

Research Letter

Allopathic health professionals' perceptions towards traditional health practice in Lilongwe, Malawi

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Traditional (non-allopathic) health care is recognized as an important aspect of health care delivery in many developing countries. African Heads of State and Governments meeting in July 2001 in Lusaka, Zambia declared the period 2001-2010 as the Decade for African Traditional Medicine¹. In 2004, we conducted a cross sectional study in Lilongwe, Malawi using in-depth interviews and self-administered questionnaires, aimed to determine the perceptions of allopathic health care professionals towards traditional health care.

Results

43 allopathic health practitioners participated in the study. While recognizing the importance of THP, many respondents indicated they were not aware of any clear cut Malawi Ministry of Health policy on the practice. 43% (17/40) reported that among their patients traditional medicine was preferred than western medicine. 33% (14/43) has consulted traditional healers themselves and 16.3% (7/43) had recommended their patients for traditional healthcare. Popularity of THP was based on perceived efficacy, affordability and acceptability.

Incurable diseases were believed to be treated by traditional healers. 16% of the respondents had even referred patients to THP. On the benefits of THP, one respondent said: *"The traditional healers communicate findings whilst western medical practitioners don't."* Respondents had negative attitudes towards traditional health practice for a variety of reasons. These included that: the active ingredients of herbs are not known, the doses of medications are rather arbitrary, the practice of identifying another individual as "the cause of the patient's illness" and failure to refer patients to allopathic practitioners.

We also aimed to determine whether allopathic health practitioners thought that THP should be incorporated within the Ministry of Health. 42% (18/43) of the respondents favoured incorporation of traditional medicine into western medicine on as is basis while 83% (34/43) would only accept traditional medicine if the herbs were processed or refined. A respondent however remarked: *"I don't know whether if you do that (processing) then it is still traditional medicine?"*. 69% (29/42) were ready to work with traditional healers to bring professionalism in traditional medicine. One respondent suggested incorporation of THP in the curriculum for medical students: *"I would also support to include traditional medicine in the curriculum for medical students and clinical officers because especially many doctors like me, have only vague ideas about traditional medicine"*.

Some respondents suggested incorporation of traditional health practitioners only when "they (the traditional practitioners) have changed their attitude first and they have accepted that they have limitations". Others wanted collaboration so that THPs refer patients to allopathic practitioners. Others wanted to collaborate with THP so as "to educate them on the dangers of their medications." Collaboration is difficult if the differences between

the practices are not duly recognized and respected as indicated by a respondent:

"I remember there was a workshop in Mangochi one time. They were trying to bring the two groups together. It was so clear that we were quite different, that there was no common ground apart from patients of course; in terms of what we do, what we believe in. Somebody suggested that we do some studies on the concoction that they use and one traditional healer stood up and said the problem with you people is that you just study the chemicals in it but you don't study the rituals in it and that is why they don't work. They normally ask you take this medicine while naked, standing on a hill. But what we do in western medicine is just to study the chemicals without studying it on the hill while naked. These are the kind of arguments."

Discussion

Despite the encouraging international discourse of the recognition and sometimes thoughts about incorporation of THP in "mainstream" medical practice, allopathic health practitioners in Lilongwe, Malawi still perceive traditional practice with suspicion. There is a tendency for allopathic practitioners to consider themselves as superior. Adverse events to patients that may arise from traditional practice are a reality for those using traditional medicine^{2,3}. While efforts should be made to minimize these adverse events, it is important to recognize that adverse events, including fatal do also occur with allopathic medicines. Probably the difference is that in allopathic practice, these adverse events are acknowledged and efforts to report and minimize them are there. Both allopathic and traditional health care practitioners have a duty to ensure that in whatever they do, the best interest of the patient is served. So, with this guiding principle, it is safe to say, if collaboration THP and incorporation of their practice into "mainstream" health practice will serve the best interest of the patient, then let us do it. The challenge however is to be sober in the analysis and appreciate the fact that traditional healthcare just like allopathic healthcare cannot be beneficial all through or harmful all through.

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References

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