

**TRADITIONAL HEALTH PRACTITIONERS' ASSOCIATION  
OF  
SOUTH AFRICA, NPC  
(THPASA)**

Reg. No: 2024 / 242119 / 08

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**CODE OF ETHICS OF TRADITIONAL HEALTH PRACTITIONERS**

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*In Terms of the Provisions of The Traditional Health Practitioners' Act (Act No. 22 of 2007)*

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## **Main Elements to be Regulated, presented in the form of articles**

### **A. TRADITIONAL HEALTH PRACTITIONERS AND THEIR WORK**

**Article 1:** The provisions of this code of conduct shall be binding on all traditional health practitioners.

**All traditional health practitioners shall:**

**Article 2:** Promote, first and foremost, the health and wellbeing of the patient and the public and refrain from any act that can adversely influence the health of the patient.

**Article 3:** Engage in traditional medicine practice only after obtaining a license.

**Article 4:** Provide health services as part of their profession.

**Article 5:** Refrain from delegating personal tasks to a subordinate or an assistant. In the event of delegation, the practitioner must provide the necessary supervision and shall be liable for any case of negligence.

**Article 6:** Immediately report to the competent national authority any adverse events observed and side-effects noted during treatment.

**Article 7:** Refrain from using conventional medicines as ingredients in their preparations

**Article 8:** Limit their interventions to their **scopes of practice** and urgently refer any cases beyond their competency to the appropriate health professional.

**Article 9:** Continuously **update their knowledge** to keep up with new developments in their area of practice.

**Article 10:** Provide information on traditional medicine to the public or any other health professionals, where necessary.

## **B. TRADITIONAL HEALTH PRACTITIONERS IN RELATION TO THEIR PATIENTS**

### **All traditional health practitioners shall:**

**Article 11:** Maintain a high sense of integrity in their interaction with their patients.

**Article 12:** Inform their patients of the procedures involved in the treatment they intend to administer.

**Article 13:** Respect the right of a patient to accept or refuse traditional medicine treatment *(except where the law requires that such treatment be administered to the patient)*.

**Article 14:** Refrain from abusive use of the relationship with a patient for personal gains.

**Article 15:** Refrain from any act of discrimination towards patients based on age, nationality, belief, colour, religion, gender, ethnicity, social status, political affiliation, etc.

**Article 16:** Give appropriate advice to the patient, patient's family and the community to ensure the prevention, care (especially home-based care), management and promotion of health.

**Article 17:** Provide the necessary information and advice to ensure the proper use of traditional medicine.

**Article 18:** Keep a clear and complete register on all the patients treated in their clinics.

**Article 19:** Be reasonable in matters concerning fees or remuneration. Fees charged should be commensurate with the treatment given.

**Article 20:** Completely keep all information and opinions about patients confidential, except where: -

- The disclosure is clearly and justifiably in the patient's interest, or
- There is need for disclosure, e.g. when the practitioner considers referral necessary, or when disclosure is mandatory by law.

**Article 21:** Refrain from disclosing confidential information to the spouse of the patient or any other person, except if authorized to do so by the appropriate authority.

### **C. TRADITIONAL HEALTH PRACTITIONERS IN RELATION TO THEIR COLLEAGUES**

**Article 22:** Support, respect and cooperate with fellow practitioners in addressing needs for scientific and technical information

**Article 23:** Consider other members of the Traditional Health Practitioners' Association as colleagues and always be mindful of the need for consultation and referral.

**Article 24:** Adhere to procedures laid down by the appropriate national authority when referring patients or dealing with patients referred to them by other practitioners.

**Article 25a:** Refrain from expressing their opinion on the competence or conduct of a colleague to a third party, particularly to patients.

**Article 25b:** Report to the appropriate authority any act (s) of misconduct or malpractice by a fellow traditional health practitioner.

**Article 26:** Participate in the activities of their own professional associations and of other associations or organizations to promote traditional medicine.

**Article 27:** Refrain from expressing undue alarm or showing any such reaction upon receiving a patient who has been improperly treated or referred to by another traditional health practitioner.

**Article 28:** Refrain from making comments that undermine the integrity of colleagues.

**Article 29:** Refrain from engaging in negotiations or secret arrangements with health practitioners for tenders, commissions, etc., in return of patronage, referral, etc.

**Article 30:** Refrain from any connivance with other traditional health practitioners to engage in malpractice (s).

**Article 31:** Strive for the promotion of health, expansion of health services and the development of team spirit with other traditional health practitioners.

