resolved that no further action should be taken on the matter."

Why did the S.A.M.D.C. go to the lengths it did to get the doctors to furnish explanations (which they never submitted) and then the Preliminary Committee decided that the whole matter need not be pursued? Not only this, but the committee:

- did not release the evidence upon which it based its decision
- refused to name the "experts" upon whom it called for advice
- went through many volumes of inquest evidence in the course of one day

- released its decision before it was ratified by the S.A.M.D.C., a unique and strange precedent.
- four out of the five members were Government appointed. The President of the S.A.M.D.C. chaired the Committee.

Considerable publicity was given to this decision of the Preliminary Committee and calls were made for an urgent meeting of the S.A.M.D.C. to review the conclusion of the Committee of Preliminary Inquiry.

Eventually this meeting was held, behind closed doors, and when the meeting ended the S.A.M.D.C. had decided by 18 votes to 9, to ratify the conclusions of the Committee of Preliminary Inquiry.

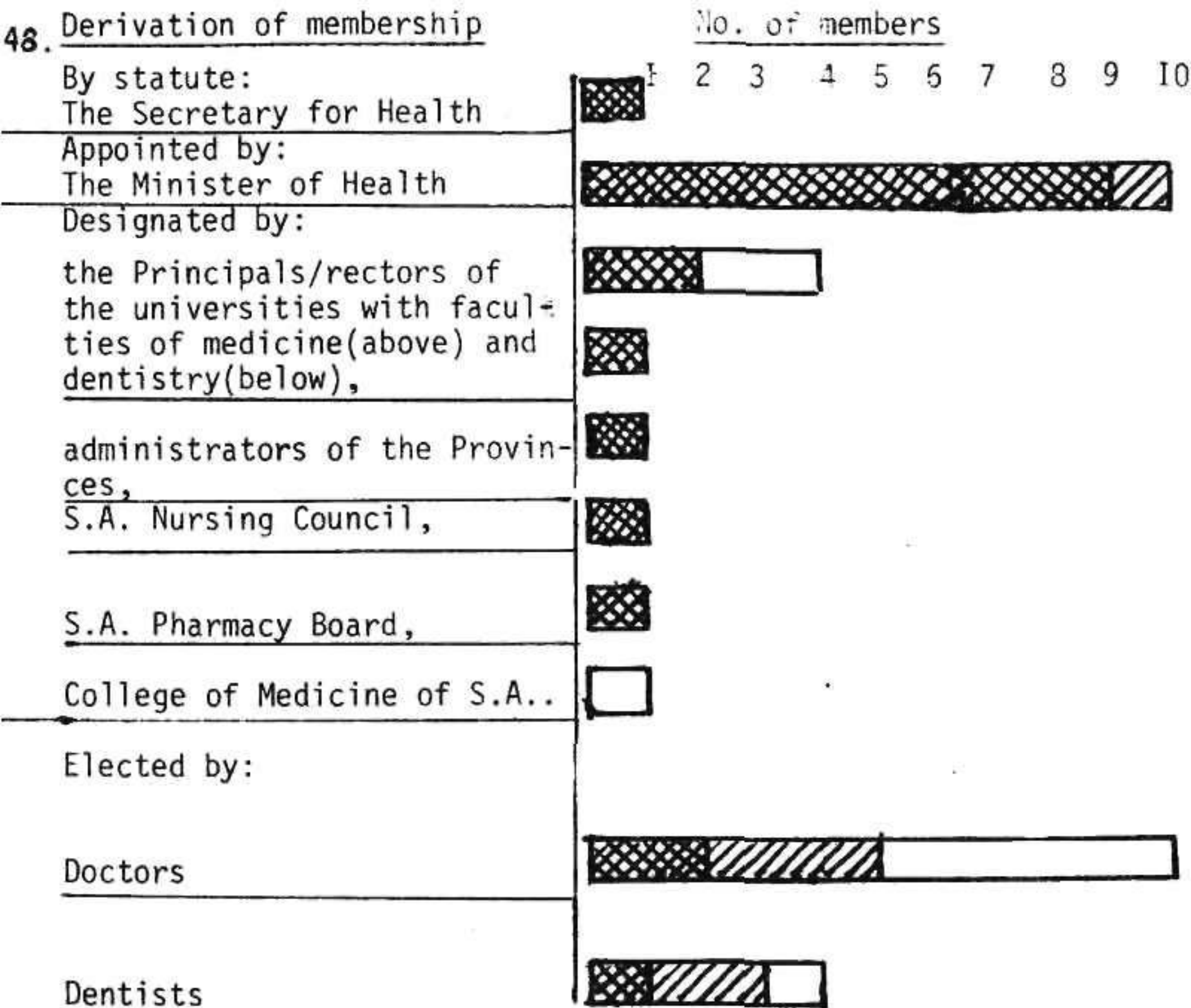
The S.A.M.D.C. decision was surprising because many people expected the preliminary decision to be over-ruled, especially in view of the amount of adverse publicity which the original decision had prompted.

