



Forty-five years apart — confronting the legacy of racial discrimination at the University of Cape Town

G Perez, L London

One of the many consequences of South Africa's history of racial discrimination is the impact it had on the training of black medical students. Blacks, and particularly those classified as African under apartheid's racial classification, were restricted from entry to medical schools by a permit system introduced in 1959 and only rescinded in 1986.¹ In 1967, the ratio of white doctors trained per million of the white population in South Africa was almost 100 times higher than the equivalent ratio for Africans,² and although whites constituted less than 20% of the population, 83% of all doctors and 94% of all specialists in South Africa in 1985 were white.³ Not only were blacks largely excluded from training opportunities but, for those gaining access to medical schools, the conditions under which they trained were extremely onerous, and lacked the educational, recreational, accommodation and social opportunities afforded their white colleagues.^{1,2,4,5} A comment by a leading academic in 1988 on the state of medical training could have been applied to almost all of South Africa's medical schools during apartheid: '... in spite of our much vaunted Academic Freedom, our policy and practice is heavily influenced, if not determined, by ... an oppressive apartheid ideology. Why else have we produced so few African doctors; why else does the University ... not have a satisfactory teaching hospital or residence for its [African] students?'

Post 1994, racial disparities in the production of skilled health professionals continue to challenge health sector transformation in South Africa. Even though admission of black students to formerly predominantly white institutions has increased in the past decade, the median percentage of African students doing medicine in 1999 remained approximately half the equivalent proportion for whites across South Africa's 8 medical schools.⁶

Perhaps more profound than imbalances in the number of black compared with white students admitted to medical schools, racial discrimination inherent in medical training replicated broader societal patterns of discrimination.^{1,5} Because health professionals were trained in institutions that 'normalised' the systematic denial of dignity to black patients, students and staff,^{5,7} training institutions played a key role in reproducing the acquiescence of many health professionals to

the systematic human rights abuses that characterised apartheid and the racial discrimination practised in the health services.^{8,9}

Although the training of health professionals in South Africa has changed radically over the last decade,^{10,11} international experience has identified the importance of health professions understanding their own role in discriminatory practices¹² and complicity with human rights abuses.¹³ For example, Christian Pross, commenting on the German experience of exposing the complicity of the medical profession in Nazi human rights atrocities, highlighted the critical importance of a country undertaking this reflection as soon as possible after the period.¹⁴ Similar sentiments have emerged in analyses of medical complicity in human rights violations in South Africa.^{1,8} By understanding how the training of health professionals discriminated against blacks and other groups in the past, health training institutions can work to create learning environments more receptive to diversity and the nurturing of black professionals, thereby contributing to redress past inequality and countering any current or ongoing discriminatory practices.

This understanding underpins the Reconciliation Project in the Health Sciences Faculty at the University of Cape Town (UCT), established under the auspices of the Transformation Portfolio to facilitate institutional redress and a learning environment more receptive to racial diversity.¹⁵ Central to the project is research to explore the experiences of black students and staff with a view to understanding better the ways in which the faculty responded to internal and external racial discrimination during apartheid. This paper describes the experiences of two black students who came to UCT to be trained as doctors some 45 years apart. The similarities and differences in their experience provide important lessons for the transformation of health sciences education in contemporary South Africa. What follows is, with the permission of the doctors concerned, an attempt to raise a debate about how experiences of discrimination affected, and potentially continue to affect, our collective efforts to train health professionals to meet South Africa's needs.

Terminology

In this paper, race is used as a social construct, to characterise identities imposed and replicated under apartheid. The terms 'white', 'African', 'Indian' and 'coloured' are used to denote groups defined by race classification legislation formerly

Transformation and Equity Portfolio, Health Sciences Faculty, University of Cape Town

G Perez, MB BDs, MDent
L London, MB ChB, MD, MMed



utilised in South Africa. There is no intention to legitimise their use beyond denoting categories subject to discrimination under apartheid. The term 'black' is used generically to describe persons (i.e. 'African', 'Indian', 'coloured') who were specifically disadvantaged by apartheid legislation.

Racial discrimination and the training of health professionals in South Africa

From the time of early colonisation, racial discrimination underpinned life in South Africa.¹⁶ The South Africa Act, which paved the way for the formation of the Union of South Africa in 1910, provided that parliamentary representatives from all provinces had to be of 'European descent' (i.e. 'white').¹⁷ After the National Party came to power in 1948, racial discrimination was further entrenched through the passing of draconian apartheid policies and legislation.

