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The myth of the ivory tower

follow the example of their teachers and stay in the comfort 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?

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 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 pre-occupations 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 the head of the team. Yet, to what extent do the students ever work with members of these allied disciplines? Do they even 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 assumptions predetermined by the elite of society. If the medical school 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. 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 play in South African health care. They must attempt to ensure that they are not producing doctors who accept and condone the unequal distribution of health care, but rather analyse 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 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 about these problems and alternative methods of how best to deal with 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 and to use the most appropriate methods to solve them. This is in contrast to emphasising the highly sophisticated techniques required to influence the course of extremely rare diseases.

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 communities 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 the 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 approach.

Of course it is highly unlikely that the medical school would contemplate changing medical education into something 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.

Redressing the balance of power

David Webster

It is no exaggeration to say that our universities have always reflected directly the main contradictions of South African society.

They have always been elitist institutions, ministering to the sons and daughters of the rich, and supplying industry and the state with both manpower, expertise and research, and the ideological support for their continued control and growth.

Of course, this tendency is not unique to South Africa. Universities have usually mirrored the prejudices of the dominant groups of society. The strongly nationalistic and xenophobic nature of German universities of the 1930's helped ensure that they would adjust with no great hardship to Hitler's anti-Semitism. In the United States of America, even the prestigious Ivy League universities such as Princeton excluded blacks, and had admission quotas on Jews and Catholics, prior to the Second World War.

It should be no surprise to us therefore, to find that the University of the Witwatersrand, despite proudly referring to itself as an 'open' university, has a dark history in relation to its upholding of human rights and equality of opportunity. A recent study by Professor B Murray has placed the issue in perspective. Murray writes: 'The idea that, from its inception, the University of the Witwatersrand was freely and unambiguously committed to a liberal policy in regard to the admission of students, let alone the appointment of staff, is a myth.'

Murray's research shows that Wits very much reflected the prejudices of the society to which it belonged, and that only very slowly, and reluctantly, did it accept that it should admit black students in any substantial numbers. Ironically, it was only at the request of Smuts' government, in World War II, a time of great skills shortage, that Wits acceded to the pressure to enrol blacks, especially medical students.

So reluctant was Wits to accept black students that, in 1926, the University council appointed a committee to ascertain what procedure was necessary to empower the university to exclude students on grounds of colour. The committee could find no legal means by which to do so, and then wrote to the central government to ask that it adopt the appropriate measures to exclude black students from 'white' universities. The government's reply was swift and to the point: it would not do so. The University then allowed its first Coloured student in to study medicine, but six years later, would still refuse an African student permission on the basic ground that segregated facilities for him were not available.

English speaking universities in South Africa also displayed prejudice against women, Jews and Afrikaaners in the 1920's and 1930's. The discrimination against women was fourfold: (1) women were seldom appointed to any positions, let alone one of seniority; (2) they were paid less than their male counterparts; (3) they were liable to have their service terminated when they married, and (4) they were retired at 55 instead of 60 years of age.

One of the main arguments used against the employment of female staff was that a University appointment is a full time job and a marriage which allows a woman still to give her full service to the University can hardly be a marriage in the true sense.

Perhaps as serious as the practice of racism and sexism in our universities is the persistent discrimination on grounds of class. Of course, in South Africa, there is a subtle interaction of race and class, so that the latter is frequently obscured. But discriminatory admissions policy effectively eliminated working class access to the universities, and high fees provided a second, equally daunting barrier to the white working class.

Up to this point, we have been dealing with the University's admissions policy; let us now turn our attention



to the quality of education that awaits those who enter the institution. Most universities have a massive bias towards the sciences, engineering and medicine. This is particularly noticeable in funding, especially research funding. This is not surprising, as Wits, for example, grew up out of the Transvaal School of Mines, and the Medical Research Institute was founded on the Chamber of Mines donations. Even today, most scientific research receives generous grants from private enterprise, as well as from the State. The arts and social sciences have always been the Cinderellas of research funding. Much of the teaching in universities takes the form of providing the skills for the next generation of managers, engineers, accountants, etc, who will service the needs of capital. There are very few courses which challenge the hegemony of the ruling classes in South Africa.

This tilt in favour of the dominators of our society is dangerously aided by the misunderstanding that arises from the concept of 'academic freedom'. This is often no more than an ideological subterfuge, arguing that the university is, or should be, a haven of tranquility in which individuals can pursue, uninterrupted, the search for truth. In South Africa, this ideal has been grossly infringed by the Government's separation of university facilities, and the liberal cry is for the restoration of the 'open' university. This is a valuable goal, but an equally important goal must surely be to redress the balance of power **within** the University as well, so that our courses no longer service the needs of capital and the state, but provide skills for those who oppose their hegemonic control.

