The unpublished letters on Steve Biko

Daniel J Ncayiyana

A bit of background

A perusal of the records available at the SAMJ leaves little doubt that there was a concerted effort on the part of the top officers of the Medical Association of South Africa to suppress correspondence submitted for publication in the SAMJ that was critical of MASA's handling of the Steve Biko affair. All the suppressed letters on file were written in 1980, and it can be surmised that doctors soon stopped writing when it became obvious that critical letters were not being published. By 1981, however, much had happened to shift the Association's stance to some degree, and a trickle of critical letters started appearing again in the Journal.

What about the relationship between the SAMJ and the MASA? Did the Journal editors have any discretion in deciding what to publish? Not according to an anonymous editorial published in the SAMJ, and clearly written by someone other than the Editor, which states unambiguously that 'The situation in South Africa is quite clear, and has been reiterated from time to time. Where Association policy has been laid down by the Federal Council, the Journal must reflect the views of Council.' Clearly, then, the editors of that time did not enjoy anywhere near the editorial autonomy exercised by the present-day editors.

In perusing the documents, a striking observation is the degree to which the MASA leaders seemed possessed by the 'total onslaught' mentality, which invariably led to the belief that, knowingly or not, those who protested against MASA's position on Steve Biko were agents of a conspiracy to upset the political status quo. 'We cannot allow the SAMJ to become a political platform for attacking the government, the Medical Council or, least of all, the MASA', wrote Dr Marais Viljoen to the Editor on 26 September 1980.

The conspiracy theory found maximum expression in a statement written by Dr Viljoen on behalf of MASA's Executive Council, released as a supplement to the SAMJ of 20 February 1982, in which he says:

Even a superficial reading of the statements, allegations and actions of the MASA's critics soon reveals a remarkable and disturbing pattern of similarity which often includes use of identical words and phrases, to such an extent that there must be a common source. When note is taken of the fact that many of the statements in question ostensibly originated not only from different parts of the RSA but also from different parts of the world, it would be naïve in the extreme to come to any other conclusion than that this is a well-planned and co-ordinated attack aimed not so much at the Medical Association of South Africa or against our health services as against the country itself. In other words, this is politically motivated and the medical profession in the RSA, the MASA, our health services and the health of the people have, under the pretext of concern for human rights and for the maintenance of 'internationally acceptable' ethical standards, apparently become pawns in a political power game.

The letters

Some of the letters came from groups of doctors. One such letter from Edendale Hospital in Pietermaritzburg, dated 8 September 1980 and signed by 50 doctors, said:

We, the undersigned doctors, working at Edendale Hospital, Pietermaritzburg, hereby express our disagreement with the decision of the South African Medical and Dental Council not to further investigate the conduct of the doctors who attended Mr Steve Biko before his death.

We feel that, considering the information publicly available, the SA Medical and Dental Council's decision appears to condone the submission of the ethical and humane standards of the medical profession to State interests.

Furthermore, we feel that all the information used by the SA Medical and Dental Council in reaching this decision should be made public.

Writing on behalf of the Faculty Board, Professor Phillip Tobias, then Dean of the Faculty of Medicine at the University of the Witwatersrand, submitted a letter which said in part:

The Board of the Faculty of Medicine of the University of the Witwatersrand has called for an urgent meeting of the Federal Council of the Medical Association of South Africa to examine the statement issued by the Association's Executive that they agreed that there was no evidence of dishonest or dishonourable conduct on the part of the medical man who treated Mr Steve Biko.

Before the Faculty considers whether to support a suggestion that there should be mass resignations of members of the Association, the Federal Council should be given an opportunity of deliberating on and of repudiating the decision of its Executive Committee.

The Wits Faculty Board is unable to see how the issuing of a false medical certificate — admitted in open court at the inquest of Mr Biko — can be reconciled with the requirements of medical ethics. The Faculty Board considers that the subordination of the interests of a patient (Mr Biko) to the interests of the Security Police — admitted in open court at the inquest — is irreconcilable with the tenets of the Hippocratic Oath and with accepted standards of medical ethics.

Both the SAMDC and the Executive Committee of the MASA have reached the conclusion that there was no evidence of disgraceful or dishonourable conduct on the part of the doctors treating Mr Biko. This seems to imply that they have in effect concluded that the issue of a false medical certificate and the subordination of the
patient's interests to outside interests, in this case those of the Security Police, are actions which in this instance are reconcilable with the normally high standards of medical professional conduct and ethics. What facts and what reasoning led them to conclude that these apparently irreconcilable acts are to be regarded in the Biko case as reconcilable with ethical conduct, we do not know. We believe that both bodies have an absolute duty to the medical profession, to the high standing of SA doctors and to the people of South Africa, to make public what facts and reasoning, other than those revealed in the proceedings of the Inquest Court, influenced their decisions.

