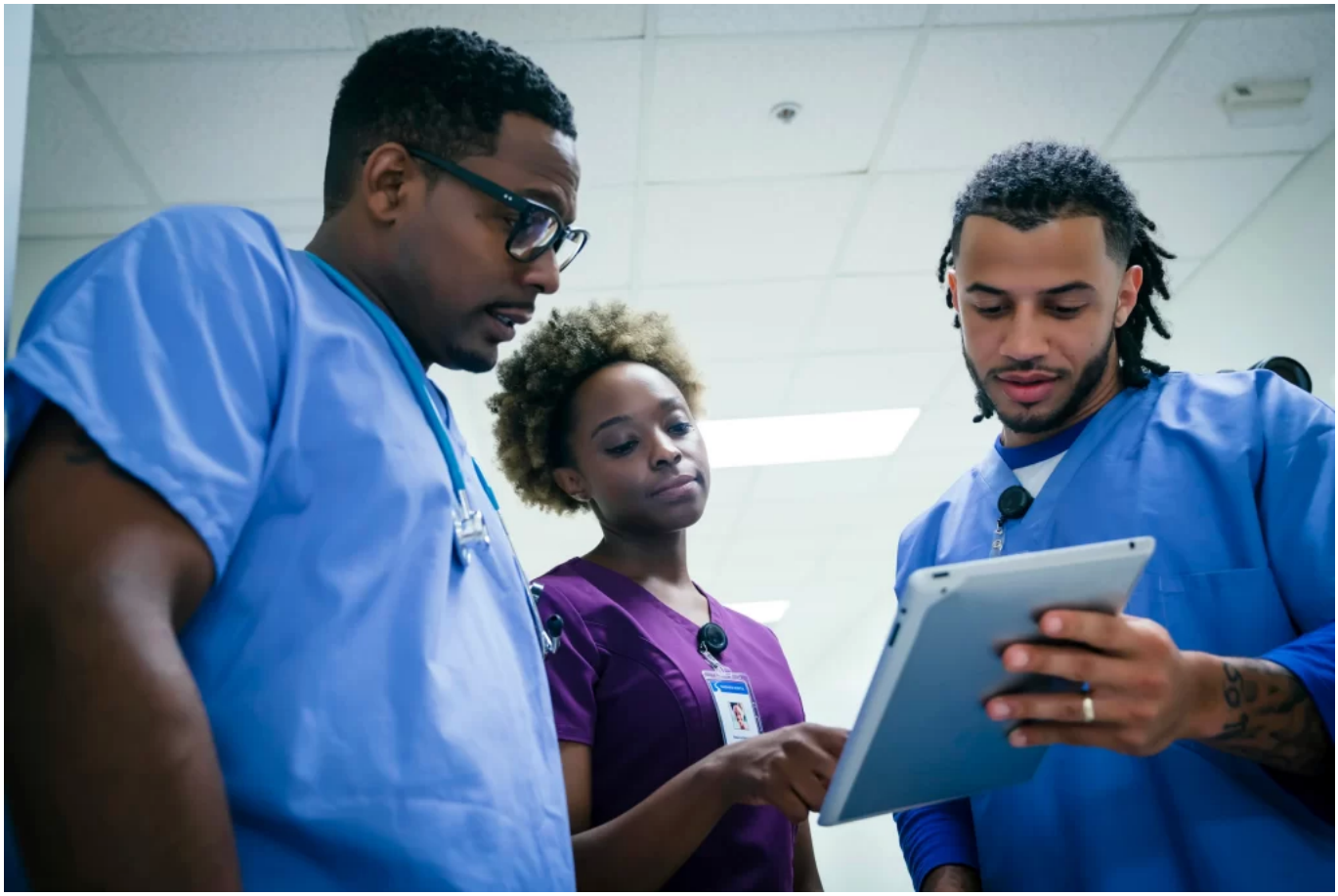
Apartheid Thinking Seems to Have Infected the Intelligentsia



by Theodore Dalrymple

Having worked briefly in South Africa at the height of apartheid, I'm surprised by the degree to which the mentality of apartheid seems to have infected the intelligentsia of the United States. The analogy is by no means exact, and there are significant differences between the two countries, of course, but the obsession with race as a politically important consideration in policy-making is increasingly similar.

