Draft preliminary report on traditional medicine and its ethical implications

This draft preliminary report has been compiled by the IBC Working Group established by the Bureau under the IBC’s 2010-2011 work programme.

It is neither exhaustive nor prescriptive and does not necessarily represent the views of the Member States of UNESCO.
DRAFT PRELIMINARY REPORT ON
TRADITIONAL MEDICINE AND ITS ETHICAL IMPLICATIONS

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TRADITIONAL MEDICINE AND ITS ETHICAL IMPLICATIONS

“... their art (that of traditional soothsayers and healers) is not a “magical”, “primitive” or “irrational” ersatz of Western medicine, but a feature that it eliminated when it dissociated — wrongly and rightly in scientific terms — the social from the biological.”

I. INTRODUCTION

1. Article 12 of the Universal Declaration on Bioethics and Human Rights (hereinafter referred to as the “Declaration”), adopted by acclamation by the General Conference of UNESCO on 19 October 2005, stresses the importance of pluralism and cultural diversity. It thus reaffirms UNESCO’s attachment to respect for these principles which have also been proclaimed in the Universal Declaration on Cultural Diversity (2005) which, in Article 4, highlights the defence of cultural plurality as an ethical imperative, inseparable from respect for human dignity. Furthermore, Article 17 of the Universal Declaration on Bioethics and Human Rights lays emphasis on “respect for traditional knowledge”.

In the light of these international instruments and the importance of traditional medicine and its roots in the history and culture of peoples, the Bureau of the International Bioethics Committee (IBC) decided to include the issue of traditional medicine and its ethical implications in the IBC’s 2010-2011 work programme, inasmuch as it was a matter of particular importance to developing countries.

1.1 Objectives of the report

The purpose of this report is to analyse the ethical implications of traditional medicine and to suggest some basic guidelines for the establishment of an ethical framework so that the practice of traditional medicine may be fully integrated into health systems. Such an ethical framework could also underpin reflection on the formulation of standards on practices, research, training and monitoring in the field of traditional medicine.

The IBC Working Group wishes to concentrate on the ethics of traditional practice and to avoid duplicating the work of other United Nations agencies, in particular the World Health Organization (WHO) and the World Intellectual Property Organization (WIPO).

1.2 Context

Traditional medicine and complementary/alternative medicine are developing in many countries and increasing in importance not only in health but also economically. This notwithstanding, the difficulties inherent in their practice, characterized in many countries by a lack of regulation, evaluation, monitoring and training, and, for the purposes of this study, by the lack of a framework of ethical standards, should not be overlooked.

2. GENERAL CONSIDERATIONS

2.1 “Definitions”

2.1.1 Traditional medicine

The World Health Organization (WHO) has defined traditional medicine as “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.”


Others consider that it is “medicine based on beliefs and cultural practices, handed down from one generation to another. It includes mystical and magic rites, herbal and other treatments that cannot be explained by modern medicine”\(^3\).

In fact, traditional medicine is a concept that transcends the scope of health and is socioculturally, religiously, politically and economically significant. It can be regarded as a “system for tending to misfortune (biological or otherwise), drawing on theories about the body, health, illness and remedies that are rooted in the histories of cultures and religions that have built and continue to build a country”\(^4\). There are arguably practically as many traditional medicines as there are cultures.

The variety of traditional medicines, differing from one region of the world to another, from country to country and even within a particular country is both an advantage and a challenge. For example, there is a strong oral tradition and no provision of formal training for practitioners in African or Latin American traditional medicine, but traditional Chinese medicine is much more structured and documented. By the same token, the term “complementary/alternative medicine” is synonymous with traditional medicine in some countries, but in others it refers to health practices that have no bearing on the country’s traditions and are not integrated into its health system. The term “traditional medicine” sometimes refers to practices that, strictly speaking, do not fall within the definition of medical practice.

Therefore, while adopting the WHO definition of traditional medicine, emphasis is laid on the geographical diversity and variety of its practices. This concept covers realities that differ considerably, which will make unity of discourse and approach very difficult. However, despite this anticipated complexity, broad-based discussions must be initiated, not only because of the importance of traditional medicine in developing countries, but also because of its rapid growth in industrialized countries where it is enhanced by technology and existing scientific knowledge.

### 2.1.2 Complementary, parallel, alternative and soft medicine

WHO considers\(^5\) that in some countries the terms “complementary medicine”, “parallel medicine”, “alternative medicine” and “soft medicine” are synonyms of traditional medicine. They relate to a large body of health care practices that are extraneous to those countries’ own tradition and are not integrated into the dominant health care system\(^6\).

“Alternative” presupposes a choice of approach to health and illness other than the conventional medicine approach; “complementary” and “parallel” denote an additional form of therapy (such as acupuncture and osteopathy) used in addition to prescription drugs. WHO groups these notions together under the term “complementary and alternative medicine” (CAM), which encompasses many different and sometimes mutually incompatible approaches. They have been set apart because they differ from the methods and treatments taught in medical faculties.

