

# Will the Traditional Health Practitioners Act (Act No 22, 2007) challenge the holy grails of South African medical doctors?

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## RESEARCH

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## ABSTRACT

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### Background

The South African healthcare establishment is primarily managed and overseen by medical doctors. This powerbase was established over many years, especially after the early 1930s. World War II gave doctors the final approval to take this supervisory and sole decision-making role regarding healthcare training, practice models and other health workers in South Africa. This phenomenon led initially to doctors having a certain jurisdiction to set the pace and to make the rules.

This jurisdiction became more comprehensive and extent with time in South Africa to include a collection of unique medical traditions, customs, privileges, habits, healthcare rights and empowerment as well as exclusive medical training and practice models to become known as the *holy grails* of the South African medical doctors. The power of

these holy grails has become untouchable to anyone outside the medical domain. Since the 1980s, some powers vested in these holy grails have been lost to the allied health professions and to other insiders of the HPCSA brotherhood itself.

The recognition of traditional healers by means of the Traditional Health Practitioners Act (Act No 22, 2007) seems to challenge these holy grails of medical doctors. This may also create internal conflict in the South African medical brotherhood that can cost medical doctors more ground.

### Aims

The study aimed to determine if the Traditional Health Practitioners Act No 22 (2007) challenges the holy grails of South African medical doctors, subsequently affecting the long-established management and guardian system of the medical field within South Africa or the practice rights of medical doctors.

### 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 possible effect of the Traditional Health Practitioners Act No 22 (2007) and traditional healers on the holy grails of South African medical doctors. The findings are offered in narrative form.

### Results

It is clear that South African medical doctors are still largely in charge of all healthcare management. This fraternity serves as gatekeepers in relation to what medical healers are allowed, the level of their training and even their future. Newcomers like the allied and traditional health practitioners are not easily allowed into the medical doctors' domain.

## Conclusion

The South African medical doctors' interests as a specific healthcare provider group seem to be so well established that they give no thought to making dramatic changes to the present-day medical models and systems that they manage. They are not keen to relinquish any significant power as a group within the healthcare domain. This attitude means that the Traditional Health Practitioners Act no 22 (2007) can create enormous problems for South African medical doctors in future.

## Key Words

Allied, allopathic, empowerment, healthcare, holy grails, jurisdiction psychosician

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## What this study adds:

### 1. What is known about this subject?

The powerbase and guardianship of the South African healthcare sector is seldom identified and described.

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

The strong hold that medical doctors have over the country's healthcare sector, including the other healthcare professions, is highlighted.

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

There are definite external and internal political, social, financial and healthcare factors that hold the potential to challenge, even to revoke, the privileged position of the medical doctors in a future South African healthcare system.

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## Background

The modern dominant role and position of South African medical doctors (and supported to a great extent by the dentistry profession) was established over years. It arose out of the European tradition of medicine and practice, which came to the Cape in 1652. It must be noted that the early training of European medical doctors, from which modern South African medical doctors and their training developed, was initially also a haphazard and unregulated affair. The same can be said of the professional status and empowerment of doctors in the early healthcare establishment. However, from the 1800s onwards, the curricula and formal examinations at European medical training schools had changed for the better and this new medical culture was transferred to the Cape by migrating medical doctors. In the 1900s, medical training and management progressed very fast. World War II brought a further new direction to scientific and medical

developments and skills. This progress offered doctors a supervisory position in the health management of the country that has remained up to the present.<sup>1-5</sup>

WWII also brought practice challenges for medical doctors which they could not handle, especially with regard to rehabilitation. This sudden urgency and growing new demands forced South African medical doctors to outsource certain healthcare processes and deliveries. This outcome activated the recruitment of other healthcare providers with the recognition of auxiliary health practitioners, like psychologists, physiotherapists, etc.<sup>2,6-9</sup>

These new healthcare intakes, the management of their practices, empowerment, training abilities, skills and rights, were under the sole supervision of the growing number of South African medical doctors' right from the beginning. This is still the situation today. It is within this context of the medical doctors' superior training, skills and abilities, supposed cognitive and personal giftedness, extraordinary leadership, supervisory and executive talent in healthcare and social management, wise decision making regarding healthcare and personal matters, and the perception that they are the savers and givers of health and life, that their holy grails became established and flourished over time, accompanied by a manifold of specific and unique medical rights and privileges. This progressed over time to form part of an exclusive, closed socio-political, professional and legal unity, the brotherhood of South African medical doctors, nearly untouchable to the outsider.<sup>2,6-9</sup>

