

# MEDICAL EDUCATION FOR AFRICANS IN SOUTH AFRICA

by Rupert Gude

("This article, by a former member of the staff of King Edward VIII Hospital, Durban, gives a background to the recent boycott of lectures and threatened boycott of examinations, by the students of the Durban Medical School. The boycott was in response to the announcement that no further first year African students were to be admitted to the school from next year. After a three-week boycott by the students and representations by the university authorities it was announced that new African students would be admitted next year — but the threat to the future Black attendance at the school remains". Editor.)

Many changes are occurring in South Africa particularly affecting the Africans. The medical education of Africans has been fraught with problems over the years and new developments in this field do not seem to be necessarily to their advantage. The attendance of Africans at the only black medical school in South Africa is being threatened by the rigid application of apartheid policies.

In South Africa there are six medical schools — at the Universities of Witwatersrand (Johannesburg), Cape Town and Natal (Durban) where the language of instruction is English; and at the Universities of Stellenbosch, Pretoria and Bloemfontein where the language of instruction is Afrikaans.

The University of Cape Town admitted black students from the early days of the century, but for geographical reasons these were mainly Coloureds. \*In 1940 the University of Witwatersrand decided to admit to its medical school a limited number of Africans. These black students were accepted in academic activities but excluded by tacit agreement and in practice from many student social activities. In the nineteen forties the Union Government decided to create a multi-racial medical school in Durban, Natal, with a special emphasis on the health problems of the African community. Before it could be established the National Party came to power and insisted that the Faculty be restricted to black students only. The University of Natal resisted this condition at first, but eventually conceded and thus established a Faculty of Medicine for black students only in a white University. The first medical students were admitted in 1951.<sup>1</sup>

At the inception of the Faculty a chair of social, preventive and family medicine was sponsored by the Rockefeller Foundation. This was heralded as a breakthrough in the approach to the problems of health and disease in the African community, and it was thought that the department would act as a guide to the rest of Africa. However the advice of the Professor did not coincide with the ideology of the Government and many of the aims of the Department were frustrated. When the Rockefeller Foundation withdrew its support in 1960, the Government allowed the pioneering movement to be abandoned and the department was absorbed into the Department of Medicine. Since then very little emphasis has been placed on research into and the development of community medicine.

During the late nineteen-sixties a decision was made in the Cabinet of the Nationalist Government to create a medical school for Africans in the Homelands and to take over the Natal Faculty for white students. The former decision was welcomed as the annual rate of African graduation was about 1 African doctor to over 1 million Africans and

the expansion of medical school places for Africans was essential.

The latter decision was kept secret until the eve of the 25th anniversary of the Natal Medical School. On 16th December 1975, the last day of term before the long summer vacation, the Cabinet sent a dictate to the Medical Faculty ordering them not to admit any African students to the preliminary course due to start in three months, and to prepare to admit white students in two years' time. Though an emergency faculty meeting was held, co-ordinated opposition was not established until well into the New Year. At very short notice the Government agreed to postpone these measures for one year. Letters were written to the press<sup>3-7</sup> and an editorial in the *British Medical Journal*<sup>8</sup> and the *Lancet*<sup>9</sup> condemned the decision. A meeting was held with the Ministers of Health and of Bantu Education in March, but they remained adamant that African students should be phased out of the Natal Faculty. They also envisaged the creation of an Asian medical school in Durban and a Coloured one in the Cape Province.

The new African medical school was sited at Ga-Rankuwa a town of 100 000 people about 31 kms from Pretoria. It is situated in the Homeland of Bophuthatswana and came into existence as a labour reserve for Pretoria and Rosslyn and is still in an early stage of development. This will be no University in the true sense lacking as it does the cultural and scientific support provided by arts and science faculties. The medical school is under construction and preclinical studies are having to be done at the three black Universities of Fort Hare, Turfloop and Zululand. It is planned that the first doctors should graduate in 1982 with a projected output of 200 per year (the same as the total number of African doctors in practice in South Africa in 1976.)

However the creation of the medical school takes on a more sinister and curious aspect when the constitution is examined. The medical school is to be named the Medical University of South Africa and is to come under the direct control of the Minister of Bantu Education. All appointments, promotions and discharges by the University Council shall be subject to the Minister's approval. The so-called "conscience clause" has been omitted. Up until 1950, when Universities were established by Act of Parliament, a "conscience clause" was included which provided that no religious test should be applied to student or staff in making appointments. This clause has been jealously guarded by university staff and those concerned with maintaining independence of thought in the universities. However under pressure from Afrikaners and the Dutch Reformed Church this clause has been omitted from the constitution of this new medical school.

Thus what the Government failed to achieve in Durban between 1957-1959, they have achieved 20 years later at Ga-Rankuwa.