But is the decision of the S.A.M.D.C. really that surprising?




The Council was established on 22 May 1928 under Act 13 of 1928 to exercise the functions of the former provincial medical councils

The Act was amended in 1971 to provide for the establishment of professional boards for professions registered with the Council. Professional Boards have been established in respect of the following: Physiotherapy, Optometry, Medical Technology, Chiropody, Health Inspectors, Occupational Therapy, Psychology, Radiography, Medical Orthotists and Prosthetists, Speech Therapy and Audiology.

In 1974 Act 56 of 1974 replaced the 1928 Act, but stipulated that the Council continue to exist as a corporate body.



KEY TO VOTING

-  Against further inquiry.
-  Not present at the time of voting.
-  For further inquiry

The above diagram illustrates the manner in which members of the S.A.M.D.C. are elected or appointed and their voting on the issue of a further inquiry into the conduct of the doctors who attended to Biko.

The S.A.M.D.C. is composed of 34 members. If one looks at the diagram one can see that only 14 of the members are democratically elected by Medical and Dental practitioners. Of the remaining 20 designated members the overwhelming majority are directly or indirectly linked with the ruling party in South Africa. Those directly linked are the Secretary for Health and the ten appointments of the Minister of Health, and those indirectly linked are the designee of the Administrators of the Provinces, the five designees of the rectors or principals of Universities with medical or dental faculties (the rectors themselves being approved by the government), the designees of the South African Nursing Council and the South African Pharmacy Board.

It is therefore evident that on any particular decision that the Council faces, there will be a clear majority of members expressing and supporting views which reflect those of the State. Once again if one looks at the diagram the case of the Biko doctors decision can be seen to support this fact.

The case stated above is true even before one begins to look at the views of the elected members. In a society where the training of doctors and dentists is strongly biased to favour the elite, who have a vested interest in maintaining the status quo, it is obvious that an election of members by this group will necessarily represent a majority of conservative views. This shifts the opinion of the body even further towards those of the State. The body is far from representative of the majority of South Africans. Under these circumstances, it is surprising that any member of the body supported a further inquiry into the conduct of the Biko doctors and the fact that 9 members did only serves to show how obvious the need was for a further inquiry.

The bias inherent in the Council, as with so many other institutions in this country, is not accidental. It is structured such that it gives a vague semblance of democracy but this guise merely obscures its true nature. The Council is in fact structured such that it necessarily reflects the views of the State.

The purpose of this is both to ensure that powerful sectors of the population such as the Medical Profession can never organise against the status quo, and furthermore so that the State can exert direct control over these sectors. This is borne out by the following statement which appears in "A Guide to the Health Act No. 63 of 1977" produced by the Department of Health :-

"This Council (the S.A.M.D.C.) was established (by the government) to Control the training, practice and standards of conduct of medical practitioners, dentists, and practitioners in supplementary health service professions"

"Control over the supplementary health service professions is being introduced gradually. Eventually all such professions will be controlled in the same way as medical, dental and psychology professions." (2)

Despite all that has been shown above, the Council still claims that its first responsibility is to serve as an instrument to protect the interests of the public and that it "should remain the body imbued with the spirit of responsibility in its service to the public". The Council also claims that it is "probably the most senior of statutory bodies and is respected for its impartiality." (3)

How can it claim to serve the people before the medical and dental profession or the government when its structure, constitution, composition and actions do not bear out this statement.

