

The Traditional Health Practitioners Act No 22 (2007): A godsend or an act that spells doom for South Africa's healthcare?

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RESEARCH

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ABSTRACT

Background

South Africa's development and growth in healthcare since the 1900s is phenomenal, but certain present-day healthcare policies such as the Traditional Health Practitioners Act (Act No 22, 2007), could jeopardize it.

Aims

The study aims to determine if the Traditional Health Practitioners Act No 22 is a godsend to the South African healthcare or if there is an indication of doom.

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 thinking and opinions

around the contribution of the Traditional Health Practitioners Act No 22 of 2007 to the South African healthcare sector. The findings are offered in narrative form.

Results

It seems that the Traditional Health Practitioners Act No 22 (2007) was promulgated without comprehensive exploratory research and an in-depth consultation with all the role-players involved in South Africa's healthcare, especially the already statutory registered health professionals.

Conclusion

Political influences played a strong part in the promulgation of the Traditional Health Practitioners Act in 2007. In 2017 it is still not fully operational and the indication is that it will take years for the traditional health practitioner to become a full member of the health sector, if ever. This health Act can cause serious long-term disturbances for the already established healthcare practitioners and the statutory healthcare sector.

Key Words

Traditional healer, traditional health, traditional philosophy, pre-modern, medical mixtures, public health, statutory status

What this study adds:

1. What is known about this subject?

Very little research has been done on the possible effects of the Traditional Health Practitioners Act No 22 (2007) on South African healthcare.

2. What new information is offered in this study?

The study suggests erroneous thinking and naivety among the legal draftsmen of the parliament regarding the

devastating effect that Act No 22 (2007) can have on South African healthcare.

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

A new, well-planned initiative to revise or even to recall the Traditional Health Practitioners Act No 22 (2007).

Background

South Africa's healthcare system is supported by excellent laws that regulate its healthcare practitioners. These laws assure that the health practices, ethics and training of its practitioners are world class, and that the future development of the healthcare establishment and its services will at all times benefit South Africans.

The Traditional Health Practitioners Act No 22 (2007), with the sole aim of recognizing the traditional healer as a statutory health professional within the healthcare establishment, appears to reflect negative manifestations that could do the healthcare serious damage. The Act elicited controversy when it was first promulgated in 2003 because it was seen as pre-modern health legislation for a modern society. Furthermore, it was not well-research in respect of the need for traditional health, the negative effect that it could have on general healthcare or established health professions and other long-term consequences. Neither was its level and standards of training ever properly debated.¹⁻⁶

Method

The research was done by means of a literature review. This method entails formulating a view based on the available research evidence. This approach is used in modern historical research where there is a lack of information on a topic. The databases used were EBSCOHost, Sabinet online and various contemporary sources like newspapers for the period 1984 to 2014, articles from 1978 to 2016, books for the period 1990 to 2014 and governmental documents covering the period 1957 to 2015. These sources were probed to find out if the Traditional Health Act No 22 (2007) is a godsend or an act that spells doom for the South Africa's Healthcare.

The findings are offered in narrative form.

Results

There are few fields within healthcare world-wide that elicits such controversy as traditional healthcare. South

Africa's traditional healthcare issue is therefore not an exception.

Much of the South African literature on traditional healthcare stretches over more than 50 years and offers various opinions, meanings, views, postulations, generalizations and myths about the good nature, excellent healing abilities, distinctiveness and indispensability of the traditional healer. These literature, for instance, states that between 60-95 per cent of all South Africans regularly consult traditional healers before consulting modern doctors and that there are 200,000 traditional healers in practice compared to 30,000 medical doctors. Traditional healers are cited as an important national health resource and the literature claims that there is at present a dramatic evolution in "traditional medicine". It is further cited that patients prefer the holistic treatment approach of the traditional healer above an allopathic one. It is stated that 60 per cent of South African babies have been delivered by traditional attendants. The literature argues that the European/Western previous governments of South African have discriminated against indigenous healthcare, limiting its capacity. According to this argument, Apartheid and White supremacy led specifically to the underdevelopment of traditional healing in South Africa.⁷⁻⁴³

