The Dynamic of the Interaction between the Modern Medical System and the Traditional Medical System: Finding a Way for Establishing a Harmonious Collaboration of the Two Systems for the Social Justice for the People

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The rich traditional medical system of the Indonesian multicultural societies has been known for long since the ancient cultures. Meanwhile, the modern medical system was mostly introduced to Indonesia during the Dutch colonial period. The interaction of traditional and modern medical system in Indonesia is shown through the hierarchy of resorts in choosing curative practices based on people’s cultural consideration in their living environments. Contemporarily, however, evidence of problems in achieving harmonious collaboration programs between the two medical system still occurs, such as false definition on medical concepts which previously non-existent, causing obstacles in implementing some essential health programs like vaccination. Some caused unsuccessful results in collaborating health care programs between both systems, in prevention, cure or rehabilitation aspects. What efforts have been made to eliminate false conception and practices derived from the misinterpretation on new ideas of outside cultural influences, due to the improper acceptance of rapid development of science, technology and digital communication. Equal information on new development approaches and methods of prevention, curing and rehabilitation between physical and mental health problems is also urgently needed, in response to the contemporary socio-cultural, political, economic activities and changes which increase situations full of violence, conflicts, injustice, and suppression towards the poor and powerless societies. There are also questions on whether the new health policies and regulations prove to cause more dissatisfaction for some people, rather than giving peaceful life, assurance and justice? We hope to have papers from scholars of different disciplines: anthropologists, sociologists, psychologists, medical doctors, psychiatrists, experts in social welfare and public administration, to provide their theories and opinions, for the improvement of the national health policies and implementation programs.

Dukuns and Doctors - Finding Ways of Working Together

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The new Governor of Bali Wayan Koster has announced he will set up kiosks in public hospitals to make traditional healing available there. This will not be easy since in Bali there is great diversity in the healers available where the word balian is used instead of the Indonesian dukun to identify their traditional healers. Balinese healers range from balian usada who study traditional palm-leaf texts to balian taksu who go into trance to access supernatural influences, to balian manak who assist women with birth, balian uwud who massage and manipulate for muscle and joint problems, and balian tulang who deal with fractures and dislocations - to name just a few of many categories.

One source of difficulty for Governor Koster will be managing the competing interests of the doctors and the dukuns. The formal health sector supported by the government also covers a
diverse group of healers. It includes physicians, surgeons, nurses, pharmacists, imaging specialists, laboratory scientists and public health managers - to name just a few of many categories. It is hard to see resources and funding from Indonesia’s centrally controlled national health programs being diverted to support traditional healing methods so the Governor may find himself working with budgets controlled by Provincial and District governments.

The Governor is responding to a two-sector health care system which is paradoxical in many ways. Modern health care based on international medical science has been very successful in Indonesia and is supported by a well developed medical education and research system, yet in spite of this, traditional healing survives and flourishes and is still appreciated and well used in Bali. Similar paradoxes are apparent in the economics and politics of the two sectors, with the informal traditional health care sector operating without government funding, and organised more by custom than by government regulation.

The attitude of many Balinese doctors was set out by dr. A.A. Gde Muninjaya some years ago. While they believe that modern medicine achieves better results than traditional methods, they appreciate that traditional healers often have a better, more holistic approach, taking the patient’s cultural background into full account and considering the whole family, not just the individual patient. While such considerations of quality of care are important, simple practical matters also play a major role. Many traditional healers consulted are highly accessible and inexpensive, live within walking distance of the patient’s home, and being part of the same village community, they already understand the patient’s circumstances and history. It is very easy to consult the traditional healer first, and then go to the modern health sector later if the problem is not resolved.

The two-sector health system can thus work in the interests of healing the sick in so far as they are complementary as well as being competitive. Complementarity is driven by individual patients and family decisions about where they seek help. Patients and families are usually quite pragmatic and practical in choosing between available traditional and medical healers, trying one and then another until the patient has recovered. This pragmatism combines with a strong cultural commitment to avoiding open competition and conflict, and families take responsibility for the choices they make. This creates a system operating without organised formal cooperation between the two sectors, and without letters of referral between the doctors and traditional healers.

My own experience working as an Indonesian government doctor for four years in West Sumba in Nusatenggara Timur and for one year in Bali provided me with many examples of how the two sectors worked together in complementary ways. The system does of course have problems as mistakes and tragedies occur in any complex system, but it was evident that the outcomes of having two complementary sectors were mostly favourable. I noticed that the nurses who worked in the hospitals often played useful roles in family decision-making since they were well informed about both health sectors. They could very discretely and diplomatically advise where the best dukuns and the best doctors could be found. In these ways the conference theme of “Uses and Abuses of Diversity” is reflected in a health system in which patients and families are able to maximise the uses and minimise the abuses of the diversity that they find in health care.

