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## Medical Association of South Africa

SIR,—An attempt is to be made at the meeting of the World Medical Association in Munich next month to expel the Medical Association of South Africa, on the ground that, to quote a headline from the *Guardian* of 3 September, in South Africa "Medicine is Apartheid's Tool." I hope very earnestly that, if a motion for expulsion gets on to the agenda, the representatives of our Association will not merely abstain from voting on it (as did our representatives on a similar occasion at the meeting of the Commonwealth Medical Association in Singapore three years ago), but will actively oppose any such motion.

The effect, if not the intention, of such a motion if carried would be to make the M.A.S.A. a scapegoat for political actions of the South African Government which that association, as a purely professional and voluntary organization, has no power to prevent, at which as an association it does not connive, and against which insofar as they offend medical ethics it has made numerous protests to the Government. It would indeed be grossly unjust were the M.A.S.A. to be expelled on the grounds already being alleged against it, as the following facts will show.

The M.A.S.A. was the offspring, over 40 years ago, of the B.M.A., and at that time the great majority of its members had qualified in the United Kingdom. I opine that even today at least half its members have taken their basic or/and postgraduate qualifications in the U.K. The M.A.S.A. inherited from the B.M.A. a constitution in which there was no racial or colour bar. This is still the position. Membership, all the offices, and all the professional meetings and social occasions of the M.A.S.A. are open to any registered medical practitioner, re-

ardless of race, colour, religious, or political creed. Critics of "medicine in South Africa" would do well to ponder the significance of the fact that, in the 25 years of office of a Government dedicated to the pursuit of apartheid, it has not dared to legislate to compel the Medical Association of South Africa—as it has the Nursing Association—to have a colour bar. Even more significant is the fact that it has not done so in respect of the South African Medical and Dental Council—the body established statutorily in 1928 corresponding to the G.M.C. It has done so in respect of all other statutory bodies that did not already have a colour bar. Today the S.A.M.D.C. is unique among such bodies; all registered medical practitioners (and dentists) can vote for their direct representatives on the council and are eligible for membership and office. The council keeps only one register of medical practitioners, in which there is no indication (other than may be deduced—often very precariously—from the name) of the race or colour of any registered person. I doubt not that any attempt by the Government to introduce a colour bar affecting the S.A.M.D.C. would be strongly opposed by the M.A.S.A.

In South Africa there is no legal bar whatever against any doctor examining and treating a patient of another race. It is therefore utter nonsense to say that "White patients are blessed with one doctor per 455 people, . . . there are about 120 African doctors to treat 13,000,000 Africans."<sup>1</sup> Thousands of White doctors spend anything up to 100% of their time attending to non-Whites, who readily accept their services. Only rarely do White persons choose a non-White doctor: compelling them to do so would not only be a gross interference with personal liberty

but would also diminish the low ratio of non-White doctors to non-White persons, so greatly deplored by critics of apartheid.

The M.A.S.A. has made repeated representations to the Government to abolish differential salaries according to race in respect of Government and Government-subsidized posts; and when the Johannesburg Municipality did abolish them in respect of African doctors employed by it, at the risk of losing the Government subsidy, the leading article in the next issue of the *South African Medical Journal* (official organ of the M.A.S.A.) applauded the decision and hoped that other local authorities, and the Government itself, would follow suit.

It is sadly true that non-White doctors cannot have private patients or hold appointments in public hospitals where this would involve their giving orders to White nurses in theatre, wards, or outpatient departments. This is due solely to Government fiat. If White doctors sought to remove it by resigning en masse from their hospital appointments, or by going on strike, and the Government did withdraw it, the White nurses would certainly go on strike until it was restored. Non-White as well as White patients would suffer while the struggle was going on. Actually, this problem is diminishing, because its chief effect has been to stimulate the training (to the same standard as White) of non-White nurses; and it is likely that there will be non-White hospitals staffed entirely with non-White nurses, from matron downwards, before the latter can be matched by all non-White medical staff, including consultants.

With regard to the "separate" medical school for non-Whites, I would refer anyone who really wants to get a fair view thereof to my earlier letter (7 November 1970, p. 364).

In conclusion, may I point out that an im-