



ETHICAL ASPECTS OF TRADITIONAL MEDICINE

Godfrey B. Tangwa, PhD
Professor of Philosophy

University of Yaounde 1/Cameroon Bioethics Initiative
(CAMBIN), Cameroon

CONCEPTUAL AND DEFINITIONAL PROBLEMS

- The term 'traditional medicine' is ambiguous
- There is a sense in which every society/country has its traditional medicine which can be compared and contrasted with its modern medicine
- Sometimes the term is used to refer to any medicine based on plants and other natural products in the environment



CONCEPTUAL AND DEFINITIONAL PROBLEMS...(2)

- Sometimes the term is used as a contrastive term to denote medical practice other than ‘Western scientific medicine’
- Sometimes the following terms are used to designate traditional medicine: **alternative medicine, parallel medicine, complementary medicine, soft medicine**
- And contrasted with **Western medicine**, designated as ‘conventional’, mainstream’, ‘dominant’, ‘orthodox’

WHO DEFINITION



“...the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses” [Fact sheet No. 134, December 2008]

This is a good working definition!



TOWARDS CONCEPTUAL CLARITY

- **Wherever human beings have lived, there has been the need to adapt themselves to the peculiarities of their physical environment or ecological niche**
- **In doing this they develop common ways of facing the same problems, similar ways of doing the same things, similar attitudes and expectations, and eventually similar ideas, beliefs, ways of thinking and practices – this is their culture**
- **The need to maintain health, to prevent disease, to guess the cause of disease and to treat it, develops naturally along with other aspects of their culture – this is their traditional medicine, with strong links to their environment and their culture**

TOWARDS CONCEPTUAL CLARITY...(2)

- **It is important that this medicine be ‘indigenous’; medical ideas coming from abroad remain foreign until they have been accepted, domesticated and indigenized**
- **Traditional medical knowledge cannot be limited to knowledge of the medicinal properties of herbs, animal products or minerals; it covers all that is necessary to maintain health, prevent disease and treat ailments, both physical, psychic and mental**
- **TM is necessarily holistic**
- **To the society/community in question, this is their ‘conventional’ ‘mainstream’, ‘orthodox’ medicine, while incoming new ideas and practices can be described as ‘unconventional’, ‘unorthodox’, etc.**

WHY THERE SEEMS TO BE PROBLEM

- **In little more than a century, Western TMs have rapidly evolved on the wings of science and technology, resulting in ‘Western scientific medicine’**
- **Western SM is essentially dualistic, having introduced a sharp distinction between body/mind and opted to concentrate on the former**
- **Western SM has contracted an indissoluble marriage with commerce or the market.**
- **Concomitantly, the Western world has overrun the rest of the globe, using conquest, enslavement, colonization, proselytization, education**

WHY THERE SEEMS TO BE PROBLEM (CONT'D)

- **Western culture, Western systems and practices, science and technology, have become dominant or domineering all over the globe**
 - **However, Western scientific medicine should accurately be described as such and not as ‘conventional’, ‘orthodox’ or ‘mainstream’ in non-Western cultures/contexts**
 - **Countries/cultures whose TM has evolved satisfactorily and is still strong and dominant today are those which have escaped Western colonization, proselytization, education and domination – China, Korea, Vietnam**
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AFRICAN TM AND ETHICS

- The fundamental ethical principles that guide, have guided, and should guide African TM are no different from those that have been identified within Western SM and given the following catchy names:
- **Autonomy** or respect for the otherness, individuality, distinctiveness and dignity of other human beings and even non-human beings (plant, animal and inanimate)
- **Justice** or fairness and equity in dealing with and treating others, as conceived under autonomy above
- **Beneficence** or doing good, at least in the intentional/motivational orders; ensuring that acts/actions are motivated by the intention of achieving noble ends/aims/objectives
- **Non-maleficence** or the avoidance of doing harm knowingly, deliberately or willingly
- **Moral equality** is the overarching principle that binds together and renders operational the above four fundamental principles; where it is not recognized or seriously taken into consideration, none of the above can get off the ground

