

The present and future roles of Traditional Health Practitioners within the formal healthcare sector of South Africa, as guided by the Traditional Health Practitioners Act No 22 (2007)

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RESEARCH

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ABSTRACT

Background

The promulgation of the Traditional Health Practitioners Act No 22 (2007) was seen as the long awaited start-up of the traditional healing profession in South Africa. Act No 22 (2007) was strongly politically driven from the late 1960s onward. Many of these political motivators were based upon outdated cultural ideas, customs and traditions, rooted outside the modern day healthcare needs and demands of the particular population that traditional healing intends to serve.

An in-depth needs and skills analysis, to test the viability and sustainability of the South African traditional healers as well as their positions and roles as health practitioners inside the formal healthcare sector, as guided and

stipulated by the Traditional Health Practitioners Act No 22 (2007), was lacking in this early development and start-up process. This resulted in the traditional healers' present and future roles as specific healthcare practitioners being both undefined and insufficiently formulated. In addition their existing education, training, skills and abilities to compete in the formal healthcare sector were ignored. Therefore, since the promulgation of the Act in 2007, there was limited professional-development for traditional healers, to improve their immediate professionalism and thus to promote effective role-playing and management in the formal healthcare sector.

The South African traditional healing professional model is still in the foundational stage of its professional development; a stage which the other registered/regulated healthcare practitioners of the country surpassed long ago, making them well-equipped for role-playing and management as health professionals in the formal healthcare sector. The whole venture of the statutory recognition of the traditional health practitioners in 2007 as new healthcare professionals with the promulgation of the Traditional Health Practitioners Act No 22 (2007) seems to increasingly be a failure. There is thus a definite need to establish how the South African traditional healers are equipped to compete independently in the healthcare sector. If this is not possible, what alternatives are available to steer some of them into the country's healthcare sector and still make them useful as health practitioners. Coupled to this need is the future status and role of the Traditional Health Practitioners Act No 22 (2007), to uphold the roles of traditional healers.

Aims

The study aims to determine the present and future roles of the traditional health practitioner in the South African formal healthcare sector, as guided by the Traditional Health Practitioners Act No 22 (2007).

Methods

This is an exploratory and descriptive study that makes use of a historical approach by means of investigation and a literature review. The emphasis is upon using current documentation such as articles, books and newspapers as primary sources to reflect upon the present and future roles of traditional health practitioners within the regulated healthcare sector of South Africa, as guided by the Traditional Health Practitioners Act No 22 (2007). The findings are offered in narrative form.

Results

It seems as though the professional position and foundation of the Traditional Health Practitioners Act No 22 (2007) is on a level that is meant for the governing of a healthcare group with a well-established learning and management infrastructure. This is an unfortunate situation wherein the incoming traditional healer unfortunately cannot meet the requirements at the moment. Various negative factors have affected the South African traditional healers' development and position. These include early political out-casting and discrimination from training facilities and work opportunities in the healthcare sector under White Rule, while poor organization, strategy and future planning and a lack of self-promotion by traditional healers themselves regarding their positions and roles over the years, seem also to have contributed negatively to the situation.

The immediate impact is that this predisposition unfortunately places the traditional health practitioners in situations wherein they cannot always take specific roles at present or in the future as healers in the South African healthcare sector, as intended and guided by the Traditional Health Practitioners Act No 22 of 2007.

Conclusion

To expect the South African traditional health practitioners to function at present and in future fully within the intentions of the Traditional Health Practitioners Act No 22 (2007), executing certain roles as independent health practitioners in the formal healthcare sector, seems to a great extent impossible. Wherever they are successfully placed in the healthcare sector, their positions and roles seem to be limited.

Furthermore, the traditional healers' places in the formal healthcare sector were already taken by the allied health professions, by such practitioners as homeopaths, naturopaths and ethno-therapists, etc. Thus they are obliged to compete with the already established nursing practitioners, psychiatrists and psychologists, as well as

medical doctors, all established in clearly defined and functioning roles. These work inclinations and reservations further minimize their roles dramatically in the formal healthcare sector.

