A FRAMEWORK FOR PURCHASING TRADITIONAL HEALING SERVICES

A Report for the Ministry of Health

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EXECUTIVE SUMMARY

This Report has been prepared for the Ministry of Health to assist in the development of policies relating to the purchase and provision of traditional healing services.

In the Guidelines to Regional Health Authorities (1995), some provision has already been made for traditional Māori healing services and at least one RHA has a contract with a healer for particular services.

The WHO has recommended the inclusion of traditional healing in the wider health system and the Draft Declaration on the Rights of Indigenous Peoples further supports the concept.

Traditional healing occurs in a particular cultural context and is based on philosophies and practices which have been transmitted over the generations. Healing activities are diverse and include physical treatments, often derived from plants, as well as spiritual and family approaches.

Healers are also a diverse group with different types of training, different skills and different specialties. However, recognition and acceptance by their cultural group is a key characteristic.

For a number of reasons, Māori interest in traditional healing has increased over the past decade and a considerable demand has been created.

There are similarities between traditional healing and other health services but there are also fundamental differences. For the most part these stem from the barriers between faith and science but they need not be a barrier to inclusion in the same health system. Nor should they preclude an accreditation process or collaboration, especially in primary health care.

8 To facilitate the development of purchasing policies for traditional healing, a framework has been developed. Known as the TRADITIONAL framework, it recommends principles, criteria and indicators.

8.1 The recommended principles are:

cultural integrity - recognising the close links between culture and healing
medical pluralism - recognising the multiple approaches to healing
self determination - recognising the desire for autonomy and self regulation

8.2 The ten criteria which make up the framework represent minimal criteria which might be expected from a traditional healing service. They are:

traditional basis for healing activity
relevance to today
accessibility
demand
integrated body of knowledge
training for practitioners
internal arrangements for maintaining excellence
openness to other approaches
not harmful
accountable
liaison

8.3 The indicators necessary to enable sound purchasing decisions include:

procedural indicators
client indicators
treatment components
indicators of effectiveness
indicators of efficiency.

It is recommended that the Ministry of Health play a lead role in initiating further discussions with representatives of traditional healing services in order to reach consensus on the place of traditional healing in New Zealand's health system.

Particular issues which need to be resolved include:

- accreditation
- monitoring
- training
- collaboration
- the development of appropriate indicators
- the implications of regulations

It is emphasised that in formalising traditional health services, healers should be closely involved in discussions and any measures or performance indicators should be consistent with the philosophies, goals and practice of traditional healing.

A FRAMEWORK FOR PURCHASING TRADITIONAL HEALING SERVICES

M H Durie

1 INTRODUCTION AND BACKGROUND

1.1 Purpose

This Report has been prepared for the Ministry of Health to assist in the development of policies relating to the purchase and provision of traditional health services. The intention is not so much to make a case for the inclusion of traditional healing within New Zealand's health services - to some extent that has already been done - but to discuss the many factors which will need to be taken into account when traditional healing services are subjected to statutory provisions or are at least formalised. Although the focus is on Māori traditional healing, it is submitted that the principles and policy implications are relevant to a range of traditional health services. Moreover, by referencing parallel developments among indigenous peoples in other countries, it is possible to consider traditional healing in a wider context and to benefit from experiences elsewhere in the globe.

1.2 New Zealand Health Services in a Reformed Environment

Two aspects of the current health system environment are particularly relevant to traditional healing. First, the separation of purchasers and providers allows for greater specificity as to expected services and emphasises outputs rather than professional contributions. Contracts between purchaser and providers incorporate both quality and quantity measures and there is an expectation that providers of health services will be able to demonstrate benefits (to clients) according to agreed upon performance measures. Within this system traditional health services could be

accommodated once agreement had been reached on the desired outputs. The second significant aspect of the health system is the ability of the Government to introduce its own priorities and to require purchasers to reflect those priorities. Four Government health gain priority areas have been identified in the Minister of Health's annual guidelines to regional health authorities - mental health, child health, Māori health and health of the environment.[1] If traditional healing contributed to one or other of those health gain areas, there would be additional justification for its introduction.

1.3 The Tohunga Suppression Act

There were at least three stated reasons for the introduction of the Tohunga Suppression Act in 1907: prohibition of tohunga from gathering people around them, prohibition of claims to possess supernatural powers, and prohibition of foretelling future events.[2] Particular concern had been expressed about 'bogus' tohunga who used a combination of old and new techniques in the treatment of tuberculosis. But there were also political reasons why the Act was passed, including a desire to deal with the prophet Rua Kenana.[3] Although tohunga subsequently stopped practising openly, curative activities were pursued away from the gaze of the law and traditional methods of healing continued to command Māori confidence, albeit in an abated form. The repeal of the Act in 1964 officially removed any legal prohibitions but even before then healers had emerged and were openly attracting large followings. However, because they operated outside the recognised health system, they had minimal interaction with medical or nursing practitioners. More often a climate of antagonism prevailed and dual treatment was

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1 Shipley Hon. J (1995), *Policy Guidelines for Māori Health Ngā Aratohu Kaupapahere Hauora Māori 1996/97*, p. 14, Wellington

2 Te Aho K (1996), *Service Evaluation of Te Whare Whakapikiora o te Rangimarie a Māori traditional healing service*, Interim Report, Wellington

3 Webster P (1979), *Rua and the Māori Millenium*, Victoria University Press, Wellington

regarded by both sides as incompatible. Clients often had to make choices between tohunga or doctor and either abandoned medication or turned away from healers.

1.4 Nga Ringa Whakahaere o Aotearoa

A significant step forward occurred in 1992 when a number of healers gathered at Ngati Otara marae and formed a collective body, Ngā Ringa Whakahaere o Aotearoa, the National Board of Māori Traditional Healers (Inc.). The Board advocates on behalf of healers and promotes the wise use of rongoa and other traditional healing activities. It has also taken the initiative to develop accreditation procedures for healers and to negotiate on their behalf for more formal recognition of traditional healing. Though not completely representative, the Board speaks with some authority for a substantial number of healers and is the only legally constituted body which does so. It takes the view that healing services should be part of the public health system and that they should be funded, at least in part, from Vote : Health. But it is equally adamant that traditional healing services should remain under the control of Māori healers and that outcome measures and other indicators of effectiveness should be developed by the healers themselves.