While no legal statutes existed before 1948 to restrict the admission of blacks into 'white' universities, many universities adopted policies that effectively barred blacks from study. For example, in 1923, UCT's Council stated that 'it would not be in the interests of the university to admit natives or coloured students in any numbers, if at all'.¹⁸ Its approach was to persuade black applicants that the University could not offer them appropriate facilities to complete their training because of race bars imposed by hospital administrators. Similar situations existed in other 'white universities' in South Africa.¹

Before 1929 UCT had a policy of barring or restricting access to black students in its medical course because it could lead to mixed classes and 'white patients being examined by black medical students'.¹⁸ By 1937 UCT had admitted a total of 40 black students in the faculties of Arts, Science, Education and Medicine. However, black students in the Medical Faculty were not allowed to complete their training at UCT as local hospitals would not allow them access to white wards for the clinical part of their training, for which they were expected to travel overseas.¹⁸

It was only with the advent of World War II, when it became more difficult for students to travel overseas, that UCT decided to admit some black students to the clinical component of training. This was partly driven by increasing militancy on the part of black students under the Non-European Medical Students Vigilance Committee, led by B M Kies.¹⁹ As a result, from 1943 coloured and Indian students were allowed into the 'non-European' hospital wards in the new Groote Schuur Hospital, on condition that they had no contact in any way with white patients, even post mortem.²⁰ However, African students were excluded and coloured and Indian students' admission was conditional on signing a declaration that entrenched self-imposition of racist rules (Table I).

As the National Party government consolidated its political

Table I. Letter from the Dean of the Medical School, University of Cape Town, 1963¹

I understand that my registration in the Faculty of Medicine is conditional on the following:

- a) That I understand that the University cannot guarantee clinical training for non-European students in the Faculty of Medicine.
- b) That if I am admitted to clinical training at any hospital or institution used for teaching in the Faculty of Medicine, such admission is subject to the understanding that I at once leave any class or clinic where a European patient is present. I understand that class includes clinics, clinical lectures, demonstrations, operations and post mortem examinations.

power, with ever-increasing support at the whites-only 'elections', it grew bolder in passing legislation to construct its vision of an apartheid society. Promulgation of the Bantu Education Act in 1953 placed control of education for Africans in the hands of the Department of Native Affairs, whose Minister, Dr H F Verwoerd, outlined his plans for the education of Africans as follows: 'My department's policy is that education should stand with both feet in the reserves and have its roots in the spirit and being of Bantu society . . . There is no place for him (the Bantu) in European community above the level of a certain form of labour.'²¹

The Act and Bantu education policy that followed legalised a system of inferior education for African people, the consequences of which are still seen today in poor matriculation results and poor-quality schooling, particularly in township and rural areas. The Extension of University Education Act (1959 - 1984), the title of which was completely inimical to its purpose, was instrumental in extending apartheid ideology to higher education. To attend a 'white' university, individual black students were now required to obtain consent from the relevant Minister according to their race classification.²²

As a result, admission of black students at UCT for medicine remained low. Without race classification data it is only possible to estimate very roughly the numbers of black students in the faculty. However, it would appear that between 1959 and 1964 about 25 coloured students were admitted each year, with only 5 - 10 graduating yearly.²² Subsequent years saw gradually increasing numbers admitted per year, with the first African student admitted in 1985. The number of black graduates from UCT only began to exceed 20 after 1990.

In the last two decades increasing numbers of black, and specifically African, students have gained admission to medical schools around the country, overlapping with political transformation which has moved South Africa from a pariah oppressive state to a new democracy, with equality and freedom from all forms of discrimination entrenched in our constitution. Given the history of racial discrimination in South



Africa, what then has been the experience of medical students training at UCT? Among a range of qualitative in-depth interviews conducted in 2001 with black alumni from UCT,¹⁵ two cases are presented here to illustrate the difficulties faced by students and to elucidate some challenges for higher education in the health professions.