To consider the future of the Traditional Health Practitioners Act No 22 (2007) and its two outcomes, namely the Traditional Health Practitioners Council as well as the traditional health practitioner, there are at present three urgent issues. The prominent question is: can the Traditional Health Practitioners Act No 22 (2007) continue in its present form or must it be recalled? In its present manifestation the Act and the traditional healers seem to be ineffective and aimless.

It is time to consider alternatives to assure the continuation of the traditional healers as practitioners in the South African healthcare sector. The most obvious and practical one is to accommodate some of the traditional healers, where applicable and possible, in some of the various already established professional Health Councils as healthcare professionals.

Key Words

Afterlife, ancestor, customs, gods, healthcare, pre-modern, professionalism, spirits, tradition

What this study adds:

1. What is known about this subject?

There is a lack of research on how the traditional health practitioners really fit into the present or the future formal healthcare sector of the country.

2. What new information is offered in this study?

The information provided highlights that the traditional health practitioners are already experiencing difficulty with playing a role in the present healthcare setup; there is the potential for many more problems in the future.

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

The traditional healers as a group seem to fail to activate and steer Act No 22 (2007), in order to upgrade themselves and to take on certain independent roles as health professionals in the South African healthcare sector.

Background

The promulgation of the Traditional Health Practitioners Act No 22 was welcomed in 2007 as the ultimate solution to the traditional healers' insecure and undefined position as

healthcare practitioners in the South African formal healthcare sector. Through the implementation of the various resolutions of the Act it was believed that the newly created health professional, namely the *traditional health practitioner*, would obtain the necessary recognition to take on various independent roles within the country's healthcare.^{1–18}

There seem to be public and political beliefs that the traditional healer is a unique, extraordinary and distinctive type of health practitioner; a special person with secret health training and treatment know-how that he or she inherits or receives from ancestors, spirits and gods. After their graduation as traditional healers, they are seen by some people in South Africa, who believe in traditional healing, as half-man and half-spirit. It is professed that his/her input is of high medical value to the healthcare of the country, especially in the poor areas. This was one of the strong arguments to get the traditional healers statutorily recognised as healthcare professionals, and Act No 22 (2007) was promulgated to steer this medical recognition effectivity.^{1–18}

This mind-set on the traditional healers' abilities is well reflected by the definition of *traditional philosophy* of the Traditional Health Practitioners Act No 22 (2007), as well as the Act's described intentions to proclaim traditional healing as a total and unique healthcare fraternity within the established South African healthcare sector.^{14–16,19,20}

These abilities and skills of the traditional health practitioners would seem to have made them capable to take on positions and to play specific roles as independent health professionals in the present and future formal healthcare sector.

This view is well illustrated in Figure 1^{21,22} in which the central position of the traditional health practitioners, favoured by the intentions of the Traditional Health Practitioners Act No 22 (2007) and by specific planning of the government in terms of this Act, are clearly highlighted.

The aim of this study was to determine the present and future roles of traditional health practitioners within the formal healthcare sector of South Africa, as stipulated and guided by the Traditional Health Practitioners Act No 22 (2007).

Method

The research was carried out by means of a literature review. This method entails formulating a view based upon

the evidence presented in the literature. This approach is used in modern historical research centring upon topics about which there is little information. The databases used were EBSCOHost, Sabinet online and various contemporary sources such as newspapers and reports for the period 2006 to 2016, articles from 1992 to 2016, books for the period 1990 to 2013 and government documents for the period 1974 to 2016. These sources were consulted in order to offer a view upon the present and future roles of traditional health practitioners within the regulated healthcare sector of South Africa, as guided by the Traditional Health Practitioners Act No 22 (2007).^{23,24}

The findings are offered in narrative form.