The Durban medical school began to expand but after only six years its existence was threatened. Between 1957-1959 a fearsome struggle for independence took place in all the Universities of South Africa. Based on its policy of separate universities for different races, the Government introduced the Separate Universities Education Bill. It was decided that the control of the Medical School in Durban would be transferred from the University of Natal to the Minister of Bantu Education and its examining body would be the University of South Africa (a correspondence university).<sup>2</sup> More disturbing was that the appointment and discipline of the staff would be directly controlled by the Minister of Bantu Education. Members of staff, it was said, would be subject to dismissal if they "publically commented adversely upon the administration of any department of the Government" or if they were associated with propaganda calculated "to impede, obstruct or undermine the activities of any Government department". This would have effectively destroyed the autonomy of the Medical School. Fortunately, when this Bill, named the Extension of University Education Bill, was passed in 1959 the Medical School in Durban was specifically excluded and remained part of the University of Natal.

Since then this medical school has been the only place where Africans can study medicine and it has reached a high standard renowned internationally. Until recently the majority of students have been Asians, but the proportion of Africans has steadily increased. The standard of education available at secondary schools for Asians is considerably higher than that at schools for Africans and the standard of the Asian applicants has been consistently higher. However, for the first time there are now more African second year students than Asian.

Up until 1975, 219 African doctors had graduated from Natal together with 347 Asians and 46 Coloureds. In the 18 years that Witwatersrand admitted African medical students 103 African doctors graduated. Of these 300 odd African doctors only about 200 are in active practice in South Africa, many having emigrated to obtain better education and living standards than those available to them in their own country. The population of the Republic (including the Transkei) is approximately 24 million with 17 million Africans, 4¼ million Whites, 2¼ million Coloureds, and ¼ million Asians. If one were to consider ethnic groups to assess the viability of the official plans for health care in South Africa following the apartheid doctrine, one finds ratios of doctor to population of 1 to 400 Whites, 1 to 900 Asians, 1 to 6 200 Coloureds and 1 to over 40 000 Africans.

Students entering the Natal Medical School usually take a preliminary course of one year followed by a six year medical course. The present intake is about 130 students per year of all non-white racial groups. The Medical School is attached to King Edward VIII Hospital which is a 2 000 bed hospital, admitting 100 000 Africans annually and treating 250 000 outpatients. The hospital is greatly overcrowded, but expansion is impossible because it is situated in an area zoned for whites. It is financed by the Province of Natal who are reluctant to provide extra money as they feel this is the responsibility of the State. (In South Africa the State and not the Provinces is responsible for the provision of health services for Africans.) Despite these drawbacks the standard of education is on a par with the other medical schools in South Africa and the degrees con-

ferred by the University of Natal are recognised by the South African Medical Council. Most of the senior staff are whites with a predominance of Asians in the middle and junior posts. The African doctors tend not to stay in hospital posts, partly because of racial antagonism and partly because of the financial incentive of private practice. As an example in late 1975 there was only one African out of 30 junior members of staff of the Department of Paediatrics and he was forced to flee the country before the agents of the Bureau of State Security.

It is difficult to see how the Government proposes to reach an output of 200 doctors per year. Due to poor secondary education there is a limited number of suitable African applicants and the drop-out rate is very high. In the three years 1973-75 there were 21, 19 and 9 African doctors respectively qualifying from Durban. It seems that the easiest way to achieve this output would be for the Minister of Bantu Education to lower the standard of the qualifying degree thereby producing, by South African standards, a group of semi-qualified doctors whose degrees would not be recognised in any other country of the world (or in the white areas of South Africa). It is to be hoped this will not happen. It could be argued that these doctors would be better suited to deal with the problems of the African community. However the rub is that there would be no opening elsewhere for an African wishing to receive training for a medical degree that would be internationally recognised.

Thus the Africans of South Africa, having been excluded from the "white universities", have helped build up a "black medical school" to international standards only now to be threatened with exclusion by Government decree. There is some hope as the Government has postponed its decision to stop admitting Africans, but it still stands by the principle that non-whites will eventually be phased out of the Durban medical school, the blackest first.

Ideally all medical schools should admit students regardless of race and religion. However in the present political framework in South Africa with 70% of the voters supporting apartheid this is impossible. \*\*Serious consideration should be given to establishing a medical school for Africans in Soweto (the African township of over a million people near Johannesburg) attached to the 2 300 bed Baragwanath Hospital with the University of Witwatersrand as its governing body.

If another medical school for whites is required then another one should be built. Pietermaritzburg in Natal would offer an ideal site. It has taken 25 years to reach the present high standard in Durban and it is catastrophic to deprive the Africans of a medical school that is specifically orientated to the problems of the African community. □

#### References:

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9. Lancet, 1976, ii, 1125.

\* for the purposes of apartheid the non-white community is divided into Coloureds (of mixed race origin), Asians and African (also called Bantu- an African word meaning 'people').

\*\* Money should be injected into secondary education, to increase the quality and number of matriculants. The constitution of Ga-Rankuwa must be revised to safeguard standards and remove the restricting influence of the Minister.