Methods

A semi-structured questionnaire was utilised to conduct in-depth interviews with 75 black students who graduated from UCT Medical School between 1945 and 1994, representing approximately 15% of all black alumni from UCT. Two respondents (designated here as Student 1 and Student 2) were selected for further in-depth interviews, based on their 'path-breaking' experiences at UCT. Student 1 was an 'Indian' student who graduated in the first group of black students qualifying in medicine at UCT in 1945, and Student 2 was the first African graduate in medicine at UCT in 1990. Analyses of both their semi-structured and subsequent in-depth interviews were conducted to identify common themes using the 'open coding' method as described by Strauss and Corbin.²³ Interviews took place using both face-to-face and telephonic interviews. Because one respondent was no longer resident in South Africa, follow-up clarification was done by e-mail. In addition, one student provided copies of documentation from the period of training at UCT. The narrative accounts of their respective progress at UCT are presented first, before comparison of similarities and differences are explored. Although anonymised, the text is published with full permission of the respondents concerned.

Narrative

Student 1

Student 1 matriculated in 1938 from one of the most prestigious high schools for Indians in Durban. He applied to study medicine in the UK but was told to apply the following year. When World War II broke out, he could not pursue his application for medicine overseas and worked, firstly as a bricklayer's assistant and then in an advertising agency, before applying and being accepted to study at UCT in 1940, along with three other black students.

When he travelled to Cape Town to take up his place at UCT, he took a 3-day train journey through the Orange Free State. He recalled that he was not allowed into the restaurant car to purchase food because this was reserved for whites only. On his arrival in Cape Town he was not allowed to use the university residence reserved for white students and had to stay in a hotel in District Six where 'the conditions were basic and the food was poor'. He complained about the poor conditions and was asked to leave the hotel. Subsequently he

'boarded' with Indian families in District Six. Although the Group Areas Act was not yet in force, the only accommodation available to people of colour at the time was with acquaintances who were prepared to accommodate students for a fee.

When he started his medical studies at UCT in 1940, he was not assured of a place to complete the clinical years of his studies because of the University's policy that black students should complete clinical training overseas. Together with other students he petitioned the authorities for removal of the colour bar that prevented black students from being trained locally in Cape hospitals, and drew attention to the fact that, at that time, UCT lagged behind Wits in making provision for training black students. Pressure on UCT led to black students finally being admitted into the medical faculty in 1942. However, on admission they were notified in writing that they could not be present when white patients were being examined, a rule that formally established racial discrimination in training practices. Ironically, although his three black colleagues received the Registrar's letter (Table II), Student 1 was overlooked, and he never received such a letter. This omission was to prove relatively fortuitous for his subsequent brush with the University authorities. In addition to the restrictions placed on clinical learning, black students were also expected to obey rules that prevented them from joining university societies, taking part in sport, living in university residences or taking part in any social activity with white students.

Student 1 continued his training at UCT, approaching completion near the end of World War II when 'there existed an unprecedented spirit of internationalism'²⁴ that appeared to hold the promise of opportunities for black students. However, it soon became apparent that this spirit of internationalism did not have deep roots in South Africa, as the already minimal civil rights of the black population were being further eroded.²¹ On 13 May 1944, he was suspended from attending all classes pending a disciplinary hearing on the basis that he had 'attended clinics on European patients on the 8th and 12th May 1944 at the Groote Schuur Hospital'.²⁵ A Disciplinary Court was convened on 19 May 1944 and he was suspended from classes pending its outcome.

In the intervening 2 weeks he finally received the letter outlining the conditions of training barring him from examining a 'European patient'. Because he had not

Table II. Letter to black students from the Registrar, 1944

Dear Sir,
I have to inform you that the Cape Hospital Board has decided that non-European medical students shall not be permitted to the European Wards or be allowed to take any examination, or 'clinic' a European out-patient at the Groote Schuur Hospital. The Board also directed me to notify the non-European students, in writing of this rule.



technically been informed at the time of registration, the subsequent finding of the Court of Discipline that he had disobeyed the Dean's instruction was accepted by the Senate but with the provision that 'because there may have been a misunderstanding, . . . you should be given the benefit of the doubt'.²⁶ Despite this victimisation, he continued to campaign for the rights of black students in the faculty to ensure that they received the same training as their white colleagues.

When Student 1 graduated in 1945, the possibilities for entering postgraduate programmes were non-existent for black graduates. He left the country for the UK where he married and, because his wife was white, could not return to South Africa under the Mixed Marriages Act of 1949.