Results

The Traditional Health Practitioners Act No 22 (2007), a legal entity as a vehicle to raise the professional identity and status of traditional healers in the South African Society, clearly overshadowed the traditional healing leadership thinking on what the traditional healers can and may do versus what they cannot or may not do in practice, in terms of their specific abilities and skills, as well as their public's needs. This one-sided leadership thinking and belief, together with the traditional healers' much acclaimed uniqueness to be equipped to take on many and various roles in the formal healthcare sector, left them unprepared for the fact that they had to compete with other healthcare professionals, already established in the formal healthcare sector. To continue old roles and to take on new roles through the implementation of the resolutions of the Act thus required a new, in-depth understanding of the formal healthcare environment, its various role-players and pre-requisites prescribed in terms of training and practitioners' rights, etc. The political influence and driving of the traditional healers as a group since the 1960s, especially from 1997 onward in the post-Apartheid dispensation advancing Black Empowerment, made them further opportunistic about future roles in terms of promises on their new political and cultural rights in the New South Africa.^{1–9}

The traditional health practitioners had specific roles that they thought they could and would be able to execute with their statutory recognition in 2007. However, these roles were clearly limited, and even blocked for them, as a result of their poor health training and the standards on the one hand which Act No 22 failed to generate. On the other hand, awaiting them were two dominant health groups as strong competitors, well-established in the formal

healthcare sector, namely the allied (alternative) and the allopathic fraternities.^{14–16,19,20}

Figure 1^{21,22} confirms that the compilers of the Traditional Health Practitioners Act No 22 (2007) and the traditional healers themselves never studied in detail the present day existence of the allied and the allopathic healthcare fraternities of South Africa, before the Act was initiated in 2003. The allied health group's in-depth foundation and position in traditional healing in South Africa, established over many years, as an opposition to the new traditional health practitioners created by the Traditional Health Practitioners Act No 22 (2007), was especially bluntly and blindly ignored.^{1–3,5,6,8,27–29}

It is clear that with the acceptance of the Traditional Health Practitioners Act No 22 four years later in 2007, as a legal institution and safe-house for the traditional health practitioners, the government failed completely to acknowledge particularly the unique identities and roles in South African traditional healing of the various established allied health practitioners, such as the homeopaths, naturopaths, phytotherapists and ethno-therapists as similar but opposing healthcare providers to the traditional health practitioners. This ignoring of the traditional healers was also evident in the already established practice education and training-cultures of the allied traditional healthcare and medicine, as specifically represented by the already regulated ethno-therapists, phytotherapists, homeopaths and naturopaths. This negative outcome is also unmistakable in the South African post-1994 government's and some of its leaders' dislikes for European/Western and pre-1994 health models and systems, as well as their open dissatisfaction and revenge, because the allied health professions had since the 1970s firmly closed their doors for the pre-modern South African traditional healers to be registered with them, even as ethno-medicine practitioners. This door was already closed by the allopathic group on the South African traditional healers in the 1960s.^{1–3,5,6,8,27–29}

The allopathic dominance of South African healthcare since 1652

It is increasingly clear that the education tripartite unity that is an absolute pre-requisite before professional status can be awarded to a healthcare group to be allocated roles or responsibilities, is totally absent from traditional healing in South Africa. Not even the Traditional Health Practitioners Act No 22 (2007) and its struggling governing body, the Traditional Health Practitioners Council (THPCSA), could rectify the situation since 2007. This means that a successive empowerment through education and learning,

diagnosis and treatment, ending in a scope of practice to take on roles in the formal healthcare sector, has never formally developed in South African traditional healthcare.^{30–33}

The medical fraternity, with specific reference to medical doctors and dentists, established itself successfully over the years out of the European traditional medicines and practices, as established in 1652 at the Cape of Good Hope. An initial competitor was certainly indigenous traditional practices and medicines. However, given that this was scattered across the country and practiced in a limited manner by certain tribes, and was spiritually orientated, it failed to develop scientifically and to become a role-player in the mainstream of healthcare development. Thus that threat was erased. Therefore the medical and dental practitioners became the holders and bearers of the holy medical grails in South Africa over the years. World War II gave a new dimension and empowerment to medical development and skills. This well-established fraternity was soon enlarged with various new, well-trained allopathic healers such as physiotherapists and psychologists, as well as the allied healers who took over all the possible traditional healthcare manifestations. This important outcome, which missed the attention of many South African researchers who investigated traditional healing, closed the door forever on the traditional healers for a partnership in present-day formal healthcare; something which the Traditional Health Practitioners Act No 22 (2007) has been trying since 2007 to revive at all costs.^{8,16,21,34}

