

# To rub shoulders with the traditional health practitioner or not, that is the question for the medical doctor in the New South Africa

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## RESEARCH

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## ABSTRACT

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### Background

The South African medical doctor has been well established over the years as the keeper of the holy medical grails. Entrance for newcomers to the medical domain has not been and is still not easy. The hostility towards the allied professions in the 1950s and later in the 1980s provides evidence of this. Certain prerequisites for entrance were set and jealously guarded by the medical fraternity. The Traditional Health Practitioners Act, (Act No 22, 2007) is another such a challenge. This time it is not an outsider fraternity that is fighting alone for its own recognition. They are backed by a government and political force to get the *traditional health practitioner* (previously known as the traditional healer) statutorily recognized.

### Aims

The study aimed to reflect on the future professional

relationship between the medical doctor and the traditional health practitioner in South Africa.

### 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 future professional relationship between the medical doctor and the traditional health practitioner in South Africa. The findings are offered in narrative form.

### Results

It is clear that the Traditional Health Practitioners Act No 22 (2007) will put enormous pressure on the medical doctor, not only to relinquish some of his healthcare empowerment, but also to see and to accept the traditional health practitioner as a new, respectable health co-practitioner and colleague. Facts hereto reveal that there are in terms of training, health ethics, practice approaches, attitudes and views, basically not a single point of similarity or agreement between the medical doctor and the traditional health practitioner whatsoever. Notwithstanding these enormous differences, the existence of the Traditional Health Practitioners Act No 22 (2007) is a fact that the medical doctor can not erase easily from the South African law books.

### Conclusion

The traditional health practitioner and the traditional health fraternity will not easily be absorbed into the formal healthcare establishment, notwithstanding the intentions of Section 49 of the Traditional Health Practitioners Act No 22 (2007) to reach this goal over time. Whether the traditional health practitioner will become a true and beloved colleague of the medical doctor, who rubs shoulders with him in his practice, remains to be seen.

**Key Words**

Allied health, indigenous, impepho, mental impairment, pharmacovigilance, phytovigilance, pre-modern, statutory

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**What this study adds:****1. What is known about this subject?**

To date there have not been any formal medical cooperation as colleagues between the medical doctor and the traditional healer in South Africa. In the past, contact elicited strong aversion from the formal medical fraternity.

**2. What new information is offered in this study?**

This study highlights the enormous differences in training, practice customs and ethics between the two entities, which can lead to serious conflict in the future.

**3. What are the implications for research, policy, or practice?**

Seriously conflicting professional ethics and practice customs are waiting in the future for the medical fraternity of South Africa on the entrance of the traditional health practitioner into the formal healthcare sector. It is clear that the authorities have to revisit Act No 22 (2007) and their initial intent with it.

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**Background**

The modern medical fraternity of South Africa, with specific reference to the dominant role and position of the medical practitioner, was established over the years out of the European traditional medicine and practice. It started specifically in 1652 at the Cape. An initial competitor was surely indigenous traditional medicine. However, seeing as the last-mentioned was spiritually orientated and failed to develop scientifically and to become a role player in the main stream of health delivery over time, this threat was erased early on. It must be noted that the early training of the European medical practitioner from which modern South African medical training originates, was initially also a haphazard and unregulated affair. However, from as early as 1802, curricula and formal examinations were offered at medical training schools like the Universities of Glasgow and Edinburgh, and transferred through its graduates to the Cape. In the 1920s South Africa already opened its first medical school. Hereto the South African traditional healing fraternity has remained passive and lacks any formal training even to this day.<sup>1-5</sup>