## **D. TRADITIONAL HEALTH PRACTITIONERS IN RELATION TO THE PUBLIC**

### **Traditional health practitioners shall:**

**Article 32:** Refrain from using the title “Doctor”, either directly or indirectly, in a way likely to suggest being a registered conventional or orthodox medical practitioner, except if that is the case.

**Article 33:** Refrain from using or possessing any medical equipment, except where the traditional health practitioner has received accredited formal training.

**Article 34:** Refrain from administering an anaesthetic or a subcutaneous, intramuscular, intravenous or any other form of injection except where the traditional health practitioner has received accredited formal training.

**Article 35:** Refrain from using surgical procedures to facilitate the examination of a person, except where the traditional health practitioner is a qualified and licensed physician.

**Article 36:** Immediately report all deaths on his/her premises to the police for record purposes.

**Article 37:** Report all births to the appropriate authority.

**Article 38:** Abide by the law, observe strict confidentiality regarding the patient's disease (s), the types of traditional medicines used or any information the patient may disclose during consultation.

**Article 39:** Be accountable and liable for any damage caused to the patient because of negligence or non-compliance in the discharge of professional duties or failure to report undue obstruction of duties by an unauthorized person.

**Article 40:** Participate in collaborative research involving humans and animals where ethical standards have been met and approved.

**Article 41:** Immediately report, to the principal investigator of the research team, any adverse findings, especially when the health or well-being of the participant is in danger.

**Article 42:** Be law-abiding and strictly adhere to the laws of the country and the socially accepted norms, maintain high standards of integrity, promote and show concern for social justice in the community, be enlightened and conversant with the laws in every aspect of their professional practice.

**Article 43:** Refrain from prescribing medicines derived from human body parts or organs.

## **E. TRADITIONAL HEALTH PRACTITIONERS IN RELATION TO SEXUAL ABUSE OF PATIENTS**

**Traditional health practitioners shall:**

**Article 44:** Refrain from prescribing or administering sexual activity as a form of treatment of any disease, be it physical or spiritual. During treatment, they must not require a client to undress or be exposed in an indecent manner.

## **F. MANAGEMENT AND ETHICAL USE OF TRADITIONAL MEDICINES**

**Traditional health practitioners must:**

**Article 45:** Abide by established advertising standards of the profession. The style and content of the advertisement must aim at protecting the interests of patients.

**Article 46:** Refrain from any act that would denigrate other traditional health practitioners or other professions.

**Article 47:** Refrain from falsehood, and from making fraudulent, misleading, deceptive, self-laudatory, extravagant or exaggerated claims.

**Article 48:** Adhere to the legal requirements and the provisions of the national code of advertising.

**Article 49:** Refrain from displaying materials and objects likely to bring the profession into disrepute and from making false promises about the treatment of disease.

**Article 50:** Be subject to disciplinary action for contravening national regulations irrespective of membership of multiple associations.

**Article 51:** Be personally liable for the malpractice of their staff or assistants who are not registered with the competent national authority but practice under their supervision.

**Article 52:** Refrain from making available for sale or dispensing to patients, traditional medicines that are substandard, mislabeled or adulterated.

**Article 53:** Report any case of malpractice to a Professional Ethics Committee (PEC), whose establishment shall be determined by a competent national authority.

**Article 54:** Be liable to disciplinary action by the Professional Ethics Committee (PEC) with the possible loss of privileges and benefits of registration as a traditional health practitioner upon infringement of the code of ethics.

## **G. ENFORCING THE CODE OF ETHICS**

**The code of ethics shall be enforced in the following manner: -**

- **Adherence to The Code:** The Professional Ethics Committee (Yet to be established) is the body responsible for ensuring adherence to the code of ethics and must include experienced and respectable practitioners.
- **Sensitization / Training of Traditional Health Practitioners:** As part of the enforcement exercise, the PEC shall, from time to time provide training to the traditional health practitioners to upscale their ethical behavior and standards.
- **Monitoring and Evaluation:** The code of ethics must be examined and adjusted periodically to reflect and be in line with any changes that take place in the profession of the Traditional Medicine.

***Inside the Association, a director and sub-committee responsible for practitioners' ethical standards and behavior, shall be responsible for the implementation and enforcement of this code of conduct. Any practitioner found to have violated this code of conduct shall be subject to internal disciplinary actions and may be reported to the PEC should there be a need to do so.***