The National Centre for Complementary and Alternative Medicine (NCCAM) considers complementary/alternative medicine to be a group of diverse medical and health care systems, practices and products that are not currently considered to be part of conventional medicine\(^7\).

### 2.2 Types of traditional medicine

Practices vary according to the type of therapy involved:

- in medicinal therapy, treatment includes the use of herbal, animal or mineral materials;

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in non-medicinal therapy, treatment is viewed, even codified, as either manual (massages, chiropractic), physical, mental or spiritual therapy or a combination thereof (for example, yoga, qi gong and tai chi);

• composite therapies, based on mysticism and various beliefs, may or may not entail physical aids (potions) and a wide range of practices, from the most harmless (such as the laying of hands) to the most invasive, even dangerous.

Some practices, on account of their methodology, are more amenable to research and evaluation. Others, such as traditional spiritual practices (magical-religious), are methodologically more difficult, further complicating the scientific approach.

The basic characteristics of traditional therapeutic systems are that:

• they are adapted to the environment and to a specific sociocultural and geographical context and thus meet the ethnic group's health needs;

• they use local natural resources (plants, minerals, animals and water) as therapeutic means to prevent and fight illness and as elements that are closely linked to the culture and system of beliefs;

• in traditional medicine, health-illness is not a separate nor split binomial but rather a variable reality (the yin-yang dialectic) in direct relation to a balance/imbalance with the environment as a broad reality (physical environment, social space and symbolic space);

• they depend on culture and society, for, as health and illness are states resulting from a balance/imbalance with the environment in general, “health” in one instance, for someone or in a specific situation, might be “illness” in others;

• they are natural and symbolic and draw on tradition as a source of information, organization, procedures and transmission. Nature and culture are at one and constitute a dynamic reality in most traditional medicines. Natural resources are used to support life and are also perceived as “brothers” with whom people must live.

2.3 State of the art review

Around 80% of the people in developing countries use traditional medicine for primary health care, either out of cultural tradition or because they have no choice (difficulty in gaining access to treatment in the conventional system, the higher cost of conventional medicines and other factors). They turn to traditional medicine mainly because it is close at hand, easily affordable, readily available, cheap and philosophically compatible with indigenous cultures.

Many people in rich countries use various sorts of “natural” remedies considering that all things natural are danger-free. They also have recourse to traditional and/or alternative medicines or use it as a supplement for chronic, debilitating or incurable diseases.

The large majority of people in Africa use traditional medicine regularly. In sub-Saharan Africa for example, 85% of the population go to traditional healers. In Ghana, Mali, Nigeria and Zambia, herbal medicines are administered at home as first-aid treatment for 60% to children with high fever caused by malaria.

In China, traditional herbal preparations account for 30%-50% of total medicinal consumption. In the industrialized countries, alternative medicine is equivalent to traditional medicine and more than 50% of the population have used this type of treatment at least once. In Canada, 70% of the population have used parallel medicine at least once. In Germany, 90% of the population have used a natural remedy at some point in their life. In the United States of America 158 million of the adult population use alternative medicinal products and, according to the Commission for Alternative and Complementary Medicines, people in the United States of America spent US $17

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billion on traditional remedies in 2000. In the United Kingdom, $230 million are spent yearly on alternative medicine.\(^9\)

The herbal medicine market worldwide is growing rapidly and is currently worth more than US $60 billion per year. Such growth in demand must be analysed and studied carefully so that appropriate measures can be proposed to ensure that such practices are efficacious and innocuous. According to WHO, in 2000 only 64 countries had adopted regulations on plant-based medicines\(^10\). The lack of standards or misuse of procedures, practices and traditional medicines can have adverse or dangerous effects on health. For example, ephedra\(^11\) is traditionally used to treat respiratory tract congestion. Yet, in the United States of America, this plant has been marketed as a dietary supplement and overdosage has caused cardiovascular disorders (high blood pressure, tachycardia, arrhythmia, myocardial infarction, cardiac arrest and sudden death) and neurological problems (strokes and convulsions)\(^12\)\(^13\).

In Belgium, some 70 people have required a kidney transplant or dialysis for renal interstitial fibrosis\(^14\)\(^15\) after ingesting a weight-loss preparation made from the wrong plant species.

The development of the medicinal plant market has enormous commercial spin-offs and raises biodiversity issues owing to the plundering of raw materials required to manufacture medicines or other natural health products. If this situation is not regulated or monitored, endangered species are liable to become extinct and resources and natural habitats may be destroyed. Furthermore, international and national standards do not suffice to protect the genetic biodiversity resources and traditional knowledge.

Another major problem arising from commercial firms’ renewed interest in medicinal plants is the privatization and exclusivity secured through the patenting of plant derivatives that have been known throughout the ages. The example of neem or margousier is a perfect illustration of this risk of biopiracy: the plant, known in India for its antifungal properties for at least 2000 years, was the subject of a patent application filed at the European Patent Office (EPO). After a five-year-long procedure, the patent rights were revoked on the ground of prior traditional Indian knowledge.

