

HOW NEUTRAL ARE MEDICAL SCHOOLS ?

BY

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The Medical Schools do not tackle or confront the root causes of ill-health in South Africa. They prefer to concentrate only on disease and the technology required to limit or eradicate it. No attempt is made to isolate the causes of poor health and to alter these causative factors. Instead the Medical Schools produce graduates who are capable only of functioning in a narrow sphere of medicine and one which makes little or no impact on the overall health status of all the people of South Africa. Thus, the Medical Schools, part of a totally inadequate health care system, function to perpetuate that system without altering it.

Although doctors and medical schools are by no means the major influence on the health status of people, they do have a limited role to play in the improvement of the health of the people. In this article, I would like to briefly look at the present role of medical schools in South Africa, how they play their part in preserving the status quo, and to what extent their role could be altered. *

The Medical Schools train doctors who are expected to meet the health needs of the people. The Medical Schools are therefore required to produce sufficient doctors of sufficiently high technical ability to meet the health needs of this country.

* The author's views are based on Wits Medical School and it is assumed that the issues raised are common to the other Medical Schools in South Africa. If this is not the case, the editors would be pleased to learn of this - Editors.

No attempt, however, is made to produce doctors who will attempt to influence the causes of illness and will try to reduce the reliance of people on the medical profession. Efforts are rather directed at increasing the number of doctors to enable them to deal with an increasing population with increasing amounts of diseases. It is difficult to estimate what actual effect doctors have on the picture of ill-health in South Africa. However, one can look at where doctors are found and how they function. At present, 65½% of all doctors in South Africa practise in metropolitan areas, and a further 29% practise in cities or towns, while only 5½% practise in rural areas. (Beaton and Bourne, 1978). Of those in rural areas many are expatriates. The vast majority of doctors (90% in 1973) are Whites who practise mainly amongst the White sector of the population and this further increases the disparity in the distribution of doctors. The doctors produced in South African medical schools are largely devoted to curative medicine and their influence on health is limited to the numbers of individual patients they see and minimal if any influence is extended on the community at large. Of the active doctors in South Africa, approximately 25 per cent are specialists and of these only about 2 per cent are specialists in preventive medicine. Only a small proportion of doctors are involved in industrial health care and the care of workers.

Very few South African doctors understand the social and political milieu in which they function, and even fewer perceive their role as one which may have important social and political consequences. They therefore prefer to fit in neatly with the established social elites in South Africa and play their part in ensuring the smooth and efficient functioning of society in its present form.

Yet the medical schools claim to be attempting to meet the needs of all the people of South

Africa. But, in this country dominated by inequality, oppression, and exploitation, can the medical schools actually separate themselves from society and function in the interests of all, rather than only in those of the elite? Can the medical schools be neutral or do they take sides? I believe that the medical schools cannot possibly claim to be neutral institutions. Rather, they play a strong part in ensuring the continuation of society in the way it functions at the present time. In this way it echoes the role of the university - to produce graduates who will ensure optimal functioning of society in the form that the government (and not the majority of the people) have decided as being in the "best interests of the people" (i.e. some of the people).

The medical schools support the status quo in a number of ways. To a large extent this is by default, i.e. by what the medical schools do not do. Do they ever confront the real issues behind ill-health in South Africa? Do they ever talk about the distribution of wealth or power or land? Do they ever discuss the origin of the homelands, underdevelopment, and migrant labour?

Are the medical schools neutral if they produce doctors who accept all that they see around them without critically looking at society or the causes of ill-health? Are they neutral if the products of medical education are usually doctors who readily become part of the elite and reinforce the unjust status quo? Is medical education neutral if it does not even ensure that students and doctors are able to communicate with the majority of their patients, even if they do not speak either English or Afrikaans? Is it neutral if students are taught their skills in highly sophisticated institutions, and are not taught to function without this highly technical backup, while a large proportion of patients will be seen in areas where this backup is not available?

Are medical students taught that health is not determined only by medicine and doctors **but by**

numerous other influences? Are they taught that they should be concerned with the health of their patients and the communities from which they come, or are they taught that doctors are there only to deal with disease? Are students taught about the other health workers who are essential parts of the health team if the health of the majority of people is to be improved? Are they taught how to teach and how important it is to learn to teach, whether it be for the benefit of individual patients, communities, or colleagues?

Do the medical schools teach students how to analyse a health problem, assess what is influencing the health status of the people concerned, implement appropriate programmes and evaluate them? Do the medical schools ever question the role of doctors or the distribution of health care in South Africa? Do the medical schools condone the building of large disease palaces in preference to the erection of Community Health Centres?

All the medical schools would answer that they are attempting to deal with these issues, but that is true to such a limited extent as to make no impact on prospective doctors.

There are a number of reasons for failing to confront these issues. First of all, the Medical School is but a section of the University, and as mentioned earlier the university is responsible for producing graduates who will fit into the present structure of society without disrupting it. They will help to ensure the perpetuation and smooth-running of society in its present form. Doctors contribute by supporting the elite and allowing to suffer those who have been oppressed and dispossessed.

Secondly, doctors as a group are tremendously conservative and there is an amazing reluctance to change, an avoidance of anything new. They work together as a group to maintain their own

interests. The profession is far more important than the public.