The allied-traditional health fraternity's current statutory recognition in South Africa

The well-established allied-traditional health professions of South Africa were ignored by the compilers of the Traditional Health Practitioners Act No 22 (2007). In the 1970s these professions began, with the exception of the traditional healers who had remained passive and undeveloped since 1652, to position themselves strongly in the formal South African healthcare sector in terms of training and education against serious opposition by the Apartheid Regime and the medical fraternity of that time. In 1982 they obtained ultimate statutory status with the Allied Health Practitioners Act No 63 of 1982. Today the allied group consists of 13 disciplines, namely Ayurveda, Chinese medicine, acupuncture, chiropractic, homeopathy, naturopathy, osteopathy, phytotherapy, therapeutic aromatherapy, therapeutic massage therapy, therapeutic reflexology and Unani-Tibb. Chiropractic and Homeopathic training are offered by full-time Masters degrees at the University of Johannesburg (UJ), and the Durban University

of Technology (DUT), while Naturopathy and Phytotherapy are offered by the University of the Western Cape (UWC) with three years of training in basic medical sciences and a further two years of specialization in the applicable discipline.^{21,35–39}

Chaotic planning of present and future traditional healthcare

Heretofore the traditional healers had stayed out of any health development since 1652 in South Africa, and when invited, withdrew from participation with the other allied professions in obtaining regulation or to better themselves. They failed, to a certain extent, by their own actions and background, to develop a health science, a learning culture and a professional practice and ethics, as the allied health professions had successfully done. Instead, the traditional healers lingered on with a spiritual and doubtful practice; one without any real medical or healthcare training or scientific principles and methods.^{1–4,35,36,38–43}

They have remained in disarray since 1652 with the establishment of the Cape of Good Hope Settlement in a pre-modern health training and practice setup. This is well illustrated by the following self-description of a South African traditional healer: “Many traditional medical practitioners are people without education, who have rather received knowledge of medical plants and their effects upon the human body from their forebears”.^{17, par 1}

The end result clearly indicates why the traditional healers of South Africa were totally ousted in the 1980s as a partner from the allied health fraternity, basically because of their pre-modern inclinations to medical products, training, diagnosis and treatment, hence their under par position of not being able to register as allied health practitioners. Despite how much South African politicians and propagandists of traditional healing opposed and discarded this outcome, the fact is that the traditional healers’ positions, roles, training and identification as health practitioners were overtaken in time in South Africa by the allied-traditional healers, specifically the homeopaths, naturopaths and phytotherapists. This gradual incorporation became official and final in terms of the Allied Health Professions Act No 63 (1982).^{17,34}

This phasing out of traditional healing, a remnant of the old tribal culture of South Africa is a reality which propagandists and believers of traditional healing do not fully understand or want to admit today. Here in South Africa the thinking and belief on healthcare models for indigenous people of these propagandists and believers, strongly supported by

opportunistic politicians, are still naively anchored in the anthropology and philanthropic thinking on African cultural lifestyles of the past. The need for their service is also distorted in the process as essential. Through this pathway these propagandists and believers are trying to recreate a domain for the traditional healers in the formal healthcare sector of South Africa, notwithstanding the strong opposing healthcare inclinations and intentions of the Traditional Health Practitioners Act No 22 (2007) to their outdated thinking as well as the assimilation of traditional healing into the professions of homeopathy, naturopathy and phytotherapy, as activated by the Allied Health Professions Act No 63 in 1982.^{1–22}