The recognition of other health professions as part of the healthcare system started a slow dismantling of medical doctors' role as supervisors and leaders of the South Africa's healthcare establishment. The medical auxiliaries slowly mastered more and more skills and their practice empowerment enlarged. These healthcare professionals developed the need for independence, although still overseen by the Healthcare Professional Council of South Africa (HPCSA). They slowly created their own professional bodies under the auspice of the HPCSA. This dismantling of the guardianship and leadership of medical doctors in the formal South African healthcare sector was exacerbated by the entry of the various allied healthcare professions. This is a process that is still ongoing today, signalling an increasing loss of specific jurisdiction inside their holy grails for medical doctors in South Africa.<sup>2,6-9</sup>

The above process has activated a dormant internal conflict in the South African medical power relations. This conflict started in the old South African Medical and Dental Council

(SAMDC) and was transferred to its successor, the Health Professions Council of South Africa (HPCSA). This conflict is further aggravated for the South African medical doctors by the Allied Health Professional Council of South Africa (AHPCSA) and its various allied healthcare practitioners, like the homeopathic, osteopathic and chiropractor doctors.<sup>2,6–9</sup>

A further newcomer to the scene is the Traditional Health Practitioners Act No 22 (2007) and its *traditional health practitioners*, challenging the holy grails of South African medical doctors even more.

The study aimed to determine if the Traditional Health Practitioners Act No 22 (2007) will challenge the holy grails of South African medical doctors, affecting their long-term management and guardianship of the formal South African healthcare sector.

## Method

This research was done by means of a literature review. This method is aimed at building a viewpoint based on available evidence as research on the subject developed over time. This approach is often used in modern historical research where there is a paucity of information. The databases used were EBSCOHost, Sabinet online and various contemporary sources like newspapers for the period 2014, articles from 1976 to 2016, books for the period 1978 to 2013 and government documents covering the period 1974 to 2007. These sources enable reflection on the development and functioning of the Traditional Health Practitioners Act No 22 (2007) and the holy grails of South African medical doctors as it developed over centuries in the country. These sources also put into perspective the thought and opinions on traditional healers as role players in the present formal South African healthcare sector, endangering the holy grails of medical doctors.<sup>10,11</sup>

The findings of the research are presented in narrative form.

## Results

### **The allied health professions and the first loss of holy grails by the South African medical fraternity**

It is clear that medical doctors (and to a certain extent dentists by means of their inclusion in the Professional Board for Medical Doctors and Dentists) became the holders and bearers of the healthcare authority over the years, starting in the 1900s. They did not easily allow influences or disruptions from outside that would influence their right to manage, steer, plan, lead and execute in the formal healthcare sector. This status quo was disturbed in

the 1950s by the South African supplementary or alternative health groups (today's allied health practitioners) who started to demand statutory recognition, independent from the SAMDC of that time. The medical fraternity initially dealt with this competitor strictly. South African medical doctors declared in 1953 through the Medical Association of South Africa (MASA), that the allied/alternative health fraternity was unscientific and illegal. Provisions were even included in the medical code of the South African medical doctors to prohibit cooperation with allopathic and alternative practitioners<sup>1,3,12</sup>

However, in 1982 the medical doctors of South Africa lost some of their power when the Allied Health Professions Act No 63 (1982) made provision for the regulation of the allied health professions with their own Council (AHPCSA). This council is independent from the guardianship of the Health Professions Act No 56 (1974), which up to that point regulated all the medical professions and auxiliary medical professions under the sole auspice of the South African medical doctors. These alternative health practitioners are fully active in the formal South African healthcare sector today. However, they are a fringe group that occupies less than 5 per cent of the total healthcare market. Thirteen disciplines are currently registered with the AHPCSA, all of them already claiming their own holy grails.<sup>1,3–5</sup>

It must be noted that notwithstanding their five-year medico-scientific training for the MTech (Homoeopathy) degree offered at two South African (SA) universities, homeopaths are still side-lined in the South African formal healthcare, especially by medical doctors. The allopathic fraternity still describe homeopathic medicines as placebos and homeopathic treatment as a risk for human life. Allied healthcare practitioners are still not generally allowed as members of the public health establishment, but are mostly restricted to private practice.<sup>13–22</sup>

