

The present-day scope of practice and services of the traditional healer in South Africa

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RESEARCH

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ABSTRACT

Background

The scope of practice of the traditional healer in South Africa is not guided or circumscribed by any statutory mandate at present. The traditional healer's practice and services are currently based on and driven by the supernatural and the afterlife, lacking not only a scientific foundation, but also legal constraint.

Aims

This study aimed to determine and describe the present-day scope of practice and services of the South African traditional healer.

Methods

This is an exploratory and descriptive study that makes use of an historical approach by means of investigation and a literature review. The emphasis is on using current documentation like articles, books and newspapers as

primary sources to reflect on the scope of practice and services of the South African traditional healer. The findings are offered in narrative form.

Results

There is no established curriculum and practice culture to serve as an evaluation and descriptive criteria for the present-day traditional healer's scope of practice.

Conclusion

The South African traditional healer's practice and rights are unwritten and legally unregulated, especially when viewed against in comparison with the current practice customs, traditions and rights of the South African statutorily regulated healthcare practitioners.

Key Words

Ancestral spirit, concoction, curative medicine, germ diagnosis, health system, muti, substance

What this study adds:

1. Is there information about this subject?

There is no literature on the South Africa traditional healer's scope of practice.

2. Does this study add new information?

The article foregrounds the need for a professional scope of practice.

3. Does this study have implications for healthcare policy or practice?

The traditional practitioner's unrestricted and unlimited rights and scope of practice in South Africa endangers the lives of his patients.

Background

The definition of "scope of practice"

The "scopes of practice" of the South African statutorily registered health professions like medical practitioners,

dentists, psychologists, etc. are precisely described in various South African Acts and Regulations that regulate and control them. This implies that specific training is offered to specific practitioners to qualify them so that they may make diagnoses and offer specific treatments. This ultimately leads to a precisely described scope of practice for a specific health practitioner and his group. In South Africa, the statutorily recognised health professionals jealously guard their scopes of practice; sometimes with a narrow, de-contextualized interpretation. Position statements are issued when there is a conflict of interest between healthcare groups. Transgression of the boundaries of competitors, scope of practice so that it affects their financial income or empowerment, have, in the past, led to actions in courts of law.¹

The traditional healer's scope of practice

To date, the South Africa traditional healthcare has failed to formulate an acceptable description of diagnosis, treatment and training, with the result that a written manual of the scope of practice has never seen the light. The wide variety in the types of healers, each with their own interests and agendas, various negative political issues, and in-fighting in healer groups, have muddied efforts to establish professionalism. In addition, the lack of successive self-empowerment, resulting from the absence of a model of excellent education, training, diagnosis and treatment, has frustrated the process of formulating scope of practice.^{1–13}

Researchers with an interest in traditional healing have to some extent identified current practices of training, diagnosis and treatment among traditional healers. It is therefore possible to formulate a basic scope of practice. Again, the various kinds of healers obstruct a uniform, in-depth definition. The focus of this research is on the *herbalist* and *diviner*. In terms of the Traditional Health Practitioners Act No 22 (2007), a *traditional philosophy* founded in ancestral spirits and the use of *traditional (spiritual) medicine*, describes the basic scope of practice. In this philosophy, the healer takes a central position in a holistic and symbolic form of healing. The healer draws on the embedded beliefs that ancestors in the afterlife guide and protect, but also punish, the living, to make diagnoses and to provide treatment. Illnesses are seen as the manipulations of spirits or gods. The treatments to protect patients include traditional medical preparations and 'traditional medicine' to destroy the evil powers of other persons.^{6,12,14–20}

The only theoretical "statutory mandate" available at present to make up for the above unscientific scope of

practice, are the written definitions on traditional healing offered by the Traditional Health Practitioners Act No 22 (2007), as indented for the future legally described *traditional health practitioner*. In light of the many similarities between the present (old) traditional healers and the future (new) traditional healers, the legal-definitions *traditional philosophy*, *traditional medicine* and *traditional practice* are as found the Act. The act's mandate is applicable for use as an evaluation and descriptive instrument for this study.^{12,18,21}

This study aims to determine and describe the current scope of the practice of the South African traditional healer.²¹

Methods

The research was done by means of a literature review. This method entails formulating a view based on the evidence presented in the literature. This approach is used in modern historical research centring on topics about which there is little information. The databases used were EBSCOHost, Sabinet online and various contemporary sources like newspapers and reports for the period 1988 to 2014, articles from 2007 to 2016, books for the period 1990 to 2014 and government documents for the period 2003 to 2016. These sources were consulted in an effort to reflect on the present scope of practice and services of the South African traditional healer.^{22,23}

Results

Certain legal definitions serve as primary guidelines in describing the scope or range of the practice and services of the South African traditional healer. These definitions are discussed below.