The chaotic planning on traditional healthcare in South Africa is undoubtedly further aggravated by the outdated opinions, viewpoints and influences of outsiders who are not only unfamiliar with the South African healthcare scenario, but are opposing formal healthcare education, training and standards for the traditional healers, seemingly in an exclusive effort to revive colonial thinking on so called “good” healthcare delivery and services upon behalf of indigenous people. This stereotypical and subjective thinking blindly ignores the modernisation and upliftment of the living standards, accompanied by enormous changes in personal, economic, social and especially healthcare needs and preferences of the greater South African population since the 1990s, which has in practice nullified the need for pre-modern traditional healing.^{1–22}

The present-day chaos in planning of the South African traditional healing must be addressed urgently. There are first level remedies available.

There may still be time to place some traditional healers within the established statutory health professions

The traditional healer’s position as an independent health practitioner in terms of the Traditional Health Practitioners Act No 22 (2007) seems to increasingly be unacceptable in terms of various healthcare criteria, nor viable or sustainable in South Africa as an independent healthcare profession. On the other hand, there is at present still a possible place for some of the traditional healers such as the herbalists group within the allied health group, as well as for some of the other traditional healers such as diviners and birth attendants in the other health groups. As a result of their diversity in training, education, practice styles and healthcare beliefs it is impossible to categorise them into a single, uniform group to be considered for assimilation into the established healthcare groups. Selection can clearly only be carried out on the principle that individuals may be

incorporated into these established health groups. This, on the other hand, can only happen if the traditional healers fulfil a minimum level of formal education and training, to enable them to be trained on a tertiary and professional level within these various groups' professional requirements and to reflect the skills and abilities for patient safety services.

Traditional healers must thus, but only as individuals, be re-directed immediately. As a point of departure it must be considered to repeal the Traditional Health Practitioners Act No 22 (2007) and to phase out the Interim Traditional Health Practitioners Council as a governing body. The fact that both, although introduced in 2007 to professionalise and progress traditional healing, are today still in a passive gear of performance and the formal registration of the traditional health practitioners is still under par, makes such an intervention at this stage both possible and easy. The failure of the traditional health practitioners, notwithstanding the Traditional Health Practitioners Act No 22 (2007)'s legal driving of the process and the direct political support from government bodies, to move successfully since 2007 into the formal healthcare sector of South Africa, to take on specific roles independently from the other healthcare professions, to mobilise an expected group of clients to be viable and sustainable as a specific healthcare practitioner and to create a formal learning and training culture, puts the continuation of the traditional health practitioners as a present and future role-player in the healthcare sector in jeopardy.^{8,21,22,34,39,44–50}

With reference to the unregulated alleged 200 000 and more traditional healers as a group, most of them must be left unregulated as in the past. In this respect it must be noted that from strict criteria used, it seems that not more than 4 400 of these traditional healers qualified in some way to be become registered in terms of the Traditional Health Practitioners Act No 22 (2007). This means that if a strict selection is being made between so called charlatans, bogus, *bona fide* and "real" traditional healers in South Africa, very few of the alleged 200,000 traditional healers will reach the end-mark to be registered in terms of Act No 22 (2007). It is these potential candidates that must be considered for possible registration with the already established healthcare councils.^{8,21,22,34,39,44–50}

Individuals from this selective group of traditional healers such as herbalists can be moved into the homeopathy, ethno-medicine, naturopathy or phytotherapy disciplines of the Allied Health Practitioners Council. Individuals from the diviners can be moved into three possible areas, namely as

psycho-counsellors to the Health Professions Council, as social counsellors to the Council for Social Welfare Sciences and some can be homed with old African church groups as priests or spiritual caregivers. Individuals from the grouping of birth attendants can be moved into the Nursing Council as assistant midwives. It seems that only the so called traditional surgeon may be problematic to accommodate into the established healthcare councils, basically due to their history of risks to healthcare.

With the above approach, the Traditional Health Practitioners Act No 22 (2007), the Traditional Health Practitioners Council (THPCSA) as well as the traditional health practitioners will automatically lose their central position and disappear from the South African formal healthcare scene if Act No 22 (2007) is not swiftly repealed.