2.4 Traditional medicine and conventional medicine: approaches and prospects

Traditional medicine is generally specific to a people and their culture, since their therapeutic systems have developed in keeping with the group’s cultural characteristics. In other words, all peoples understand health and illness in a specific way and also have the means to deal with health problems. Similarly, in Western society, science and biomedical technology are the outcome of a search for solutions to health problems within this culture.

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11 Ephedra or Ma Huang (Ephedra sinica Stapf, E equisetina Bge, E intermedia Shrenk and CA Mey) contains ephedrine (40% to 90% of the total alkaloids of the plant), which has an indirect sympathomimetic action affecting the cardiovascular (increased heart rate), pulmonary (broncho dilations) and central systems.
14 This nephropathy is a serious kidney disease that was described for the first time in 1993 in patients who had followed a weight-loss diet comprising extracts of Chinese plants (Aristolochia fangchi) containing aristolochic acids.
In the view of indigenous peoples, no medicine can be considered good or bad; its worth depends on its efficacy in solving health problems. However, traditional medicines have a distinct advantage because they take the body, the mind and culture into account and attempt to place tangible factors and spiritual, existential and mental factors on the same footing.

In traditional medicine, illness is not an unequivocal concept. There are natural illnesses, supernatural or magical-religious sicknesses and others that are awaiting classification as either natural or supernatural. Furthermore, there is total confusion between the semiology, nosology and etiology, and an ailment is always ascribed a meaning that must be deciphered (punishment, warning or unfortunate encounter) so that it can be cured. Here, the semiology of signs is not important, but anamnesis is crucial because the history of the illness, namely its onset, permits diagnosis and yields answers to fundamental questions concerning the illness, its mechanisms (unfortunate encounter, loss of vital respiration), its origin (gods, ancestors, spirits) and its cause.

With regard to disease as a phenomenon of magic\textsuperscript{16}, the answer is often the exclusive preserve of the healer, who travels to a supernatural world to meet higher spirits who hold the key to diagnosis and treatment. In such cases, illness also has a social dimension, for it affects not only an individual or an organ, but also the ties between the patient and the general social group which takes part in the healing process. The healer, too, is an eminent person of high political rank and social status and the authority on tribal customs and traditions. The person selected to hold this office often has a keen sense of duty and certain extraordinary psychic characteristics. He always learns from another healer and carries out tasks other than healing since his duties are wide-ranging.

Whereas traditional medicine is based on analogical reasoning and a holistic approach to disease and health, conventional medicine rests on scientific knowledge and is evidence-based. It takes a primarily piecemeal approach and tackles functional problems. It gives pride of place to technical institutions for restoring health and only competent professionals may give decisive opinions (diagnosis, treatment, prevention and policies). Furthermore, it generally approaches illness as an isolated event affecting one part of the body rather than as a disorder holistically affecting a human being and everyone in the vicinity. Illness is thus an entity in itself.

Historically, conventional medicine first distanced itself from the supernatural, then from philosophy and was placed on a scientific footing in the eighteenth century. This is the challenge that a number of traditional practices must take up. Conversely, owing to its nature, traditional spiritual practice may not be able to do so. Nevertheless, it is considered that all traditional practices must be monitored through ethical and regulatory mechanisms and that they must be innocuous, efficacious, of good quality and used rationally.

### Differences between traditional medicine and conventional medicine\textsuperscript{17}

<table>
<thead>
<tr>
<th></th>
<th>Traditional medicine</th>
<th>Allopathic or modern medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Origin</strong></td>
<td>Since time immemorial, man has confronted illness by creating processes anchored in culture and society.</td>
<td>Its development began in the nineteenth century and gathered momentum in the following century.</td>
</tr>
<tr>
<td><strong>Basis</strong></td>
<td>It is based on an array of folklore knowledge accumulated throughout the course of history.</td>
<td>Based on scientific evidence.</td>
</tr>
<tr>
<td><strong>Methods of treatment</strong></td>
<td>Widely varied: medicinal herbs, manipulations, spiritual methods…</td>
<td>Centred mainly on technology, medication and surgery.</td>
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<table>
<thead>
<tr>
<th>Approach</th>
<th>Holistic: body and soul, preventive and integrated into the culture the family and the social group.</th>
<th>Fragmentary: the body, the soul, the social and cultural being are separated. The body is fragmented into organs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor-patient relationship</td>
<td>Good, because the patient is considered as a human being who is suffering and who makes his social body suffer.</td>
<td>Impersonal, because the doctor is mainly interested in the symptoms, signs, medical and X-ray tests and not in the person.</td>
</tr>
<tr>
<td>Care</td>
<td>Often continuous with rituals that accompany different stages of life.</td>
<td>Sporadic, during the crisis or the illness</td>
</tr>
<tr>
<td>Access</td>
<td>Easy, tradipractitioners are spread throughout the national territory.</td>
<td>Difficult, doctors are concentrated in cities.</td>
</tr>
<tr>
<td>Acceptance</td>
<td>At almost all levels of the population.</td>
<td>There is a certain reticence of the population in adopting some treatments (vaccination, medicines, etc.)</td>
</tr>
<tr>
<td>Coverage</td>
<td>Almost all countries.</td>
<td>Limited</td>
</tr>
<tr>
<td>Cost</td>
<td>In cash or in kind, the cost of consultations and therapies are often affordable to all.</td>
<td>Often prohibitive for the most underprivileged.</td>
</tr>
<tr>
<td>Cultural distance</td>
<td>Integrated into the culture of peoples</td>
<td>Sometimes removed</td>
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The differences between the two types of medicine are actually assets that can lead to complementarity, even synergy, for the benefit of the people; but the potential risks of certain dangerous practices and the lack of knowledge about the products used must not be ignored. However, their differing philosophical and cultural contexts are still an obstacle to understanding and mutual respect, which could explain the reluctance to launch campaigns for the use of traditional medicine. Many countries disregard the potential of traditional medicine to improve health and health services and the role that it could play in economic and social development.