One-sided, superficial and unspecific research on traditional healing

An in-depth review of official and popular literature on South African traditional healing shows a very one-sided, superficial and unscientific research approach and reporting: one that is based most times on repeated quotations of old, and not always trustworthy, information. Explicit descriptions and analyses, based on sound and in-depth research of historical events and facts, reliable and well-reported statistics and other supportive evidence to enlighten the role of the traditional healer, are completely missing from most literature.¹⁰⁻¹⁴

The unfounded claims of traditional healers that they act as a medium with the ancestral spirits; that they are able to interpret messages from the ancestors; that they can bring luck, fidelity, or make rainmaking; that through their distribution of muti around and about the kraal, they can ward off lightening or cause the witch discomfort in her bad endeavours; that they can with muti destroy the powers in other people and can have people contract fatal diseases; are seemingly all accepted by the propagandists and many reporting researchers (mostly well-trained Europeans and Westerners) as true and good personal and practitioner's talents.^{1-4,22,23}

This point of view is maintained, notwithstanding the fact that it is false and in conflict with modern health therapy and treatment. It is also contrary to the Witchcraft Suppression Act (No 3 of 1957) as amended by Acts No 50 of 1970 and No 33 of 1997 of South Africa to combat the evil behaviour of the traditional healer. Mental impairment (especially the schizophrenic and the antisocial personality disorders), seemingly a major characteristic of the traditional healer, are accepted as normal. They are defined as essential parts of indigenous people's culture. This view stretches a so-called "African Culture" of South Africa as real and correct to excuse abhorrent behaviour. Even the Traditional Health Practitioners Act No 22 (2007) defines the term *traditional philosophy* with the words "uses of traditional medicines communicated from ancestors to descendants" as a normal part of life and mental phenomenon to be accepted unquestioningly by all South Africans because it is a formal part of the Act.⁴⁴⁻⁵⁰

Well-structured introduction plan for traditional health since 1969

The introduction and offering of the traditional healer to the general public of South Africa as a health practitioner has been well-structured and planned, especially since 1994. Political and emotional rhetoric about the traditional healer and his "unique medicine" as a victim of colonial powers, the South African Apartheid regime and the Western/European health fraternity, became standard remarks in speeches, articles and other publications.^{1-4,28,33}

Even the good name of various South African medical research bodies have been clouded over by the South African traditional healers and their misleading statements about their alleged distinctive role in the manufacturing and sales of so-called "traditional medicines", or more specifically pre-modern medical products. General information, based on worldwide references, is falsified and used excessively and out of context for the South African scenario.³

Compiling a trustworthy profile of the South African traditional healer and his medical products outside political and emotional rhetoric and other superficial literature like the above, is impossible. It is not possible to ascertain member numbers, levels of expertise, school and professional training, ethics, public needs and consultation ratios, or the ratio between Western healers and traditional healers. If the above descriptions and superficial literature are used, we will only arrive at falsities, like many South African studies on traditional healing already reflect. To put traditional healing in perspective, the Traditional Health Practitioners Act No 22 (2007) must first be analysed and

interpreted thoroughly as the starting point of research and discussion. Only after that can the assumptions, generalizations, deceptions and myths around it, be taken into account.⁵

The post-1994 South African government, together with activists and propagandists of traditional healing, seem to have ensured that a multifaceted, multicultural and multi-cosmological context for health and mental healthcare delivery has come to pass; one that includes traditional healers, no matter the costs, risks and uncertainty that this entails. All legitimate objections against the traditional healer and the status of traditional healing as an official health service were ignored and trashed with a well-planned strategy, starting as early as the 1960s. The plan or strategy is clear, namely, to use the new democracy of South Africa as a vehicle to change remnants of the pre-1994 political, economical and social scenario, which included the establishment of a Western and European healthcare sector and the already regulated health professions.^{10-13,23,51-62}

