
CONFERENCE ABSTRACT

Guidelines for disclosure of TM use to AMPs by patients who use both TM and AM: Perspectives of AMPs in Gauteng, South Africa

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Background: Concurrent use of traditional medicine (TM) and allopathic medicine (AM) is frequently not disclosed to allopathic medicine practitioners (AMPs) during a consultation in Gauteng, South Africa. To promote person-centred care and allow patients to be forthcoming about the details of their choice, AMPs could strive for longer engagements with patients who use both TM and AM during consultations. The TM clinical setting allows for longer patient engagement as well as empathic, individual-centred approaches that are characteristic of traditional medicine practitioners (TMPs), whereas the AM clinical setting is limited by shorter patient engagements, limited progressive care, and less individual-centred care by AMPs. Guidelines for disclosure could help patients who use both TM and AM to disclose their use of TM.

Objectives: To explore and describe AMPs' perceptions of patients who use both TM and AM without disclosing TM use to AMPs, to eventually develop guidelines for disclosing TM use to AMPs in Gauteng, South Africa.

Methods: An exploratory, descriptive, qualitative research design was followed. The research population comprised 14 participants representing a group of AMPs. Non-probability, purposive sampling was used. Data collection was achieved through one-on-one, semi-structured interviews and qualitative observations.

Results: Results indicate that the use of both TM and AM presents challenges that are associated with lack of scientific evidence; unspecified dosage of TM; non-adherence to the AMPs treatment plan and complications because of interaction between TM and AM. The disclosure was deemed critical to effectively ensure improved treatment outcomes from the prescribed AM treatment. Participants made recommendations to inform the development of guidelines to encourage the disclosure of TM use.

Conclusions: Given the realities of negative interactions caused by patients' concurrent use of TM and AM in Gauteng, South Africa, facilitating disclosure to AMPs is advised. The recommendations could be used to develop strategies to encourage voluntary disclosure by gently probing patients who use both TM and AM to ensure that they receive the best treatment for their condition.

Implication to practice: TM use among patients who consult AMPs is not uncommon therefore the developed guidelines could inform the disclosure procedures during AMP consultations with patients in South Africa.