

Annex C

RECOMMENDATIONS TO THE PAN AMERICAN HEALTH ORGANIZATION REGARDING INTERACTION BETWEEN INDIGENOUS HEALERS AND FORMAL HEALTH SERVICES

The following recommendations have been extracted from those produced by a special congress sponsored by the Pan American Health Organization in 1977. They constitute useful guidelines for AID as well and support many of the statements in the body of this paper.

1. It is recommended that health policy-makers, planners, and providers relate to curanderos, espiritualistas, parteras, and other types of traditional healers with the assumption these health providers are acting in good faith and making use of all information and concepts about health to which they have access in order to provide badly needed services.
2. It is recommended that health professionals and policy planners assume traditional healers to be open, rather than closed, to new concepts and practices. In view of past attempts to impose legal sanctions on traditional healers, it is not surprising that they are wary of official health agencies; however, there is no evidence to support an assumption that they are inherently hostile to health agency staff or private physicians.
3. It is recommended that health planners assume that services of professionals are provided in a highly competitive consumers' market. Professional health services compete with traditional healers. The request for service by a patient from a health professional clearly demonstrates that the patient has a substantial level of faith in the services he perceives the professional able to give. If faith in a form of treatment is a necessary ingredient to successful healing, such a request is a testament to a belief in the potential efficacy of treatment by a physician as well as by an indigenous healer.
4. It is recommended that health professionals recognize the range of differences in traditional healers both in terms of spheres of competence and types of problem dealt with. Health professionals should be made aware that traditional healers are often used by clients who also utilize physicians or other official health services. Traditional healers often refer clients to the official health care system, but their contributions and role in the illness referral system may be unknown to official health providers.

5. Biological and social definitions of disease often differ. It has been suggested that traditional healers may be particularly competent in treating social aspects of illness and physicians particularly competent in treating the biological aspects. Although it would seem advantageous to combine the competencies of both healer and physician, caution must be exercised in designing integrative health care programs so that healers are not disenfranchised (nor given lower status) by the official health system. It is recommended that donors support research to develop testable strategies of cooperation between healers and official health systems.
6. It has become clear that for some health problems the efficacy of different forms of treatment, whether provided by the indigenous healer as a solo practitioner or in coordination with the official health system, is unknown. It is recommended that donors support empirical studies and training programs that would assist in permitting further recommendations to health care providers as to the effective methods for cooperating with healers and utilizing their competencies.

Recommendations for training

7. It is recommended that donors support holistic training of health professionals. This has been an emphasis in Western medicine, but with increasing specialization it is often difficult to train medical practitioners in the holistic traditions that have been an ideal of Western medicine. Donors are encouraged to be part of the return to this ideal. Field research shows that traditional healers tend to deal with patients in a more holistic sense. Patients themselves expect to be treated in terms of both their social aspects of life and their biological difficulties. If health professionals are trained to be more holistic, they will also be able to treat patients in a way that is more congruent with the patient's notions of self.
8. Health professionals are cautioned to beware of the "fallacy of empty vessel," in other words, of treating patients as if the patients had no experience or explanatory system for their conditions. Instead it should be assumed that patients are responding to symptoms by means of a set of logical principles which reasonably explain to them the nature of their symptoms and the etiology and course of the illness.

9. It is recommended that professional staffs be trained to understand that when compliance with a recommended regimen proves inadequate, reasons for that lack of compliance are rational and may be understood by a professional.
10. It is recommended that donors support the training of host country professional anthropologists and other social scientists including training in medical anthropology and public health. This could be done through a university where there are both a school of public health and an anthropology department.
11. It is recommended that donors support in-service training programs for health professionals that incorporate skilled, articulate healers (as has been done at Universidad Nacional Autonoma in Mexico). Although it is important to allow healers their own autonomy, including them in the training of health professionals should facilitate more general recommendations.
12. It is recommended that health professionals be trained with an emphasis on rural health problems and the problems of under-served populations.
13. It is recommended that donors recognize that medical training or models based on U.S. medical training may not be appropriate for developing countries, even at higher levels of the professional ladder, in that they are premised on different cultural values and are themselves in a state of change. It is extremely important that we not take ideas from U.S. medical education, which may be undergoing change, and continue to export them to developing country health professionals. An example is teaching traditional midwives to use the lithotomy position, which is increasingly questioned in U.S. medical training.
14. It is recommended that donors support training programs for a variety of traditional healers keeping in mind that they must be allowed to maintain their own authority and position within their communities rather than being disenfranchised by incorporation into the official health system.

Recommendations for research support

15. It is recommended that donors support research to evaluate the relative efficacy of treatments for specific illness utilized by different categories of traditional healers.

16. It is also suggested that donors support empirical research to help understand to what degree the health behavior of clients, healers, and providers is different in rural areas as opposed to urban areas. It would be important to understand the effect of migration to the city on changing health attitudes and behavior.
17. It has become clear that there are few community studies in which social class is a variable rather than ethnicity. Most studies of developing country populations are based on the health behavior of the poorest groups. More needs to be known about the extent to which this is a class phenomenon rather than ethnic phenomenon.
18. It is also recommended that prior to, or as a subset of initiating empirical research, donors commission the collection of existing information on the efficacy of different forms of treatment and on the incorporation of traditional healers.