### **Silent conflict inside the HPCSA brotherhood**

Over the years, there has been conflict about professional practice rights and status and the limitation on training and the obtaining of specific skills and abilities inside the HPCSA brotherhood. This conflict is even more masked than that between the medical doctor and the allied doctor. There are inside fights between pharmacists, as professionals registered with an independent council (The Pharmacy Act no 53, 1974), and the right of medical doctors to treat patients directly and to prescribe medicine. In addition, there has been a dogfight over the years between psychiatrists and psychologists for professional self-empowerment. Psychiatrists view certain categories of

psychology (educational and industrial) as insufficient to treat adult patients with serious emotional problems. This reflects how the holy grails of medical doctors are endangered inside the HPCSA. The in-fights between the different categories of psychologists registered with the Professional Board of Psychology, which forms part of the HPCSA, about certain medical holy grails transferred to them over time by medical doctors are more intense than reflected to the public. This again confirms not only the down-scaling of the medical holy grails of South African medical doctors, but also that of the HPCSA as formed and guarded by South African medical doctors.<sup>8,9,23–28</sup>

### **Possible future impact of the Traditional Health Practitioners Act No 22 (2007) on the South African medical doctors and their holy grails**

The arrival of traditional health practitioners as another independent group of health practitioners in the formal South African healthcare sector, totally free from the resolutions and implementations of the Health Professions Act No 56 (1974) and the South African medical doctors guardianship as applicable to all the professions inside Act No 56 of 1974, is a dynamic development that can trigger immense changes for the medical doctor.<sup>29</sup>

The Traditional Health Practitioners Act No 22 (2007) directly and openly aims to give traditional health practitioners the same statutory status as that of the allopathic health practitioners in the formal healthcare sector - including public hospitals. Public hospitals used to be the exclusive domain of medical doctors because of their specific and extraordinary training and skills. The traditional health practitioners' substandard training, skills and their strong religious inclinations may put medical doctors under new pressure in respect of their holy grails. It seems in this context as if the Traditional Health Practitioners Act No 22 and the incoming traditional health practitioners pose much more danger to the holy grails of medical doctors than the allied health professions did in 1982. This includes their practice rights, privileges and status, as well as their executive and guardian power.<sup>29</sup>

Two prominent issues can be fore-grounded. First, the pre-modern methodology of traditional healing spells direct and indirect disaster for the official South African health establishment. It directly threatens the regulated medical doctors' position and status as main healthcare providers and healthcare executives in South Africa. Second, the recognition of traditional healers seems to have other serious consequences. The HPCSA specifically and the power of the different professional bodies are endangered.

South African medical doctors are concerned not only about losing more of its dominant role in the overall South African healthcare sector, but also about losing its internal authority over the other regulated, but subordinated professions within the HPCSA brotherhood. This means a further loss of holy grails and a levelling of professions, both within and outside the HPCSA brotherhood. The South African medical doctors fiercely opposed this situation in the past to keep their holy grails intact.<sup>30–33</sup>

For South African medical doctors with their established ethics, traditions, training and professional standards, these various newcomers in healthcare are nothing else than modern imposters with the sole intention to take over parts of the medical holy grails, notwithstanding their seemingly sound arguments and pleas that they are skilled "medical doctors" who are able to deliver comprehensive medical diagnoses and treatments.<sup>30–33</sup>

The above demanding situation requires a choice between adapting and dying for medical doctors. In the past they could deflect all threats as they had political and social favour. In New South Africa, this support system is weak, even hostile sometimes.<sup>29</sup> Revisiting and evaluating their holy grails become unavoidable for South African medical doctors.

It is also worthwhile to note in this regard that after the 1990s medical doctors again lost some ground when the SAMDC, which conferred enormous power on the medical profession, was replaced with the more democratic HPCSA. In the HPCSA the different professional bodies were empowered, empowering the so called auxiliary medical practitioners.<sup>4</sup>

Another important outcome of the Traditional Health Practitioners Act No 22 (2007) is the right of traditional healers (including White traditional healers that are becoming prominent) to prescribe medicinal mixtures and mutis. This outcome, although possibly not intentionally intended by the Traditional Health Practitioners Act No 22 (2007) to influence the allopathic doctors maliciously, can restart, as previous already indicated, a long-time lingering conflict inside the already regulated health professions within or outside the HPCSA. The prohibition of psychologists, pharmacists and nurses to prescribe independently medicines are of particular relevance. It is a problem that has been demanding attention since the 1970s, but it was put aside and neutralized, first by the SAMDC and later by the HPCSA, as part of the dominance of the medical doctors (and to a certain extent the dentists).

