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## Full Length Article

# Evidence-based recommendations to facilitate professional collaboration between allopathic and traditional health practitioners



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## ABSTRACT

**Background:** Globally, and in South Africa, there is an increased demand for consulting both traditional and allopathic health practitioners. As both health practitioners are working within the same communities, their respective practices could complement or undermine the health of consumers using both health services. Professional collaboration between traditional and allopathic health practitioners is therefore desirable and requires collaboration between the systems, which is currently legislated by the Traditional Health Practitioners Act 22 of 2007. However, in the Eastern Cape, no evidence-based recommendations were found that facilitated the collaborative relationship between the two health practitioner groups.

**Purpose of the research:** To develop evidence-based recommendations aimed at facilitating professional collaboration between allopathic and traditional health practitioners for the benefit of patients.

**Methodology:** Descriptive evidence-based recommendations to enhance professional collaboration between both groups of health practitioners were developed based on focus group interviews with allopathic practitioners (n = 10) and individual interviews with traditional health practitioners (n = 18) (traditional health practitioners (n = 14) and traditional healers who are also allopathic health practitioners (n = 4)) practising in the Amathole District in the Eastern Cape, South Africa. Dickoff et al.'s (1968) Survey List was used as a conceptual framework.

**Results:** Collaboration was hampered by allopathic practitioners demonstrating negative attitudes by not referring patients to traditional practitioners based on lack of knowledge and mutual understanding of each other's practices. Suggestions for collaboration made by both groups resulted in the development of two distinct sets of evidence-based recommendations. The first set of recommendations aims to enhance professional collaboration between both groups of health practitioners. This is done through facilitating mutual

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understanding based on respect and acceptance between the different practitioners. The second set of recommendations aims to enhance professional collaboration through facilitating open communication between different practitioners.

**Conclusion:** These evidence-based recommendations can be used to facilitate professional collaboration between allopathic and traditional health practitioners resulting in mutual understanding and open communication, enhancing team work in a multi-professional environment, and ultimately leading to improved patient care.

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## 1. Introduction

Every society has various categories of health practitioners in place to maintain and restore well-being (Figueras & McKee, 2012). These categories are influenced by differences in cultures and the health practitioners' understanding of health and disease. Globally, allopathic health practitioners are often approached by health care users. Allopathic healthcare includes healthcare delivered by physicians of all specialities, as well as recognised allied medical disciplines, for example, physiotherapists, and radiographers, and is generally characterised by the application of health science knowledge and technology to health and the healing process (World Health Organization (WHO), 2001).

However, alternative health practices or traditional healing, which can include homoeopathy, western herbal medicine, reflexology or any mind-body medicine, are often used in parallel to allopathic health practitioners (Frenkel, Ayre, Carlson, & Sierpina, 2008; Torri, 2012). In South Africa, traditional healing is practised by traditional practitioners. These practitioners include traditional doctors, surgeons (*Ixhwele*) or herbalists who are predominantly men specialised in the use of herbal medicines (Sorsdahl, Stein, & Flisher, 2013); diviners (*Igqira*) who are usually women who qualify after undergoing a process of acquiring the knowledge and skills of traditional healing (Steinglass, 2002); faith healers who use the power of suggestion, prayer and faith in God to promote healing (Cockerham, 2011); and the traditional birth attendant/traditional midwife, who are females, having gone through birth themselves, with no formal training and who attends to women during pregnancy, labour and the post-natal period by using herbs to facilitate delivery as well as providing psychological support (Austin, 2012; Owens-Ibie, 2011). Another name often used by Southern African tribes for a traditional healer is *Sangoma*. A *Sangoma* has multiple roles as physician, counsellor, psychiatrist, and priest and fulfils those roles by connecting with the ancestors (*amadlozi*), preparing herbal medicines (*muti*), interpreting dreams, diagnosing illness through forecast with bones, and knowing how to heal both physical and spiritual illness (McKay, 2015). This study focusses on the traditional practitioners cross the various categories as mentioned above.

Globally and in Africa, for the last couple of decennia both health systems have been used increasingly as persons move from one sector of a healthcare system to another or by using

both systems simultaneously (Torri, 2012). However, currently there is little to no collaboration between the two types of practitioners. For example, referrals are few, and are mostly from the traditional healers to the modern health sector and seldom in the other direction (van Niekerk, Dladla, Gumbi, Monareng, & Thwala, 2014). Furthermore, the idea that traditional health practitioners must pass a litmus test in which they are scientifically scrutinised before they can be integrated into the national health services still exists. In spite of the prominent role that traditional medicine plays in healthcare it remains the least understood of all medical systems (van Niekerk, 2012).

Professional collaboration between health systems, where both systems can complement each other, is therefore desirable, and involves a process of working together in a climate where these two parties provide mutual assistance and help to attain a common goal (WHO, 2001). Professional collaboration is beneficial as it has shown to improve communication and increase mutual understanding between the two types of practitioners (Gqaleni et al., 2011). In addition, patient and disease information can be shared and better referrals can be achieved which leads to the improvement of health in the communities wherein both type of practitioners are practising (Gqaleni et al., 2011). Therefore, the WHO urged its member states, including South Africa, to prepare specific legislation to govern the practice of traditional medicine as part of the national health legislation (WHO, 2001). The promulgation of the Traditional Health Practitioners Act, Act 35 of 2004 (amended as Act 22 of 2007) (South Africa, 2008) by the South African government is the culmination thereof.

### 1.1. Problem statement

Although professional collaboration between both health groups of practitioners is meant to be legislated through the Traditional Health Practitioners Act 22 of 2007, in South Africa, including the Eastern Cape Province, there is no clear information as to how allopathic health practitioners have been collaborating with traditional health practitioners. In South Africa, collaboration between these two types of practitioners is specifically beneficial because of the potential for traditional health practitioners to serve as a critical component of a comprehensive health care strategy (Mbatha, Street, Ngcobo, & Nqaleni, 2012). For example, traditional health practitioners could play a significant role in the management and treatment of the most devastating and life-threatening

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