The main thrust of social and cultural anthropology is the way of life of indigenous communities. Nevertheless, such studies are rarely integrated into official curricula for health professionals. Medical schools often equate indigenous communities’ culture with mythology and folklore. Medical doctors’ lack of understanding of indigenous peoples’ way of life can lead to a rejection by indigenous communities of medical health care and to treatment inconsistent with public health care provision. It can also lead to the alteration or virtual eradication of health-related cultural heritage.

The integration of traditional medicine into the conventional health system is a challenge for countries in which conventional medicine predominates. It is nonetheless essential that conventional health care providers learn about indigenous peoples’ culture and respect their beliefs and customs as long as those beliefs and customs do not obviously endanger a person’s physical integrity or survival.

2.5 Traditional medicine: benefits and risks

Traditional medicine is known for the proven efficacy for some medicines or courses of treatment, its ease of access and low cost. Some practices (for example, herbal medicine), however, have side effects and long-term toxicity and these risks have not been assessed in many countries.

Some of the main advantages and benefits of traditional medicine are:

- its accessibility: in many developing countries there are far more tradipractitioners than health care personnel. In sub-Saharan Africa, for example, there is one medical doctor to
every 100 traditional practitioners and the doctors are found mainly in the cities\(^\text{18}\); in southern Africa, there is one traditional healer to every 200 inhabitants, and this doctor to patient ratio is much higher than in North America\(^\text{19}\);

- its cost: in many developing countries traditional health care is affordable, particularly by the neediest, and the cost of plant-based medicines is generally low and can often be defrayed in kind and/or according to the patient’s means;
- its holistic approach to diagnosis and treatment, which enables the individual to be viewed as a whole, taking into account not only the patient’s body and mind, but also the person within the family unit, society and cultural surroundings.

Some of the constraints are:

- difficulty in assessing long-term toxicity;
- difficulty in assessing the practitioner’s training and knowledge;
- difficulty in assessing side effects, particularly with regard to proper dosage of medicinal plants;
- difficulty in standardizing dosage, as active principles vary according to the environment (type of soil and climate), the time of day and of year of harvesting, the part of the plant used and other factors;
- the delay in treating or failure to treat diseases for which there are proven medical treatments;
- difficulty in establishing an ethical, regulatory and assessment framework for traditional spiritual practices.

### 2.6 Traditional medicine and health systems

Depending on the part that it plays in health systems, traditional medicine is either integrated, included or tolerated in the system.

#### 2.6.1 Traditional medicine recognized and integrated into health systems

In a number of countries, traditional and complementary medicine is recognized and integrated into health systems and contributes to the provision of health care. Very few countries, namely China, Democratic Republic of Korea and Viet Nam, have reached this level.

#### 2.6.2 Traditional medicine recognized, but not integrated into health systems

In some countries, for example Equatorial Guinea, Nigeria, Mali, Canada and the United Kingdom, traditional and alternative medicines are recognized but are not completely integrated into the health system (care, education, training and regulation).

#### 2.6.3 Traditional medicine tolerated

In many countries in which the health system is based on conventional medicine, traditional practice is tolerated. However, in other countries it is largely disregarded.

Countries must recognize the importance of the ties between history and the medical practice of indigenous peoples because traditional medicine, however varied technically, is always based on indigenous beliefs and experience.

If traditional medicine is to be integrated into health systems, the knowledge and traditional therapists must first be recognized, which implies introducing standards to control the marketing of products and to offset the lack of research and training resources. The establishment of research

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18 R. Vongo, Local production and dispensing of herbal antimalarials. RITAM, Moshi, Tanzania, December 1999.
and educational centres for traditional medicine would be a major step towards recognition of this practice and its coexistence with conventional medicine in a single health system.

In Africa, for example, because of its importance, the African Union proclaimed the Decade for African Traditional Medicine (2001 – 2010), recognizing it as “the most affordable and accessible form of health care system for the majority of the African rural population.” The goal was to bring all stakeholders together in an effort to make “safe, efficacious quality and affordable traditional medicines available to the vast majority of African people.”