The legal definition *traditional philosophy*

The single legal definition *traditional philosophy* encloses a complex of sub-definitions, which includes various legal descriptions, systems, actions and meanings. These sub-definitions are further explained by various specific legally defined words and phrases in terms of Section 1 of the Traditional Health Practitioners Act No 22 (2007). Elucidators are prominent, like "indigenous African techniques, principles, theories, beliefs, opinions and customs, as well as the uses of traditional medicines communicated from ancestors to descendants or from generation to generation with or without written documentation, whether supported by science or not, and which are generally used in the traditional health practice".²¹

The legal definition *traditional philosophy* is the foundation and pivot of the 2007 legislation (Traditional Health Practitioners Act No 22, 2007). It describes in general the new profession—the *traditional health practitioner*. It only indirectly and in non-specifics delineates the range of the practices and services of this healer of the future and his medicines. The definition confirms the holistic approach of traditional healing. The link with the ancestors, spirits and supernatural inclinations are the points of focus.²¹

The definition *traditional philosophy* falls into two legal sub-definitions, namely *traditional medicine* and *traditional health practice*.²¹

Various meanings and definitions of *traditional medicine*

- **The Traditional Health Practitioners Act No 22 (2007) of South Africa**

This Act defines *traditional medicine* as an *object* or *substance* used in the *traditional health practice* for the diagnosis, treatment or prevention of a physical or mental illness or any curative or therapeutic purpose, including the maintenance or restoration of physical or mental health or well-being in humans. The law specifies that this may not include any dependence-producing or dangerous substance or drug.²¹

- **World Health Organization (WHO)**

The WHO proposes a global and an African definition for traditional medicine.

The *global* definition describes traditional medicine as the intention to maintain well-being and to treat, diagnose or prevent illness. It refers to diverse health practices, approaches, knowledge and beliefs that can include plant and animal matters, mineral-based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination.^{24,25}

For *Africa*, specifically, the WHO deviated from its global definition with added description that traditional medicine is the sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or social imbalance. It further stipulates that traditional medicine exists and is maintained exclusively by practical experience and observation, handed down from generation to generation, whether verbally or in writing.^{24,25}

The above WHO definition for Africa is more or less in line with the legal definition contained in the Traditional Health Practitioners Act No 22 of 2007. However, it does not include the wording “contact with ancestors”. Although the WHO definition also lacks reference to scientific knowledge,

healthcare research and principles as in the definition of Act No 22, the WHO global version seems to be more scientifically orientated. The discrepancy between the two WHO definitions seems to be an effort on the side of the WHO to accommodate the overall lack of scientific principles and methods and cognitive thinking in African traditional healthcare, a system that seems still to be reflecting remnants of the old African religions.^{26–28}

The above legal definition of *traditional medicine* by the Traditional Health Practitioners Act No 22 (2007) is not unanimously accepted and sanctioned by all the researchers and role players involved in South African traditional healthcare.^{6,16,26,29–32}

Pretorius³³ sees *traditional medicine* as formulas manufactured from various natural substances (animal, mineral and vegetable). She also alludes to the fact that traditional medicines are used for various functions, like placebos, sympathetic magic and medical value.

Holland^{34, p.15} infers that *traditional medicine*:

- Includes medicines for every complaint and aspiration, either dug from fields and forests by individual spiritual specialists to fulfil prescriptions for their own clients, or purchased from herbalists’ shops in the cities of Africa. It is mostly of botanical matter, but it can sometimes include bio-substances like rare lizard fat, snake skin, sunburnt beetles and spiders, lion lard, dried crocodile liver and baboon testicles.
- Makes use of remedies that may be termed sympathetic magic. For instance, to ensure a good journey, the prescription is made from a root that sends out runners and therefore knows its way. It is founded on the belief that qualities can be transferred to humans, which means that a cream made of the beautifully sleek skin of the python will make the hide of cattle gleam, or that lion’s fat smeared on the arms and legs of a soldier, will make him feared by his enemies. Furthermore, to give a person security, the herbalist may administer a portion of the body of the steadfast tortoise; for swiftness, the sinew of a hare.

