Editorial

The Cross-Cultural Approach to Medical Practice
by
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Elsewhere in this issue we publish two articles (based on papers presented at the Annual General Meeting of the Malaysian Medical Association earlier this year) which touch on the need for a cross cultural approach to medical practice in this country, Paul Chen dealing with the problem as it affects the Malay rural communities and Fred Dunn the Malaysian Chinese.

The Medical profession in this country, following on the traditions of practice laid down in the United Kingdom, has frowned upon registered medical practitioners having any form of professional contact or liaison with the non-registered. The practitioners of folk medicine are not under the same type of medical control and often do not hesitate to advertise themselves in the lay press. The general attitude of many of our qualified medical men towards these "quacks" is to completely ignore their existence or resort to attack by ridicule or exposure of their lack of scientific knowledge.

Nevertheless, there is a considerable body of followers of their own traditional medical practices among the ethnically heterogenic population of this country. This is not surprising. Persons born into a particular society are conditioned and moulded by the customs that comprise its cultural heritage which in turn determines the health patterns of that society and the health behaviour of the people. It must be realised that while relatively superficial aspects of culture may be chaged readily, others, especially the deep-rooted basic values of attitudes, habits and beliefs can only be changed more slowly and with difficulty.

It is known that in recent years there has been a shift in attitude in favour of modern scientific medicine but that is no indication that the older beliefs have been supplanted by the new. Surveys show that the people attending our hospitals and health clinics may simultaneously resort to self medication, consult a temple spirit medium, a 'sinseh' or 'bomoh' and wear charms and amulets to rid themselves of diseases, especially the chronic forms.

If we have failed to help the people in our midst to adequately improve the quality and standard of health the fault is largely ours. Applied social anthropologists have pointed out that if doctors wish to have full acceptance of modern medical science and enjoy its benefits to the maximum by people grown up in belief in folk medicine, then we must learn to think like the members of that community though not accepting the beliefs as scientifically valid. When the doctor does not recognise the beliefs and practices prevailing among the people he deals with and persists in seeing them as evidence of ignorance or superstition, he will fail to achieve satisfactory results. This is particularly evident in preventive medicine which prescribes a change in health habits. The health officer should base his recommendations only after having studied the interactions between modern medical science and traditional beliefs and practices. The acceptance or otherwise of new modes of behaviour is largely dependant on the way in which they fit into the modes of thought and action of the people concer ned.

The crowded medical undergraduate curriculum has little opportunity to include the study of traditional systems of medicine and the beliefs and practices of our heterogenous population. Our medical practitioners, however, would do well to combine their knowledge and technical skill with an understanding of the cultural beliefs that premeates and influences the behaviour of their patients in respect to illness, our health officer should certainly acquire during their training period some knowledge of the folk medicine of the people they wish to influence.