Thirdly, doctors are generally ignorant of the causes of ill-health in South Africa. They have never been made aware of the history of disease in South Africa. Why is malnutrition such a major problem in the homelands? Are rural communities stupid or is there something else influencing the high incidence and prevalence of disease? Doctors generally do not bother to isolate the causes of ill health in communities. Malnourished children are treated (if the doctor finds himself in a hospital not only treating the upper and middle classes) and then they go home. What is at home and what is in the community generating that disease is left for other people to tackle.

The medical schools do not encourage a look at the causes of health problems. Nor for that matter, do they encourage students and staff to generate solutions to South Africa's health problems. They prefer to casually fit into the structure of health services as they presently exist.

Is it surprising that the majority of students aim to practise in cities and towns? In their training, do they ever leave the vast teaching hospitals? Do they learn about the health problems in the most isolated communities with little or no access to sophisticated medicine? It is surprising that the graduates follow the example of their teachers and stay in the comfortable surroundings of the city? Is it surprising that doctors wish to stay in the urban areas and to serve the elite, even though the medical school and its teachers do all they can to encourage their students to work in rural areas or with other communities and groups in urban areas. Is it surprising that students do what their teachers do rather than what they say?

R E L E V A N C E

IS THE ESSENTIAL QUALITY

OF EDUCATIONAL OBJECTIVES



OBJECTIVES WHICH HAVE EVERY

QUALITY EXCEPT RELEVANCE

ARE POTENTIALLY DANGEROUS

It is not surprising that students do not involve themselves in innovative approaches to meeting the health needs of communities, because their teachers know so little about them. Our teachers rarely leave their vast technological masterpieces and rarely if ever come into contact with the realities of ill-health outside these institutions. It is hardly surprising that what we are taught about reflects the interests and preoccupations of the teachers rather than the needs of society (Simpson, 1976).

The medical schools do not teach students that health is interrelated with numerous other disciplines such as social anthropology, politics, sociology, agriculture, social work, psychology, and others. Doctors are always spoken of as being at the head of the team. Yet, to what extent do the students ever even work with members of these allied disciplines? Do they ever actually work together as a team during their training? Would they know how to work with people who are not doctors or nurses?

Medical schools are not neutral but reflect a set of ideologies and assumptions predetermined by the elite of society. If the medical schools wanted to attempt to become neutral, or even to play a positive role in the pursuit of justice in this country, what would they have to do?

First of all, the medical schools must draw up a set of objectives for their educational programme. The medical schools must state what sort of doctors they wish to produce. The public should debate this and influence the direction in which the medical schools move. At present the medical schools produce the sort of doctors they graduate, knowing and ensuring that they have trained the sort of doctor not wanted and needed by the people.

The medical schools must critically analyse the role they presently play in South African

health care and must attempt to ensure that they are not producing doctors who merely accept and condone the present unequal distribution of health care, but rather analyse critically and then act according to their findings.

The medical schools should stimulate an awareness of the relationship between health and socio-economic, political, cultural, and other factors. These relationships are complex and unclear but only through analysis and debate can a clearer understanding of the relative importance of these different influences be arrived at.

The medical schools should engender in their staff and students a commitment to all the peoples of South Africa. This can best be facilitated by enabling students to interact and communicate with a broad spectrum of South African Society and encouraging them to participate actively in the improvement of health in communities. The more students learn about South Africa and its problems, the more willing they will be to accept the challenges of working for change, and the improvement of health care of all the people.

The medical schools must analyse the health problems of South Africa and establish priorities for the provision of health care. Courses should ensure that students are taught thoroughly of these problems and the alternative methods of how best to deal with them. At present there is no clear understanding of what exactly are the major health problems in South Africa or how best to attempt to solve them. Yet, the amount of time and emphasis devoted to the teaching of particular health problems is almost inversely related to the frequency with which these problems are seen outside of the teaching hospitals (Simpson).

The medical schools must see themselves as part of society with a responsibility to it. The orientation of the medical curriculum must clearly

be directed towards teaching students to cope with the most prevalent health problems by using the most appropriate methods of solving them. This is in contrast to emphasising the highly sophisticated techniques required to influence the course of extremely rare diseases, as is done presently.

The medical schools must involve themselves in actually providing the health services needed by society. At present, the medical schools all help in the provision of urban curative services, but they should also become far more involved in providing alternative forms of medical services. The medical schools should run community hospitals and clinics in rural and urban areas to teach their staff and students about the problems encountered in community setting and the derivation of that ill-health. The medical schools should become involved in training health workers in urban and rural communities and should devote attention to the health needs of workers. Where else are doctors influenced but during their training? If the course gave students a broad awareness of the problems of society and the techniques required for solving them, then doctors would be much more willing to devote their lives to serving communities rather than only serving their own personal interests.

The medical schools must become more involved in researching health systems and aspects of health care. Attention must also be devoted to critically evaluating present methods of meeting health needs. Medical schools must advocate those solutions that would be most appropriate, and must not be bound by precedence and conservatism. Students should be part of a dynamic search for solutions to health problems, rather than silent supporters of the present inadequate approaches.

Of course it is highly unlikely that the medical schools would actually contemplate radically changing medical education towards something far more relevant. Medical Education will probably continue to benefit and perpetuate the interests of the elite, and the majority of people will continue to suffer. There is little pressure for the present approaches to change, and they will continue until circumstances force us to confront the alternatives.

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