1.5 The National Health Committee

The National Advisory Committee on Core Health and Disability Services was established as part of the health reforms to advise the Government on the types and quality of services which should be publicly funded.[4] In 1993, as part of a major consultation exercise, the Committee was invited to attend a meeting at Ngā Marae Watea in Auckland to hear submissions on health services. The Hui had been arranged by Ngā Ringa Whakahaere o Aotearoa who asked that traditional healing be regarded as a 'core service'. Even though the Core Services Committee had decided not to proceed with a simple list of publicly funded health services, there

[4] Known originally as the Core Services Committee, and now as the National Health Committee

was agreement that further discussions with Ngā Ringa Whakahaere were indicated. Two further meetings were followed by a formal presentation of a document which outlined the views of Ngā Ringa Whakahaere.[5] The Core Services Committee had meanwhile commissioned a paper[6] to background traditional healing and had already debated the possible responses to the National Board. The Committee's position was contained in the 1995 report *Core Services 1996/97.*[7] In brief it recommended that regional health authorities could purchase traditional Māori health services as part of a primary health care package. Without commenting directly on the efficacy or rationale of traditional healing, the Committee had concluded that healers could fill valuable roles by increasing health awareness and interacting with other health care providers especially at the primary care level.

1.6 The World Health Organisation

Traditional medicine was the subject of a WHO (Western Pacific Region) Conference in Hong Kong 1995 As long ago as 1977, however, the 30th World Health Assembly urged "interested governments to give adequate importance to the utilisation of their traditional systems of medicine, with appropriate regulations as suited their national health systems."[8] At the 1995 conference the integration of traditional medicine into the primary health care system was emphasised with a need for both regulation and legislative control of practitioners and medicines. WHO support is stronger for traditional medicines involving herbal medicine/medicinal plants and acupuncture rather than bone setting or supernatural healing and efforts to undertake research and compare progress in several countries within the region

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Ngā Ringa Whakahaere o Aotearoa (1994),

Durie M H et. al. (1993), *Traditional Māori Healing, a paper prepared for the Core Services Committee*, Department of Māori Studies, Massey University

Core Services Committee (1995), *Core Services 1996/97*

Cunningham C (1995), *Report on Attendance at World Health Organisation (Western Pacific Region) Regional Workshop on Traditioal Medicine, Hong Kong November 1995*, Ministry of Health, Wellington.

have been made. A working party on traditional Chinese medicine for example has recommended the compilation of a list of practitioners as a step towards registration and considers that preparation of medicines should be subject to statutory control. Formal training as well as research in tertiary institutions has also been suggested. At the same time the working party has been at pains to emphasise the spirit of self regulation and has promoted the establishment of a statutory committee consisting principally of member of the traditional Chinese medicine profession to examine matters of registration, training and research, dispensing and importing and exporting potent herbs.[9]

1.7 Draft Declaration on the Rights of Indigenous Peoples 1993

Developed by the Working Group on Indigenous Populations since 1982, the Draft Declaration on the Rights of Indigenous is likely to be presented to the General Assembly of the United Nations for adoption[10]. Though the final wording will be the subject of considerable further debate by the nation states, the Declaration has already received wide recognition and has met with general approval from a wide range of indigenous peoples, including Māori. Article 19 endorses the concept of self determination and self regulation: "*Indigenous peoples have the right to participate fully, if they so choose, at all levels of decision-makers in matters which affect their rights, lives and destinies through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.*"

Article 24 is more specific in relationship to traditional healing. "*Indigenous peoples have the right to their traditional medicines and health practices, including the right to the protection of vital medicinal plants, animals and minerals. They also*

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9 ibid

10 Te Puni Kokiri (1994), *Mana Tangata Draft Declaration on the Rights of Indigenous Peoples 1993*, Ministry of Māori Development, Wellington

have the right to access, without any discrimination, to all medical institutions, health services and medical care." Clearly it is not intended that there should be no choice or that the retention of traditional practices should necessarily reduce access to other health services. Instead a dual system is supported.

2 THE CHARACTERISTICS OF TRADITIONAL HEALING

2.1 The Context

Before identifying the main components of traditional healing, the wider context should be considered. It is important not to equate traditional healing simply with the administration of prepared plant products any more than modern medicine should be regarded as synonymous with over-the-counter sales of pharmaceuticals. Healing is governed by established (though often unwritten) codes of practice which draw on ethical, cultural, and philosophical principles, as well as the use of particular plant materials. In this respect, the rationale for the healing activity will not be found solely in the physical remedies offered, but, just as important, in the traditions, beliefs and culture of the clients and the practitioners.

Nor is enlightenment necessarily generated by attempting to understand traditional healing in terms of biomedical concepts and scientific proof. Though certain plants may have anti-bacterial or other therapeutic activity, and can be analysed scientifically,[11] it is misleading to ascribe health changes only to those properties and to dismiss (or fail to appreciate) other components of the healing process. The point is that conventional explanations may not only be inadequate to explain traditional healing, they might impose inappropriate frameworks which are incapable of encompassing the holistic nature of the healing context. "*Rationality must be understood to be a culture specific notion; one culture's rational thought is*

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11 Brooker S G, Cambie R C, Cooper R C, (1981), *New Zealand Medicinal Plants*, Heinmann, Auckland

not necessarily the same as another's. Indeed, the rational thought that underlies scientific inquiry and biomedical practice is but one type of thought."[12]

Sometimes traditional healing is thought to occur only in rural areas, close to tribal villages and marae. Certainly a number of well known healers live and work in small communities supported by hapū and whanau. But traditional healing is not confined to the marae or tribal oversight. Many healers, male and female, operate within urban and metropolitan centres, both in New Zealand and overseas. In the greater Auckland region, although the numbers of healers cannot be quantified, they are thought to be "significant"[13] and it is important to note that the formation of a national association of healers took place in Auckland in 1992. A traditional healing clinic with a RHA contract to deliver services, Te Whare Whakapikiora o te Rangimarie is also urban based, serving a largely urbanised population in the Napier and Hastings area.

Studies in Saskatoon and San Francisco have also concluded that indigenous peoples living in large cities still seek assistance from native healers. While in the San Francisco study difficulties in gaining access to medical services were cited as reasons for visiting a healer, in Saskatoon, language was a more important variable. Those who spoke an aboriginal language were more likely to seek out traditional healers and to believe in the superiority of Aboriginal medicine over biomedicine for certain health problems.[14]

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12 Waldram J B., Herring D A., Young T K., (1995), *Aboriginal Health in Canada Historical, cultural, and epidemiological perspectives*, p 100, University of Toronto Press, Toronto.