Losing such exclusiveness on practice rights would mean the direct collapse of the South African medical doctors' holy grails.<sup>25,27,28,34–37</sup>

The various resolutions of the Traditional Health Practitioners Act No 22 (2007) and its future legal and professional implementation can cause widespread disruption and conflict inside the HPCSA itself. It can lead to sudden and unexpected challenges for medical doctors, challenges they have never had to deal with before and that they are not geared to face with effective constructive counter-actions.<sup>25,27,28,34–37</sup>

One example is the future position of psychologists as equal members with the medical doctors and dentists in terms of the resolutions of the Health Professions Act No 56 (1974) and not as auxiliary healthcare practitioners. They are also both equal to the untrained traditional health practitioner who is now allowed to prescribe traditional mixtures to treat mental problems. The fact that psychologists, who are in possession of recognized Master's degrees in psychology - with many psychologists also obtaining qualifications in pharmacy, anatomy and physiology and doctoral degrees in Psychology - are still prohibited from prescribing any medicine, notwithstanding their clear position in terms of the Health Professions Act No 56 (1974), is creating more and more tension. The traditional health practitioners' right to make and prescribe medicines spells conflict. Also the right of the traditional health practitioners to be called the courtesy title *doctor* (as with all the allied health professions of South Africa), while the psychologists registered in terms of the Health Professions Act No 56 (1974) as equal to the medical doctors are not allowed this privilege (only with a real doctorate), reflects discrimination towards the psychologists inside the HPCSA. Together the psychologists and the traditional health practitioners can form a future partnership that has the potential to damage the holy grails of South African medical doctors.<sup>25,27,28,34–37</sup>

It is clear that the Traditional Health Practitioners Act No 22 (2007) can activate shifts in professional registrations. Psychologists can for instance move away from the HPCSA and Board of Psychology to registrations as traditional health practitioners with the Traditional Health Practitioners Council of South Africa (THPCSA). It is an open question why psychologists would stay in a registration and with a council/board that limits their practice rights and privileges just to benefit the South African medical doctors. Why would they keep to "talking therapy" when they can also practice "pill therapy" and maximize their practice skills and

income like the traditional health practitioners intend to do?

If the Interim Council of Traditional Health Practitioners recognizes the dilemma that the Traditional Health Practitioners Act No 22 (2007) can create for the already-regulated health boards inside the HPCSA regarding their limited and the discriminating practice rights and privileges, they can use this dilemma as an opportunity to recruit regulated practitioners like the psychologists, the pharmacists and the nurses from the HPCSA and the Pharmaceutical Council of South Africa and the Nursing Council of South Africa as traditional healers. They can strengthen their professional position. Such recruiting can offer them established manpower, leadership and a powerful direction, far away from the restrictions of the present. It can change the face of the South African professional healthcare and delivery dramatically.

### **The South African Healthcare Acts and the upkeep of medical holy grails**

It is of utmost importance that the South African government also revisits the country's various health acts. This includes the South African Pharmacy Act (No 53, 1974), the Health Professions Act (No 56, 1974) and the Nursing Act (No 33, 2005) to see if they are still applicable to the South African scenario and the needs of present-day South African patients. It is also of importance to consider the rigid authority of medical doctors, which exclusively favours the South African medical doctors in the formal healthcare sector. If the government could inaugurate and implement the Traditional Health Practitioners Act No 22 (2007) despite the opinions and will of the regulated health professions, especially the dominating medical doctors inside the HPCSA, what would stop the government from revising all acts on health, pharmacy and the nursing professions to give the regulated practitioners greater practice rights and to diminish the authority of the South African medical doctors?

Better health service can be offered if the South African government changes the rule that only the medical and dental practitioners may prescribe independently, especially in rural areas. Effective healthcare professionals can then take over this task from traditional health practitioners.<sup>25,38</sup>

### **New generation of mental health professions**

The fact that more than 30 per cent of the total South African population experiences mental health illnesses and that 75 per cent of them will never receive any psychological and psychiatric treatment, while in the public health sector up to 80 per cent of these cases are neglected,

has brought about a change in the minds of some South African medical doctors, although a minority group, regarding the psychologist, pharmacist and nurse's right to prescribe. The fact that the modern medical doctors' ratio to patients is only 0.8 per 1,000 (against the WHO ideal ratio of 1.67 per 1,000), makes the dispensing training of the psychologist, pharmacist and nurse enticing.<sup>31,39–41</sup>

It is in this context that traditional healers are starting to make inroads into the formal healthcare sector through the Traditional Health Practitioners Act No 22 (2007), even though it is minimal at the moment.