Besides the above definitions and descriptions,^{22,24,25,33,34} various other definitions on *traditional medicine* are offered in the literature.^{35,36} Most of these definitions imply that the healing effect of traditional medicine is negative or unsubstantiated.^{22,24,25,32,33,35,36}

Comparing magic medicine, muti and traditional medical mixtures with modern traditional health products

There is a very specific differentiation between *traditional medicine* and the *traditional health products* (also known as complementary/supplementary medicines and health products or *real traditional medicine*) of the complementary medicine manufacturers. Act No 22 erroneously defines a grouping called *traditional medicine* (better known as *traditional medical products*, which include *magic medicine*, *muti* and *traditional medical concoctions*). Where complementary medical products are manufactured under strict standards of quality control and qualified pharmacists, although independent from the Medicines Control Council (MCC), the traditional medical preparations made by the traditional healers themselves are manufactured with no quality standard or internal professional control.^{6,16,17,25,30,37-40}

Mentioned below are some of the other definitions of traditional medical preparations (also often referred to as muti), as reflected in the literature:

- Muti is black magic, voodoo medicine used by Blacks in South Africa;³⁶
- The most potent muti are the ones that contain human organs, harvested from the victims still alive;³⁶
- Human blood and body parts are essential to the preparation of muti;²⁰
- Muti is a potion from herbs and plants;³⁵
- Muti can consist of human parts that is believed to have supernatural power and that can change or alter the cause of events;³⁵
- Muti is sometimes consumed, but may also be carried about the person who aims to benefit from its powers or secretly smeared onto the body, clothing or included in the food of the target person;²⁰ and
- Muti does not always involve killing: a living person's nail clipping may be used in potions targeted at that person.²⁰

The pharmaceutical safety of traditional medical preparations as described in the Traditional Health Practitioners Act No 22 (2007) is superficial and misleading. The legal definition of *traditional medicine* reads “does not include a dependence producing or dangerous substances or drugs”. The Act contains no statutory guarantees or an official MCC certification that the untested and unscientific traditional medical preparations are free from dangerous and prohibited components. The registration of these traditional preparations on the National Pharmaceutical Product Index (NAPPI), the only manual used by the South African pharmacists and doctors for the issuing of

prescriptions, is not allowed. The extent of the negative effect of poisoning as a result of the use of dangerous traditional mixtures is further evidenced by the official establishment of two centres to combat muti-poisoning.^{16,17,24}

The legal definition *traditional healthcare practice*, including diagnosis, as defined by the Traditional Health Practitioners Act No 22 of 2007

Various legal definitions are generated by the Traditional Health Practitioners Act No 22 (2007). Its legal definition for *traditional health practice* refers to the performance of a function, activity, process or service offered specifically by the *traditional health practitioner*. This description is, as said, primarily based on the legal definition of *traditional philosophy*, which includes and describes the use of *traditional medicine* and/or the offering of a *traditional health practice*.

Traditional health practice, as described in the sub-regulation of the Act, has as its goals the following four outcomes, namely to:²¹

- Maintain or to restore physical or mental health, or the function of it;
- Diagnose, treat or prevent a physical or a mental illness;
- Rehabilitate a person to enable him/her to resume normal functioning within the family or community; or to
- Prepare physically or mentally, an individual for puberty, adulthood, pregnancy, childbirth and death.

The above four outcomes exclude the professional activities of a person practicing in South Africa any of the professions contemplated in the Pharmacy Act, 1974 (Act No. 53 of 1974), the Health Professions Act, 1974 (Act No. 56 of 1974), the Nursing Act, 1974 (Act No. 50 of 1974), the Allied Health Professions Act, 1982 (Act No. 63 of 1982), or the Dental Technicians Act, 1979 (Act No. 19 of 1979), and any other activity not based on traditional philosophy.²¹

Pretorius^{33,p.3} describes South African *traditional health practice* simply as the diagnosis and treatment by traditional healers in general and diviners in particular. Pretorius³³ postulates further that practices of diagnosis and treatment vary greatly and depend on the healer's own knowledge, skills and the nature of the patient's illness. Satisfactory healing involves the recovery from bodily-mental symptoms, and the social and psychological re-integration of patients into their communities.

Other researchers offer variations on the official legal description of diagnosis and the followed-up treatment with traditional preparations.^{6,11} South African traditional healers see illness as misfortune, a man-made phenomenon through bewitching, evil-doing by another or punishment by an ancestral spirit for bad and sinful behaviour. Opposite hereto, are good health and good fortune seen as rewards for good behaviour. In the *traditional healthcare practice*, there is no insight or concept of the modern approach of the germ-diagnosis and treatment model. It is not a case of *what* is causing an illness, but *who* is causing it. The supernatural therefore drives diagnosis and treatment.^{6,11}

- **The misleading prefix “traditional” as used in the legal definition *traditional health practice***

The prefix *traditional* is a prominent legal inscription in the various sections of the Traditional Health Practitioners Act No 22 (2007), seemingly with an aim. It is constantly cited in the first part of the Act, successfully creating the impression that there is a legal separation of the *traditional health practice* of the South African traditional healer from the *modern health practice* of the medical doctor (consequently safeguarding the medical doctor from competition by the traditional healer). This tentative dual competence of two types of healers, as created by the unclear definitions in the Traditional Health Practitioners Act No 22 (2007), clearly leaves the door open for two legal interpretations regarding the diagnosis and treatment rights and the scope of practice and services of the traditional healer. This situation is already leading to misinterpretation by the traditional healers and the various official agencies promoting traditional healing and profiling the scope of practice of the traditional healer. These legal contradictions and shortcomings pervade all the sections of the Act. It becomes more prominent later on with the omission of the prefix *traditional* from various legal definitions. This is undoubtedly a masked intention to open the door to the formal healthcare services and to establish a practitioner-brotherhood with the statutorily registered healthcare practitioners, specifically the medical practitioner. It is nothing less than a demarcation of the old scope of practice of the traditional healer.²¹