Student 2

Student 2 matriculated in 1977 from a school in Mafekeng that fell under the Department of Education and Training (responsible for the education of 'Africans'). The school from which she matriculated was what she described as 'a typical Bantu Education type school' with no laboratory facilities or library, poorly trained teachers and high failure rates. Despite the poor quality of her schooling, she was able to secure admission to the University of the North, where she completed a BSc in 1981, majoring in immunology. After being refused admission to UCT's Medical School in 1985, she completed a MSc degree at the University of the North and re-applied to UCT, where she was finally accepted into the faculty in 1986.

In 1986 UCT presented a vastly different social and political milieu from that which confronted Student 1 in 1940. Social unrest and political resistance to apartheid had reached unprecedented levels. There was a State of Emergency in Cape Town. The apartheid government was under severe political pressure both inside South Africa and internationally. While many of the repressive state laws remained on the statute books, the imminent political change and uncertainty compelled UCT to allow students of colour to live in residences that were once only open to white students, including the residence at Medical School.

When she arrived at UCT, Student 2 discovered that her qualifications from the University of the North did not equip her to deal with the rigorous academic programme in the Faculty. Because her first language was Setswana she found that studying in English significantly disadvantaged her. Part of the difficulty was an atmosphere at UCT she identified as 'Eurocentric'. For example, student parties were arranged at white beaches where she was not allowed, which she found very hurtful. She felt she was ignored both by other students and by her tutors. Because of these factors, she found great difficulty in adapting to studying at UCT as she 'never felt part of the group'.

She was one of the first black students to live in the medical

residence. Despite problems, she found living in the residence convenient as she did not have easy access to transport, and the library was nearby. Unlike Student 1, she did not experience direct victimisation by the University. After graduating in 1990, she completed her internship at Groote Schuur Hospital and, subsequently, a Family Medicine specialisation.

Comparison of the experiences of the two students — formal restrictions and social exclusion

When Student 1 travelled to Cape Town from Durban in 1940, there were many formal restrictions in place at UCT. For example, he could only study at UCT on the basis that he completed clinical training elsewhere, and was not allowed to join any undergraduate societies or take part in university sport or social activities. Despite these restrictions, he was active in student leadership, and because of his commitment to fight for his right to be at UCT, was elected in 1944 to the Students Representative Council (SRC) at UCT. This exposed him to 'the full blast of racism'¹⁸ and his entire term of office was occupied with dealing with attempts by conservative members of the SRC to have him removed from the SRC.

For Student 2, formal restrictions had been suspended 1 year before her acceptance at UCT. However, the institutional culture was such that she and her black colleagues chose not to join undergraduate societies and social activities, even though this was not prohibited, because they never felt part of the dominant campus culture. They were deliberately excluded from class parties organised by their white colleagues and experienced direct racial discrimination: 'You'd find people not wanting to touch instruments in the lab for experiments after you had used them.' Tutors' actions also created feelings of exclusion: 'They did not even know that they were speaking down to you.'

Accommodation was another area of discrimination. In the 1940s, black students had to find their own accommodation and board with families in Cape Town, often exposing them to exploitation by unscrupulous landlords. Even after he was appointed as Senior Resident Medical Officer, Student 1 had to live in accommodation separate from that of his white colleagues.

In contrast, in 1986 Student 2 was permitted to live in Medical Residence, but described her reception there as 'cold'. She recalled that in contrast to where she came from, everyday social interactions were different at the residence: 'People didn't respond when you greeted them. This was a very different experience for me.' Although the advantage of living in Medical Residence was the convenience of having 'the library . . . right next door', the difficulty was in the



discrimination she experienced, not only at the hands of academic staff and co-students, but also by coloured workers who refused to clean the rooms of African students. One particular incident of racism she recalled occurred when the residence acquired a computer for students but 'no black students could touch the computer. It seemed like an unwritten rule — the key wasn't there or it was booked.'

Language was also a barrier. She found it frustrating and tiresome to be expected to speak English all the time: 'We were tired of speaking English and sometimes just wanted to speak our own language.'

Educational preparedness

Student 1 came from a school reputed for the high quality of its education and was not educationally disadvantaged. With English as his first language at home he had no language difficulty at medical school. He was fortunate that his schooling took place before the impact of apartheid policies in education introduced by Minister Verwoerd.