3. ETHICAL IMPLICATIONS OF TRADITIONAL MEDICINE

3.1 Ethical principles enshrined in the Universal Declaration on Bioethics and Human Rights

The Universal Declaration on Bioethics and Human Rights sets forth a number of principles, universally recognized by the international community, that Member States have undertaken to respect in such a vast area as “medicine, life sciences and associated technologies as applied to human beings, taking into account their social, legal and environmental dimensions”. Traditional medicine falls quite naturally within this framework, and the principles set forth in the Declaration constitute a basis for discussion and reflection for the analysis of its ethical implications.

Traditional medicine is not, moreover, merely a matter of diagnosis or treatment – it entails a different approach to life, death, health and illness and a different view of the patient, the doctor, doctor-patient relations, health services, risk factors and other matters. Article 12 of the Declaration ("Respect for cultural diversity and pluralism") is of heightened importance in this regard. The fundamental questions are how and to what extent the principle of respect for cultural diversity can be reconciled with the other principles enshrined in the Declaration in an area such as traditional medicine in which belief systems and cultural traditions are of the utmost importance.

In that connection, it must be borne in mind that Article 26 of the Declaration states clearly that the “principles are to be understood as complementary and interrelated. Each principle is to be considered in the context of the other principles, as appropriate and relevant in the circumstances”.

Human dignity, mentioned in Article 3 of the Declaration, refers to the intrinsic value of each person and should be the same for everyone. This concept is absolute – each individual deserves unconditional respect, regardless of age, sex, state of health, ethnic or social origin and political or religious convictions.

Furthermore, “the interests and welfare of the individual” implies that the best means of diagnosis, therapy and prevention, which are not the exclusive preserve of conventional medicine, must be made available to the patient. It is also true that traditional practice should not supplant conventional medicine, as this could give rise to a two-tiered health care system – a more accessible and cheaper one for social groups of modest means and another for the other social groups. Traditional and conventional medicine can coexist if bridges are built between the two. The difficulty of defining the “best means” remains a challenge for both medical systems.

Article 4 of the Declaration, following on logically from the article on human dignity, is of particular importance in traditional medicine since this type of health care is not entirely free of harmful effects. However, the meaning of “risk” and “benefit” in traditional and conventional medicine must be defined, with patients’ assistance, since risks and benefits are determined in the light of value and belief systems. Moreover, traditional medicine does not always have the means and appropriate methodology to foresee and avert harmful effects, and it is much more difficult to do so in cases involving traditional spiritual practices.

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In a context in which traditional practice is wholly rooted in a culture, in which illness is a societal ill that must be treated by involving the group and in which the tradipractitioner is an eminent person in the community, the application of the principles of autonomy and individual responsibility (Article 5) and consent (Articles 6 and 7) is a challenge that can be taken up only if beliefs and traditions are respected. In conventional medicine, relations of trust in or subordination to a medical doctor are still problematic in regard to the exercise autonomy. In relations between the tradipractitioner and the patient, the situation is even more complicated, particularly in traditional spiritual practice, since there is a risk of breaking the relational symbolic bond, which could lessen or nullify the therapeutic effect.

Furthermore, despite the emphasis laid here on the difficulties of applying this principle in traditional spiritual practices, it must be respected in other sorts of traditional practices, particularly in those that are somewhat risky because of their harmful or side effects. Nor should these facts be an obstacle to research or to the development of ethically reliable procedures that respect cultural traits. This matter could be resolved by ensuring, for example, the community's attentive and sustainable participation in the introduction of appropriate solutions and in research in the field of traditional medicine (for example, in research on medicinal plants). Furthermore, Article 6, paragraph 3, provides that: “In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual’s informed consent.”

In regard to the principle of respect for human vulnerability and personal integrity (Article 8), the issue in traditional medicine is one of identifying the stage at which beliefs and traditions endanger or harm the persons concerned and create conditions of vulnerability. What are the responsibilities of conventional practitioners when faced with cases diagnosed or treated inefficaciously by the tradipractitioner and when the patient and his or her family, on account of their beliefs, refuse to have recourse to conventional medicine? Furthermore, research in traditional medicine must be conducted in accordance with the same rigorous standards and rules as conventional medicine because of the material risk of the beliefs of persons under study being abused.

Article 12 Respect for cultural diversity and pluralism [to be developed]
Article 14 Social responsibility and health [to be developed]
Article 17 Protection of the environment, the biosphere and biodiversity [to be developed]
Article 20 Risk assessment and management [to be developed]

3.2. The practice of traditional medicine: case studies

3.2.1. Africa

Dermatosis

Mr MS, from the prefectural district of Coyah (Republic of Guinea), is a tradipractitioner reputed for the treatment of dermatosis. The walls of his consulting room are lined with numerous photographs of patients whom he has treated. Mr MS decided some time ago that all patients must be photographed before and after treatment. He can thus show off the efficacy of his courses of treatment, his competence and the extent of his renown.

