



The Traditional Practice in the Hospital Setting: What are the Ethical Implications?

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ABSTRACT

Myth, believe in powerful 'being' commonly known as jinn and usage of 'bomoh' as the medium is still widespread in our community in Kelantan especially among the Malay community. This believe and practice of using 'bomoh' to cure and help with known and unknown disease believe to be caused by the jinn, occasionally poses a significant complication and threat to the management of patient in the hospital. Our case is just one of many cases that happen in our local hospital, and we hope by sharing this case will illustrate how ethical discussion occasionally surpassed the four common ethical pillars.

KEYWORD

Bomoh
Cultural belief
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Case summary

A 48 year-old male was admitted with altered behaviour which started one day after an incidence of losing control of his motorcycle at an isolated road alone at night. He had preceding of fever and persistent diarrhea for 5 days prior to the accident. Following a normal brain CT-scan to exclude subdural haematoma, he was treated and managed as typhoid psychosis. His fever and diarrhea resolved with antibiotic treatment, however his behaviour only shown minimal improvement. This led his parents to believe that there is a 'supernatural'

cause for his illness supported by the belief that the area where accident happened is considered as 'haunted'. They requested at own risk discharge for their son to seek service from a traditional healer (*bomoh*).

His wife disapproved of the idea and had made it known to the medical staff that she wanted the husband to continue his treatment in the hospital.

After negotiation with the medical staff, the parents insisted to bring the *bomoh* to the medical ward and wanted to 'cleanse' the patient from the supernatural control. The wife was

unable to express her disapproval to her in-laws idea and plan in fear of discord in the family.

Ethical issues

Autonomy
Beneficence
Autonomy versus beneficence
Cultural norm

MERCI approach is applied to analyze the ethical problems in the illustrated case summary.

Medical issue: Inadequate response to the medical treatment contrary to the family's expectation. This condition leads to the family members' intention to incorporate traditional healers into the patient's management in the hospital.

Empathy: The wife wanted the medical treatment to be the mainstay of the treatment; however she was not supported by the parent in-law. On the other hand, considering both parties are acting on the best interest of the patient, the medical team should exercise a balanced emphatic response to both sides.

Rights: The patient has the right to receive proper treatment. What is the justification to allow or not to allow traditional practice in the patient's treatment?

Effective communication/truth telling:

Medical team should inform the wife and parent regarding the diagnosis, prognosis, progression and treatment options, as well as the wife's duty as the next of kin to make the decision for the treatment in her husband's best interest.

When conflicts arise between family members, what should medical team do? How do we facilitate?

Insight

The role of medical team is to balance the autonomy, beneficence and non-maleficence both to the patient and the immediate family members.

MEDICAL INDICATIONS

Optimal treatment has been given based on the diagnosis, but certain circumstances and lack of response of the patient have persuaded the family to resort to traditional healer.

How do we as health personnel justify this option? Does the proposed treatment fulfill any of the goals of medicine to improve the condition?

Typhoid psychosis is a working diagnosis in this patient based on clinical manifestation and prevalence of typhoid disease in this local region. The most common reported neuropsychiatric manifestations of typhoid fever was acute confusional state, marked by impaired alertness, disorientation, incoherent speech, irritability and restlessness [1]. A case report of typhoid psychosis demonstrated abnormal behaviour of remaining aloof from colleagues, persecutory delusions, and passing urine and stool without social embarrassment on the second day of having fever [2]. This patient was from Kelantan, a state located at the northeastern part of Peninsular Malaysia, which is endemic for typhoid fever [3]. The treatment of choice is intravenous ceftriaxone for 1 week [4].

Typhoid psychosis is the least favourable manifestation of the disease because the prognosis is not as good as gastrointestinal manifestations. Although typhoid fever might present with neuropsychiatric manifestations of as high as 84% of cases [1], only 0.6% to 4.6% developed acute psychosis [1,5]. It is quite uncommon complication but some necessitate treatment with electroconvulsive therapy to resolve the symptoms. In those with moderate psychosis, the symptoms may take weeks to completely resolve.

Thus, the family needs to be patience and believe that the medical treatment is working and it is not due to the jinn possession of their son's body [6].