This perspective seems to reflect the fast-tracked process to recognize the traditional practitioners statutorily with the Traditional Health Practitioners Act (Act No 22, 2007). There were precautions to avoid pitfalls. In connection with the above, it must be remembered that the hay-day of the political emancipation, that started in 1969 with the National Democratic Revolution (NDR) of the ANC, was aimed at establishing a considerable degree of self-determination by indigenous South Africans, whether applicable or not. The postulation then was that health services should be based on a mixed socialist-capitalist economy and a socialized or nationalized form of healthcare services, open for service delivery to all. Internal inputs to the new health plan were led by the National Health Committee of the ANC, the United Democratic Front (UDF) and its affiliate, the National Alternative Medical and Dental Association (NAMDA), NEHAWU, the Inkatha Freedom Party (IFP), the National Progressive Primary Health Care Network (NPPHCN) and Doctors for Life (DFL) International. Very little has changed since then on this 1969 revolution master plan, nor has there been any consideration of its possible negative consequences.^{1,10-13,17,20,23,60,63,64}

The ANC stated again in 1994 in its Health Plan, without offering any sound argumentation or facts, that indigenous cultural preferences, like traditional healing, would become an integral and recognized part of healthcare in South Africa. The basic view is that the consumer must have the right to choose a health practitioner, notwithstanding whether that health practitioner is the best for him or her

or society as a whole in terms of training, risk, safety and know-how. To reach this objective, the ANC aimed to change health legislation to facilitate the controlled use of the traditional healer, but at the same time to take total charge of the entire healthcare and its already regulated practitioners in South Africa.^{10-13,31,60}

Foreign role players in the promotion of traditional healers in South Africa were the African Union (AU), which, with its declaration in 2001 of the *Decade of African Traditional Medicine*, acknowledged the role played by traditional “medicine” and the need to integrate it into national health systems of African countries. The same is valid for the World Health Organization (WHO), with its 1978 *Alma-Ata Declaration of Primary Health Care*, when it recognized and endorsed traditional “medicine”. This was followed by its *Traditional Medicine Strategy 2002 to 2005* and various other WHO guidelines, which all emphasized the integration of traditional health into national healthcare in Africa.^{31,39-42,54,65-71}

A massive infiltration into South Africa’s governmental law-making and executive agencies by traditional healers and their co-agents, is also evident.⁷² A good example of this in-depth infiltration was the remark in 2013 by the then Deputy Minister of Health when she stated that it is the government’s goal to integrate Traditional Health Medicine into the National Health System as soon as possible. She also made known that many primary healthcare facilities and hospitals are already working with traditional health practitioners with governmental approval to contain childhood diseases like diarrhoea and vomiting, HIV/AIDS and TB, mental illness and many others, as well that many traditional health practitioners sit on clinic committees, hospital boards, district health committees and provincial and national advisory structures.⁷³

Objection and resistance to the Traditional Health Practitioners Act No 22 (2007) were minimal and unimpressive. The fact that the Traditional Practitioners Bill of 2003 passed through Parliament without a single objection or formal protest from a parliamentarian (either by the ANC as the ruler and the DA as the opposition), reflects the extreme and comprehensive emotional, political and cultural domination and drive to promulgate the Act at that time. The lack of objection was notwithstanding the fact that all the parliamentarians should have had knowledge of the future high costs to implement the Act, its lack of sound training, its negative effect on the health sector and the already regulated health professionals, as well as the fact that it would take years to organize the

traditional healers’ unorganized and undisciplined system.^{5,74}

Discussion

The main issue for the post-1994 government has been the balancing act between sensitive “African” beliefs and customs, which were widespread among its loyal voters and supporters (however illogical, outdated and unscientific in comparison to modern scientific thinking, practice and facts it may have been) and a more westernized approach. The support from the more traditional citizens led to the enactment of laws, not always successfully, to manage “African tradition” by way of the legal system and to cope specifically with the problem of diversity among its people, including both the developed and undeveloped sectors. The Traditional Health Practitioners Act No 22 (2007) is such a legal outcome.⁷⁵