Mrs D consulted him for a problem of dermatosis and the tradipractitioner explained to her that she had to be photographed before treatment began and once again after she had been cured. The patient was very reluctant, but as Mr MS insisted, she accepted his conditions. Before the treatment began she informed him that the condition occurred only during the rainy season and was characterized by itching and blisters. The healer recommended a mixture of plants (ash from albizzia zygia stalks and a decoction of crossopteryx febrifuga leaves).

For the duration of the treatment she was forbidden to have sexual relations. After two weeks of treatment Mrs D’s health did not improve and she returned to the tradipractitioner and requested him to change the treatment. Mr MS refused and insisted that she continue with the same
treatment – without adding anything else, let alone replacing it. In his opinion, the treatment had failed because she had not complied with his prescription of abstinence.

**Diabetes**

Diabetes is a metabolic disease that is spreading rapidly in developed countries. In Guinea, the treatment of diabetes is fraught with difficulty, in particular access to conventional medicines. Many patients therefore turn to traditional medicine, for economic or socio-cultural reasons.

Mr MMB, a tradipractitioner well known for using herbs to diagnose and treat diabetes, recommends that his patients keep a little jar containing a few drops of urine under the bed for 24 hours to see whether the urine attracts ants. The presence of ants indicates that the person is suffering from “the sugar sickness” For his services, Mr MMB demands a rooster and 20,000 Guinean francs (US $4) and, to reassure his patients as to the efficacy of his prescriptions, he often suggests that they consult doctors in the public hospitals.

**Preliminary analysis**

Both examples raise the ethical issues of responsibility, rights, consent, confidentiality, dignity and sociocultural values. In the dermatosis treatment case, the tradipractitioner insisted on his patient being photographed, despite her reluctance, before and after treatment so that he could add her photograph to his wall album, the showcase of his medical accomplishments, in order to attract other candidates for treatment. The tradipractitioner also insisted on the patient continuing the same course of treatment, using the same recipe - even though it had no effect - on the ground that she had not complied with the abstinence that he had prescribed.

In this case, the patient’s dignity has been violated, as have the principles of autonomy, free consent and vulnerability. Trust between the healer and the patient has also been breached and, in traditional medicine, relations between tradipractitioners and patients rest on trust. Another issue concerns the efficacy and quality of medical care administered by the healer.

In the second case the healer first of all conducts an empirical test to diagnosis the illness, through an “ant test”: a urine sample under the bed for 24 hours. This is reminiscent of the evidence-based methodology used in conventional medicine. As he doubtless knew the limits of his diagnostic methods or in an attempt to reassure his patients, this tradipractitioner encourages them concurrently to consult doctors in public hospitals, thus contributing to his patients’ interests and well-being.

This type of treatment is affordable because the consultation is cheap ($4).

**3.2.2 Arab States region**

**Obesity**

Mr GS, a 44 year old man in good health and moderately obese, decided to lose weight. He used a plant-based product, often praised on television and in the media for being effective and harmless. The product, available in pharmacies although it had not been authorized by the health authorities, was sold in the form of capsules in a very attractively labelled bottle. The treatment, combined with an infusion of green tea, was to last for 40 days and its absolute efficacy was guaranteed. During the second week of treatment Mr GS began to vomit and had stomach pains, high fever and a urinary infection syndrome requiring several weeks’ hospitalization and treatment. The doctor in attendance informed him that many people had already come to see him suffering from the same syndrome, as a result of ingesting several plant-based products that were neither registered in the country’s pharmacopoeia nor legally authorized by the Ministry of Health.

**Witchcraft**

A 32 year old married woman, mother of two and without any particular medical history, consulted her doctor after a very restless night and told him the following story. “I am in a strange and distressing situation and I have come to you for help because I can’t stand it any more. One night, a few weeks ago, while reading the Holy Koran, I was overcome by anguish and felt I was going to die. At first I thought it was a passing sensation that would go away. I continued to read but the
fear and anxiety got worse and I thought I was going to faint. I was sure that I was about to die. I woke my husband up and he tried to calm me down, saying that the feeling would be gone by morning. The next day the sensation was still there and even got worse; I couldn’t breathe and felt that something was strangling me and was trying to stop my heart from beating. The pain in my chest and left arm got worse and worse. I didn’t dare call my parents. I felt like a zombie and began to feel the presence of evil creatures in my house all around me, gradually taking possession of my body and soul. My head ached so badly and I began to vomit. I went to a doctor and he said that I was in good health and prescribed tranquillizers for a week, but they had no effect. Besides, life was getting hard for me and the “genies” kept talking to me, harassing me all day long. So I begged my husband to take me to the village healer, a wise, old and knowledgeable sheikh recommended by my neighbours. I went to his house and he kindly welcomed me in. He led me to a dimly lit room that smelt of incense. He laid me down on a table, put his left hand on my forehead and chanted special phrases that I couldn’t understand. Then for about fifteen minutes he read special verses from the Holy Koran and then he asked me to walk round the table seven times with my eyes shut. At the end of the visit, he sprinkled water over me and asked me to come back to see him once every week for three months. I must admit that I felt a little better, the evil beings that had possessed me moved away but I can still feel their presence around me: from time to time they possess my being for a few minutes. All that time, I refused to see a doctor, and I will continue to visit the wise healer. Maybe he’ll cure me.”