World War II gave further new direction to scientific and medical developments and the skills of the modern allopathic doctor. This period awarded the medical

practitioner with a supervisory position in the health management of the country. It is clear that the medical doctor became the holder and bearer of all the holy medical grails over the years. They did not allow any influences or disruptions from outside. This status quo was disturbed in the 1950s by the supplementary/alternative health groups (today's allied health practitioners, of which the traditional healer is supposed to be a member), who started to demand statutory recognition. This competitor was initially dealt with severely by the medical fraternity. The Medical Association of South Africa (MASA) issued a declaration in 1953 that declared the alternative health fraternity unscientific and illegal. Provisions were even made in the medical code that prohibits cooperation between allopathic and alternative practitioners (a rule that exists academically up to today).<sup>2-5</sup>

The medical fraternity lost some of its holy grails in 1982 when the Allied Health Professions Act No 63 (1982) declared the allied health professions regulated. Up to 13 disciplines in alternative health are registered at the moment. Today the alternative health practitioners are fully active in the healthcare sector, although to a limited extent as a fringe group that occupies less than five per cent of the total healthcare market. The allied health group is still not a full member of the public health establishment and is restricted to private practice.<sup>6-12</sup>

Again, as in the 1950s, the medical doctor and his empowerment were challenged in 2007 with the Traditional Health Practitioners Act (Act No 22 of 2007). Act No 22 (2007) aims to give the traditional health practitioner (traditional healers) the same statutory status as that of the allied and the allopathic health practitioners. They would also have the same independence and a governing body like the Allied Health Professions Council of South Africa (AHPCSA) and the Health Professions Council of South Africa (HPCSA). These intentions were entered into law in 2007, notwithstanding the under-par training and skills of these traditional health practitioners and the fact that they are in actual fact priests who should resort with a religious group and not the allied and medical fraternities.<sup>7-15</sup>

The incoming Traditional Health Practitioners Act No 22 (2007) and its traditional healers seem to hold much more danger for the medical fraternity's practice rights, privileges and status than the allied health professions did when regulated in 1982. Especially pre-modern traditional healing spells direct and indirect disaster inside the official health establishment: it seems that the medical doctor will be losing more of the holy medical grails.<sup>7-15</sup>

The aim of this study is to reflect on the future professional relationship between the South African medical doctor and the traditional healer, or *traditional health practitioner*, to use the professional title in terms of the Traditional Health Practitioners Act No 22 (2007).

## Method

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 1989–2015, articles from 1993–2016, books for the period 1990–2013 and government documents for the period 1974–2007. These sources were consulted in an effort to reflect on the present and the future professional relationship between the medical doctor and the traditional health practitioner in South Africa.<sup>16,17</sup>

The findings are offered in the narrative form.

## Results

### Contact between the medical doctor and the traditional healer in South Africa in formal practice

Formal contact by the traditional fraternity started in 1947 when the Dingakas Traditional Healers Association (DTHA) applied to the South African Medical and Dental Council (SAMDC) to register traditional healers as health practitioners. The application was declined, seemingly due to the failure of the DTHA to offer any evidence on the traditional healer's training and to present a medicine protocol. Their general lack of understanding of the medical sciences and practices also contributed to the decline of the application.<sup>18</sup>

With the intent since 1994 being to regulate and professionalize traditional healing, contact resurfaced, with MASA publishing a guideline for future possible cooperation between the medical practitioner and the traditional healer in 1995.<sup>19,20</sup>

The medical fraternity's seriousness regarding long-term cooperation with the traditional healers is doubtful when considering how aggressively they fought to keep the allied/alternative professions from statutory registration in 1953. At that time, MASA declared the allied fraternity unscientific and illegal and provisions were put in place in their medical code to prohibit cooperation between the allopathic and allied professions (an inclination that is still

upheld in academic circles today). This public hostile attitude against the allied groups persisted until the 1980s.<sup>2,3</sup>

MASA has indeed never been very fond of the traditional health fraternity and fought tooth and nail in the 1990s to block any efforts by the traditional healers to obtain statutory recognition. Their present efforts to cooperate with the traditional healers seem to be nothing more than public window-dressing in the new political environment and an effort to be in line with the spirit of political correctness for their own sake.<sup>21</sup>

