

# Correspondence

## *The College and South Africa*

DEAR SIR

The letter from Dr S. P. Sashidharan prompts me to write to you on the above topic (*Bulletin*, May 1982, 6, 89–90). What the College has to decide is whether South Africa's psychiatrists have behaved in a manner which is counter to medical ethics and to acceptable standards in psychiatry. It is on such evidence that they should be either condemned or exonerated. If the offenders are individuals, we should expect that they be disciplined by their governing body, or if the whole South African Medical Association is responsible, then the College would be entitled to break off all relations with that body. But it must be on hard facts and not on political slogans.

Dr Sashidharan compares the situation in South Africa with the abuse of psychiatry in the Soviet Union. This issue was debated in 1977 in Honolulu at the sixth World Psychiatric Association meeting. A special session was sponsored by the American Psychiatric Association to which South Africa sent a representative to answer the charges, but the Soviet Union did not, though there were a number of Russian delegates at the meeting.

The South African representative, who was employed by Smith, Mitchell & Company, faced a hostile audience. With courtesy and skill and with facts he tamed that hostility, acknowledged some of the staffing problems he faced, but effectively answered his critics. He ended up by saying: 'I came here to answer the charges because we have nothing to hide', and he invited the delegation from the APA to visit South Africa to see for themselves. He received prolonged applause. It is not generally known that that speech which did not specifically attack the Soviet Union was largely responsible for the very narrow majority which condemned the Soviet Union for psychiatric abuses. In one's canvassing prior to the vote one would ask, 'What have they got to hide?', and a number of delegates on being asked that question decided to vote against the Soviet Union.

Unless Drs Sashidharan and Levine can produce evidence against South African psychiatrists which matches that produced against Soviet psychiatrists, they have no right to pillory and condemn our South African colleagues. That Dr Alan Stone and the APA delegation found things to criticize does not impress me. I could very easily demonstrate greater discrepancies in staffing and standards in American psychiatric units than he could find in South Africa, and no doubt similar discrepancies could be demonstrated in India and elsewhere.

As political animals we can, if we wish, condemn *apartheid*. As physicians and psychiatrists, our South African colleagues are entitled to be treated as the first-class

doctors they generally are, unless there is solid evidence to the contrary.

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DEAR SIR

We wish to correct inaccuracies in the letter of Dr Sashidharan (*Bulletin*, May 1982, 6, 89–90).

(1) There is no discrimination of any sort in South African mental health legislation, that is, no distinction in terms of colour, creed, religion or anything else. Dr Sashidharan equates South African psychiatry with that of Russia in respect of alleged misuse for political purposes. Unlike Russia, however, disagreement with government policy is not regarded as psychiatric aberration and South African psychiatrists have never detained persons in hospital for political purposes. Both the American Psychiatric Association and the International Red Cross who inspected our facilities in situ made it clear that they found no evidence of such misuse.

(2) It is completely untrue to say that the treatment at the Avalon ('Athlone') Treatment Centre is characterized by 'isolation, inability to change and emphasis on detention and "organic" therapy'. This is an active psychotherapeutic unit housed in a new and well-equipped building with a trained staff/patient ratio of 1:1.

(3) He says very disparaging things about Valkenberg Hospital. The facts are that it is an old hospital, architecturally unsuited to modern psychiatry, but in recent years the service has been greatly upgraded. The admission units which he calls 'a cuckoo's nest ward with insufficient medical and other staff' has 112 beds and admits an average of 12 patients a day. It is served by three firms consisting of three specialist psychiatrists, six registrars, four clinical psychologists (including interns), three social workers, and two occupational therapists. These staff have an additional commitment to a further 776 beds for medium and long-stay patients of which 150 are at present vacant due to more effective treatment and rehabilitation procedures. This is more or less the same staff-patient ratio as for Whites in the hospital, and excludes several special units which have higher staffing. Moreover, a new psychiatric hospital based on the best British and European models is at present under construction at an estimated cost of over R64,000,000. This will entirely replace the existing hospital and is equal in every respect to accommodation for Whites.