13 Parsons C D F, (1985), Notes on Maori Sickness Knowledge and Healing Practices, in ed Parsons C D F, *Healing Practices in the South Pacific*, Institute for Polynesian Studies, University of Hawaii Press, Honolulu

14 Waldram J B et al *op. cit.* pp. 212-213

Of the wide range of treatments employed, most traditional healing methods use medicines derived from plants. Leaves, bark, roots, twigs, berries may be applied externally, swallowed as a potion, chewed or inhaled.[15] The development of a Māori pharmacopoeia[16], despite the risks attendant on isolating one aspect of healing from the wider context, is at least an indication of the specificity and extent of traditional Māori medicines, rongoa rakau.[17] Rongoa appear to be used on both a symptomatic and syndromatic basis. Thus some medicines are used to treat a symptom such as abdominal pain, while others are used to treat an illness such as cancer. Seldom do traditional healers reveal the precise nature of their remedies to outsiders or medical practitioners, or even to patients, although they have their own consistency and set of indications.[18] While the formulation of remedies is the province of the healer, kai awhina, trained assistants, do much of the actual preparation of the products and have responsibilities for storage, labeling and replenishing supplies.[19]

In most cultures many people have some knowledge of the medicinal properties of plants, even if it is only as domestic and occasional users. Healers, however, have a much more extensive knowledge and have recourse to a large number of medicines as well as the ability to concoct new ones. The tahu'a of Tahiti, for example, often commit to memory dozens of prescriptions[20] while the kahuna lā'au lapa'au of Hawaii were trained from an early age to understand the botany, pharmacology and

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Macdonald C (1973) *Medicines of the Maori*, William Collins, Auckland

Rankine J (1994), *Maori Healing Practices*, GP Weekly, 12 October, 1994

The term rongoa denotes a range of healing activities and is sometimes now used synonymously with traditional Maori healing. Rongoa rakau refers to treatments derived from plants.

Te Aho *op cit*

Te Aho *op cit*

Hooper A, (1995), Tahitian Healing in ed. Parsons Claire D F, *Healing Practices in the South Pacific*, pp 168-170, The Institute of Polynesian Studies, University of Hawaii Press, Honolulu

medicinal properties of an broad range of plants.[21] Apart from plants extracts, a number of other treatments are used in traditional healing. In Asian countries acupuncture is a highly developed specialty, now often used in association with other treatments. Tohunga meanwhile have varying degrees of experience with massage (mirimiri), incantation (karakia), water therapy, suffusions, heat applications. However, as well as possessing specialised knowledge about remedies and ailments, traditional healers are also distinguished by a capacity to combine physical treatments with ritual, interpretation of symbols and signs (such as dreams), prognostication, spirituality, and an understanding of human interaction, including interaction with the environment. In this respect they operate at a level which extends well beyond a generic knowledge of plants and plant properties.

In common with healers in many developed countries, traditional healers in New Zealand also employ treatments which are based on western biomedicines. At one extreme, acupuncturists may also be qualified medical practitioners, and are able to offer an extended range of treatments. Traditional Māori healers seldom possess a formal health qualification but are not unfamiliar with modern medical concepts and treatments and at the very least may incorporate fairly conventional health advice, including dietary counseling, into their treatment regimes.

2.3 The Practitioners

Traditional healers come from diverse backgrounds. In some countries they are regarded as sacred, earning a great deal of respect not only as healers but also as the cultural and sometimes political leaders. In other countries, however, they have no special status and live very much as ordinary citizens undertaking healing activities in a low key manner and attracting little attention, except from their clientele. Australian aboriginal healers possess healing and divination powers but in other

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[21] Abbott I A (1992), *Lā'au Hawai'i Traditional Hawaiian Uses of Plants*, p 98, Bishop Museum Press, Honolulu

respects are "ordinary members of the community sharing in social and family life".[22] In spite of their occult powers and extraordinary intellectual arrainments, they display no signs of being unable to integrate fully into the everyday of their communities.[23]

Both profiles apply in New Zealand. Māori healers, tohunga, were required to enter whare wananga where they underwent extensive training which was rigorous, exacting and several years long.[24] Entry requirements took into account the need for tribal accountability, the protection of tribal knowledge and the overall tribal ambitions and they were afforded respect and status. From an early age tohunga were immersed in tribal ritual and tradition and to a large extent they became the carriers of tribal culture.

Contemporary healers are not always so clearly aligned with their tribes, nor are arrangements for their selection and training always well defined. As often as not expertise and credibility has been based on a natural skill or gift which in time has been ratified by the community. Personal qualities have been valued regardless of attendance at reputable whare wananga, or reputation as a tribal leader. In short not all healers have been set apart from others since childhood, or are recognised as tribal leaders. Nor is it possible to identify specific training programmes for healers or to presume that all healers have emerged from similar wananga or training institutions.

Reid J, Trompf P. (eds.) (1991), *The Health of Aboriginal Australia*, p. 313, Harcourt Brace, Marrickville

Elkin A P (1977), *Aboriginal Men of High Degree*, pp. 13-15, University of Queensland Press, St. Lucia.

Rolleston, A, 1988, *He Kohikohinga: A Maori health knowledge base*, Department of Health, Wellington

Three classes of healers have been described: herbalists, medicine men, and shamans.[25] However shallow and simplistic that classification, it does highlight the range of practice and the varying emphases adopted by different healers. Herbalists use a variety of botanical substances, often in combination, for a variety of disorders including dressing wounds. Medicine men employ supernatural methods to restore health while shaman are able to enter into trances in order to summons the spirits to give counsel. In Africa two forms of healers practise traditional healing, the herbalist/doctor and the diviner. Herbalists serve an apprenticeship while diviners undertake a more experiential mode of learning which includes entering into state of spirit possession during which ancestors endorse the healer as a suitable practitioner of traditional healing.[26]

Most healers, however, employ more than one method. In the case of Māori healers, plant products are usually employed within a spiritual context and often there is a parallel appeal to ancestors. And both ritual and mysticism feature in treatment, probably (but not necessarily) to a greater degree than in encounters between patients and western-trained physicians.