In contrast, Student 2 came to UCT from 'bantu education' schooling. Despite a BSc from the University of the North, she felt educationally disadvantaged compared with her white colleagues. She said: 'I had a BSc but it was worth just a certificate . . . Then I understood exactly what bantu education was.' Notwithstanding differences in preparedness, both students found the academic training highly demanding.

Educational opportunities during training

In the 1940s, there were explicit restrictions placed on Student 1 excluding him from any class or clinic where a 'European patient' was present. This prohibition extended to the deceased as he was not allowed to attend postmortems on white cadavers. By 1986, the situation had changed in that there were no explicit restrictions placed on Student 2's participation in educational activities in the faculty or at Groote Schuur Hospital. At this time, Groote Schuur had become fully integrated, not as a result of a change in government policy, but as a result of internal pressure from students and staff at the University.²² In practice, however, white patients had the right to refuse to be examined by black students. Sometimes, it was the tutors who were reluctant to allow black students to examine patients: 'Patients didn't mind, but tutors were on their toes. It seemed that they were more concerned than the patients about the race issue.'

While the extent of loss of educational opportunities differed, both students felt that their learning suffered because they were black. Student 2 recounted discriminatory experiences perpetrated by other students, cleaning staff and tutors. On the other hand, Student 1 felt discriminated against

by university and hospital authorities as well as tutors and other students. Both students expressed the feeling of having to 'prove yourself' to show that black students could perform as well as their white counterparts. Student 2 noted that she '... was under pressure to prove that a black person could go through without failing'.

Discussion — towards a process of reconciliation

Three main themes emerged from the respondents' experiences: (i) the importance of students' educational background, and its impact on their training; (ii) the educational discrimination they suffered during their academic training at UCT; and (iii) the social exclusion that they experienced at the hands of most other students and staff. While the formal restrictions characteristic of Student 1's interaction with other students and patients had largely fallen away by 1986, both students were subjected to 'informal rules' that constitute the core of institutional culture and social exclusion. Institutional culture is no less important currently, and its impact may be the most daunting obstacle students continue to face. Respect (or disrespect) of students' diverse cultures, language and ways of social interaction plays a key role in shaping the educational experience in our institutions. Awareness and sensitivity to this should be prioritised in development of educational programmes that aim to recognise diversity, promote human rights, and prevent all forms of discrimination.²⁷

Concern for the impact of racism and other forms of discrimination on the training and career development of health professionals is an international concern.^{12,28} However, what is unique to South Africa is the need to unpack the mix of social prejudice and legal barriers consolidated for decades under apartheid, and to explore how these permeated all aspects of South African society, including the health sector.¹

UCT and its health science faculty was both an institution with a track record of strong staff opposition to apartheid practices,^{22,29,30} yet at the same time, incorporated policies and practices that reinforced discrimination and perpetuated feelings of hurt, anger and isolation in its black students. This paradox should not be surprising, as it reflects the particular contradictory space occupied by many liberal institutions during apartheid, as well as the bureaucratic tendency to social conformity in large organisations. However, acknowledging these contradictions is vital to understanding how racial discrimination devalued medical education for all trainees in the past,⁹ and to drawing lessons for how to ensure that educational programmes follow a different path in future.

For example, overcoming the legacy of racial discrimination implies ensuring a culture where all students and staff can achieve their full potential. Moreover, what was primarily an



issue of discrimination on the basis of race under apartheid, is today a more complex challenge, embracing other aspects of difference and discrimination^{1,27} such as, for example, what constitutes economic disadvantage in a nominally de-racialising post-apartheid context. Programmes tackling these difficult questions are the sort of interventions recommended by the Truth and Reconciliation Commission (TRC)⁹ following its examination of complicity in human rights violations in the health sector during apartheid.

Reconciliation

Largely in response to the TRC, and to an internal call for institutional transformation, the Faculty of Health Sciences at UCT undertook a reconciliation process to facilitate adoption of programmes to address the institutional culture of the faculty.¹⁵ The research presented in this paper represents one of a set of research projects that seek to understand what happened at UCT during apartheid and to identify current obstacles for black staff and students, and women, that continue to create barriers to their full participation in the faculty. The findings provide the basis for a number of transformation initiatives. Firstly, the process has facilitated the adoption of a Faculty Charter that encapsulates principles for developing a culture of human rights based on respect for human dignity and non-discrimination (Table III).

