Introduction

In 600 BC, in the region today known as the Middle East, there lived a powerful Babylonian king, Nebuchadnezzar. He conquered and ruled over many of his neighbours, including Jerusalem.1 His kingdom was prosperous beyond measure. However, the king was constantly troubled by dreams and visions.

One day, when Nebuchadnezzar was feasting: “Immediately the fingers of a human hand appeared, and began writing on the plaster of the wall of the royal palace, next to the lamp stand. The king was watching the hand as it inscribed ‘mene mene tekel parsin’ (the days of your reign are numbered).”2

This story of Nebuchadnezzar came to mind one day when I was in a bathroom at our medical university. I saw many inscriptions, written by different hands. What was obvious was that these messages were written by medical students who regularly use these bathrooms. It was inferred that first-year medical students were likely to be responsible, because these bathrooms are situated opposite the lecture theatre which is mainly used by them.

Messages written by the medical students

Unlike Nebuchadnezzar, I was able to decipher and to understand the words and pictures on the walls. These messages used politics and vulgarity (with a strong underlying sexual tone) to express their emotions.

For example, one student wrote: “Should all HIV+ people be burnt on Robben Island?” Another responded by saying: “No, people should have safer sex practices.”

The scourge of human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) is still rife. It is encouraging that students discuss issues relating to HIV/AIDS atrocities, and stigmatisation, in particular. Nevertheless, this message (a question) contains many undercurrents, which go beyond the scope of health and medicine. It brings to mind torture, which used to occur in South Africa during the apartheid era, during which many political leaders were “burnt” on Robben Island. So, the student who wrote this message appears to loathe “HIV+ people” in the same way that the apartheid government used to hate the country’s political leaders. The writer ponders whether people living with HIV/AIDS should be treated in the same way that political leaders were during the apartheid era.

However, the response shows compassion and affirmation to people who are HIV positive or negative, and who are affected or infected. It also supports the findings of a study, “HIV prevalence and related factors: higher education sector Study in South Africa”, which showed that in South African institutions of higher learning, there is a supportive attitude towards people living with HIV among tertiary students: “Stigmatising attitudes to people living with HIV were low overall, with around nine out of ten students being accepting of HIV-positive people”.

The second message deals with inner feelings: Have you “ever been hurt”? Another student responded: “Yes, I am a human!”

Medical students are hurt by many things. Recently, I was walking in the corridor of the main building in the medical
school. It was abuzz with students and lecturers. Suddenly, someone stood in front of me. I stepped aside for her to pass, but she stepped back again, blocking my way. I looked up and saw a young woman (about 21 years old) standing in front of me. She wanted my attention.

I looked up, into her eyes, and she said in a very soft voice: “Will you please pray for me?”

“Right now?” I asked.

She lifted her shoulders.

“Right here?” I continued with my dead-end line of questioning, which yielded the same response.

To cut a long story short, by the time we reached my office, she was crying. It was difficult for her to tell me what she wanted me to pray for. So, I held both her hands and prayed. I offered her a glass of water, and then she told me that she was angry. I thought she was angry because of a boyfriend.

She said: “My mother raised me by herself, but I always wanted to meet my father. Now, I am angry with him. Why did he die after we had been together for only three years? I am also angry with God…”

We did not talk much, afterwards, partly because I had already granted her request to pray for her. But, I told her that she could come back to talk to me later, if she wanted.

A few hours later, I sent her an email:

“Hi Precious

Thank you for asking me to pray with you this morning. It’s okay to be angry. At times, when we do express those feelings, people don’t listen to us. I am sure the Almighty Father has seen your tears, and he can feel your anger. Be that as it may, please continue to hold on to God. Continue to have fond memories of your biological father, whom God lent to you for too brief a time. Continue to have faith in Jesus, and trust that he will give you answers. Until then, I will keep you and your family in my prayers. And, I hope that the Holy Spirit will assist you to say, and mean it, no matter how painful it is: ‘Lord, let your will be done’.

Kind regards,
Rev Mathibe”

This story of is one of millions pertaining to medical students from all over the world who face many difficulties during their six years of training to become doctors. As a result, some institutions operate various programmes to help them to cope. Other universities recognise that foreign medical students, in particular, need special attention to succeed. Similarly, at the Nelson R Mandela School of Medicine, University of KwaZulu-Natal, various platforms have been established for students, to assist with their studies, and with social and financial problems. The problem-based MBChB curriculum, for instance, embraces the concept of holism. This means (inter alia) that students too, need to take care of themselves as they take care of the lives of their patients, because “each individual comprises a soul-spirit, mind and body”. However, the Nelson R Mandela School of Medicine does not have a structured faith-based pastoral care programme to support students when they face tough times during their studies. It is left to individuals to pray for each other during their lunch or tea times.

The third message was a bold and painful expression to which no one dared to respond. It audaciously says: “It is tough being a medical student!”

This student might find his or her studies to be difficult, especially in view of a heavy academic workload. He or she might be finding it hard to carry out clinical rounds or blocks, or to pass his or her theory tests and assessments. Writing on walls is a safe way on which to express his or her frustrations.

**Conclusion**

In many shopping malls and at airports, bathroom walls are often used for marketing purposes. Medicines and personal grooming products are advertised in this way. Perhaps bathroom walls at medical schools should be used to deliver a summary of lectures, anatomy and histology pictures, or treatment algorithms for various diseases, using print or digital media. In this way learning, for medical students, will continue beyond the walls of lecture theatres.

In conclusion, regardless of the message content, it annoys the authorities when students write on bathroom walls. However, unlike courageous Precious, many students will continue to express their views, and will voice their inner dilemmas when they are alone in the bathrooms. This is partly due to the fact that bathrooms offer a private and confidential space in which to express deep-seated feelings, without being judged. So, the next time you visit a public bathroom at your institution, look around. A student might have written his thoughts on the wall, in a language that you as his or her mentor/lecturer/queen/king understands. Do something. You are a human.