3 CONTEMPORARY INTEREST IN TRADITIONAL HEALING

3.1 Māori Enthusiasm

After several decades, Māori interest in traditional approaches to healing has emerged into public arenas. The revived interest, and its openness, appears to be extensive. It was evident when the Māori Womens Welfare League undertook a survey of Māori women in 1984,[27] traditional healing being raised in a positive way

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25 Waldram J B., et. al. (1995), *op cit*, p. 103-104

26 Swartz L (1995), The Politics of Culture and Mental Illness: the case of South Africa, in ed. Ihsan Al-Issa, *Handbook of Culture and Mental Illness an international perspective*, pp. 74-76, International Universities Press, Madison

27 Murchie E, 1984, *Rapuora, Health and Māori Women* Wellington, Māori Womens Welfare League

by many of the respondents. At all five hui attended by the Core Services Committee in 1992, questions about the place of traditional healing were asked, often with strongly worded requests that it be "recognised as part of the core". Te Waka Hauora, a Māori Health Authority encountered the same enthusiasm when its establishment hui was held at Manuariki on 5 September 1992. Alongside many other provider groups, the healers made a strong case for their own representative on the Board of Directors. Further evidence of increasing Māori interest was apparent in 1995, when, largely because of a well demonstrated need, the Central Regional Health Authority, purchased a contract for traditional healing with Te Whare Whakapikiora o te Rangimarie.[28]

2 Reasons for Revived Interest

There are a number of reasons why Māori interest in traditional healing has increased.[29]

2.1 Removal of Legal Barriers

The repeal of the Tohunga Suppression Act in 1964 removed any legal barrier to traditional healing though it is unlikely that it was still a strong deterrent. By the late 1950's for example several tohunga had established large followings and were practising quite openly on marae and in other settings. Though not well regarded by medical people, they had built up reputations within Māori communities and centres flourished at Rotorua (Adams), Taumarunui (Phillips) and Ruatoria (Gage), well before the repeal of the Act.

Laurenson M (1995), Māori Traditional Healing, in *Te Kete Hauora*, 1.2, December 1995, Ministry of Health, Wellington

Durie Mason (1994), *Whaiora Māori Health Development*, pp. 61-62, Oxford University Press, Auckland.

3.2.2 Self Determination

In the past two decades the resurgence of interest in all aspects of Māori culture has been associated with a call by Māori for greater autonomy and a measure of self determination. To some extent this has coincided with greater recognition by the government and the courts of the Treaty of Waitangi, but it has also been part of a global movement in which indigenous people have claimed a right to cultural property and their own intellectual knowledge. Part and parcel of throwing off the cloak of colonialism has been revaluing traditional practices and beliefs. Māori have been as active in that process as other peoples.

3.2.3 Limitations of Biomedical Methods

Quite apart from a reaffirmation of traditional culture there has also been some loss of confidence in western methods of treatment. Having emerged from the era of infectious diseases into a new epidemiological era - of man made and degenerative diseases - Māori have been confronted with cardiovascular disease, mental illness,[30] hypertension. diabetes, cancer, asthma and more recently sudden infant death syndrome. Smoking, obesity, excessive alcohol use, motor vehicles, substandard housing, unemployment and stresses associated with urbanisation (and whānau destabilisation) are the new causative factors. Because of the multi-causal nature of the so called life style illnesses, medical treatment was bound to have limited effect, but many Māori came to see the medical limitations as evidence of failure. Moreover there was something unsatisfying about clinical approaches which relied mainly on medication without the promise of a total cure and often with a host of debilitating side effects that did little to improve patient compliance.

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30 Before 1970, proportionately fewer Māori than non-Māori were admitted to mental hospitals. Since then the situation has reversed.

2.4 Access to Primary Care

In their advice to the Core Services Committee in 1995, Ngā Ringa Whakahaere o Aotearoa identified access to primary health care and prescription part charges as two reasons why their clients had turned to traditional healing.

Uneven access to primary medical services was a further factor. Costs for visits to the doctor and then for prescriptions, as well as cultural barriers and difficulty arranging schedules, resulted in an under utilisation of primary health care services by Māori. A survey of 200 Māori adults by Ngati Raukawa[31] revealed that cost was the major inhibiting factor but that motivation was another. Scarcely any of those surveyed would have taken a mental health problem to a medical practitioner or nurse, regardless whether the professional was Māori or not.

2.5 Taha Wairua

The major deficiency in modern health services has been identified by many Māori as *taha wairua i.e. a spiritual dimension.* It has been argued on marae and at regional and national health hui[32] that an over-emphasis on physical aspects of illness and quantitative measurements has been associated with corresponding inattention to emotional, cultural and spiritual factors. Traditional healers, however, incorporate a spiritual dimension in both diagnostic and therapeutic activities and do so in a culturally relevant manner which makes an otherwise spiritually neutral healing session into a rewarding and satisfying experience. For many patients recovery cannot be measured in physical terms only; and in any event there is now ample evidence to suggest that spiritual enrichment is associated with physical change.

Health Committee, 1991, *Barriers to Health Care, Report to the Runanga*, Te Runanga o Raukawa, Otaki (unpublished)

Komiti Whakahaere (ed), 1984, *Hui Whakaoranga Māori Health planning Workshop*, Department of Health, Wellington

4 TRADITIONAL HEALING AND MODERN HEALTH SERVICES

4.1 Philosophical Issues

While there are similarities between traditional healing and biomedical medicine in so far as both are based on distinct methodologies and are carried out by practitioners who are recognised by their respective communities as having acquired skill and knowledge, there are also substantial and quite fundamental differences. Aboriginal medicine is based on tradition, which is to say that as a medical system it accepts that the medicines, techniques, and knowledge of the past were effective because they had been time tested and, in many instances, shared with humans by the Creator. In a sense, while new approaches to treatment are incorporated, this medicine is primarily informed and guided by the traditions of the past. Because the acquisition of knowledge relies heavily on the oral tradition and healers tend to gain understanding over a life time, they are relatively old by the time they are able to use their skills wisely and exhibit considerable variation in their mode of practice. They are less concerned with proving the efficacy of their methods because they have faith in traditional medicines and do not need to question them.

In contrast, biomedicine is empirical and positivist, based on a philosophy of scepticism. While its origins could also be described as traditional, it is constantly seeking new medical knowledge which in turn is scrutinised and verified. This means that medical knowledge is always changing and that older practitioners have difficulty keeping abreast of modern trends. But between physicians there is a fairly standard level of knowledge which is the same no matter where the doctor was trained.

Essentially the difference is between science and faith.[33] And scientists have difficulty accepting faith - or indeed any knowledge base which has not been subjected to scientific investigation. This does not necessarily mean that faith has no validity or that it can be dismissed because it lacks scientific credibility. But it does present barriers in terms of using one set of criteria to understand the other. However, in practice the distinction between traditional healing and biomedicine is not always as sharp or as clear as might be supposed. Many traditional healers do employ aspects of the scientific tradition and build new elements into their range of healing techniques. In addition there are many biomedical healers who depend on faith as much as science when healing patients, and who prescribe medication according to time honoured practices rather than up to date developments in medical science.