Table III. Principles of Charter of the Faculty of Health Sciences, UCT

1. Non-discrimination
2. Supportive culture
3. Capacity building
4. Employment equity
5. Facilitation of learning
6. Research
7. Consultation
8. Monitoring and evaluation
9. Community participation

Adopted by the Special Faculty Assembly, 9 May 2002.

In addition, the Faculty developed and launched a Declaration to replace the traditional oath taken by health sciences students at the completion of their studies. The new declaration, developed by a multidisciplinary faculty committee including both staff and students, reflects values the faculty views as core to its graduates, including principles of non-discrimination, and respect for human dignity and rights. Furthermore, in its current transformation of the undergraduate medical education curriculum, the Faculty has committed itself to incorporating human rights, ethics and the lessons derived from the painful self-examination of black

students' experiences at UCT at all levels of the teaching programme. Sensitivity to issues of discrimination has led to the adoption of specific anti-discrimination policies such as, for example, on sexual harassment.

Lastly, in line with employment equity requirements, the Faculty has embraced the need for redress of the racial and other inequalities in staffing profile, as a practical expression of turning transformation commitments into realities.

Conclusion

UCT is not the only health science faculty grappling with reconciliation.³¹ Like many other higher education institutions worldwide, the faculty has had a difficult history, and faces huge challenges of transformation. We have chosen to start this journey by acknowledging the hurt and anger experienced by our students and staff who suffered discrimination in the past, giving voice to their narratives and learning from their stories. The next steps involve further action for redress, such as increasing access to the Faculty for students and staff from backgrounds characterised by discrimination, and implementing the Faculty Charter in order to effectively address issues of diversity and counter discrimination in teaching and learning at UCT. The challenge for the Faculty of Health Sciences Reconciliation Process is to ensure the practical implementation of the Charter so that it becomes a living document in the Faculty.

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References

1. Baldwin-Ragaven L, de Gruchy J, London L. An Ambulance of the wrong colour. Health Professionals, Human Rights and Ethics in South Africa. Cape Town: UCT Press, 1999.
2. Tobias PV. Apartheid and medical education: The training of black doctors in South Africa; *J Natl Med Assoc* 1980; 72: 395-410.
3. Kale R. South Africa's health: New South Africa's doctors: A state of flux. *BMJ* 1995; 310: 1307-1311.
4. Philpott H. Medical education for a national health service. In: Owen CP, ed. *Towards a National Health Service. Proceedings of the 1987 Namda Conference*. Cape Town: National Medical and Dental Association, 1998; 59-62.
5. Chapman AR, Rubenstein IS. *Human Rights and Health. The Legacy of Apartheid*. The American Association for the Advancement of Science and Physicians for Human Rights. In conjunction with the American Nurses Association and the Committee for Health in Southern Africa. New York: AAAS, 1998.
6. Lehman U, Sanders D. The production of doctors. In: Crisp N, Ntuli A, eds. *South African Health Review*. Durban: Health Systems Trust, 1999: 187-199.
7. Jinabhai CC, Coovadia HM, Abdool-Karim SS. Socio-medical indicators of health in South Africa. *Int J Health Serv* 1986; 16: 163-176.
8. Baldwin-Ragaven L, London L, de Gruchy J. Learning from our apartheid past: Human rights challenges for health professionals in contemporary South Africa. *Ethn Health* 2000; 5: 227-241.
9. Truth and Reconciliation Commission of South Africa. *TRC Report*. Vol 1. Cape Town: CTP Book Printers, 1998.
10. de Villiers PJ, de Villiers MR. The current status and future needs of education and training