It is of great interest to note that the USA has already started to empower psychologists to dispense. In two US states, New Mexico and Louisiana, some psychologists with post-doctoral pharmacology training, have been granted prescriptive authority for certain mental health disorders upon agreement with the patients' physician. Medical doctors in South Africa would have to consider such an option if they want to still be in the health domain in 10 or 20 years from now and they want to keep their holy grails. This is a hope that can be disappointed by the entry of traditional healers.<sup>2,5,27,42</sup>

Is it not time for new healthcare professionals and health training, like the *psychosician* (psychologist-psychiatrist inbred), *pharmacist-diagnostician* and the *nurse-diagnostician*? Is it not time to merge the pharmacist and the naturopath/homeopath/phytotherapist (herbalist) of the allied professions? The medical doctors must accept that changes to its system and models are unavoidable. Its present practice models are not affordable anymore for the poor of South Africa<sup>25,27,31,42</sup>

## Discussion

In South Africa, authority in the medical and healthcare environment is still mostly the prerogative of modern-day medical doctors who are still embedded in not only their "on top" and "on tap"-status, but also to a certain extent by some with financial self-interest that make them blind for local and international changes in the types of healthcare practitioners available, their training and their new empowerment. It also missed out many medical doctors that their traditional established training and professional model, giving them their powerbase in the past, is undergoing fast enormous changes and recalling in developed countries. This is a situation that will surely be followed in South Africa in a decade or two. Changes in the mindset of the present-day medical doctor regarding power division, status, exclusive practitioner rights and financial

self-enrichment, cannot be delayed or ignored. It must be noted that the present South African government's attitude towards an exclusive European/Western context and doings in medical care and management, are indeed changing. Sometimes this is very noticeable, but mostly it goes unnoticed. The South African government's political dimensions have broadened as a result of its admission to the BRICS Alliance, a group with its own, unique approaches to medical training and models, as the People's Republic of China has already demonstrated. South Africa's friend, Cuba, has already given us a good lesson on how effective medical training can be different from ours, yet be done on a great scale. Forced changes to the system and models of the South African medical establishment can and may happen surprisingly fast in the near future. It will therefore be wise for the South African medical doctors to be prepared and to act preventatively.

It is better for a profession to change positively than to be forced backwards, a negative situation that the South African medical doctors is seemingly slowly starting to slide into. The negative actions aimed at the modern health sector by means of the Traditional Health Practitioners Act No 22 (2007) and due the present government's dislike for the European/Western health establishment, are strong destructive indicators for the holy grails of medical doctors.<sup>4,25,27,29–37,42–53</sup>

The Traditional Health Practitioners Act (Act No 22, 2007) is far more complicated and powerful than what the South African healthcare administrators, the public and the regulated health professions think. As said, the Act can have far-reaching effects on the future of the healthcare sector and its regulated health professionals in South Africa beyond its recognition of the pre-modern traditional healer and his practice. It is undoubtedly going to challenge medical doctors, both directly and indirectly.

## Strengths and limitations

There is a paucity of South African studies that focus on the power of medical doctors. This study does so, specifically by looking at the possible future impact of the traditional healer and the Traditional Health Practitioners Act No 22 (2007) on their holy grails.

## Conclusion

South African traditional health practitioners can, with their masked African identity and superficial indigenous-cultural distinctiveness and political favouring, become a well-planned stimulus to destroy the position of medical doctors in the South African healthcare society. This negative impact

can also destroy the medical holy grails of the modern medical doctors; especially the degree of power and rights of the medical doctors of South Africa. The Traditional Health Practitioners Act No 22 (2007) is a confrontational piece of legislation, intended to take on the South African medical doctors and their authority.

The authors believe that the Traditional Health Practitioners Act No 22 (2007) will challenge the holy grails of South African medical doctors, affecting their long-term management and guardian system and their exclusive practice rights within the formal South African healthcare sector.

We also believe there are other role players, some even within the HPCSA brotherhood, who may support the Traditional Health Practitioners Act No 22 (2007) in its aim to take over the holy grails of the South African medical doctors, fully or partially, in the near future.

It is time that South African medical doctor's look in the "mirror" to revisit their power, privileged rights and dominant position in the South African formal healthcare sector. They should devise a strategy to ward off the intrusion of traditional healers of their holy grails.

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#### PEER REVIEW

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#### CONFLICTS OF INTEREST

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