BACKGROUND FACTS/FACTORS

- **Over 80% of the populations of sub-Saharan Africa use TM as a means of healthcare**
- **Owing to rapid and intensive urbanization, slow-down or breakdown in traditional systems, African TM has been invaded by quacks, charlatans, con-wo(men), and all manner of livelihood seekers**
- **Western SM exists side by side with African TM**
- **Most practitioners of Western SM have contempt for, a superiority complex against and an exploitative/colonizing attitude towards African TM**
- **Traditional medicine practitioners or healers should be called by their proper name; they are not ‘witchdoctors’, ‘necromancers’, sorcerers, etc.**

BACKGROUND FACTS/FACTORS...(2)

- African TM is basically an art rather than a science**
 - It is coextensive with personal/family primary healthcare**
 - It is holistic, aimed at the well-being of the whole composite human person – body, mind and soul**
 - It has no particular or direct connection with commerce or the idea of earning a living; its benefits for the practitioner were indirect and voluntary**
 - It is easily accessible and affordable to the populations**
 - African TM, like any other cultural practice is modernizable**
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BACKGROUND FACTS/FACTORS...(3)

- Some of its practitioners undergo several years of apprenticeship under a master**
 - Others simply exhibit mastery of the art (divine endowment?) without any prior training (like in the case of some painters, carvers, drummers, sculptors, etc.)**
 - In African TM there is no formal ‘research’ or controlled experiments**
 - It is, nevertheless, evidence based in the sense that a p bone-setter who sets no bones will not have any patients seeking him/her for bone-setting**
 - It depends on, respects and preserves biodiversity**
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SUBSTANTIVE ETHICAL ISSUES

- **As a professional group, practitioners of African TM were controlled and restricted by many ritual taboos – such as never administering or making available a poison to anybody, never ever helping to end a human life, be it that of a foetus or a terminally ill patient, etc.**
- **Violation of such taboos was sanctioned by mystical loss of knowledge and special endowments or by personal misfortune or by a bad death**
- **In an age where belief in God and other living spirits, let alone fear of divine anger and retribution, are on the decline; where belief in physical causes for physical effects is on the rise, taboos become an increasingly ineffective method of behaviour control**

SUBSTANTIVE ETHICAL ISSUES...(2)

- Should 'research' and formal experimentation be introduced into African TM?



- By all means, but by whom for what purpose?

- If done by the practitioners of the art, this is one way of modernizing it



- If done by non-practitioners, it is hard to see how the benefits of such research could be integrated into the art to affect it positively

SUBSTANTIVE ETHICAL ISSUES...(3)

- Should research be conducted on African TM?**
- Why not, but by whom and for what purpose?**
- If by practitioners, it is only normal and right**
- If by non practitioners, their purposes and good intentions need first to be demonstrated**
- The principle of reciprocity needs to apply.**



SUBSTANTIVE ETHICAL ISSUES...(4)

- Should African TM be incorporated and merged with Western SM?**
 - Such a merger is likely to signal the disappearance of TM, given the dominance and domineering spirit, the acquisitive instincts, exploitative reputation and global historical track record of SM**
 - It would result in a mono-culture in the domain of health and healthcare – an anti-value to pluralism and cultural diversity [Art. 12, UDBHR]**
 - But African TM and Western SM can co-exist quite compatibly in the same context and even be of use to each other**
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CONCLUSION

- **United Nations agencies, especially UNESCO and the WHO urgently need to reform the conceptual framework and vocabulary of their discourses on TM to rid it of derogatory and downgrading terms and assumptions.**
- **Accepting the moral equality of cultures, systems, countries is the pre-condition for evaluating them correctly and dealing with them fairly and equitably**





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Thank you

Merci

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