



The traditional healer as part of the primary health care team?

There is a global trend in health care away from the doctor-centred towards the patient-centred approach. This implies respect for patient autonomy and free choice in health care options. One of these options in South Africa is the African traditional healer, who still plays a significant role in the everyday life of the majority of the black population. An analysis was undertaken to investigate if it is feasible to include the traditional healer in the primary health care team and to achieve true co-operation between the modern and the traditional health care sector. The problem was considered from the viewpoint of the four major stakeholders: consumers, modern physicians, traditional healers and government.

With regard to health care consumers it was found that traditional healers are still firmly established health care providers in their respective communities. They are familiar to their clients. Both share the same language and world view. Health and illness are perceived in the same light. Healers are consulted for a wide range of physical, psychological, spiritual, moral and social problems.¹ Another important reason for seeking the healer's ministrations is prevention of illness and misfortune.²

Modern physicians were found to be rather sceptical with regard to traditional healers, perhaps with the exception of mental health care workers. The general consensus is that the available information on safety and efficacy of traditional medicine is far too scanty. Traditional healing is rated as anything from beneficial to outright dangerous or even fatal.³ The most frequently aired objection by modern medical personnel against traditional healers is their failure to acknowledge the limits of their skills and competence and an associated reluctance to refer patients timeously.⁴ And from the ethical/legal point of view there is the major obstacle posed by the largely unregulated state of traditional medicine, with its lack of uniform standards of training and practice and effective disciplinary mechanisms. Since there is no register of bona fide healers, it is difficult if not impossible to distinguish between qualified healers and charlatans.

On the part of the traditional practitioners there is often interest in better co-operation with modern health care personnel. Many healers are keen to learn more about modern medicine and are willing to undergo some sort of training in order to improve their healing skills. However, there are others who do not wish to be trained. This applies, for example, to those who feel that their calling comes from God or the ancestors, and who regard dreams and revelations as the source of their knowledge.⁵ While registration may be regarded as conferring legitimacy, respectability and authority on traditional medicine, suspicion often remains as to the motives for the need for registration. In addition, national accreditation

may pose more problems than assessment of qualifications at the local level. One of the main concerns of healers is probably to protect themselves against exploitation by Western researchers and pharmaceutical companies. They also do not wish to be seen as weak junior professionals of low status.

Government has held its same position since 1994, when the National Health Plan was adopted in which it committed itself to involving traditional healers in the official health services.⁶ The White Paper on the Transformation of the Health System in South Africa of 1997 provides that traditional practitioners and traditional midwives should be recognised as an important component of the broader health care team. The National Health Bill of 2001 lists as one of the district functions the facilitation of co-operation between all health care providers in the district, including general, traditional and complementary practitioners. The Traditional Health Practitioners Bill went before Parliament in September 2004.

In summarising the abovementioned facts, African traditional healing is part of African culture and essential for the health and well-being of a great part of the black population. The healer understands the significance of ancestral spirits, he shares the belief in supernatural forces, and he identifies with the reality of witches. However, clients also value the efficacy of modern scientific medicine and have generally managed to become dual health care consumers in the sense that they use both medical sectors interchangeably, consecutively or even concurrently for the various aspects of one and the same condition. Broadly speaking, the traditional healer is consulted to explain the cause of an illness, and the medical doctor is visited to relieve the physical symptoms.⁷ In this way the two sectors complement each other.

Mainstream medicine today is one of the most highly regulated of all socio-economic activities, the epitome of a profession, and laws regulating the practice of modern scientific medicine are universal. They are essential both to provide the medical practitioner with legal protection and to safeguard the public from unqualified medical treatment. The Traditional Health Practitioners Act of 2004 will go a long way in allaying fears of charlatanism, but one basic concern remains. It arises from the very nature of traditional medicine with its strong religious, magical, spiritual and other supernatural dimensions that militate against any formal structuring of knowledge in the way professionalism may require. To a large extent, traditional medicine cannot be taught, assessed or subjected to standardised tests of competence and proficiency.

There are inadequate health care resources to provide modern health care to all people in South Africa. In addition, the biomedical approach of modern scientific medicine is



unable to treat, or at best only partially equipped for treating, the whole range of illnesses to be found in Africa, while the traditional medical system may be well suited to meet the social and psychological needs not met by the Western style of care.

The traditional medical sector represents a vast manpower resource: approximately 300 000 traditional healers compared with just under 32 000 medical doctors as registered with the HPCSA in 2003. Effective utilisation could help to achieve total health care coverage through acceptable and economically feasible means. Through statutory regulation it is hoped to see traditional medicine practised in a safe and competent manner. Traditional healers as part of the primary health care team have an enormous potential in treating many prevailing illnesses, educating people in various aspects of preventable conditions and at the same time bridging the cultural gap in the concept

of health and disease, thus making healing more culturally appropriate.

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IN BRIEF

Best approach to taking out thyroid may be axillary

Amazingly, the best approach to removing a diseased thyroid may be from under the arm, according to a study published in the August issue of the journal *Laryngoscope*. Dr David J Terris, Porubsky Professor and Chair of the Medical College of Georgia (MCG) Department of Otolaryngology-Head and Neck Surgery and the article's lead author, used pigs as his animal model. Terris and his colleagues were the first to compare five different minimally invasive approaches. While the more distant approach through the armpit takes a little longer, the inconspicuous scars make it worth that effort. The standard approach in the United States to removing half or all of the thyroid gland remains direct access through a several-inch incision near the base of the neck. But Terris predicts that this procedure also will change in the USA as it has for many surgeries. Now that he has completed the animal studies, he plans to test the axillary approach for thyroid removal in cadavers before using it in his clinical practice. Terris has already received clinical approval from MCG's Institutional Review Board to use his novel approach to remove lymph nodes and salivary glands in a small number of patients; once he has completed the small clinical study, he plans to offer that approach routinely.

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