



## Sexuality and SAMA

South African courts have taken a positive view on same-sex partnerships, but organised medicine has been silent on the subject. Burning ethical issues are often taken up by medicine, and after deliberation opinions are derived and released as position statements or more grandiose declarations. Legal, religious and medical ethical views are sometimes at variance with each other. Should SAMA have a collective view on the subject and what could this be?

### Interracial couples

In the early 1980s the government established a commission to investigate how to improve the Mixed Marriages Act (1949). This Act and the Immorality Amendment Act (1950) prohibited marriages and sexual relationships between the defined colour groups. UCT responded to a call for evidence from interested parties, sending a team comprising Professors Ernette du Toit, head of tissue immunology, Peter Beighton, head of human genetics, and myself. Our colleagues advised that scientific measurements proved that we were more mixed as a nation than was generally appreciated and that genetics favoured mixing of the genes. Furthermore it was scientifically and medically impossible to draw sensible lines differentiating the races and a farce to try to do so politically. Our advice was therefore that the Act could not be improved and that the only sensible thing to do was to scrap it. Andries Treurnicht, the influential, conservative and charismatic right-wing leader, rose to remind the meeting of other sciences, such as social science and political science. Hans Heese, the historian, provided other solid corroborative evidence based on historical research that proved significant racial mixing in South Africa. The commission also received 'soft' evidence from many other parties and individuals based on moral views that condemned or condoned such unions, or religious beliefs that their god either approved or disapproved of them. Later a member of the commission told me that the scientific and historical evidence carried the day and that they decided to recommend scrapping the Act. Since 1985 it is no longer officially forbidden to mix. The Medical Association at the time was, not surprisingly, silent on the matter.

### Same-sex relationships

We return to the question of same-sex relationships and marriage. Evidence in medical practice, rather than anecdote and opinion, has gained credence. Therefore are there scientific or historical facts that could assist us in cutting through the mush of soft opinion to be able to conclude sensibly?

Historically all manner of sexual relationships have occurred in all societies. Relationships between men and young boys flourished in the golden age of Greece. Alexander the Great took several wives as tools of statesmanship but loved young

Hephaestion to madness and when he died broke down in almost uncontrollable grief. But theirs was a society where there was a gulf between the sexes and men sought elsewhere the charms their women were not permitted to acquire. As with all controversies there have been times of tolerance matched by prejudice, bigotry and banality. Medical opinion has often been no better and the South Africa's Truth and Reconciliation Commission heard evidence of a colleague who literally tried to shock many homosexual army recruits into 'normality'. The right to vote has only recently been acquired by women in many countries. And it was not too long ago that ordination of women in the church evoked raging controversy. Prejudice and politics are sometimes potent bedfellows, such as the stance of George Bush on same-sex issues in his recent election campaign. May the gay community not also do its cause more good by insisting on legal union other than marriage? We need to be humble in our appreciation that our views of the roles of the sexes have adapted over time.

Like many medical matters it is likely that genetics and the home and social environment may influence the determination of our sexual orientation. Although this evidence in individual cases is often unclear, what is clear is that sexual orientation is not an active individual choice; we simply find ourselves with that powerful orientation.

The *International Statistical Classification of Diseases (ICD-10)* of the World Health Organization specifically states: 'Sexual orientation by itself is not to be regarded as a disorder'. The classification in the *Diagnostic and Statistical Manual of Mental Disorders (DSM IV)* is also silent on homosexuality. Having emerged from apartheid oppression to Constitutional democracy we are blessed with a Bill of Rights that guarantees the right to freedom of sexual orientation. Since medical evidence and our Constitution are clear and coincide, perhaps this time around there is no need for the Medical Association to lift its silence on same-sex relationships?

### Responsibilities

Like all others, people in interracial and same-sex relationships need good human relationships to grow. As a society we must pursue our modestly successful quest of struggling to accommodate a whole range of beliefs and customs. As practitioners we have a duty to act as advocates to enlighten the public and to support the individuals who are often rejected and persecuted.

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