What is the role of complementary and alternative medicine (CAM)? Is bomoh (traditional healer) considered as CAM or are they completely different entities altogether?

In Malaysia, CAM refers to a form of health-related practice designed to prevent, treat and/or manage illnesses and/or preserve the mental and physical well-being of individuals. It includes traditional Malay medicine, Islamic medical practice, traditional Chinese medicine, traditional Indian medicine, homeopathy and complementary therapies [7]. Several of them are actually shown clinically to have positive outcomes in certain conditions, for example acupuncture and cupping (bekam) in relieving pain, and reflexology in improving general health and well-being [8,9]. Acknowledging that CAM is not a conventional medicine, but some specific CAM practices can become incorporated into conventional medicine [9].

Bomoh (traditional healer) is currently not considered as CAM in Malaysia. It has different entities with vast spectrum of practice among the profession. Some bomoh may only using special diet restriction, some only with few recitations of words usually taken from the Quran, some used herbs and others actually using supernatural forces like jinn to help treat the disease. The last group is the most controversial because of the moral and religion implications.

Was the proposed treatment (bomoh) has likelihood to achieve the goal?

In view of the patient's diagnosis, the bomoh effort to cleanse the patient would not actually help.

PATIENT PREFERENCES

What does the patient want?

Based on the principle of autonomy, if the patient was competent, he would like to receive the best treatment.

Does the patient have the capacity to decide, if not, who will decide for the patient?

The patient has altered behaviour, thus lack of capacity to make decision and give preferences for his treatment.

In the case of patient unable to make the decision, an effort should be made to discover any previous preference of the patient or current wishes in order to respect his autonomy as far as possible.

Do the patient's wishes reflect the process that is informed, understood or voluntary?

The process involved in conveying appropriate information is limited by his lack of capacity. However, the rightful substitute decision maker, i.e. his wife should be well-informed.

The wife's decision regarding the treatment for her husband should be made without coercion from anyone.

AUTONOMY

Does it mean that the patient has lost his competence to make decisions?

Yes.

What are the criteria to deem someone as incompetent?

An adult is deemed incompetence when they are unable to show that they can understand the information given to them, which must be sufficient to evaluate the available choices, and they must feel free to make that choice [10]. A patient with psychosis usually lost their insight and is unable to understand and make choices; hence he/she is deemed to be incompetence.

Who should make the decision on his behalf? Next of kin (NOK), who are they? Spouse, son, parents?

Children under the age of 18 years old are under their parents' autonomy for legal and medical consent. In our case he is already attained his majority years ago. Next of kin according to the legal law is actually the wife and not his parents. However, in the Malay society this case is not unique because parental dominance is still accepted and practiced [11, 12].

Is it the same, legal NOK and cultural NOK?

No. Sometimes an ethically correct situation might not be legally correct. In this case, the influence of sociocultural set-up influenced the situation. Parents of a married adult, what power

do they have in term of making clinical decision for their son? In Malay culture, the wife or the daughter-in-law usually adopted a submissive role in relation to their parent-in-law, regardless of whether they are financially independent or not to their in-law. The situation is culturally accepted in many communities in Malaysia.

BENEFICENCE

Should the medical team allow the traditional healer to be part of the “team”? Is there any benefit or is there any harm by doing this? Is it only psychological reliever?

In this case, where traditional healer may be regarded as non-conventional but the cultural norm where the patient came from made it as a part of an acceptable practice.

Some traditional healer use “magic” as a cure because they believe that illnesses have supernatural origin, caused by spirit that have been offended and are seeking revenge. However, false claim of healing efficiency may cause direct and indirect harm to the patient. Such claim violated the essential ethical obligation of all medical practices whether conventional or alternative; i.e. to help and not to harm.

Indeed the historical and cultural content of CAM is an important consideration whenever an ethical issue is addressed. What is ethically right cannot simply be reduced to what is culturally dominant. Cultural dominance does not equate ethical correctness. Only when cultural and historical factors are identified both ethical and legal questions about CAM can be effectively addressed.

FEMINISM

The patient is a husband. Is it the same if the patient is a wife? Would what we discuss above be applicable or be viewed differently?