Similarly, other statutory bodies such as the South African Nursing Council and the Medical Research Council are even more heavily weighted to ensure support for the status quo. South African Nursing Council was established "primarily to control the nursing profession in the Republic" (2) and consists of 29 members of which only 10 are elected by nurses, the rest being appointed; 10 by the Minister of Health, 4 representing the Provincial Administration; 1 representing universities with departments of Nursing; 1 representing the Department of National Education, and one each representing the South African Pharmacy Board, the S.A.M.D.C. and the South African Defence Force.

The Medical Research Council (M.R.C.) consists of 14 members all appointed by the State President. The M.R.C. claims to give "priority to those aspects which are most relevant to the needs of the people of South Africa" (2) How can only government appointees feel responsibility to anything other than the government as the needs of South Africa as perceived by the government.

It can be seen from the above discussion that the S.A.M.D.C., South African Nursing Council, the Medical Research Council, and many other statutory bodies control the distribution of health and health services in South Africa in the interests of the ruling class. It is clear that the Medical and Paramedical Profession is not immune from the control exerted by the State over all other areas.

The action of S.A.M.D.C. ^{over} ~~and in fact~~, the entire Biko affair should not be seen in isolation. Indeed, those who demand that justice be done in this particular case, should consider the others who die in detention, those thousands who are resettled at the whim of a bureaucrat, those tens of thousands who are arrested for pass offences, those hundreds of thousands of children who succumb to malnutrition and the large variety of control and coercion that this government exerts; because it is all these injustices which are tied up in the web of oppression which pervades this country. Those events are just part of the system which seeks to keep a privileged few in power, allocating resources to a tiny minority (yes, indeed, even medical resources) and ensuring the exploitation of the masses by the elite.

Any demands we might make of the S.A.M.D.C. must be qualified by demanding and working for a society where not only political but also economic oppression becomes an enigma. Only when that society is achieved, will the necessity to detain people be limited to real criminals and the atrocities, like that of the death of Steve Biko, a thing of the past.

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1. Geregte like nadoodse ondersoek na die dood van Steven Bantu Biko GO 573/77.
2. A Guide to the Health Act No. 63 of 1977, Published by the Department of Health, July 1978.
3. President's Address (S.A.M.D.C.), appeared in South African Medical Journal, 27 March 1965, p.259-261.
4. Oosthuizen S.F., Opening address by the president of the South African Medical and Dental Council. S.A.M.J. 23 Nov. 1968, pp 1245 - 1246.

- * The complaint submitted to the South African Medical and Dental Council by Mr. E. Roelofse, regarding the Diagnosis and Treatment of patient Steve Biko by Drs. Lang, Tucker, and Hersch, during the period September 7th to September 11th, 1977.
- * The Medical Evidence recorded at the Inquest into the death of Steve Biko.
- * The Judgement in the action brought by Drs. Lang and Tucker against the South African Medical and Dental Council.

DECLARATION OF TOKYO

Guidelines for medical doctors

Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in relation to Detention and Imprisonment

Statement approved by the Council of the World Medical Association, March 1975, and adopted as amended by the Twenty-ninth World Medical Assembly, Tokyo, October 1975.

Preamble

It is the privilege of the medical doctor to practise medicine in the service of humanity, to preserve and restore bodily and mental health without distinction as to persons, to comfort and to ease the suffering of his or her patients. The utmost respect for human life is to be maintained even under threat, and no use made of any medical knowledge contrary to the laws of humanity

Declaration

- 1.** The doctor shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offence of which the victim of such procedures is suspected, accused or guilty, and whatever the victim's beliefs or motives, and in all situations, including armed conflict and civil strife.

DECLARATION CONTINUED

2. For the purpose of this Declaration, torture is defined as the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason.

3. The doctor shall not provide any premises, instruments, substances or knowledge to facilitate the practice of torture or other forms of cruel, inhuman or degrading treatment or to diminish the ability of the victim to resist such treatment.