Accreditation Issues

At the WHO Workshop on Traditional Medicine in Hong Kong in 1995, it was recommended that a mechanism for the recognition of traditional healers should be introduced by Governments either in the form of statutory registration or enrollment with recognised professional bodies.[34] The intention appears to have been to encourage a minimum standard of practice as well as opportunities for systematic training and to afford a measure of protection to both healers and their clients.

Healers themselves are divided on issues of accreditation, validation and formalisation. On the one hand they recognise the need to distinguish their own practices from charlatans who have some traditional knowledge but prey on the credulity of their clients by using any novel approach which is fashionable. In the process traditional healing itself is undermined. On the other hand, however,

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Waldram et al *op. cit.* p.p. 214-215

Cunningham *op. cit.*

healers fear that any accreditation process which is imposed, especially if it means using measures designed for biomedicine, will either lead to the professionalisation of healing or to the reconstruction of traditional medicine according to the same principles which underlie biomedical practice.

Accreditation also brings problems of disclosure. Most healers are humble and reluctant to make claims about themselves or their capabilities; instead, their reputation is promulgated by others, usually clients. Accreditation would not only require their "official" recognition, but would make public a status which some would prefer not to announce. At the same time, with increasing interest in traditional healing, clients will inevitably want to be assured not only of their safety but also that they are seeing a healer appropriate to their circumstances. While informal networks will furnish some of that information, many Māori will feel disadvantaged (in terms of access) if there is no accessible listing to inform them about healers and the services they offer.

4.3 Issues of Collaboration

The relationship of healers to western practitioners can be complementary, oppositional, tolerant, or competitive. Over time all relationships have been observed and in addition dismissal has been a further option. However, far from dismissing traditional healing out of hand, or requiring patients to opt either for modern or traditional healing, as if the two approaches were incompatible, there is generally a greater willingness by modern health professionals to explore opportunities for working with indigenous healers. By the same token, whereas some traditional healers still insist that their clients take no other concurrent treatments, most now encourage continued medical treatment or a visit to a doctor if it seems necessary. It is this new tolerance, based on mutual recognition of the complexities of health and of healing which have contributed to collaborative efforts.

In Australia traditional healers remain an important part of the contemporary Aboriginal health care system and clients are able to use a variety of biomedical and ethnomedical treatments, often together. While from the healers' points of view this makes for some difficulties in understanding the family's management of a relative's illness, clients are able to seek benefits from both systems, taking whatever seems relevant and useful.[35]

In some countries there is a constant flow of patients between the modern and traditional psychiatric services. Rural psychiatric services in Nigeria for example, are offered almost entirely by the traditional healers. However, attempts to formally integrate traditional and modern healers into a unified health care delivery system for the country have met opposition. Health professionals have been opposed to it, largely because there monitoring is not possible. But traditional healers have welcomed the possibility, and so have large sections of the population.[36] The Indian Health Service in the USA has been more proactive and has established at least one traditional healing liaison service within an IHS hospital; although in the end the family must make their own arrangements for ceremonial healing. Improved acceptability of mainstream services has also been described as one positive outcome of collaboration in the Swinomish tribal mental health project in the State of Washington (USA). By engaging "natural helpers" as consultants, the service has developed a level of credibility which enables more equitable utilisation by Indians.[37]

Reid J, Trompf P, *op. cit.* p 313

Sijuwola O A, (1995), Culture, Religion, and Mental Illness in Nigeria, in ed. Ihsan Al-Issa, *Handbook of Culture and Mental Illness an international perspective*, p.p. 71-72, International Universities Press, Madison

Swinomish Tribal Mental Health Project (1991), *A Gathering of Wisdoms Tribal mental health a cultural perspective*, p 144, Swinomish Tribal Community, Washington

Traditional healing within New Zealand hospitals is by no means recent nor unusual. Psychiatric Hospitals have been inviting healers to participate in treatment for more than a decade[38] and Kai Awhina, healers, have had ready access to hospitalised Māori patients for just as long.[39]

Models for collaborative effort have caused some concern, equally to traditional healers and modern health professionals. A round table discussion on collaboration organised by the Aboriginal Nurses Association of Canada in 1990, was unable to reach consensus on the type of collaborative model which was most appropriate or even if collaboration was desirable.[40] Nonetheless, the WHO Workshop in 1995 recommended the integration of traditional healing into the health care system[41] and stressed primary health care as the most suitable level.

New Zealand has some limited experience with this approach. The 1995 Report of the National Advisory Committee on Core Health and Disability Support Services, suggested a complementary role for Māori traditional healing vis a vis the health system. "*In some contexts the provision of traditional healing services can assist in establishing effective therapeutic relationships ... the complementary provision of traditional services alongside other primary care providers (e.g. GPs independent nurse providers, Māori community health initiatives) will assist in more Māori with ill health being seen by an appropriate primary care practitioner.*"[42]

Te Whare Whakpikiora o te Rangimarie, a Māori traditional healing clinic which has a contract with the Central Regional Health Authority, has so far been able to

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38 Rankin J F A (1986). Whaiora: a Māori cultural therapy unit. *Community Mental Health of New Zealand*, 3:38-47

39 Salmond G (1987). *Traditional Services and Kai Awhina in Health Services*. Department of Health Circular memorandum N0 1987/9, Department of Health, Wellington

40 Waldram et al *op. cit.* p. 220

41 Cunningham, *op. cit.*

42 Core Services Report 1995, *op. cit.* p. 24

demonstrate a collaborative approach, all clients being referred to a medical practitioner. In contrast, however, medical referrals to the clinic are few, most clients being self or whanau referred.[43]

THE TRADITIONAL FRAMEWORK

A Three Part Framework

In order to facilitate the development of purchasing policies for traditional healing services, the following framework is proposed.[44] As a mechanism for recognising traditional healing and healers within the context of New Zealand's health system, the framework takes account of issues of philosophy, accreditation and collaboration and attempts to safeguard the integrity of traditional healing while at the same time providing guidelines for purchasers. Three components make up the framework:

* principles
* criteria
* indicators.

Principles

Three Principles

Underlying the purchasing of traditional health services three principles should be considered:

* cultural integrity
* medical pluralism
* self determination

Te Aho *op. cit.*

The frameowrk has been called, the TRADITIONAL framework. The name is derived from the first letters of each of the ten criteria.

