

Personal reflections on Red Cross Hospital's 50 years

To the Editor: The history of Red Cross War Memorial Children's Hospital is very closely tied to the history of paediatric training at the University of Cape Town. In this context, a personal journey may provide insight into a perspective that has not often been publicised.

Forty years ago, for people of colour living in Cape Town, university options were very limited. We could either go to the University of the Western Cape (UWC), where the dominant medium of instruction was Afrikaans, or to the University of Cape Town (UCT) – under special circumstances, and by special permission of government. Admission to UCT and other white universities was governed by national legislation promulgated under the Apartheid policies of separate development: students of each so-called population group had to attend the designated university, unless it did not offer the degree programme to be pursued. Under these conditions, where medical studies were not offered at UWC, students of colour (at that time, only those classified coloured or Indian, but not African) entered UCT medical school. For the six years of our training we had to have our permits renewed annually, and for all that time we were made very aware of what a special privilege we enjoyed as a consequence.

During this period, our contact with Red Cross was limited, with the highlight being the Saturday morning clinical tutorials convened by Professor Mick Leary, at which black and white students learnt in the same lecture theatre. This was very different from our experience in the hospital, where we were only allowed access to the black wards, for the law (so we were told) prohibited us from examining white patients.

After six years, characterised by a series of experiences that can only be described as bizarre, we exited medical school to embark on our professional careers.

If we wanted to stay in the Western Cape as interns, we had only one choice: to practise at a hospital that served only black patients. And as Groote Schuur and Victoria hospitals had both white and black patients, that left us with one choice: Somerset Hospital, where all the patients were black. At 'Somerset' there were three internship options for the two 6-month periods, from which one chose two: surgery; medicine (which included 6 weeks of paediatrics); and obstetrics and gynaecology (which included 6 weeks of neonatology).

Having chosen the latter two, I recall my first night on call ever – at St Monica's, as an obstetrics intern, having to deliver and resuscitate preterm triplets, with no paediatric support from either a registrar or a consultant (specialist).

Despite this daunting experience, I chose to embark on a career in paediatrics. This was 1973, and the paediatric medical service at Red Cross Hospital had already achieved a national and international reputation – for its service, and as a major training site for paediatric medicine specialists. The main criterion for acceptance was a 6-month term as a senior house officer at Red Cross. And as Red Cross also had both black and white patients, I could not work there according to the rules that prohibited black doctors from treating white patients. So, like many of my black peers at the time, I entered the paediatric specialist training programme through another route.

In contrast to the 6 months of paediatrics training experienced by white senior house officers at Red Cross, I started my specialist training with only 2 months – not in paediatric medicine, but in paediatric pathology. (In this service the rule that we were not allowed to manage white patients was not upheld – we were free to examine pathology specimens such as stools, urines, bloods and tissue samples from white patients without reservation.)

With this limited paediatric experience, I joined the team of registrars in training at Somerset Hospital. Sadly, most of my colleagues who graduated from the programme were forced out of the public sector (to which they were committed) into private practice, as there were only three possible posts for specialists at Somerset, and no chance of their ever being offered posts at Red Cross.

Why couldn't we work at Red Cross as registrars? Because, as black registrars, we were not allowed to see white patients. However, since the wards were segregated, under this rule we could easily have been confined to the black wards, which accommodated the majority of the patients, offering us the chance to learn about the full spectrum of childhood illnesses. The real problem was the night call, for additional staff would have to be deployed to manage the white wards at night, and our white counterparts were unwilling to work additional time to accommodate this situation. So instead we spent our full 4 years at Somerset Hospital, with a brief sojourn at Red Cross and Groote Schuur hospitals to learn critical care paediatrics in preparation for the opening of a paediatric intensive care unit at Somerset Hospital.

What was our relationship with Red Cross Hospital? A very bitter one, by and large, because we were being excluded from the best training in the world. But our training was further compromised by our reliance on a patient pool referred from Red Cross. For by this time the Group Areas Act had led to the relocation of the patients in the Somerset Hospital catchment areas of Green Point and District Six to the Cape Flats. From here their first port of call for paediatric services was Red Cross, where the majority were managed. The patients referred to Somerset were therefore those who did not need the sub-specialist services of Red Cross, or those who were not interesting enough for the training purposes of registrars privileged to be there.

Thus, doubly discriminated against with regard to our training, we entered our specialist examinations, with variable outcomes.

But things were starting to change, and in 1976, when the law changed allowing us to work in hospitals in which there were white patients (so we were told), we went to Red Cross Hospital as registrars for the first time, but with strict instructions not to see any white patients, only those in the black wards. If forced to see a white patient, for a resuscitation or an intervention that needed greater skill, we were to hand over to a white house officer as soon as possible, to 'avoid any incidents'.

Unlike so many of my paediatric registrar colleagues, I can describe myself as a Red Cross Hospital alumnus, for I worked at Red Cross Hospital as a registrar (if only for 3 months, in

LETTER

the outpatients department) and later as a consultant. And however difficult my relationship with the hospital may have been, my association with colleagues and my more recent association with the hospital through my headship of child health and later the School of Child and Adolescent Health in the Faculty of Health Sciences at UCT, has instilled my pride in that institution.

The backdrop to my reflections on a relationship with Red Cross Hospital over a period of more than 40 years was an untenable political environment that tainted institutions and

individuals alike. Recognising this, and reluctant to cast a shadow on the illustrious history of Red Cross Hospital, the record nevertheless had to be put straight, as a reminder that we should never go down that road again – for the sake of those who were excluded and humiliated by the experience, and for the sake of posterity.

Marian Jacobs

*Professor and Dean: Faculty of Health Sciences
University of Cape Town*

Ethical, Legal and Social Aspects of Child Healthcare



Edited by **Patrick H. T. Cartlidge, DM,**
FRCP, FRCPC, Senior Lecturer in Child
Health and Honorary Consultant
Paediatrician, Department of Health, Wales
College of Medicine, Cardiff University,
Cardiff, UK

ISBN 0080446825 / 9780080446820 · Paperback

· 232 Pages · 11 Illustrations

Elsevier · Forthcoming Title (July 2007)

**Health & Medical
Publishing Group**
Private Bag X1, Pinelands,
7430

Tel: 021 – 657 8200

Fax: 086 695 0461

e-mail:

claudec@hmpg.co.za /

brents@hmpg.co.za

Features

" Useful compendium of easy to read tailor-made articles " Multi-disciplinary in approach, specific chapters are prepared by specialists from given areas " Practical examples given when appropriate " Summary boxes at the start of each chapter.