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Surgeon Profile Series

A commentary on Hamilton Naki: From gardening to greatness

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I was privileged to be the recipient of a Hamilton-Naki scholarship (now renamed Bongani-Mayosi) in 2014. It is one of the few funding mechanisms in South Africa for the pursuit of a PhD as a medical specialist. When I received the award, I had only a superficial insight into the remarkable life of Hamilton Naki, and subsequently investigated and reflected on his life. On a personal level, I was very moved to learn more about Hamilton Naki, who had achieved so much with so little. At the time, being provided the ability to pursue a DPhil at Oxford highlighted the stark differences between the opportunities afforded to us within the same country, 50 years apart.

He indeed had a remarkable life, having emanated from rural South Africa, with no formal education, ultimately playing a part in the story of the world's first successful heart transplant. He was clearly dextrous and mechanically minded, which allowed him to grasp the technical concepts of transplantation. He influenced the field through perfecting laboratory techniques and passing on technical skills to aspiring surgeons at the time. Though he was in many ways the opposite to Christiaan Barnard, they have similarities in their stories, having both entered the field of transplantation serendipitously and grasped the opportunities provided. Christiaan Barnard had expertise in the embryology of intestinal atresia. However, in 1967 he worked in the basic science laboratory of a cardiovascular science pioneer and cardio-thoracic surgeon Walt Lilehei. He had performed numerous experiments on dogs including foetal surgeries, whilst working out the mechanisms of intestinal atresia for his PhD. This provided him with the basics for experimentation in organ transplantation, and his ambition and curiosity drove the rest. Thus, both Naki and Barnard seized the opportunities presented to them, even though the scale of the outcomes were different.

There are two themes that I have drawn out from the life of Hamilton Naki, the first is normalising exceptionalism and the second is a seat at the table is only the beginning.

It is easy to fall into the trap of individual exceptionalism of the 'other'. Hamilton Naki was talented, but I have no doubt that there were many more 'Naki's' who never realised their potential. What apartheid and similar systems of subjugation around the world did was disenfranchise ordinary people, preventing them from achieving their potential, robbing generations of their dignity in society. However, there is a danger that when people of colour achieve greatness, the narrative woven is that they are an exception. That exception needs to be normalised. They are ordinary people, and ordinary people of colour can achieve great things.

Although he was not formally educated, he was able to hold himself alongside several future surgical leaders of the day. He must have been a natural leader with a strong personality. How would he have led had he been a contemporary surgeon? As people of colour, we are woefully underrepresented in multiple areas associated indirectly with our professions such as research output, research within our own communities, as grant recipients, executive committees of professional organisations, boards of non-profit funders and tenured posts in universities. Even with a formalised education, would he have been able to achieve the level of recognition and professional standing that he was capable of? Addressing systemic biases takes more than ensuring that people of colour are able to practice within their chosen field. It requires a willingness to change the system from within.

How do we build on the legacy of Naki? For him, the barriers to entry were insurmountable, and although he was knocking at the door, he would never be let in. For the next generation of surgeons, the barriers are high, but not impossible. The system has inherent biases. This should be recognised and entry and access to power structures should be actively facilitated by institutions, donors and professional bodies. Similar to current mechanisms used to address gender bias in professional spaces. In addition, as individuals we need to strive for active professional citizenry, acknowledging that we are through the door and at the table, but to have a voice we cannot be passive bystanders.