



OPINION

Thirty years on: *Plus ça change, plus c'est la même chose*

Chris Ellis

My 1978 paper, entitled 'Delayed flow of patients in a black hospital',¹ analysed the flow of patients through the Estcourt Provincial Hospital. Strategies were suggested for improving admission criteria, bed stay allocations, turnover times, prioritisation, and a cost efficiencies appraisal to improve the service to black patients. I had been working in the hospital as a senior medical officer and retained sessions as surgeon after entering general practice.

The *SAMJ* accepted the paper, but the Director of Hospital Services refused permission to publish. The late 1970s were probably the height of Nationalist Party power in South Africa. The Rand was strong, no cinemas were open on Sundays, and the laager seemed impenetrable.

The Medical Association of South Africa fully supported me, and my request for an interview with the Director was eventually granted. Many will remember the visceral sense of fear and uncertainty that we, as young doctors, felt when brushing up against the authority of the State. I drove from Estcourt with trepidation and, in the Director's office in Pieter Maritz Street, the atmosphere was heavy and serious. He felt that I was criticising the hospital's administration. I remember his next sentence verbatim: 'We don't like people who are not our friends.' He furthermore stated that I was on a British passport and only on a landed immigrant permit (I became a South African citizen later). I thought I was about to be deported. I was therefore surprised when he said that he could not suppress the paper as I was not under his jurisdiction since I was no longer employed fulltime. My relief might not have seemed a big deal compared to what others went through, but I tend to dissolve into pathetic subservience at a hint of authority.

A year after this incident, the deputy matron of the hospital, who was a Zulu, warned me that I was being 'watched' again. I never dared to ask where she got this information from. One of my partners was having his mail opened and his phone tapped. Neither of us was political; we were just principled, argumentative chaps.

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It is difficult to look back now to a period over 30 years ago when it was not so easy to rock the boat. Anyway, I had more important things on my mind such as 3 young sons to educate and a bank overdraft. At stages of one's life, one is humanly selfish about the needs of one's family over everything else. I remember all the moderate South Africans who undramatically and in small ways continually chipped away at the system, shaking the cage from without and within. Support was also given in human ways by means of food, clothing, transport, and everyday matters of health care and books for education – immeasurable small gestures and human kindnesses, which no regime can suppress, and which Victor Frankl called the last of the human freedoms: to choose one's attitude.

It is very easy to knock the system now, and politically incorrect to say much that's positive about pre-1994 South Africa. Such topics are retrospectively defined in oversimplistic terms that I do not always recognise. Estcourt Provincial Hospital now is in a far worse and more pitiable state than it was 30 years ago. Nevertheless, comparisons are invalid as hospitals were less used and more manageable 30 years ago for various reasons, including involuntary population control, wariness of the hospital, fear of coming into town, and lack of transport. Unfortunately, our hospitals were overwhelmed by the HIV/AIDS epidemic at the same time as the new government came into power.

Looking back, I feel I could and should have done more but have never figured out what really went wrong. As doctors, we live in such a demanding and frenetic world of our own that it is difficult to sort out the world's problem at the same time. This was a country with so many good black and white people, caught up in a complex system of social engineering that insidiously enclosed us in a mental cage. Edmund Burke's dictum 'All that is necessary for the triumph of evil is that good men do nothing' sounds all very well, but from my observation good men rarely do nothing. They may feel that they do nothing but in fact they mostly work in what George Eliot called 'channels which have no great name on earth'.

We correctly honour those who sacrificed their lives, and lost their families and homes, their education and their lands. But I have often wondered about the numerous good people who were not political and who went on with their lives with small deeds, unobtrusively performed, that rarely attracted attention; unhistorical acts that acted as bridges to form this great nation and continue to do so. I would like also to honour them.

1. Ellis C. Delayed flow of patients in a black hospital. *S Afr Med J* 1978; 53: 635-636.