**Preliminary analysis**

In theory, any doctor could have recourse to traditional medicine, even without completely believing in its tenets, in order to respect a patient’s beliefs and to procure solace and comfort. Nevertheless, in view of the wide variety of practices used, often without any serious evaluation, and in view of the prevailing anarchy in this field, there is a likelihood of deviation and abuse, hence the need for regulation.

To put an end to the sale of plant-based products that had not been approved by the Ministry of Health, the Lebanese Parliament adopted a supplementary law forbidding the advertisement and marketing of such products as the one described in the first case study. That law, not yet fully implemented, gainsays the myth and popular belief that “natural” products cannot be harmful. However, the manufacture and sale of pharmaceutical products are governed by earlier laws, which, if broken, provide for severe criminal penalties, especially as many, sometimes serious, cases of iatrogenic complications can occur after ingestion of illegal products. Such incidents are never disclosed, however, by the doctors, healers or pharmacists because they are afraid of the people’s reactions and of being sued.

The legal aspect of traditional medicine should also be discussed: phrases such as “illegal exercise of medicine” and “usurpation of the title of doctor” seem to have been coined in order to remove anyone who ventures into using new treatments before their innocuousness and efficacy have been proven. Before being used or marketed, any new therapy that is not recognized by the State must undergo very strictly regulated validation testing. Nearly all Arab States have enacted public health and pharmacology legislation under which such tests are conducted, especially as pharmaceutical laboratories have sometimes been suspected of exerting pressure on governments to apply restrictive legislation and block traditional practices and their reimbursement. Many doctors in the Middle East have been sued for using treatments that have not been validated by the public authorities.

In summary, recourse to alternative medicines must be judicious: the treatment of serious illness requiring the use of state-of-the-art technology may be delayed if alternative medicine alone is used, even though the latter may make patients feel well and psychologically better.

It should be pointed out that people in the Arab States often turn to traditional medicine owing to the failure of allopathic medicine to improve a patient’s quality of life. It does not seek to supplant allopathic medicine but plays a role in prophylaxis, before problems arise in any organs. It must be borne in mind that traditional medicine is based on experimentation, as is allopathic medicine, which it often clearly predates.
3.2.3 Asia and the Pacific [to be developed]

3.2.4 Latin America

“Susto” (fright)

“Susto” is widespread throughout Latin America and has been studied in Peru among the Quechua and Aymara people, who call it “mancharisqa”. In Ecuador it is known as “espanto” and it has also been observed among the Nahua (Mexico).

“Susto”, attributed to the “loss of the soul or of the spirit”, is the result of a psychological impact of varying intensity and is regarded as an illness in Mexico, Peru and in other Latin American countries. It is triggered by various supernatural or natural factors linked to personal experiences that are fortuitous and completely unexpected. The symptoms and names vary from region to region.

In Mexico the characteristic symptoms of “susto” are general deterioration of health, loss of appetite, weakness, cold hands and feet, drowsiness, a tendency to sleep for several hours, restless sleep, insomnia, pallor, sadness, anxiety, hypersensitivity, fainting, repetitive nightmares of threatening situations, sudden fits of “madness”, a slight fever, diarrhoea, occasional vomiting, headaches and heartburn.

In Peru, “susto” is also the “loss of the soul” caused by spirits and by the evil influence of supernatural beings such as elves and creatures that live in the hills (punas). It can also be triggered by a fall, startling encounters, accidents and natural and supernatural occurrences. The characteristic clinical signs are loss of appetite, faintness, weight loss, weakness, anaemia, pallor, nervous disorders, depression, sadness, irritability, agitation, nervousness, crying, shivering, fever, nausea, vomiting, diarrhoea, sleep disorders, perspiration, delirium, constant sighing, headaches and temporary stuttering. The seriousness of the symptoms is closely linked to the patient’s age, emotional state and the circumstances in which the syndrome first occurred.

Treatment is varied but must be provided by a traditional healer. This account by a Mexican traidipractitioner gives an insight into the courses of treatment:

“In my village, I learnt to heal people with tallow candles. I need 10 candles, rum and basil. The candles are placed in a tin pot so that the wax can melt and be smoothed over the child's body while I say “Juan no te espantes” (John, don’t be frightened) three times. Then I pray for the “cosa mala” (bad thing) to come out and leave the person healthy. Some of the remaining melted wax is then poured into a cup of water, and it takes the shape of whatever had caused the fright. After being “waxed”, the child falls asleep, and aguardiente (a mixture of rum and mescal), ruda (from the Rutaceae plant family) and tobacco must then be applied to the child's joints. The same treatment is given to children and adults and must be given on a Tuesday or a Friday. To treat a baby, on Tuesdays and Fridays I prepare a warm bath in which I place some white and red flowers and some alcohol and I also prepare a bouquet of red and white flowers. Once everything is ready, the baby is undressed, I turn his head and say “Pedro no te espantes” (Peter, don’t be frightened) three times; then I must touch the child’s body with the bouquet of flowers while making the sign of the cross and at the same time saying a prayer. The baby is then bathed and dressed; if he falls asleep that means that the “espanto” (terror, fright) has been driven out and this can be seen when the baby wakes up because he will be happy and will eat well.”