The traditional healer and his know-how and practice system do not hold any benefit for the medical fraternity. Any auxiliary service that the medical doctor needs can be obtained from the other healthcare practitioners already registered with the HPCSA.<sup>21</sup>

The medical fraternity's hostile attitude towards traditional healing was also reflected by Doctors for Life (DFL) when they tried to stop the Traditional Health Practitioners Act of 2004 (No 35) in 2005 on the grounds that traditional healing is not a medical practice based on the allopathic system and that traditional healing can be potentially harmful to the public and economically detrimental.<sup>20,22</sup>

The claim that a certain South African medical school has appointed a traditional healer on its staff, cannot be interpreted as overall approval by the South African medical doctors of the traditional healer as a competent medical counterpart.<sup>20,23,24</sup>

Cooperation between the two groups was clearly minimal in the past and it seems as if the medical fraternity is not really of the intention to establish a long-term agreement. The South African medical doctors' passive reaction is understandable in light of the bad healthcare history of traditional healing in the country.<sup>3,25</sup>

### The views of the medical fraternity on the traditional healer's education, professional training, status and doings

A point of concern for the medical doctor is the implications of Section 49 of the Traditional Health Practitioners Act No (2007). This section allows a traditional health practitioner in practice to use and prescribe any form of his pre-modern traditional products to patients, wherever he is practicing. Also, the treatment of HIV/AIDS and cancer will also fall within the domain of the traditional health practitioner in terms of Section 49(g) of Act No 22 (2007), notwithstanding

their lack of medical training and their bad reputation concerning these kinds of treatments.<sup>3,25,26</sup>

The professional status of traditional health products is, according to the official medicine classification system of South Africa, at the lowest level based on the three *de facto* levels as well as the three *de jure* levels. This means a *complete rejection* of their medicines by the South African medicines authorities. None of their medicines hold Medicines Control Council (MCC)-certification or certification from the three unofficial supplementary/comprehensive medicine testing bodies, namely the Health Products Association (HPA), the Self-medication Manufacturers of South Africa (SMASA) and the Traditional Medicines Stakeholders Committee (TMSC), nor are they reflected in the National Pharmaceutical Product Index (NAPPI).<sup>3,27</sup>

Their pre-modern health products have not been proven to bring any scientifically proven physiological changes. Indeed, their health products are so dangerous for public use that the government, through the Department of Health, was forced to establish two pharmacovigilance and phytovigilance centres.<sup>3,28–30</sup>

Regarding a culture of learning, South African traditional healing has failed to establish an education and training culture in the form of written programmes, training schools and a formal tutor groups to bring them into the modern age of medical knowledge. They still adhere to the pre-modern knowledge and views of the 1600s. The Traditional Health Practitioners Act No 22 (2007) furthermore have failed to put such a culture in place since its promulgation in 2007 to compensate for this shortcoming, nor have legislators changed the meaningless definitions *traditional philosophy*, *traditional practice* and *traditional medicine* on which present-day South African traditional healing is based, more professionally inclusive to promote advanced learning and professional status.<sup>31,32</sup>

The South African traditional healer's lack of medical knowledge, his misunderstanding of diseases and optimal health, his mystic and harmful traditional health products, healing practices and miracle cures, are well-known to the medical doctor. For the medical doctor, traditional healing is at most only beneficial in addressing the psychological and spiritual aspects of illnesses.<sup>22,33</sup>

The South African traditional healer's poor understanding of illnesses is evident from their approach to Ebola, cancers and HIV/AIDS. Specifically their view of illnesses as the

manifestation of the supernatural and spirits and their use of spiritual rituals to cast out evils to reach wellness, are in conflict with the modern medical doctor's knowledge, diagnosis and treatment. For the medical doctor, the traditional healer can not have a professional code of conduct and be a recognised health practitioner as long as the definition *traditional philosophy* is their main directive guideline for diagnosis, treatment, training and practice. The traditional healer's basis for diagnosis and treatment is the supernatural, which includes witchcraft and is surely not science. Mental impairment is a strong role player in this context, especially the traditional healer's so called "calling" to traditional healing by ancestors.<sup>3,18,25,34–37</sup>