This is a tricky question because usually in a Malay marital relationship, husband is the dominance partner. His say is the agreed decision in many situations including the choice of having the medical treatment. Parent-in-law

has minimal decision power over their daughter. Thus, we believe that the situation above will be viewed differently.

Conclusion

In the event of previously competent patient become incompetent, the patient’s autonomy cannot be exercise anymore. So the decision making now is fall to the next of kin to be made in the best interest of the patient considering his previous values and preferences.

CAM on the other hand, even though has been recognized and widely accepted in the mainstream conventional medicine, any specific CAM practice must conform to the common ethical standards.

Medical health practitioner should sensitively observe both cultural norms and beliefs of the patient whilst acting in the patient’s best interest, and mindful of the immediate family wishes and expectations.

In the illustrated case, we recommended the medical practitioners to communicate effectively where issue of autonomy arises so that the issues of autonomy and beneficence can be appropriately outweighed. Cultural dominance does not equate ethical correctness but nonetheless should be recognized and acknowledged.

Reference

1. Ali G, Rashid S, Kamli MA, Shah PA, Allaqaband GQ. Spectrum of neuropsychiatric complications in 791 cases of typhoid fever. *Tropical Medicine and International Health*. 1997; 2(4): 314-318
2. Nair MRK, Mehta BSR, Kumaravelu CS. Typhoid fever presenting as acute psychosis. *Medical Journal Armed Forces India*. 2003; 59: 252-253
3. Ja’afar JN, Goay YX, Zaidi NFM, Low HC, Hussin HM, Hamzah WM, Bhore SJ, Balaram P, Ismail A, Phua KK. Epidemiological analysis of typhoid fever in Kelantan from a retrieved registry. *Malaysian Journal of Microbiology*. 2013; 9(2): 147-151
4. World Health Organization. Background document: The diagnosis, treatment and

- prevention of typhoid fever. Communicable disease surveillance and response, vaccines and biological. 2003. Geneva, Switzerland
5. Kabir S, Azhar MA, Ekram ARMS, Islam QT, Ahmed I. Current clinical profile of enteric fever in a teaching hospital. *The Journal of Teachers Association*. 2002; 15(2): 81-84
 6. Khalifa N, Hardie T. Possession and jinn. *Journal of the Royal Society of Medicine*. 2005; 98(8): 351-353. [cited 2015 May 10]. Available from NCBI:<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1181833/>
 7. Ministry of Health Malaysia. Traditional and complementary medicine programme in Malaysia. Traditional and complementary medicine division. 2011. Kuala Lumpur, Malaysia
 8. Ministry of Health Malaysia. Traditional and complementary medicine practice guidelines on *bekam*. Traditional and complementary medicine division. 2011. Kuala Lumpur, Malaysia
 9. Adams KE, Cohen MH, Eisenberg D, Jonsen AR. Ethical Considerations of Complementary and Alternative Medical Therapies in Conventional Medical Settings. *Annals of Internal Medicine*. 2002; 137(8): 660-664 [cited 2012 May 10] Available from Medline: <http://annals.org/article.aspx?articleid=715723>
 10. Clinical Ethics Network: UKCEN. Ethical Frameworks [internet]. UK: [cited 2012 May 10] available from:http://www.ukcen.net/index.php/ethical_issues/ethical_frameworks/the_four_principles_of_biomedical_ethics
 11. Abu Hassan A. The Sources of Law and Legal System of the Malays [internet]. Portal attorney General's Chambers OF Malaysia. Kuala Lumpur. [date unknown]. [updated 2015 May 14]. [cited 2015 May 17]. Available at: http://www.agc.gov.my/index.php?option=com_content&view=article&id=819:the-sources-of-law-and-legal-system-of-the-malays&catid=71:admin%20ag&Itemid=93&lang=en
 12. Milner A. Multiple form of 'Malayness'. [internet]. In: Milner A, editor. *The Malays*. Oxford, UK. Wiley-Blackwell; 2008 [cited 2015 May 17]. Available from Wiley Online Library. <http://onlinelibrary.wiley.com/doi/10.1002/9781444305098.ch7/summary/>