4. The doctor shall not be present during any procedure during which torture or other forms of cruel, inhuman or degrading treatment are used or threatened.

5. A doctor must have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible.

6. Where a prisoner refuses nourishment and is considered by the doctor as capable of forming an unimpaired and rational judgment concerning the consequences of such a voluntary refusal of nourishment, he shall not be fed artificially. The decision as to the capacity of the prisoner to form such a judgment should be confirmed by at least one other independent doctor. The consequences of the refusal of nourishment shall be explained by the doctor to the prisoner.

7. The World Medical Association will support and should encourage the international community, the national medical associations and fellow doctors to support the doctor and his or her family in the face of threats or reprisals resulting from a refusal to condone the use of torture or other forms of cruel, inhuman or degrading treatment.

8. The doctor shall in all circumstances be bound to alleviate the distress of his fellow men, and no motive -- whether personal, collective or political -- shall prevail against this higher purpose.

POST-SCRIPT : DISTRICT SURGEONS.

District Surgeons are employees of the State. It is therefore not surprising that their activities have been to promote the interests of the State. In the Biko case they clearly admitted surrendering the control of the treatment of their patient to the Security Police. How could this be allowed to happen if the doctors themselves did not support this situation? What safeguards do the public, and in particular, prisoners, have against the power that is exerted by district surgeons? When prisoners are treated by district surgeons it is clear that the doctors are more concerned about security and other matters than about the care of the individual patient.

Health care of prisoners and in particular political prisoners is notoriously inadequate. Prisoners have no access to a doctor, unless the police feel that the prisoner needs medical care, even then the doctor called is a district surgeon and not a doctor chosen by the prisoner or his family. The role of the district surgeon in these cases is well described below.

"..... the services which district surgeons render to prisoners and persons detained by the South African Police also fall within the definition of personal health services. These services however can have far-reaching legal implications and for this reason they can also be classified as medico-legal services. In view of this and for security reasons it would be advisable that specially selected medical practitioners be allocated by the Department to undertake these services." *

* A Guide to the Health Act No. 63 of 1977.
Published by Department of Health, Pretoria.
July 1978.

Doctor blames

STAR 8/7/80.

'negligent' blacks

for hospital crisis

By Willie Nkosi and
Mike Overmeyer

Black patients are sleeping on ward floors at the Boksburg-Benoni Hospital — but that is because of "their own negligence."

Dr G C Gravett, the medical superintendent, said building more hospitals to provide for blacks would not solve the problem of overcrowding.

"If blacks were not so negligent then we would not have problems of hospital space," he said.

During winter months, problems of overcrowding were more acute because of lung diseases and weekend violence, said Dr Gravett. In the male surgical ward yesterday, 62 patients had been admitted to fill 39 beds.

"It was our highest intake," said a spokesman. Normally, with so many patients being admitted, the doctors attend to those who can be treated immediately and discharged.

"For the more serious we prepare felt mats and blankets as beds on the floor at night," the spokesman said.

Dr Gravett felt that in the black community breadwinners preferred buying cigarettes and liquor to feeding their families properly.

"If my children should suffer disease because of the lack of food I would stop smoking now," he said.

He warned that people approaching the Press to

expose hospital overcrowding should be prepared to dig into their pockets and pay more tax if they wanted more hospital space and medical schools.

"These are the people who are not prepared to send their children into nursing careers," Dr Gravett said.

He also blamed low nursing wages and long hours for the hospital crisis.

"Women bank clerks work office hours and are not on duty on Sundays and at night. But our hospital staff has to serve the public 24 hours a day," he said.

Because of the staff problems, the idea of more hospitals were not realistic, said Dr Gravett.

The above excerpt from a newspaper article is extremely interesting. Dr. Gravett, the Superintendent at Boksburg-Benoni Hospital has shown how little understanding he has of health problems in South Africa. He blames "negligent Blacks" for the hospital crisis.

He, however, neglects to say how much money is spent on the provision of Black hospitals or their running costs compared with white hospitals.