Recently, the Journal of the American Medical Association (JAMA) carried an opinion piece justifying racial

discrimination in the selection of medical students. It didn't say so in as many words, but it argued that the academic standard required of what it called minoritized students should be lower than that of white students (and presumably South Asian and Chinese ones as well, the latter being the wrong kind of minority and not in need of positive discrimination).

It's important before rejecting an opinion on a subject like this to think of what can be said in its favor. It's true, for example, that many of the students from "minoritized" backgrounds will have overcome, or tried to overcome, disadvantages that "majoritized" students haven't had to face, and therefore, to achieve results even approximately like those of their more fortunate peers, could be taken to indicate superior determination and strong character. To give them some credit for the disadvantages they've suffered is therefore not ungenerous in spirit. The problem lies in deciding exactly how much credit to give, to whom, and on what criteria. Where race is taken by itself as a proxy for all other disadvantages (which white or Asian students may also suffer as individuals), the policy is racist in the most literal sense.

Again, it's true that uniformity of background of medical students would not be desirable even if it were possible. The medical profession needs people of many different types, and doctors should be imaginatively aware of ways of life different from their own, especially in countries such as the United States where ways of life are so various. Early encounters with people of experiences very different from their own probably conduces to such an awareness, much in the way that travel broadens the mind, or at least is supposed to do so.

However, it's far from certain that racial quotas are the best way to achieve the much-vaunted diversity. Even without quotas, student bodies would be diverse, in the sense meant;

to argue that quotas are essential in order to offset the prejudicial effects of a system without them is insulting, no doubt unintentionally, either to those who select medical students, who are assumed to be prejudiced, or to the applicants themselves, who are assumed to need a bureaucratic helping hand in order to be able to compete. On this view, being “minoritized” is like having a handicap in golf, though one which can’t be overcome by mere practice.

It’s later in the article in JAMA that the resemblance to apartheid thinking becomes more manifest. It goes on to argue that “minoritized” doctors will be preferred by “minoritized” patients, because they’ll understand such patients better and sympathize with them more. This, of course, assumes that human solidarity passes principally by race, which is precisely what the doctrinaires of apartheid always said. In any case, the assumption that patients always prefer doctors of their own background is false.

When I was practicing, young Muslim women specifically didn’t want a Muslim doctor because they believed, rightly or wrongly I was never able to discover, that they wouldn’t keep their confidences but rather would pass them on to their families. The loyalty of the Muslim doctors, these patients thought, was more to their community than to patients as individuals. It doesn’t matter whether or not this was a justified view; what matters is that it was the view.

More important than special situations such as this, however, is the assumption that in order to understand or sympathize with their patients, doctors must share their background with them. This is to deny the power of human beings’ imagination to enter into anyone’s experience but their own. If this were really so, there would be no point to literature, one function of which is precisely to broaden the reader’s imaginative sympathies. And the logical conclusion of this view would be that we should all have to be our own doctors since everyone’s experience is unique.

How far are we to take the idea that the medical profession as a body must reflect the ethnic and demographic composition of the general population so that it's able to sympathize with all members of that population? I remember the dean of a medical school saying many years ago that you didn't have to be very intelligent to be a doctor, but he was able to say this only because all the people of his acquaintance were of superior intelligence and he probably never met people of average intelligence other than fleetingly. Would he really have wanted 50 percent of doctors to have IQs of between 90 and 110 so as to reflect the distribution of IQs in the population? Can only the unintelligent empathize with the unintelligent?

I recall an eminent professor of surgery who was brilliantly able to tailor his explanations to the intellectual and cultural level of his patients, all without the slightest hint of condescension, talking down, or lying to those who would've been unable to grasp the greater complexities of their condition. This ability was the result of his natural ability, long experience, and enduring interest in the well-being of his patients. He was appreciated by all types and condition of people, to whom he had an equal ethical commitment, and all of whom (justifiably) placed their trust in him to do his best for them.

This, surely, is the ideal to be aimed at, not the enclosure of doctors into demographically balkanized communities in which only like may treat like. In any case, selective matching of doctors to the populations they serve can be done only on a few characteristics, chief among which, in the philosophy of the author of the JAMA article, is race. This, whether he wants it to be or not, or whether he knows it or not, is an attribution of importance to race in human affairs with which Dr. Hendrik Verwoerd himself would've heartily agreed.

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