“Chacho”

“Chacho” (Hapiruzqa in Quechua) is regarded as a magic ailment caused by emanations given off by the mountains. These emanations are invisible but are perceived as energy. When a person, especially a child or a woman, passes, falls or stops on a mountainside to rest, the emanations can waft over the person and cause an ailment that has a wide variety of symptoms.


The most frequent symptoms are pain in the area hurt when the person fell, a gradually rising fever and other symptoms (such as arthralgia, gastralgia, diarrhoea, anxiety, pruritus, vomiting and headaches). The symptoms last for one to two weeks. The most frequent symptom among children is diarrhoea.

The treatment consists in “pago a la tierra, pagapo” (paying the Earth) by offering it different things (such as flowers, foodstuffs and fruit). The tradipractitioner uses coca leaves to determine what should be offered and decides which items the Earth wishes to have as an offering. Certain behaviours, such as eating meat, taking medicines and exposure to the cold, can have an adverse effect on the development of the syndrome. Tradipractitioners themselves advise against the ingestion of medicines: “...if someone takes medicine, it is quite likely that he/she will die ... I know of a young girl who went to the medical clinic and she later began to lose all her strength until she died. Chacho is not a matter for the medical doctor, but for us.”

**Preliminary analysis**

The two syndromes (“susto” and “chacho”) have the same symptoms as some diseases recognized by conventional medicine, and treatment by traditional medicine may be inefficacious if the ailment affects an organ. The outcome can be fatal if the patient is not referred to a conventional medical doctor.

In both cases the principles of autonomy and individual responsibility, the duty to do no harm and informed consent may be infringed, as the ailment is often regarded as a supernatural occurrence that must be diagnosed and treated by supernatural means, drawing on the patient’s trust in and support for this belief. While the patient must, for example, be informed and must decide freely whether to accept or reject the diagnostic procedure and treatment, it is quite likely that in such a cultural context the patient has no choice, since refusal could amount to violation of a taboo. It must be borne in mind that in such cases the ailment, too, is a social component and that the tradipractitioner is an eminent person in the community. In such a situation, a request for information or a refusal to accept treatment may be regarded as a serious breach that would affect the patient and risks aggravating the ailment.

An analysis of these two cases from an ethical standpoint shows the difficulty of structuring and reconciling cultural relativism with the universality of ethical principles. Such an assessment must be taken into account when establishing ethical rules on traditional medical practice. Nonetheless, preserving a culture or a tradition is one thing, refraining from all criticism of certain practices is another; defending a culture in order to uphold a people’s rights is one thing, but using that same culture in order to deny the rights of a segment of the population is paradoxical. It is against the backdrop of such reflection that ethical standards on traditional practices must be placed because such practices are neither risk-free nor harm-free.

3.3. Research on traditional medicine [to be developed]

3.4. Training, evaluation and regulation [to be developed]

4. CONCLUSIONS [preliminary draft]

1. Traditional medicine can effectively contribute to improving people’s state of health, but in many countries, regulatory and ethical standards must be introduced to govern various practices and research.

2. Ethical standards on traditional practice must be based on the principles enshrined in the Universal Declaration on Bioethics and Human Rights.

3. The principles specifically mentioned are human dignity, human rights, benefit and harm, autonomy, individual responsibility, informed consent, human vulnerability, personal integrity, respect for cultural diversity, social responsibility and health.
4. A scientific approach must be taken to traditional medicine if it is to meet WHO requirements (innocuousness, efficacy, quality and rational use) in order to be integrated into countries’ health systems.

5. The inclusion of traditional medicine in health care systems requires linkages between the two types of medicine (conventional and traditional): tradipractitioners must be trained in basic health care if they are to refer patients to conventional health networks, and the medical doctor must have the knowledge that gives better insight into traditional practices, which would permit collaboration and complementarity between the two types of medicine. Failure to seize an opportunity to cure a person treated by traditional medicine whose clinical condition is beyond the tradipractitioner’s capabilities or, conversely, failure to have recourse to traditional practices for an individual treated by conventional medicine for a “traditional ailment” for which there is also a traditional course of treatment, can in both cases have serious consequences for the patient. In both cases, too, the fundamental principles of bioethics (benefit and harm) are infringed.

6. Illegal practice of medicine and usurpation of the title of doctor are issues that cannot be ignored. The solution may lie in incorporating traditional medicine into health systems. This means that the tradipractitioner must be trained and that traditional practice must meet the necessary requirements of innocuousness, efficacy and quality.