The aforementioned suggestions are reflected in Figure 2.^{21,22}

Discussion

The traditional healers were at some point in the past part of the allied fraternity, but lost their healthcare standing in the greater South African healthcare context due to their pre-modern and unprofessional training and practices. Their passivity to develop was also a negative determinant. Real traditional healing and traditional medicine, such as ethno-medicine and phyto-medicine, are now fully part of the already regulated homeopaths, naturopaths and phytotherapists' practices and medicine.^{8,21}

The South African traditional health practitioners, with their so-called African cultural uniqueness, forced in by the Traditional Health Practitioners Act No 22 (2007), have clearly been driven by its political intentions under a cultural mask since 2007. Their idolisation as a unique healthcare practitioner was a further driver. They are uninvited partners in the modern-day healthcare sector of South Africa. They find themselves for good reason in a healthcare "no-man's land", as a direct result of the inapplicability of the Traditional Health Practitioners Act No 22 (2007) upon the healthcare environment. In addition the phasing-out of the traditional healers' entity and identity as healthcare practitioners, by their own actions as well as external influences over many years, further exacerbated the situation. At present they are not only overstepping the practice rights of the current existing regulated health practitioners of real traditional medicine, but are, as health practitioners, within the established healthcare sector, not professional or financially viable or sustainable in this

present identity. Furthermore there are life risks for the public with their pre-modern products and treatment.

Strength and limitations

The study brings to the foreground the shortcomings of the South African traditional healers to take on specific roles as healthcare practitioners in the present as well as the future formal healthcare sector of South Africa.

The one-sided favouring and idolisation by the authorities and a segment of the public in South Africa of the traditional healers will limit this study's impact.

Conclusion

The Traditional Health Practitioners Act No 22 (2007) is not healthcare friendly to the broad public, nor friendly to the traditional health practitioners that it created. The odds are against the traditional health practitioners, as evidenced by their history and their under par healthcare training, skills and abilities, to secure and uphold specific roles in the present and future formal healthcare sector of South Africa within the legal empowerment of Act No 22 (2007).

The truth is that the traditional health practitioners cannot be re-introduced as independent healthcare practitioners in the present and future formal health sector of South Africa. In their present form they are "Rip van Winkels", 300 years too late for any roles.

Alternatives, completely removed from the Traditional Health Practitioners Act No 22 (2007) and its governing body, the Traditional Health Practitioners Council (THPCSA), must urgently be found to accommodate skilled and able traditional healers in the present and future formal healthcare sector of South Africa. Direct assimilation into the various established and functioning healthcare governing-bodies seems to be the most obvious. This option must be considered.

Good decisions are sometimes hard to take, but are worthwhile in the end.

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CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

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Figure 1: The present-day regulation of healthcare practitioners in South Africa

Derived: Caldis²¹, p. 2; Gqaleni et al²², p. 177

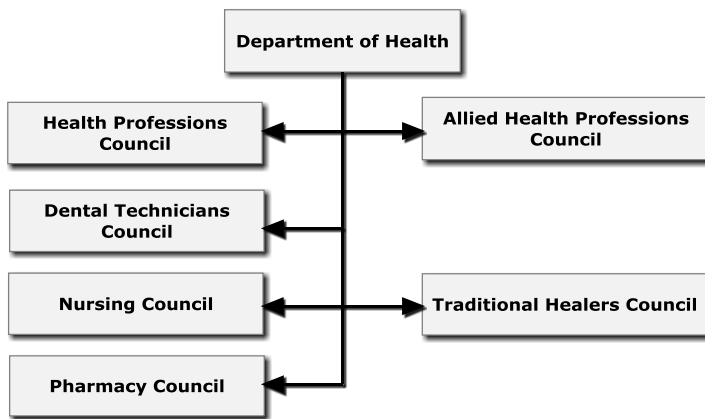


Figure 2: Corrected future regulation of healthcare practitioners in South Africa

Derived: Caldis,²¹ p. 2; Gqaleni et al,²² p. 177