(4) The statement that there is only one Black psychiatrist

in South Africa is incorrect. At the latest count there are seven and expanding training programmes are under way. At present there are three trainees at the University of Cape Town, nine at the University of Durban and one at the new Medical University of South Africa. In this connection it must be borne in mind that the total number of Black doctors in South Africa is small and that specialization of any kind is a recent development. There is, of course, no bar to registration with the South African Medical and Dental Council, and salary and service conditions are the same for everyone. Black psychiatrists practice in whatever context they choose—private practice, university teaching hospitals, general practice, etc.

The insinuation that there is prejudice against the training of Black psychiatrists is much resented. For many years there have been active and vigorous attempts to recruit Black doctors by university departments, the Society of Psychiatrists, and the Department of Health and Welfare. In fact, substantial bursaries are regularly awarded for this purpose.

(5) There is no MRC Social Psychiatry Unit in Cape Town as he states. Perhaps he means the MRC Clinical Psychiatry Unit which is concerned with general psychiatric research and has, in fact, several projects under way dealing with the psychiatric effects of social stress.

We are greatly concerned that only negative features have been mentioned in this letter, most of which are incorrect or dated, and that none of the many earnest attempts to improve matters have been noted. By his own admission Dr Sashidharan has no personal experience of the situation and he has obviously not consulted freely available authoritative reports. It is so easy to make assumptions on misinformation, and to criticize from outside.

There are, of course, staff shortages and outmoded hospitals—and in which country are there not? Things are obviously better in university hospitals (in which the majority of patients are Black anyway) than in outlying rural areas, but do remember that we have less than 150 practising psychiatrists for a population of almost 25 million, and all our people suffer the consequences. However, great efforts are being made: for example, the 1982/1987 building programme for psychiatry amounts to more than 250 million rand, providing 5,000 beds for Black patients alone, and it is the publicly declared policy of the Department of Health and Welfare that there be no difference in the facilities or quality of care provided for persons of any race.

The insinuation is made that our psychiatrists are not concerned about underprivileged and disadvantaged people and their circumstances. We wish to make it clear that we are most sensitive to their plight, and it is a fact that in our sphere we have effected considerable changes. Good psychiatry is practised in South Africa for Blacks as well as Whites.

Ultimately however, Dr Sashidharan's criticisms are of a political nature and although he has chosen to relate them to

psychiatry, their solution calls for more than psychiatry can offer. It is moreover, misleading and simplistic to reduce all problems to politics for the issues are complex and common to many countries, for example, mass migration to cities, the stresses of industrialization, unemployment, Westernization of tribal people, etc. It should also, in all fairness, be acknowledged that earnest and unprecedented efforts are presently being made at many levels including the political, to deal with these issues.

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### *Innovation and tradition*

DEAR SIR

I wonder if I may pursue two or three hares started in the issue of the *Bulletin* for June of this year?

Dr Launer's letter under the heading of 'The Open University and psychiatry' (6, 108) was first to catch the eye, and as one brought up in the shadow of Sir David Henderson, I found that Dr Launer's comments on 'surplus verbiage, muddled management and cross-referral' struck a very nostalgic chord and left me reflecting that perhaps I really am almost as old as I feel. But his plug for the OU (as aficionados know it) was irresistible. No-one could do justice to this uniquely astonishing institution in one letter, but it is impossible to resist the temptation to gild Dr Launer's lily just a little. By happy coincidence, much of the character of the OU must be attributable to the quality of its first Vice-Chancellor, Walter Perry (now Lord Perry), who was of course Professor of Pharmacology in the University of Edinburgh. Lord Perry's account of the Open University in his book on the history of its development makes vivid and compulsive reading for anyone with any interest in adult education, and helps a great deal to understand why it should be that among its other qualities, the OU confers instant friendship between people who happen to be fellow-students and might have little else in common. And what other institution could so command the loyalty of its officers and students that its first Chancellor (Lord Gardiner) should enrol as an undergraduate and submit to the full rigmarole of attending tutorials, submitting assignments and all the rest,