To further explore the topic, two examples can illustrate how traditional and modern sectors interact, one in the field of psychiatry and one in the field of orthopedic surgery.
I remember one evening in Bali when I was called to a house about 300 metres from the Mengwi Tani Health Centre where I was working in 1975. There I met a young unmarried woman who had been brought home from her work as a builder’s labourer in a semi-conscious state. This could indicate a serious medical or neurological condition needing urgent hospital admission but the history from her family and gentle examination of her reflexes and conscious state revealed no signs of major neurological danger. By that time, I had learned, in Bali, how to recognised a trance state, which in Australia was a condition known only in the performances of hypnotists and practically never seen in a hospital or clinical context. Although she had at first been unresponsive and uncooperative, a gradual and gentle approach revealed that she could actually sustain a sitting position and then take a sip of water. I could then tell the family that I thought their daughter did not need an urgent and expensive hospital admission. She probably had a “Balinese illness” not a “hospital illness” and traditional healing was likely to be more effective and much cheaper in ensuring her full recovery. If she deteriorated or traditional treatment was ineffective then we would be standing by at the Health Centre for further involvement, and one of my nursing colleagues monitored her recovery at home.

While she would likely have recovered in hospital also, hospital admission can be more traumatising and prolonged than treatment in her own home by traditional rituals and healing methods. Trance states occur in Bali in a number of different forms and different circumstances, as described in detail by Suryani and Jensen in their book on this topic.

A second example comes from the island of Sumba in East Nusa Tenggara Province. It concerns the healing practice of a locally famous traditional bonesetter known as Pagadoso. This is not a personal name but a term effectively meaning “The Specialist”. While I was visiting him a patient arrived unexpectedly, escorted by his family. The patient was a young man who had fractured his lower leg just above the ankle in a car accident 4 weeks earlier treated in the first instance by a nearby bonesetter. Although it was a compound fracture with an open wound where the skin had been torn over the fracture, the first bonesetter had applied a traditional herbal poultice and re-aligned the bones and applied a bamboo splint. This was a serious deviation from present day practice since an open wound is a sign that the family should take the patient directly to the hospital.

It was only after a week when pus began to seep from the wound that the family realised their mistake and took him to the hospital. There antibiotics and surgical cleaning of the wound had resolved the acute infection, but as soon as the patient was discharged home the family again wanted traditional treatment as well and took him straight to Pagadoso. He examined the fracture site and alignment carefully and added his own healing oil, but seemed satisfied with the work the hospital had done. His main contribution in this case was to conduct a shamanistic ritual, making contact with the supernatural world to beg protection and blessings. The family then left to return home, apparently satisfied. The supernatural protection may well have been what the family was seeking since I knew, and Pagadoso knew, that Sumbanese families often fear that a car accident and injury may have been caused by some ritual infringement or alternatively by black magic. However, these family anxieties were not openly discussed as far as I could discern. With luck I will be able to meet with the family again and uncover more of their story.

These examples instance some potential problems in a health system involving two separate sectors with different healing methods. Governor Koster will need great skill managing issues like these as he adds another layer to a system already providing a diverse and nuanced health service. He can be assured that his kiosks will be quickly checked out by the public. Patients who are helped will return in due course with offerings of thanks at the hospital’s temple for Dewi Saraswati, the
godess of healing, since all healers, modern and traditional, gain their skills through their dedication to learning the healing arts.

CONCLUSIONS

The contemporary health system that has evolved in Indonesia allows for an informal sector of traditional healers to survive and flourish in the community alongside the formal system of modern medical care which the government regulates and subsidises. Although modern medicine has displaced traditional healing in many areas, the persistence of traditional practices suggests that the overall quality of care is being maximised by the coexistence and interaction of these two healing sectors.

The healing roles of traditional and modern healers are largely complementary as well as being somewhat competitive, as a result of the common family practice of choosing one system or the other according to the symptoms the patient displays.

Evaluation of this situation requires a multi-disciplinary approach engaging the skills of medical anthropologists together with the experience of clinicians in various medical specialties.

RESUME

This paper reviews some important features of health care in Indonesia today, particularly the coexistence of modern and traditional healing systems, and the interactions between them. It seems that culturally-embedded traditions have their own advantages and successes which have allowed them to survive and flourish even while scientific medicine has been developing and delivering great advances in modern health care.

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