Medical doctors view the Act's new "open-door" sanctioning of the traditional healer's presence at formal *inpatient* and *outpatient* facilities of the modern South African hospital-setup in the future as contrasting and in conflicting with the age-old practice of the traditional healer. According to this practice, *inpatient* would mean that the patient lives at the traditional healer's home during treatment while *outpatient* means that the healer not only visits the patient, but stays at the patient's home giving treatment. Adoptions to new work cultures and mind-set changes await the South African medical doctor in this new relationship with the traditional healer.<sup>38,39</sup>

Added to this are the pre-modern ways of consultation, rituals and customs of the South African traditional health practitioner that are brought into the established modern healthcare traditions. Gumede<sup>18,p.199</sup> pictures the differences when saying: "Consultations take place not in the sterile meaningless environment of the hospital but at the patient's home in the environment which is not only familiar but where the problem is and where the living dead will hear the incantations to their persons. They smell *impepho* and see the sacrificial beasts and roar approval as the goat bleats or bull bellows when slaughtered".

A further new introduction to the South African medical practitioner's modern health practice in the place of his white coat and stethoscope, is the attire of the traditional healer, which consists of the healer's so-called professional garb, full regalia comprising bandoliers, the healer's hairdo (the hair is twisted into small tidy bundles which are tagged with gall bladders), *umyeko* on their heads with large beads, shields, assegais and a sangoma stick. Included in the attire for consultations is a "doctor's bag" (horns filled with medicine), a broom to use for sprinkling charm medicines, and an oxtail as a diving ward. A further accessory to the

attire is the skin bangle worn from a sacrificial beast as an assurance of victory in times of illness.<sup>18</sup>

These new practice and cultural outcomes of the Traditional Health Practitioners Act No 22 (2007) can bring immense stress and conflict for the South African medical doctor once he or she has to work shoulder to shoulder with the new medical colleague, the traditional health practitioner. The first reason is that the healer can put thousands of innocent lives at South African health establishments in danger as a result of his lack of medical knowledge and skills. Second, this new state of affairs can lead to a situation where the ethics and rules of the South African hospitals and that of the other health practitioners and patients are seriously transgressed by the healer. The innocent medical doctor can also be implicated.

From the above it is clear that extensive change in practice ethics and styles awaits the South African medical doctor if the traditional health practitioner enters his practice domain in the future.

#### **Formal cooperation between medical doctors and traditional healers**

Research on the attitude of South African medical doctors about the traditional healers and findings on cooperation between the two groups, away from political rhetoric and the policy of political corrected writings, are lacking. A case study was done by the African Technology Policy Studies (ATPS)<sup>25</sup> in Lesotho on the cooperation between medical doctors and traditional healers. This study reflects a lack of cooperation between the medical doctor and the traditional healer, giving an indication of no trust.

This research<sup>25</sup> shows that 75.8 per cent of the traditional healers did not attend forums with medical doctors, while only 17.6 per cent reported such attendance. It also shows that as much as 74.7 per cent of medical doctors' side-stepped the answer about their confidence in the traditional healers, while only 1.1 per cent reflected extreme confidence, 7.7 per cent partial confidence and 5.5 per cent very little confidence. A total of 7.7 per cent of medical doctors said they have no confidence at all in the traditional healers. Regarding the involvement of traditional healers with medical doctors in the treatment of patients, the study reflects that only 3.3 per cent of the healers are involved with doctors in patient treatment. As much as 73.6 per cent of the doctors stated clearly that they do not at all involve traditional healers in their practices.<sup>25</sup>

From the above is a clear that the medical doctor does not esteem the traditional healer as a healer. The same can also surely be said of the use of traditional healers as co-workers by medical practitioners.