5.2.2 Cultural Integrity

Traditional healing services are inextricably entwined with culture. Their philosophical roots, delivery systems, treatments and ways in which healers are recognised, are consistent with wider cultural belief systems and values. This does not mean they are confined to the past or that they lack relevance if they are not exact replicas of pre-contact approaches; but their dynamism is a reflection of broader cultural dynamics. They depend for their credibility on the cultural codes of the communities they serve, using language, concepts and treatment methods which make sense. Moreover, in many countries, indigenous healers are the carriers of culture; sometimes even the only remaining exponents of cultural ritual and belief.

There are two implications of the principle of cultural integrity. The first is that healing which is far removed from the cultural realities of its peoples, cannot be justified as traditional, even though the clients may be from a distinct cultural grouping. Second, while similarities between traditional healing and western healing can be identified, traditional healing can only ever be completely understood through the culture of its origin. In this respect it can never be entirely rationalised because it has some parallels with biomedicine.

5.2.3 Medical Pluralism

A single disease may have vastly different histories in different cultures because socio-cultural factors are themselves determinants of morbidity and mortality.[45] It is therefore not surprising that people seek help from a variety of helping agencies, often at the same time.[46] Conventional medical treatment or modern health care may

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45 Kunitz Stephen J (1994), *Disease and Social Diversity the European Impact on the health of non-Europeans*, pp. 121-144, Oxford University Press, New York

46 Waldram et al *op. cit.* pp. 209-212

be sought at the same time as alternative healing practices which are not normally considered scientific. While this might appear to be inconsistent if not nonsensical, nonetheless the phenomenon is sufficiently widespread to suggest that healing is not the province of any single profession or group, nor is a single approach always likely to be regarded as comprehensive, at least in the minds of patients and their families. Choice is an important safeguard. While modern health care might hold attractions for certain aspects of healing, it may do little to satisfy cultural explanations or cultural sanctions. By the same token, traditional healing by itself may appease cultural preferences but be insufficient to bring about the cures currently available to medical science. In effect medical pluralism enables the patient to have the best of all worlds; cultural validation, symptomatic cure (or relief), a greater sense of control over the disease process as well as better understanding of its multi-dimensional causation, and the benefit of two (or more) expert opinions.

Problems may arise, however, when one expert is unwilling to tolerate a pluralistic approach to healing and insists that the remedies employed by the other, be abandoned. Confronted with an either/or situation, the patient may decide against one for the wrong reasons and in the process be disadvantaged. Similarly if there is embarrassment or any sense of intolerance, knowledge about other concurrent treatments may be withheld from one or other of the healers, again with some risk to health because of incompatibility of treatments.

The important implication from the principle of medical pluralism is that patients, clients, should not be placed in the position of having to choose between one approach or the other, nor should they be discouraged from discussing involvement in traditional healing or any other type of healing programme. There is merit in a national health system being able to accommodate more than a single approach to treatment and healing. And it is at the primary health care level where pluralism is most appropriate.

5.2.4 Self Determination

Indigenous peoples the world over have clearly indicated that positive development, whether in cultural, social or economic terms, should be premised on the principle of self determination. While the principle does not have universal support from Governments because it has overtones of cession from the State, in practice most peoples understand self determination in quite practical ways. It means for example being able to design, implement and manage programmes in health, education, and environmental management; to make decisions about the formulation of policies and the allocation of resources; and to retain a cultural identity even in the absence of majority support.

Health programmes, sometimes referred to as health initiatives have become a feature of indigenous development over the past decade. In Australia, aboriginal control over health services allows communities an opportunity to determine their own priorities in programme development and it ensures the continuing relevance and appropriateness of the services provided.[47] Canadian Indians have also applied self determination to health care. The 1986 Indian Health Transfer Policy was intended to facilitate the transfer of health care and services to Native communities, centered on the concept of self determination.[48] Though it has been criticised for being out of step with indigenous development across all sectors, the First Nations have been able to implement the policy and constructed a coherent, complex system out of disparate biomedical and traditional services, and therefore practise self determination at an individual level. Self determination has similarly been the motivating force to reshape the delivery of biomedical services and the role of traditional healing within those services.[49]

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47 Reid J, Trompf P, *op. cit.* p 400

48 Frideres J S (1993), *Native Peoples in Canada*, pp. 201-203, Prentice Hall Canada, Scarborough

49 Waldram et al *op. cit.* pp. 228-257

Hawai'an analyses of health problems and their solutions is closely linked to sovereignty claims. A loss of control and autonomy is associated with poor standards of health and deteriorations in social wellbeing. Improvements on the other hand are seen as more likely to arise from autonomy and self determination, including the reintroduction of indigenous healing methods such as lā'au (herbal medicine), lomilomi (massage) and hāhā (palpation).[50] For more than a decade Māori development has included health development as an important component, second only to land as an issue of wide concern.[51] As in the case of First Nations peoples in Canada, self determination has been evident in the rapidly increasing number of Māori health programmes, including traditional healing.

Self determination is an important principle when accreditation and formalisation of traditional healing are under consideration. A bureaucratic response to demands for the inclusion of traditional healing in the public health system which does not recognise the significance of autonomy and decision making by traditional healers or their advocates, is unlikely to be tolerated.

3 Criteria

3.1 Ten Criteria

The following ten criteria have been selected because they encapsulate the issues relating to the integrity of traditional healing as well as the realities of the contemporary health system. The criteria represent minimal conditions which might be expected from a traditional healing service and it is recommended that

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Blaisdell K, Mokuau N (1994), Kānaka Maoli, Indigenous Hawaiians, in ed. Hassager U., Friedman J., *Hawai'i Return to nationhood*, pp. 49-67, International Work Group for Indigenous Affairs, Copenhagen

Durie Mason (1994), *op. cit.* pp. 53-64

purchasing agencies should take all criteria into account when traditional services are being purchased.

* traditional basis for healing activity
* relevant to today
* accessible
* demand
* integrated body of knowledge to rationalise treatments
* training for practitioners
* internal arrangements for maintaining excellence
* open to other approaches
* not harmful
* accountability
* liaison

5.3.2 Traditional Basis for Healing Activity

Before a healing activity can be deemed traditional there should be evidence that it does in fact have a traditional basis. Of the wide variety of non-scientific healing methods, relatively few are traditional. The distinction is important, if for no other reasons than traditional methods have stood the test of time and retain close links with the cultural values and beliefs of diverse ethnicities and communities. Healing can be said to be traditional if it has developed over a long period of time, is based on cultural knowledge which has been handed down over the generations, often through the oral tradition, and is associated with a philosophy of health and illness that is integral to the wider cultural belief systems.