The time has come to recognise that the university is embedded in society; will never be able to extricate itself; and should not wish to do so. The Universities have a social conscience and responsibility to the society which nurtures them. That social conscience should demand to examine the society critically, and to expose injustice, oppression and exploitation. The social responsibility lies in the necessity of creating an education which will nurture engaged, committed young people unafraid to put their new-found insights into action.

Therefore, when universities demand the right to academic freedom, they must be forced to recognise that these rights are counterbalanced by responsibilities. This is especially true for third world countries like South Africa, where oppression and exploitation are so dominant that an extra burden is placed upon us. We need a new definition of academic freedom that emphasises democracy in education; the redistribution of knowledge and skills to the underprivileged, the dominated and oppressed. We should recognise that universities have always, and probably always will, reflect the contradictions of society; let us redress the balance by working for an education that can be placed at the service of the dominated masses of our population, until the day arrives when they can take possession of their own just and democratic system of education.

FOCUS

SASPU FOCUS is a new feature-orientated publication which aims at raising student awareness. At its Annual Congress during December last year, NUSAS adopted the theme 'Campus Action for Democracy' for 1982. This slogan calls on students to understand, and act on, their university and their education. SASPU FOCUS will attempt to cover educational issues, and encourage debate, in the hope of providing students with a deeper understanding of their immediate environment — the university. Thus, in this first issue, we look at the NUSAS theme, the Women's Movement at

Wits University, the role of medical schools, and the social responsibility of the university.

SASPU FOCUS also feels that students must continue to play a role in the broader society. We will therefore attempt to include features which promote an understanding of South Africa.

We would appreciate any contributions from interested readers. We also emphasise that SASPU FOCUS will carry features by academics as well as students. In this way we hope to make SASPU FOCUS into a forum for debate.

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NUSAS looks again at the university

'Campus action for democracy' is the call

It was against the current wave of detentions of democratic trade unionists, students and community leaders that 300 student-delegates met last December in Cape Town for the 59th annual NUSAS Congress.

Jonty Joffe, the acting NUSAS President for 1981, opened the congress with a defiant message to the rulers of South Africa:

'The message is that for each one of us who you detain, and for each one of us you take away, there are 10, 20 or 100 of us waiting right here to take their place.'

The five days of evaluation, discussion and planning that make up NUSAS Congress, produce an annual theme which serves as the slogan for NUSAS activities during the following year. The theme chosen for this year, 'Campus Action for Democracy', therefore encapsulates the direction in which the National Union will move during 1982.

The 1982 NUSAS theme calls on all people attending South African universities — both students and staff — to play a role in the fight for a free and democratic future in South Africa. Students and academics have an important role in this fight, and the call is therefore for them to unite to throw their weight and knowledge behind the democratic forces which have emerged in South Africa to challenge apartheid.

The South African state is currently faced with a series of crises which threaten to undermine its monopoly of both political and economic power. Prominent amongst these is the crisis which has permeated the apartheid education system. The racially separated schools and university structures have proved inadequate in the economy's massive shortage of skilled labour. At the same time, the mass displays of resistance to the education system, in the form of the national uprising of 1976 and

the boycott of 1980, have severely compounded the need not only to solve this shortage, but to do so to the satisfaction of the majority of South Africans.

Various proposals have been made by both the Nationalist Party and liberal establishment for resolving the education crisis. The plan to establish Vista University for Black students and the proposals of the de Lange Commission are amongst the most important of these. Little attention has been paid, however, to the demands of the majority of South Africans — as articulated by the 1956 call for a 'free, compulsory and equal' education system and the 1980 call for an 'education that liberates'.

The challenge therefore faces democratic South Africans to forward education demands for the needs of the majority of our people. It is within this context, that 'Campus Action for Democracy' calls on students to examine their universities and assess the role that they currently play in

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maintaining the system of apartheid. Students must expose the extent to which universities train graduates who will simply fuel and emerge as uncritical cogs in an undemocratic machine.

But to expose is not enough! Students must also **challenge** their universities in an attempt to ensure that their role in South African society becomes a more productive one. They must demand a democratic say in the running of the universities and work to gear them to more adequately dealing with the real problems of our society — taking account of the needs of **all** South Africans.