#### **The present unfriendly official environment of the South African medical doctor**

The South African medical doctor's work environment is not always ideal within the present political dispensation. The one-sided statutory recognition of the traditional healer through the Traditional Health Practitioners Act No 22 (2007) is an excellent example.

In this regard it must be acknowledged that the Traditional Health Practitioners Act No 22 (2007) is far more complicated than the South African healthcare administrators and the already regulated health practitioners understand. Its masked intentions can have far-reaching effects on the future of the South African healthcare sector and its regulated health professionals, especially for the medical doctor, with the Act's recognition of the pre-modern traditional healer and his practice.

Basically, the South African traditional health fraternity can be utilized as a well-orchestrated plan to effectively and quickly destroy all the holy medical grails of the South African modern medical fraternity within this new environment. The current environment has a false, masked South African identity and superficial indigenous cultural distinctiveness and political favouring.

The Traditional Health Practitioners Act No 22 (2007) was basically shaped by two strategy manifestos of the African National Congress (ANC), namely the manifest of the National Democratic Revolution (NDR) of 1969 and the National Health Plan (NHP) of 1994. They have not deviated from these master plans over the years during their efforts to favour various political and cultural preferences, like the traditional healer. This is notwithstanding sound logical, legal and financial arguments against it. This fixed viewpoint has skewed thinking around the rights of individuals and groups, democracy and the incorrect interpretation of the Constitution of South Africa.<sup>40-44</sup>

The 1994 Plan of Reform and Transformation was to activate a multi-faced, multi-cultural and multi-cosmologically South African healthcare system. This plan was started with the establishment of District Health Systems in rural areas, with the focus on empowering the community and the community health worker, of which the traditional healer is one. The main aim, well-masked it

seems, was disarming the South African medical doctor in terms of his established rights and influences.<sup>31,38,40,41,45,46</sup>

This political intent to topple the established western health structure of South Africa, including the medical doctor's empowerment, is clearly reflected in the Plan of Reform and Transformation, where the lower level South African health providers, like the traditional healer, are placed "on top" and "on tap".<sup>38p.8.</sup>

The above intent to restrict the position and powerbase of the medical doctor in the South African health establishment and health services, is also aptly illustrated by the South African governmental efforts to restrict medical doctor's right to choose the place of practice of the traditional healer.<sup>47,48</sup>

Of great importance is Section 49 of the Traditional Health Practitioners Act No 22 (2007), which intends to make the traditional healer a full member of the already established South African fraternity of regulated health professions and to grant him comprehensive rights and privileges within it. This means that an alleged 200,000 traditional healers without any formal medical training, experience and skills and a lack of exposure to modern health facilities, will be set free to heal in South Africa under the official banner of *traditional health practitioner or doctor* with their new-found statutory status. Thousand of traditional clients will become modern health patients of the traditional health practitioners and medical schemes, while the established modern health patients will submit to the traditional healer's services at public facilities without having a choice. The same negativity is applicable to the South African nurses and the other healthcare auxiliaries who will have to work under the authority of the traditional health practitioners without any choice.<sup>18</sup>

It is more than clear that in the near future, the South African medical doctor will be placed in a relationship that is not friendly, cooperative or collegial. The South African traditional healer will be a direct competitor of the doctor in the healthcare market and in relation to the management empowerment of the healthcare establishment. This can mean an enormous decline in income and a degrading in status for the South African medical doctor.

## Discussion

With the Traditional Health Practitioners Act No 22 (2007), a *de facto*, pre-modern religious sect and cult, namely the traditional healer and his practice, was made a *de jure* healthcare practitioner within the South African health

sector. This is a *fact accompli* that will not change under the present regime.