The Wits Medical Faculty Board calls upon the MASA Executive and the SAMDC to reveal these facts and their interpretation without delay.

A supporting letter was received from Professor A J Gear, President of the Wits Medical Graduates' Association, which said:

Dear Sir,

At the last Council Meeting of the Medical Graduates' Association of the University of the Witwatersrand the following motion was passed unanimously:

"That this council disassociates itself from the recent decision taken by the South African Medical and Dental Council not to hold a full disciplinary enquiry into the handling of Mr Steven Biko by the doctors involved."

The Medical Graduates' Association also fully supports the statement made by the Faculty of Medicine of the University of the Witwatersrand in this regard.

The Journal replied as follows:

Dear Dr Gear,

Thank you for your letter dated 80-08-07 regarding the Biko case. We are this week publishing letters and an editorial in this regard, so that lack of space does not allow us to publish further letters unless they contain new facts.

Having failed to appear in the SAMJ, Professor Tobias' letter was subsequently accepted and published by the Lancet.

On behalf of the Durban South Doctors' Guild, Dr Govender wrote the following 'no-holds-barred' letter in the context of the time, which was to prove a great irritation for the Editor:

Sir,

The Durban South Doctors' Guild views with extreme disquiet the stand taken by the South African Medical and Dental Council on the Steve Biko issue. It is further distressed by the pattern of voting where with the exception of Professor Guy de Klerk the voting had taken a strong English-speakers v. Afrikaans line. It is more than a coincidence that this should have been so, to say the least this has thrown the Council's credibility into doubt.

With an Afrikaans preponderance, an SAMDC already loaded with nominated members, many of them government-elected, non-medical personnel, is worrying to members outside the exclusive Afrikaner group; for acts such as this must surely add to further polarisation along black and white lines.

On 16 August 1980, the SAMJ published an editorial in which it chastised Drs L I Robertson and E M Barker of Durban for criticising the SAMDC's decision exonerating the 'Biko doctors'. The editorial reminded readers that 'When the SAMDC did battle with the Minister of Health with regard to the medical aid scheme tariff structure, the profession was quick to support the Council and to announce its complete confidence in its integrity', and insinuated that the Council now deserved to be given reciprocal support in respect of the Biko matter. It then went on to urge readers to 'temper our concern regarding this particular case with a modicum of unemotional savvy'.

The editorial was greeted with shock and amazement by readers and members of MASA. Dr W D O'Regan of Claremont, Cape Town, wrote as follows (Dr Naidoo, mentioned in this letter, resigned as a member of the SAMDC in protest against the Council's decision):

Dear Sir,

In your editorial of 16 August 1980, you make a bland appeal to members of the Association to consider the findings of the SAMDC on the Biko case 'with a modicum of unemotional savvy', supported by the assertion that 'we are convinced that the Council's decision was not taken on a racial, political or language basis, but entirely on the evidence placed before it'.

At the court proceedings, the following dialogue took place:

MR KENTRIDGE: In terms of the Hippocratic Oath are not the interests of your patients paramount?

DOCTOR: Yes.

MR KENTRIDGE: But in this instance they were subordinated to the interests of security?

DOCTOR: Yes.

Apparently, Dr Naidoo was unable to view this evidence with the 'modicum of unemotional savvy' you recommend to your members, and I doubt if your conviction about the rightness of the Council's decision will suffice to increase anybody's credulity about Council decisions made in defiance of available evidence. If support of the Council's decision requires some special 'savvy' which is beyond the majority of your members, it will be heartening indeed for Drs Naidoo, Robertson, Barker, and many others.

We believe that security considerations should not be the arbiter of medical ethics, and that a thorough examination of the pressures applied to these doctors would lead to a definitive code of practice in dealing with such defenceless patients.

In the absence of such an enquiry, perhaps we should change our MASA motto to Primum Patriae Deinde Humanitate?
Dr J W Hamilton wrote as follows on behalf of the Natal Coastal Branch of MASA:

Dear Sir,

Editorial, SAMJ 16 August 1980

At the Branch Council meeting held on 11 September 1980, Dr C N Pillay, seconded by Dr M R B Barlow, proposed the following resolution, which, apart from one abstention, was unanimously carried:

'That the Branch Council of the Natal Coastal Branch strongly disagrees with the editorial which appeared in the Journal of 16 August 1980, and furthermore considers that many of the views presented in the editorial do not represent the views of this Branch.