5.3.3 Relevant to today

A traditional health service or healing method which has lost relevance to contemporary times is of limited value. A loss of relevance might occur because the

practice is now regarded as dangerous or unacceptable for moral or ethical reasons; or because the technique has been lost and only revived by a practitioner whose limited understanding would create some risk. Further, community needs change just as cultures change and there is a need for traditional healing to keep pace with change. Often this will be reflected in the surroundings and location of treatment settings but it might also involve more fundamental changes including the language used during consultations and the involvement of family and/or community elders.

4 Accessible

Few healers have fixed fees, nor as a rule do they usually charge. In economic terms they are therefore often more accessible than mainstream services, particularly when prescription costs are taken into account. Barriers to access may arise, however, for a variety of other reasons including:

- insufficient information about the service, or the method of payment; geographic reasons;
- tribal reasons (a client from one tribe may wish to be treated by a healer from the same tribe);
- reasons of tikanga, especially when a client is diffident about the use of Māori language or ritual;
- concern about being able to access two methods of treatment simultaneously.

5 Demand

While it makes good market sense to determine the need for any health service, there are some difficulties assessing the numbers of the potential clientele for a traditional healing service. Not all individuals would be willing to admit to an interest in traditional healing, especially if a survey were conducted along conventional market survey lines. In the case of traditional Māori healing, tribal groups (either iwi or hapū, or marae) might be able to express a more accurate

opinion on behalf of their people. Alternatively, Māori health services are usually in a good position to know the types of health services being sought by Māori communities and individuals. Māori people have diverse interests and cultural identities and simply being Māori may not give any indication of a demand or a need for traditional healing. Yet the indications appear to be that there is a growing demand for traditional healing.

5.3.6 Integrated body of knowledge to rationalise treatments

Traditional healing has its own philosophical and knowledge base. Treatments - rongoa, karakia, mirimiri for example - are not independent components with no connection to each other. Instead they are part of a wider system of healing which makes sense because of traditional understandings of health and illness as they relate to human interaction, shared histories, and a harmonious relationship with the environment. Traditional knowledge is often based on pragmatic observations but spiritual foundations are probably more relevant and in effect form a theoretical substrate upon which healing is grafted.

A distinction between treating and healing is important. Healers have the capacity to exercise judgment based on a deep understanding of the human condition and can therefore use particular treatments with discretion to remove root causes of illness. They are not simply dispensers of remedies, but practice within a context which links people with culture, family and their own world views.

5.3.7 Training for practitioners

Although not all traditional healers are trained in a formal manner, they have generally had the advantage of the wisdom of others. Sometimes this has been through an apprenticeship; sometimes through a special school of learning; sometimes through a personal revelation. It is also not unusual for healers to have

studied other healing systems, including biomedicine, so that they can bring additional skills and understandings to their traditional knowledge.

While in western systems all practitioners attend recognised schools, traditional healers have a more decentralised type of learning and training, often quite personalised and based on the oral tradition. It is therefore more difficult to decide issues of accreditation solely on the basis of training or to rely on their teachers for verification of skills and competence.

18 Internal arrangements for maintaining excellence

At present for most traditional healing methods there are no identifiable systems in place to promote excellence or to ensure that minimum standards of safety are observed. However, one of the intentions of Nga Ringa Whakahaere o Aotearoa is to institute formal mechanisms for monitoring standards of care among traditional Māori healers and to establish ethical guidelines. Healers themselves are not opposed to some form of monitoring but have little confidence in mainstream health advisors to critically evaluate their work or suggest systems which might be used for ongoing registration of healers. The clear preference is for monitoring to be a function of an internal body made up of peers with consumer representation.

The reality, however, is that unless there is a recognised and acceptable body able to set standards and monitor developments, it will be extremely difficult for purchasers to have confidence in the product they are buying. Such a body should have standing in the eyes of healers as well as their clients and should be able to negotiate with the Ministry of Health in order to decide issues of quality and ethics.

19 Open to other approaches

Medical pluralism is a two-way process based on reciprocal respect for other systems of healing. Traditional healers, as much as biomedical practitioners, need

to accept that their contributions are not comprehensive and although they might effect quite fundamental changes in health status, other methods of treatment are also important. There are two ways in which openness can be demonstrated. One, passive acceptance of other systems, amounts to benign tolerance. The other, active promotion, involves referrals, discussions, co-therapy and the creation of opportunities for exchange and mutual learning.

An openness to other approaches should not require an abandonment of underlying philosophies which guide traditional healing if they do not conform to the theoretical models of western medicine. Openness means accepting the other system for what it is, without needing to rationalise it in conventional terms

5.3.10 Not harmful

It goes without saying that any system of healing should do no harm. Harm can arise directly or indirectly. Direct harm results from the administration of unsound treatments either because they are toxic or because they are inappropriate for a particular case. Indirect harm results when treatment is withheld or referral elsewhere is delayed or even discouraged. If traditional healers are to join the health workforce as front line health providers, like other practitioners they will need to ensure that they are aware of their own limitations and have sufficient knowledge of the wider health system to make informed decisions about referral elsewhere. In practice, most healers already distinguish between conditions where they have expertise and conditions which require medical intervention, including psychiatric intervention.

3.12

5.3.11 Accountability

Accountability has several dimensions. First, healers, like all health care workers, are accountable to those who they treat. This level of accountability is based on

ethical and moral obligations but also on ensuring, as far as is practicable, that best outcomes for health are achieved. Clients have the right to expect not only that no harm will be done, but also that they will benefit from the intervention. It is therefore important that reasonable expectations are conveyed to clients before healing commences so that disappointment is avoided and any confusion about responsibility and/or obligation is minimised.

If traditional healing services are purchased with public funds then another level of accountability is required, this time with the purchasing agency. Contractual agreements will require specificity as to exactly what is being purchased and what outputs are expected. Given the relatively recent inclusion of traditional healing as part of the publicly funded health system, contractual specificity will need to be negotiated both as to methods and outputs, regional health authorities and healing agencies jointly deciding on the terms of the agreement. It is emphasised that the indicators appropriate to traditional healing need not conform to measures used for other services; traditional healing has its own validity and measures of effectiveness and efficiency should be appropriate to the aims and objectives of the service.

Finally, accountability to the community is important for traditional healers. Quite apart from responsibilities to clients and purchasers, many healers are exponents of their culture and recognition comes as much from their own particular cultural institutions as from individuals or health authorities. Without a high level of support from community leaders, their validity, at least as carriers of the culture, is limited.