- in family medicine and primary care in South Africa. *Med Educ* 1999; 33: 716-721.
11. Van Niekerk JP. Missions of a medical school: an African perspective. *Acad Med* 1999; 74: Suppl 8, S38-44.
 12. Coker N ed. *Racism in Medicine, An Agenda for Change*. London: King's Fund Publishing, 2001.
 13. British Medical Association. *Medicine Betrayed. The Participation of Doctors in Human Rights Abuses*. London: Zed Books, 1992.
 14. Pross C. The German experience — facing the medical abuses of Nazi doctors. *S Afr Med J* 1997; 87: 75-76.
 15. London L, Perez G. Reconciliation in the UCT Health Sciences Faculty: A vision for transformation. *S Afr Med J* 2001; 91: 1027-1028.
 16. Girvin SD. Race and race classification. In: Rycroft A, ed. *Race and the Law in South Africa*. Cape Town: Juta, 1987: 1-10.
 17. Boule LJ. Race and the franchise. In: Rycroft A, ed. *Race and the Law in South Africa*. Cape Town: Juta, 1987: 11-25.
 18. Phillips H. *The University of Cape Town 1919-1948. The Formative Years*. Cape Town: University of Cape Town Press, 1993.
 19. Administrative Archives, Principal's Office, Admission of students, F2/1, B M Kies to the Registrar, 2 February 1943.
 20. Administrative Archives, Medical Faculty Board minutes, 8 October 1942, 9 March 1943.
 21. Roux E. *Time Longer Than Rope, A History of the Black Man's Struggle for Freedom in South Africa*. Madison: University of Wisconsin Press, 1964.
 22. Van Heyningen E, Perez G, London L. The historical context. In: London L, Perez G, eds. *Truth and Reconciliation, a Process of Transformation at UCT Health Sciences Faculty*. NRF Grant 15/1/3/21/002: Social Transformation in South Africa (Research Report).
 23. Strauss A, Corbin J. *Basics of Qualitative Research. Grounded Theory Procedures and Techniques*. California: Sage Publications, 1990.
 24. Lawrence RAAR. Speech to SRC on expiry of his term of office. 5 September 1945.
 25. Letter to RAAR Lawrence dated 13 May 1944 from the Registrar of UCT.
 26. Letter to RAAR Lawrence dated 16 June 1945 from the Registrar of UCT.
 27. London L, Ismail S, Alperstein M, Baqwa D. Diversity in the learning environment and curriculum reform in the health sciences - challenges for a country in transition. *Perspectives in Education* 2002; 20: 21-32.
 28. Fang D, Moy E, Colburn L, Hurley J. Racial and ethnic disparities in faculty promotion in academic medicine. *JAMA* 2000; 284: 1085-1092.
 29. Ames F Biko revisited. *S Afr Med J* 1991; 80: 107-108.
 30. Saunders S. Vice-Chancellor on a Tightrope. *A Personal Account of Climatic Years in South Africa*. Cape Town: David Philip, 2000.
 31. Goodman T, Price M. Using an internal reconciliation commission to facilitate transformation at a health sciences faculty in post-apartheid South Africa: the Case of Witwatersrand Health Sciences Faculty. *Health and Human Rights* 2002; 6: 211-227.

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IN BRIEF

Genetic basis for reduced response to statin therapy?

Therapy with HMG-CoA reductase inhibitors such as pravastatin lowers total and low-density lipoprotein (LDL) cholesterol and has been proven to be highly effective in reducing the risk for cardiovascular disease. There is, however, wide variation in inter-individual response to statin therapy, and it has been hypothesised that genetic differences may contribute to this variation. A genetic evaluation of 1 536 individuals being treated with pravastatin was recently carried out and the results published in *JAMA* (2004; 291: 2821-2827).

The DNA of the subjects was analysed for single-nucleotide polymorphisms (SNPs) in genes known to be related to lipid metabolism. Variation in these genes was then examined for associations with changes in lipid concentrations observed with pravastatin therapy over a 24-week period.

Two common and tightly linked SNPs were significantly associated with reduced efficacy of pravastatin therapy. Both of these SNPs were in the gene coding for HMG-CoA reductase, the target enzyme inhibited by pravastatin therapy. The association for total cholesterol reduction persisted despite adjustment for tests on all the variations of SNPs as well as for gender and ethnic differences in subjects. No association with SNPs was observed for changes in high-density lipoprotein (HDL) cholesterol. Less robust associations were found for squalene synthase and change in total cholesterol, apolipoprotein E and change in LDL cholesterol and cholesterol ester transfer protein and change in HDL cholesterol.

The authors concluded that individuals heterozygous for a genetic variant in the HMG-CoA reductase gene may experience significantly smaller reductions in cholesterol when treated with pravastatin.