

Traditional values in modern practice

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Abstract

In South Africa's multicultural and multiethnic population, many people consult with traditional health practitioners in order to receive treatment for a variety of problems. However, the semantics around the term "traditional health practitioner" need to be explored. This is because it is argued that allopathic health practitioners are also often traditional health practitioners, not with regard to the health care that they dispense, but in the way in which they engage with their clients. Traditional values of respect for the person, compassion and empathy are, and should be, routinely included in interactions with clients. This introduces a "traditional" character to "modern" interventions. This paper proposes that traditional healing terminology is not only limited to "traditional health practitioners," but also extends to "modern health practitioners," and that traditional medicine should not be supercilious in the way it considers itself to be more humane than allopathic medicine.

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The issue of semantics

In discussions in medical and allied medical circles, "traditional" refers to the practice of the African traditional practitioner. Use of the word "traditional" can be confusing, as it refers to persons practising traditional medicine as per the Traditional Health Practitioners Bill. According to the bill, "traditional health practitioner" refers to a person registered under this act in one or more of the categories of traditional health practitioners. This includes diviners, herbalists, traditional birth attendants and traditional surgeons.² However, "traditional" does not acknowledge allopathic practitioners who prescribe to traditional philosophies. Who is to say that an allopathic practitioner cannot share traditional ideologies, beliefs, opinions, morals, ethics and customs? For example, these could extend to respect for persons, deference for elders, reverence for authority figures, family centredness, compassion, empathy and even *Ubuntu*. More specifically, the term "African traditional practitioner" is even more confusing, because it is unclear whether "African" refers to the practitioner, the values or origin of the methods. This paper does not imply or suggest that allopathic practitioners are, or should be, engaging in practices such as throwing the bones and consulting with the ancestors. Instead, it proposes that there are many modern healthcare practitioners who uphold the same values, morals, cultural affiliations and traditions as

traditional practitioners in their interactions with clients. It suggests that just because they practise allopathic medicine, it is mistakenly believed that they do not care about, respect or value their clients in the same way that a traditional practitioner does.

There appears to be a perception that traditional practitioners are more attuned to people's needs. According to Lissah Mtalane, a former provincial Deputy Minister of Health, this is because "they fit the psychology of our people".³ This perception seems to suggest that traditional practitioners are best suited to provide health services to people because they are traditional. However, traditional medicine is not necessarily safer or better than allopathic medicine.⁴ Therefore, the title "traditional health practitioner" should not be the sole domain of those to whom the Traditional Health Practitioners Bill refers because allopathic health practitioners can adopt and prescribe to the aforementioned traditional values and philosophies. The Traditional Health Practitioners Bill specifically sets out definitions of the tenets of traditional healing practices.² More specifically, it defines traditional health practice as the performance of a function, activity, process or service based on a traditional philosophy that includes the utilisation of traditional medicine or traditional practice, and which has as its objective:

- The maintenance or restoration of physical or mental health or function; or

- The diagnosis, treatment, or prevention of a physical or mental illness; or
- The rehabilitation of a person to enable that person to resume normal functioning within the family or community; or
- The physical or mental preparation of an individual for puberty, adulthood, pregnancy, childbirth and death, but excludes the professional activities of a person practising 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.²

Although the bill seems to distinguish between traditional practices and those of modern healthcare practitioners, this definition does not appear to account for the traditional values that may be shared by both those practitioners described as “traditional” and those described as “modern.” A definition is also provided for “traditional philosophy,” namely indigenous African techniques, principles, theories, ideologies, beliefs, opinions and customs, and uses of traditional medicines communicated from ancestors to descendants or from generations to generations, with or without written documentation, whether supported by science or not, and which are generally used in traditional health practice.²

This philosophy appears to include facets of a more humane approach to engaging with clients, as outlined in the joint American and European Charter on Medical Professionalism, by referring to the fundamental principles of the primacy of the patient’s welfare, respect for the patient’s autonomy and social justice.¹ Therefore, it can be argued that both traditional and modern practitioners can practise from the same traditional philosophy of respect for the client, but may implement their practices differently. Therefore, modern practitioners can be traditional in their personal engagement and interaction with clients.