2 Liaison

Even though there has been insufficient progress towards integration of primary and secondary care and the establishment of interdisciplinary health teams, it is no longer acceptable for health workers to work in isolation of each other. Compared to other health services traditional healing occurs within a quite different system

both in health terms and in terms of cultural context. Nonetheless liaison with other sections of the health sector will be critical for the development of an integrated system which enables clients to access different treatment modalities with minimal duplication, confusion or barriers.

Liaison with the primary health care sector is particularly relevant for traditional healing, a point confirmed by the WHO and, in New Zealand, by the National Health Committee. Because of strong community links, healers are able to provide an entry point to other parts of the health system for those clients who might otherwise have limited access.

5.4 Indicators

5.4.1 Formalisation

Not all healers, nor their clients, are keen for the formalisation of healing services. There are concerns that autonomy will be lost and the nature of the healing methods changed, simply to accommodate official requirements or regulations. On the other hand in order to be part of the publicly funded health system and to be more accessible to clients, a degree of formalisation is necessary and many healers have recognised that point. The retention of a special character and a high level of autonomy need not be sacrificed provided the indicators used to measure activities and outcomes are appropriate. Five groups of indicators are suggested in the TRADITIONAL framework:

- procedural indicators
- client indicators
- treatment components
- indicators of effectiveness
- indicators of efficiency.

4.2 Procedural Indicators

Before policy relating to traditional healing in New Zealand's health system can be formulated, there needs to be discussion with a body which is representative and has authority to make decisions. This in turn presupposes an infrastructure through which some formalisation of healing activities has already occurred. Nga Ringa Whakahaere o Aotearoa is an example. The capacity of this representative body should extend to developing indicators about accreditation, registration, ethics, training, monitoring and setting standards. Whether or not regulations should be imposed by statute will depend to a large extent on outcomes of discussion: but the important point for now is that progress will be retarded if there is no body which is able to act on behalf of the particular healing fraternity. In its absence, decisions are likely to be taken by an external agency, such as the Ministry of Health, thereby undermining both autonomy and cultural significance.

4.3 Client Indicators

Clients who seek traditional healing are not a defined or homogenous group. Nor is it clear what particular health problems are best handled by a healer. In time clients and potential clients stand to benefit from greater clarity regarding the ideal patient type, determined either in cultural or health terms. Client indicators need not be based on the usual biomedical classifications or symptom complexes (e.g. heart disease, cancer, hypertension), but could equally be linked to other health related conditions, not so much illnesses as states of dysfunction at whānau , personal and spiritual levels. In addition, in each culture there are certain culture bound conditions which might respond only to traditional healing. Mākutu and mate Māori are examples.

Given the limited knowledge about patient suitability, it would be premature to reach any conclusion about "ideal" patients or those most likely to respond. Indeed,

the most accurate position at this time is probably that clients who have faith in traditional healing are most likely to show a favourable response. But healers opting into a formalised system should be encouraged to provide some indication of client characteristics. The most useful system of reporting is yet another task which the authorised body might consider in association with purchasers.

5.4.4 Activity Indicators

It is important that purchasers of traditional healing services should know what components are being purchased, and how they relate to the wider healing context as well as to client health problems. Rongoa for example represent one type of treatment, but without a wider ethos within which healing can be understood, rongoa lose both context and justification. A major task in the development of activity indicators, therefore, will be the identification of discrete healing activities and the linkages they have with other aspects of the service. Importantly, healers will be challenged to define in more precise terms their activities and the justification for them. That process need not be based on western concepts and measurements but should make sense within the framework of traditional healing and should reflect the key elements as defined by healers themselves. A task for purchasers will be to work with healer organisations to identify those essential activities which are to be purchased.

5.4.5 Indicators of Effectiveness

Personal testimony from clients who have been healed through traditional methods often revolves around relief from illness or symptoms, but there is no agreement about the most useful or appropriate outcome measures. Because there is a traditional healing continuum spanning symptomatic relief through to alleviation of underlying causes, effectiveness may require more than one set of indicators. Importantly, biomedical indicators should not necessarily be regarded as the most appropriate, nor should healing outputs be confused with best outcomes.

At least until an authoritative traditional healing body has been established, purchasers must negotiate the measures to be used with healers themselves, being prepared to give full consideration to cultural and spiritual outcomes as well as health-related measures.

4.6 Efficiency Indicators

Cost has never been an issue for indigenous healers operating within their own communities. Clients have contributed in a variety of ways, sometimes with monetary payments, sometimes with goods and often with services. As a result, detailed costings for healing activities are largely non-existent and contracts for traditional healing services are based on negotiated best estimates. Value for money considerations, however, do need to be addressed, including the costs of no healing. It is known for example that many clients eventually turn to traditional methods of healing after being disillusioned with a range of conventional services and a host of prescription drugs. Early intervention might result in significant cost savings. But until there is greater clarity about the components of traditional healing, efficiency analyses will remain problematic.

TOWARDS CONSENSUS

Further Discussion

A focus of this paper has been the need for discussion between traditional healers and health authorities in order to shape broad policies from which purchasing strategies might be refined. To assist discussion the TRADITIONAL framework has been proposed. Because the possibility of regulation must be considered, the Ministry of Health ought to play a lead role in initiating discussions, but health purchasers should also be involved.

6.2 Outstanding Issues

A number of issues remain to be resolved. Some are internal to healing fraternities; others are between healers and health authorities. But particular attention needs to be paid to the issues of accreditation, monitoring, training, collaboration, appropriate indicators, and the implications of regulation.

6.3 The Spirit of Discussion

It is emphasised that the inclusion of traditional healing within the publicly funded health system need not be at the expense of autonomy or character. Indeed discussions should be premised on the expectation that healers themselves, through their own representative bodies, will play a leading role in the formalisation of healing activities.

7 CONCLUSIONS

7.1 The purchase of traditional healing will inevitably require some formalisation of healing activities in order to develop acceptable standards, satisfactory arrangements for monitoring and appropriate indicators.

7.2 Formalisation is often seen as a risk to autonomy and to the retention of the essential characteristics of healing, especially if measures of effectiveness and efficiency are based on biomedical philosophies, criteria and measurements.

7.3 It is important therefore that any process of formalisation involve healers themselves or their representative bodies. This will reduce the likelihood of the terms of formalisation undermining the essential nature of the activity or reinterpreting it in biomedical terms.

Using the TRADITIONAL framework proposed in this paper, discussions with representatives of healing fraternities should occur to develop policies for healing activities.

The inclusion of traditional healing in the health system is consistent with developments in other parts of the world, as well as WHO recommendations. Having already identified traditional healing as a component of primary health care, New Zealand is already well placed to take further steps to formulate more comprehensive policies for a range of traditional health services.