NUSAS will not limit itself to dealing with these issues of the

university alone. The organisation will also extend its role in the broader political arena during 1982. During the past few years, the National Union has emerged as a significant component amongst an alliance of democratic forces. Recognising that they will not lead the fight for change in South Africa, students have developed a role in which they mobilise to complement the activities of other democratic groups and the democratic movement in general. The 'Free Mandela Campaign', 'Anti-Republic Day' activities and various national consumer boycotts have been amongst the activities in which NUSAS has participated. 'Campus Action for Democracy' calls

on students to expand and further develop this contribution.

NUSAS enters its 58th year at one of the strongest points in its history. Not only are four out of the five English-speaking campuses affiliated, but the SRC's on all five support the National Union. The stage is therefore set for a particularly creative and energetic year, in which NUSAS will play an active role as part of the emerging non-racial student movement in South Africa. Operating in alliance with democratic Black student organisations, such as the Azanian Students Organisation (AZASO) and Congress of South African Students (COSAS) the impact of students promises to be a powerful one during 1982.





The Wits Women's Movement:

'We work as feminists *and* democrats'

At the end of a long day everyone is looking a bit washed out and the SASPU team turns up late — a lack of discipline that is vigorously pointed out by members of the Wits Women's Movement working group: Mandy, Cindy, Orenna, Karen, Terry, Peta and Susan. Everyone crowds into the tiny Women's Movement room in the new Wits SRC building.

SASPU — Can you give us a brief history of the Wits Women's Movement?

Everyone stirs a bit uncomfortably. Well, says Terry, in the past the Wits Women's Movement seems to have been dominated by radical feminists and did not aim its activities at broader campus, it was somewhat fragmented. But now we're a coherent group with a far more positive direction, says Karen, although this structure and direction is only fairly recent. Many new people have joined this year.

Why do you see the need for a specifically campus-based Women's Movement?

The campus is our community in a sense and is thus the most logical place for us to organise around issues which affect women. Our role is essentially one of education, says Cindy, and not only on feminist issues. We try to situate women's oppression in a broader social and political context. Perhaps, says Terry, it would be easier to answer that by explaining why women join. A lot of women join out of an indefinable sense of injustice, and a disillusionment with the way men and women relate to one another. The Women's Movement is a forum where they can all examine these issues and find an active outlet.

Active outlet?

Through a process of discussion, seminars and readings, people come to see that they don't experience these things alone, and that these experiences are products of our society as a whole. But, says Mandy, we are part of the mainstream of women's liberation which is itself an integral part of the broad movement for social change.

What kind of issues do you focus on then?

We don't just look at issues in isolation, they all assure us. What we do is take specific issues like rape, sexism, contraception, health-care systems and try to explain them in terms of women's oppression in general. We've decided not to stick to a rigid development from personal issues like socialisation, moving on to more political issues such as Black women in SA. We try to make the point in an unalienating way from the start: the personal is political. Links must be drawn between all levels of society, working class and middle class, home and factory.

But how do you make the link exactly?

Well, says Terry, for example, if you use the issue of White middle class oppression and discuss that in the context of society, then it is logical to make the point that not all women experience the same type of oppression. You can go on to explain the different nature of the oppression of Black women, migrant women and so on. Most women join the Women's Movement because of their own experience and out of a need for solidarity and this is a very valid need but South African society is structured so that Black Women are far more exploited socially, politically and economically than we are. And, says Terry, we also see ourselves very much as part of the broader group of student organizations on campus. We don't want to be an isolated group; we like to channel people into other political bodies and committees. **How is the Women's Movement structured? Is the working group regarded as leaders or bureaucrats?**

It is one of the most democratically organized groups on campus, they all assert. The working group keeps the movement running, but tries to do so democratically. It's not so easy — I mean 18—20 years of socialisation into hierarchies and subordinate roles are not broken down so quickly, says Peta.

So how do you work efficiently?

By meeting very often, says Karen ruefully. Constant meetings require a lot of discipline and commitment, but are

very necessary in organizing a non-hierarchical body. At times we've almost gone to the other extreme — that is, being afraid to take initiative, or being too reticent to offer our ideas or any direction at seminars. Yes, they all agree — you have to strike a balance — not being dominant or overly aggressive and yet not being afraid to raise new ideas, challenge old ones and get things going. These are all new and valuable lessons in political organisation, says Susan, and other student organisations can learn from the way we organise.

What about incorporating new people?%

There is some debate about this. It can be a problem, and we're certainly by NO means fully sussed on all points. There is the danger of new people seeing the working group as a tight-knit clique of friends, and feel inhibited to join in. But, says Peta quickly, we do encourage people to write up seminars collectively, so that they can actively participate, and we welcome suggestions for seminars. And, says Terry — it's only the beginning of the year. We hope people will become more confident as the year goes on.

