

# 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