In 1978, Johannesburg General Hospital (prior to the building of the Johannesburg Academic Hospital) had 371 000 patient-days and cost the province over R30 million rands to maintain. Baragwanath Hospital had nearly 840 000 patient-days and yet maintenance costs were only R26 million rands (1). If one looked at the urban-rural differences the inequality of access to proper hospital care would be shown to be even worse.

Furthermore, whites have access to other resources besides the Provincial Hospitals. The amount of private nursing homes, general practitioners and specialists catering for the white population further aggravates the inequalities.

South African health services are structured such that proper medical care has to be bought, and is therefore available to those with money. Plans for a private nursing home in Soweto should be seen in this light - not relieving the hospital crisis at all but enabling those middle-class blacks with money, who least need the services, access to even better health care.

Dr. Gravett is correct in saying that building more hospitals would not solve the problem of overcrowding. Overcrowding in Black hospitals is only partly due to inadequate provision of services. Many of the diseases resulting in the hospitalisation of Blacks are diseases of poverty and underdevelopment. They are the result of such things as inadequate housing, poor sanitation, no access to clean water supplies, migrant labour, etc. The amount of disease of this nature will only be reduced if the structure of society is such that it promotes the health of all - which is not the case in South Africa at present.

Furthermore, Dr. Gravett continues by blaming the buying of cigarettes and liquor for health problems. But he neglects to show that the State has taken virtually no action to reduce the sale of these items - in fact the State actively promotes the selling of liquor in Black townships and compounds by the erection of beer halls. Concerning cigarettes, the Minister of Health, Dr. Lapa Munnik has spoken out against the "Hysterical campaign" against smoking and has stated "I am very satisfied with the tobacco industry and the road we have walked together the past few years" he said (2). Even now the plans to label all cigarette packs with the tar and nicotine content of the cigarettes is not aimed at reducing the amount of smoking, but only at legitimising the tobacco industry and its relationship with the Department of Health. (The tobacco industry will be discussed in a future issue of CRITICAL HEALTH.)

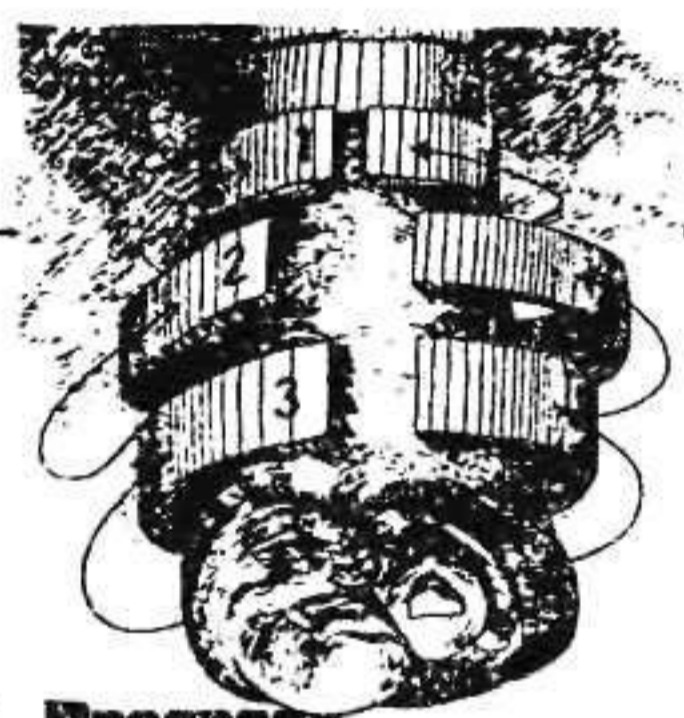
Dr. Gravett went on to blame staffing shortages, long working hours, and poor salaries for making the hospital crisis even worse.

This shows that the problem of inadequate hospital services is due to a society which promotes disease by its very structure which gives access to proper medical care only to those who have money, which promotes the sale of products which are harmful (such as liquor and tobacco), and which does not tackle any of the real causes of ill-health in South Africa.

These are the problems caused by "negligent Blacks" !!!

References:

1. Hospital and Nursing Yearbook of Southern Africa, 1979.
2. Rand Daily Mail, May 27th 1980.



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