To move on to a more contentious issue — are men allowed in the Women's Movement?

Everyone sighs and laughs — knew this was coming! Men are very welcome at the seminars, says Orenna, but at the moment we prefer the working group to be women only. Most working group members feel that women need to learn skills such as mechanical skills, administrative and organizational skills, silkscreening, public speaking and so on — skills into which men are usually conditioned from an early age. We feel some men may not be all that sensitive to the problems of shyness and unconfidence that we have, says Susan, and could tend to dominate the group. But men are allowed into the rap groups — Consciousness raising groups, not rap groups, Mandy and Cindy point out.

What is the difference?

Well 'rap' is a bit of a meaningless term, whereas 'consciousness raising' implies a process of exploring personal problems, and an attempt to find new feminist ways of reacting to people.

Are the CR groups mixed or single sex?

When we organize them later in the term, people will be free to choose to be in either a single sex group or a mixed group. Also, says Mandy, part of this debate is the whole question of men's groups and movements in general. It's a subtle point, but women are seen traditionally as the nurturers and mediators of society — the people who handle emotions and give support. Men must learn to mobilize for themselves, and it's not our role to undo their socialization for them. The Women's Movement can facilitate this process to some extent, especially through consciousness raising groups and reading groups — the latter being pitched at a more theoretical level, that is people reading current feminist books and discussing the issues raised in them. Reading groups are important as they help to explain issues such as the personal is political, the role women traditionally play in society, and in liberation struggles. As regards men in the group though, says Mandy, to get back to that question — well women also need to relate to each other on a non-competitive basis, and unlearn the competition they have learnt — that is, competing for the attention of men. Women need to learn to see each other as allies rather than enemies. Men do compete with each other, but in a different way.

Just to get back to your other point — what is 'personal is political'?

It's a slogan from the radical feminist movement, says Terry. It helps people draw the line between their gut level response to feminism, and an understanding that the Women's Movement is dealing with women in society as a whole. Look at Peta's T-shirt, says Karen — it reads: 'There can be no free men until there are free women'.

The Women's Movement is non-racial in principle — but does this actually happen?

Susan — Yes and no. Black women (and men, adds Orenna) have come to some of our seminars. But Black



women experience oppression very differently from us, as middle-class Whites, and therefore need to articulate their position and organize separately. However, we do have links and will be organizing seminars with the Women's Movement of the Black Students' Society, says Cindy.

How do you see yourselves as fitting into the broad democratic movement for change in SA?

We must educate people, says Cindy quietly. It is important firstly to make people aware of women's oppression at all levels and, says Mandy, to emphasize that the women's struggle is not subordinate to the broader political struggle. Definitely, says Susan — for society to change, to become free and democratic, women have to be equal and equally involved in decision-making.

Practically we have to organize on campus, as off-campus women's groups in their communities have to organize. But we are always aware that our community is a part of society — our duty is to inform people about struggles and other women's oppression. And also the lessons we are learning about organizing can be useful to other groups; different groups on and off campus can learn constantly from each other. Just among ourselves, we've all become much more confident, and are learning as we go along about how to work together as democrats and as feminists.

Training doctors for 'disease palaces'

Can the Medical Schools claim to be neutral?

by Anthony Zwi

Adapted from *Critical Health* No 1.

The Medical Schools do not 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 and alter the causes of poor health. Instead the Medical Schools produce graduates who are capable only of functioning in a narrow sphere of medicine, 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 of people, they do have a limited role to play in the improvement of health. In this article, I would like to look at the 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.

No attempt, however, is made to produce doctors who will try 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 a growing population with increasing amounts of diseases. It is difficult to estimate what actual effect doctors have on 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. 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. This further increases the disparity in the distribution of doctors. The doctors produced in South African medical schools are largely devoted to curative medicine. Their influence on health is limited to the numbers of individual patients they see. Minimal if any influence is extended on the community at large. Of the active doctors in South Africa, approximately 25% are specialists. Of these only about 2% 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 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 its present form. In this way they echo 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'.

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 the causes of ill-health? Are they neutral if the products of medical education readily become part of the elite and reinforce the 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 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, and 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 attempt to deal with these issues, but that is true to such a limited extent that it makes no impact on prospective doctors.

There are a number of reasons why Medical Schools fail to confront these issues. First of all, the Medical School is a section of the University; 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 of society in its present form.

Secondly, doctors as a group are 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 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 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 health problems in isolated communities with little or no access to sophisticated medicine? Is it surprising that the graduates