In particular, it rejects the implication that criticism should not be levelled against the South African Medical and Dental Council simply because in the recent past the South African Medical and Dental Council was instrumental in obtaining higher fees for the medical profession.

It was agreed that this resolution be published in the SA Medical Journal.

Needless to say, the resolution was never published.

Dr Jack Eisenberg of the Foreshore, Cape Town, was clearly a thorn in the flesh of the Association. His first letter was said not to have been received. Two other letters were returned to him, one of the excuses being that the Biko matter was due to publication might lead to the second excuse of no confidence in the SAMDC .....

You also state: 'much harm can be done to the profession and to the cause of good medical care in this country if we do not temper our concern regarding this particular case . . . . I submit that it is precisely because of this particular case that there is cause for concern about good medical care in this country. The SA Medical and Dental Council decided that the doctors in the Biko case were not guilty of improper conduct and did not appoint a disciplinary committee to inquire into such allegations (despite evidence at the inquest.) One would however like an assurance that, in the event of any detainee requiring urgent medical treatment, freedom of action on the part of the doctor can be unequivocally maintained.

The sequel to the Steve Biko affair is well known. Five doctors, Frances Ames, Edward Barker, Trefor Jenkins, Leslie Robertson and Phillip Tobias, approached the Supreme Court at great personal sacrifice, to force the
SAMDC to re-open the case against the Biko doctors. After 7 years of evading its statutory responsibilities, the Council was compelled to hold disciplinary hearings which indeed led to both Drs Tucker and Lang being found guilty of improper and disgraceful conduct. We conclude this summary with a letter written to the SAMJ by Drs Robertson and Starker 5 years before the Supreme Court judgment, in which they vow to 'fight to uphold our profession and its right to walk tall and proud among our colleagues internationally':

Sir,

We would urge that the attached, our reply to your editorial 'Comment on the Biko Case', be published in the next issue of the Journal or it will lose all relevance to the editorial, particularly bearing in mind that already some time has passed since the decision of the SA Medical and Dental Council, and the resignation of one of its members, which prompted our original letter.

As this is not for publication, I don't mind carping on the fact that both your editorial, as well as your heading to our letter, refer to the 'Steve Biko Case', when, surely, this being a journal for the Medical Profession, and our comments referring to the ethical conduct of three medical doctors with regard to the handling of a patient (who had no free choice of doctor), a more appropriate heading would have been 'The Biko Doctors'.

If you are unable to assure publication of our criticism of your editorial in the issue following your receipt of this, we will have no alternative to allowing publication of our original letter, your editorial, and our rebuttal thereof, side by side, in the lay press.

Seeing that you already see fit to equate our views with those '... which have been aired in the lay press' you may consider our threatened action appropriate.

I wish to stress that there are still those of us who refuse to have this issue wrapped in cotton-wool and packed away in some cellar, as so many would seem to wish, but will fight to uphold the dignity of our profession and its right to walk tall and proud among our colleagues internationally.

REFERENCES

SPECIAL ARTICLE
Variegate porphyria in South Africa, 1688 - 1996 — new developments in an old disease
Richard J Hift, Peter N Meissner, Anne V Corrigall, Mel R Ziman, Lavinia A Petersen, Doreen M Meissner, Brandon P Davidson, Jean Sutherland, Harry A Dailey, Ralph E Kirsch

Variegate porphyria, an autosomal dominant inherited trait resulting in decreased activity of protoporphyrinogen oxidase, the penultimate haem biosynthetic enzyme, is characterised clinically by photosensitive skin disease and a propensity to acute neurovisceral crises. The disease has an exceptionally high frequency in South Africa, owing to a founder effect. The specific mutation in the protoporphyrinogen oxidase gene sequence which represents this founder gene has been identified. Genetic diagnosis is therefore now possible in families in whom the gene defect is known. However, the exact nature and degree of activity of the porphyria can only be determined by detailed quantitative biochemical analysis of excreted porphyrins. The relative contributions of the acute attack and the skin disease to the total disease burden of patients with variegate porphyria is not static, and in South Africa there have been significant changes over the past 25 years, with fewer patients presenting with acute attacks, leaving a greater proportion to present with skin disease or to remain asymptomatic with the diagnosis being made in the laboratory. The most common precipitating cause of the acute attack of VP is administration of porphyrinogenic drugs. Specific suppression of haem synthesis with intravenous haem arginate is the most useful treatment of a moderate or severe acute attack. Although cutaneous lesions are limited to the sun-exposed areas, management of the skin disease of VP remains inadequate.