

Training Medical Doctors in Traditional Medicine

Critical Health publishes excerpts from an interview done by the World Council of Churches' bimonthly journal *Contact* with Dr Nemuel Fajutagana of the Community Medicine Development Foundation (COMMED), a progressive health organization in the Philippines. The subject is the inadequacy of conventional medical training as a preparation for the practice of community medicine in that country.

Contact: Can you give an example of how you were ill-prepared by your medical training for work in the community?

Dr Fajutagana: Let me share one story. One issue that is inadequately covered in the traditional medical curriculum is health and culture, or medical anthropology. When you start in medicine you are never really introduced to your cultural context. You are given the feeling that your medical training is scientific and that it is the best. Almost as an absolute.

Later on, however, doctors will experience problems relating to people, and they will not have been prepared for this by considering cultural factors during their training. For example, as a doctor working in health services you provide people with drugs, but when you go home the people will turn around and consult their THs to ask if they should take the drugs and the TH will say "No". So eventually you find that their cupboards are full of unused drugs.

Situations such as this are critical. Are we being effective in dealing with such traditional concepts? One time I was visiting an area where there was a measles outbreak, which happens regularly in the remote areas of the Philippines and can result in 50 to 100 deaths in just three barrios (villages) over just a few months, for example. In such a village, I found people hanging dolls outside their homes in their windows. At first, they didn't tell me they were doing this.

Contact: They didn't want to tell you?

Dr Fatutagana: No, at first they didn't want to tell me because they thought that because I was a doctor I would tell them that this was a useless practice. But later they told me that the dolls were a protection against measles. They hung the dolls in the windows so that the measles would attack the dolls and not enter the house. Similarly, they plant flowers outside their homes so that the spirits will play around in the flowers and not enter the houses.

For a doctor who is unprepared for traditions like this and who has not

considered cultural factors in health, the tendency is to attack the culture and the traditional beliefs and tell the people that such things are stupid and should be stopped. But such a reaction would be ineffective. So I thought about it, and finally the tradition of the dolls and the flowers helped me to introduce to these people the concept of prevention. Their concept was, in fact, prevention. They wanted to prevent the outbreak of measles.

Contact: So What did you say to them?

Dr Fajutagana: I told them to continue with their practice and that prevention is good, but there are other preventive measures that one could take. At that point, I could introduce alternative concepts in prevention that might be new to them, such as immunization and maintaining a healthy environment, as they were already doing with their flower gardens. And so I continue in that line. I reinforce the things in common between their desire to prevent illness and the reason behind a vaccine, for example. The basic idea is to prevent death and illness. In this way, people listen to you because what you have to say is close to them and draws upon what they already believe.

You see, in the Philippines there is a strong tendency among doctors to blame the patients rather than themselves. Doctors tell patients that they've come too late, that it's their own fault that they are ill. Doctors tell mothers that they don't really care about their children if they don't have them immunized. But this is simply not true. A mother doesn't want her child to die, but she might be familiar with only one preventive aspect - the traditional. She needs to learn about other aspects rather than be blamed. I tell my colleagues that we keep on blaming patients and we don't blame ourselves.

Contact: You mean that you say this to your COMMED colleagues.

Dr Fajutagana: No, I say this during lectures or while sharing with other doctors and students in the medical field. I say this because when I was a student I had the same tendency: I blamed the patient. Now it's time to blame ourselves also.

Contact: And how do your medical colleagues respond?

Dr Fajutagana: Well, the responses vary. For clinicians, such a statement might be a realization. It is new information for them and makes them think about the shortcomings of conventional medical training. At one point, we organized a consultation on traditional medicine to which we invited traditional healers. We were asking them a lot of questions. In the end they said, "You know, you always ask us about our practices, or you want to know if we will refer our patients to doctors. And we always tell you that when we have a case that we think is not for us as traditional healers, we refer them to doctors. But the doctors, they never refer



When the biomedical system cannot provide solutions, will doctors send people to traditional healers or "alternative" medical practitioners?

Photo: Medico Health Project

patients to us. Even if they cannot heal their patient or find an explanation for an illness with laboratory tests, for example. They will never refer a patient to a traditional healer. Are you willing to do that?" You can imagine that this created a stir, even among COMMED doctors. It's a very difficult question.

Contact: So what did the doctors say?

Dr Fajutagana: Well, they were very quiet. In the end, we had to allow a moment for reflection. In COMMED, too, we had to think about this, even though we were already pushing traditional medicine, though from a different perspective. We then realized that the people were doing it already, that it was not up to us to push but rather to learn. We had been saying that people should use traditional medicine, but, in fact, 70% of the population is already using it.

Contact: One of COMMED's aims is that "physicians who successfully complete the training will be able to practice and promote traditional medicine." This seems to be what you are talking about. So how do the doctors respond when they learn that they have to be able to practice traditional medicine themselves?

Dr Fajutagana: I should explain that the dynamics within COMMED in regard to traditional medicine are changing as a result of our experience and this kind of self-examination. Before, we studied traditional medicine because of its curative possibilities, which was actually from a very biomedical point of view. Now we are looking at it in a wider perspective, as something that will complete, or enrich, the existing system. Traditional medicine is naturally more holistic because it deals with health as a way of life. It deals with how you relate with spirits, other people and beings, and nature, for example. We are now looking at traditional medicine because of its preventive and holistic implications, not just because of its curative possibilities.

Contact: I imagine that it takes a certain amount of humility to adopt such an outlook.

Dr Fajutagana: That's the new direction. Initially, we saw that it was so difficult to get health services to the people. There was no access. So we treated traditional medicine simply as an alternative system. Now we are looking at it more deeply, as a cultural entity.

This leads to a vital component that we are trying to develop: the Filipino identity of the medical practice. The only thing that will make the medical practice truly Filipino is the adding of these cultural factors such as Filipino spirituality, the Filipino identity. For the Filipino who is a doctor, that's the whole thing.

We have a very nice definition of this in our language. It is not so nice in English but translates something like "Filipino medicine is the sum of the knowledge, skills and attitudes that are our heritage." Our heritage includes all of these things. How we define nature, how we define our relation with the environment and other people, and how we define our own spirituality.

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