The South African doctor clearly does not see traditional healing as a science. It is a dogma based on the remnants of the old African religions, of which very little is left in South Africa. According to this dogma, the healer is seen as a half-man half-spirit; someone who can evoke spiritual powers from the spiritual world and then communicates to the living. The South African traditional healer can at most be described as a spiritual home-caregiver, spiritual advisor-counsellor or priest. It may possibly be more correct, in terms of the medical doctor's view, to describe him as a lay care worker that is unofficial and unskilled in medicine.<sup>38,49</sup>

On the other hand, the allopathic should acknowledge the existence of an association between them and the traditional healer: for the patients, there is very little difference between Sigmund Freud's psychoanalysis and the so-called pre-modern treatment of the traditional healer or between the psychological and physiological assistance that he is offering to his clients and the treatment of psychiatrists. What is different is the fact that the psychiatrist, medical doctor and psychologist are all scientifically trained and equipped to address biological, cognitive and emotional problems outside the supernatural, witchcraft and bewitching focus of the traditional healer.<sup>50</sup>

It just does not seem possible for the South African traditional health practitioner to be accepted by the highly trained South African medical doctor as a medical health practitioner and colleague. To argue like Gumede<sup>18</sup> that the medical doctor practicing in traditional settings is frequently ignorant of traditional medicine, or that he fails to understand the traditional healer's vocabulary and rationale or that the African system of medicine is centuries older than the Western system - in an effort to make the traditional healer acceptable in modern medicine - is meaningless rhetoric and reflects a bankruptcy of true facts and constructive thinking. As the ATPS study<sup>25</sup> shows, the traditional healer is clearly not on the mind of the medical doctor as his most favoured colleague or as a skilled medical co-worker to assist him.<sup>18,25</sup>

## Strength and limitations

The study clearly explains the dilemma awaiting the formal South African healthcare establishment with the statutory recognition of the traditional healer as a health professional. So far, there has been little interest in or concern for the matter from the side of the South African medical doctor, seeing that the Traditional Health

Practitioners Act No 22 (2007) has basically been in limbo. The political winds of change that have started to blow in South Africa and the activation of Act No 22 (2007) has made the situation a pertinent issue. The main limitation is that the traditional healer and the Act are strongly politically driven within a system that honours a spirit of political correctness, which allows few critics.

### Conclusion

The South African medical doctor knows very well how hard it is to maintain a high standard of practice ethics and services. It was through this professional integrity that a Media24 study found that the trust of the public in the South African medical doctor was 96 per cent, varying from 34 per cent average trust to 62 per cent trust, which is very high.<sup>51</sup> The traditional healer in comparison, can in terms of the Hallard Five Development Stage Scale that reports on the ideologies of traditional healing, be rated in between the lowest position on the scale, namely *complete rejection* and the second lowest scale, namely *coldness to lukewarm*.

It is clear that there is no way that the South African traditional healer can be counted at the professional level of the South African medical doctor or be associated with him as the Traditional Health Practitioners Act No 22 (2007) tries to do.<sup>21</sup> It will be professional suicide for the South African medical doctor to embrace the South African traditional healer, even if they would love do so.

It was inapplicable and unwise to recognize the South African traditional healer as a regulated health professional with the Traditional Health Practitioners Act No 22 (2007) and to force a view of the traditional healer as an equal to the medical doctor in the South African healthcare setup. This is starkly reflected by the traditional healer's graduation ceremony, as describes by Gumede:<sup>18,p.76</sup> *"Flow of blood is an essential part of ceremony. The graduate sangoma stabs the sacrificial beast herself. She drinks the warm blood directly as it flows out of the wound. She swallows mouthfuls but one she spits back into the wound. When the goat has been skinned and opened up the sangoma takes out the gall bladder. The tutor sprinkles her student from head to toe with the gall (By virtue of the powers invested in me I confer upon you.....). This is the part of the sacrifice, the most pleasing to the ancestors"*.

To rub shoulders with the South African traditional health practitioners or not, is the personal choice of every South African medical doctor in the New South Africa. It seems that if it must be done in the future but, the rub will be only with a very light feather from the *umyeko*.

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