Discussion

The legal definition of *traditional philosophy*, strongly supported by the various sub-definitions of the Traditional Health Practitioners Act No 22 (2007), is poorly formulated and lacks a scientific underpinning. The legal definition *traditional philosophy* should therefore be revised comprehensively or recalled, as it is based on a spiritual intention, driven by the supernatural and superstition. It

does not contain any scientific medical–legal definition on how to provide a medical diagnosis and medical treatment. It does not support a descriptive scope of practice. The other legal terms also require in-depth reconsideration and phasing-out, like “*indigenous African techniques, indigenous African principles, indigenous African theories, indigenous African ideologies and indigenous African opinions*”. The above words and phrases must be thoroughly studied, defined and explained to make legal sense of the traditional healer’s present practice system, including his scope of practice.²¹

The use of a description such as “traditional medicines communicate from ancestors to descendants”,^{21,41} as part of a medico-legal document is unheard of in the modern medical sciences or in what the medical practice regards as true, normal and scientific. One could not regard this phrase as merely symbolic either. The truth is that it is the reality of the thinking and beliefs of the practitioner of traditional healing in his present scope of practice. The same thinking and belief system are applicable to his or her patients. The primary aims and intentions of Act No 22 of 2007 versus that of the Witchcraft Suppression Act No 3 (1957) confirm this legal short-sightedness and cognitive dilemma.^{21,41}

It is unacceptable that the phrase “communicate from ancestors to descendants” could be legally inscribed and certified as “true” and “medically scientific” in a Health Act of South Africa or can be embedded in a healthcare practice.^{21,42–49}

It is also unacceptable in these modern times that the training and practice system of a health profession can be based on “no written documentation” of their learning programmes, curricula and the medicines used.²¹ It is also unheard of that legal sanction is given to a health profession of which the “health knowledge and practice, together with its medicines” are free from scientific testing and approval.²¹ This is the legal sanctioning of an unlimited and unrestricted scope of corrupt practice. It is a recipe for a healthcare disaster.

Neither Act No 22 (2007) nor the WHO offers a satisfactory definition of *traditional philosophy*. This indicates that there is a shortage of knowledge and that an “African Science of Medicine” for traditional healing does not exist.^{6,11} The inclusion of this legal definition in Act No 22 (2007) was a desperate and improper effort to put in writing a “non-existing traditional health science” into the South African healthcare legislation.^{11,21,24,25}

Strength and limitations

This article unmasked the false claim of a professional scope of practice for the traditional healer in South Africa.

The dearth of documentation on South African traditional healing limited an in-depth analysis.

Conclusion

It is clear that a South African *traditional health practice* is non-existing in terms of established standards, services, ethics, training, diagnoses and treatment. This complete failure is confirmed by the absence of a written and functional practice culture and failure of the Traditional Health Practitioners Act No 22 (2007) to constitute a written guideline to activate a future traditional health practice culture for South African traditional healers. It is not possible to speak of a scope of practice for traditional healers.

The South African traditional healers' present practices are based on pre-modern diagnoses and treatments. Their unrestricted and unregulated practice activities as part of the South African medical fraternity are based on the supernatural and on witchcraft. As such, it endangers private and public health. They are not medical practitioners and are not trained in elementary medical sciences, but they offer at times harmful healthcare services. With their current state of education and training, they do not deserve a place in the respected statutory healthcare establishment of South Africa. Mbiti's¹¹ classification of "traditional medicine" is misleading. They solely offer spiritual care giving. What he calls a "medicine man" is therefore a spiritual healer or priest at most. It is a case of a *de facto* pre-modern religious traditional healer made a modern *de jure* healthcare professional.^{5,6,21,50}

Legally allowing traditional healers to treat a patient with cancer or AIDS with their spiritual knowledge and dangerous medical preparations, is nothing else than making manslaughter legitimate and unpunished.

It is misleading and irresponsible to describe the present position of the *traditional health practitioners* in the South African healthcare sector in the following elevated terms:^{19, p.60} "Their role is that of physician, psychiatrist and priest, and people visit a traditional healer for problems ranging from social dilemmas to major medical illnesses. They therefore have a role to play in building the health system in South Africa". Their scope of practice is undefined and murky. South Africans should be safeguarded against unregulated medical practices.⁴¹

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