This also reflects, inside this “African tradition”, the beginning of a new, post-1994 policy of political correctness, notwithstanding its hypocrisy and detriment to the individual’s constitutional rights. This new policy replaced the old, pre-1994 suppressing policy of the Apartheid regime very successfully. This means the continuation of a policy of no tolerance of any criticism by the so-called democratic, post-1994 government on their decisions, legislations, opinions and doings. This lack of opposition includes all the governmental, semi-governmental agencies and non-governmental organizations. It seems to be only the Treatment Action Campaign (TAC) that has not warmed up to traditional healing as a formal medicine partner in the health sector. The DFL (although an initial role player in the establishment of the Traditional Health Practitioner’s Act), did resist it in a court case, but they focussed more on legal protocol.^{1,4,23,54,59}

Up to this point, the general view has been that the official opposition in Parliament seems only to be focussed on the impact that the Witchcraft Suppression Act No 3 (1957) can have on the constitutional rights of pagans, their religious and cultural beliefs, and the illegal identification of persons as witches and witch-hunting crimes, instead of focussing on the primary negative impact of the Traditional Health Practitioners Act No 22 (2007) on public health and discipline.⁶⁰

Strength and limitations

The research highlighted the erroneous thinking and arguments of propagandists, activists and politicians in South Africa involved in the promulgation of a pre-modern

health act and the statutory recognition of an oracle as a health practitioner.

This research does not fit in with the mind-sets of present-day believers in traditional healing in South Africa. In their under-writing of the post-1994 policy of political correctness, it will be ignored.

Conclusion

The new crippling, dominating and devouring influences of the post-1994 cultural-political setup of South Africa on its existing modern establishments, like healthcare (which the neo-1994 political activists allege purely developed out of colonial and Apartheid regimes and which they see as still sustained by the post-1994 political set-up), led thereto that many people in public life are remaining quiet about the traditional healer as a new regulated health service partner. This includes people in healthcare, in academia and journalism, not only because they want to be politically correct, but also to stay out of conflict with or victimization by the present regime. They refrain completely from any criticism or even an opinion on health, religious, cultural, indigenous and political phenomena. A curtain of "silence" has been drawn and the rights of the minority became subdued to that of the majority.^{5,60,62,76-88}

It is therefore no surprise that the Traditional Health Practitioners Act No 22 (2007) has become a very dominating pivot, encircled by opportunistic, emotional and political agenda, false cultural distinctiveness and pseudo neo-African (but many times aged and outdated African) intentions. It is projected as the *saviour* of the traditional healer and his indigenous culture and the *solver* of the health problems of South Africa's poor people.⁵

Seeing that the Traditional Health Practitioners Act No 22 (2007) occupied over 11 years of formal parliamentary plodding to reach promulgation, but is still not fully operational in 2017, it is doubtful that it has a solid enough legal foundation, empowerment and focus to obtain true statutory status for the traditional health practitioner in the future. It is also doubtful if the traditional healer is equipped (in terms of education, training and skills) to be made a successful full member of the health sector.

This doubt is confirmed by the intended Regulation No 1052 (2015) that aims to give some guidelines as to how the Traditional Health Practitioners Act No 22 (2007) can get a seat in the healthcare sector. The wariness since 1994 by the government not to repeal the Witchcraft Suppression Act (No 3 of 1957, as amended), seems a further indication

of doubt regarding the desirability of the traditional healer as a professional health practitioner and possible fear that the traditional healer's practice can get out of control inside the established healthcare sector and its services.^{6,89}

Two opposing research questions are reflected by this research. *Is the Traditional Health Practitioners Act of 2007 a godsend for South Africa? Versus: Is the Traditional Health Practitioner Act an act that brings doom for South Africa's healthcare?*

From this study, it is justified to conclude that the Traditional Health Practitioners Act No 22 (2007) spells doom for South African healthcare. The evidence is that it does not have a place in the honourable collection of South African health laws.

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