Culture and health

In South Africa, the isiZulu term *ukufa kwabantu* literally means “diseases of the people” and refers to illnesses that are culturally specific and culturally treated.⁵ More specifically, *ukufa kwabantu* suggests that interpretation of symptoms is bound by cultural beliefs.⁴ Due to the large cultural variety in South Africa, *ukufa kwabantu* can be equated to *ukufa kwamaXhosa* in isiXhosa, *Malwetsi a Batho* in Northern Sotho and *Mafu a Batho* in Southern Sotho.⁴ These terms suggest that culture appears to have

a great influence on people’s behaviour when they seek help, which implies the need for a treatment based on these culturally specific beliefs. In order for modern ideas about health and intervention to be more easily accepted by patients who may ascribe to traditional values and beliefs, it appears as though modern practitioners who are in tune with their clients’ needs may engage more successfully with their clients by avoiding a clash of social paradigms.⁶ It is proposed that when the clinician and clients share the same values, this shared philosophy may contribute towards engendering confidence in modern practitioners by people who have traditional world views.

Phatlane argues that South Africa’s history of segregation and subsequent inequality and poverty resulted in many people not having access to Westernised medical systems, which resulted in a search for traditional healing methods to alleviate illness.⁷ Morris suggests that people found reassurance in traditional healers because they offered an intervention with which they could identify.³ More specifically, it appears as though this personal connection between the practitioner and client went a long way towards the perceived effectiveness of interventions. The inclination towards traditional healing seems to reinforce the premise that if a patient’s world view is congruent with that of the medical practitioner, or is at least understood by the practitioner, he/she may better accept the diagnosis and the suggested treatment options.

Kaler believes that to maximise the effectiveness of modern healthcare programmes, modern practitioners need to be aware of, as well as recognise and work within, the client’s world view.⁸ By understanding how the individual client and the client’s family interpret disability, modern practitioners can be better prepared to “... anticipate and understand the decisions of culturally diverse families. Professionals need to adjust service delivery to the family’s beliefs about disability, health and healing”. Thus generalisations and stereotypes can be avoided and therapeutic interventions can be more appropriate and effective.^{9,10} If families are sceptical about the diagnosis, treatment or technology offered by Western healthcare practitioners, families may be reluctant to accept rehabilitative options.⁹

Misconceptions

People who practise traditional medicine according to the definition of the Traditional Health Practitioners Bill may feel that their intervention is more personalised and intimate, and believe that allopathic practitioners do not consider the needs of their clients. A study by De Andrade and Ross quotes traditional healers as saying that Western healthcare professionals do not have the time and/or patience for

dealing with patient complaints. The traditional healers are reported to state, "We have time to sit down with the patient and listen. Modern doctors don't. They have a lot of people waiting for them, so they must hurry," and, "They must try to listen and to have patience. It is the most important thing. Don't be impatient ... they want you to listen to them".¹¹ The same study quotes a traditional healer as saying, "People believe in culture and they want the same culture to help them," which appears to reflect a deeper level of interaction, not just at the level of practice, but also at the level of identification with the client at a more personal level.¹¹

Suggestions

Allopathic practitioners may be erroneously described as not connecting with the client. Traditional values in modern medicine are said to include fidelity, altruism, confidentiality, integrity, empathy and compassion.¹² Modern interventionists, who base their practice on these traditional values, can be said to be practising traditional medicine when they espouse these values to which their clients can relate. In order to maintain this traditional relationship within a modern practice, it is crucial that modern healthcare practitioners recognise the person with whom they are engaging, not just the diagnosis. It is important, too, that people's individual histories, needs, values and beliefs are heard and taken into account. More specifically, practitioners can be encouraged to:

- Understand the patient's perspective and keep explanations within that frame of reference;
- Ask whether a traditional healer has already been consulted and what recommendations were made, so that one intervention is not in conflict with the other;
- Ascertain what the patient expects from the modern consultation;
- Confirm that the patient has understood everything that has been explained to him/her through creation of a safe space in which to ask questions;
- Consider the family's involvement;
- Discuss the involvement and desired outcome of concurrent traditional healing;
- Consider the person, not just the test results; and
- Be sincere with the client.

By understanding people's personal and cultural characters, practitioners can have a deeper understanding of patients and their concepts of wellness, and consequently provide a more effective service to individuals and families.

This deeper awareness of clients' needs and this closer connection to them makes many modern interventions traditional in the sense that the engagement is not a purely clinical one, but also an essentially human one. Therefore, when the question is asked, "Who is a traditional health practitioner?", I want to be able to answer, "I am".

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