Faith and health: a new initiative

By Sarojini Nader

ONE of the exciting spin-offs of ME99, as mentioned in Monday's Chronicle, is the move towards establishing a FaithHealth Consortium in South Africa in conjunction with the Carter Centre in Atlanta. The issues of faith and health were raised and clarified at workshops held on Tuesday, and then explored in a meeting of the consortium on Wednesday.

Connecting faith and health

At the moment there is virtually no link at all between faith and health communities. Some faith communities have abdicated their healing ministries, tending to make health the sole responsibility of healthworkers and the state. Forming a link between faith and health could extremely advantageous. The following is a summary of the key issues which were articulated, concerning this link:

- Health is a holistic concept. It should not be the responsibility of healthworkers and the state only. It should also be the responsibility of the individual and the community that supports that individual. Faith communities should be taking on health issues and health care facilities should be including faith communities.
- Medical practitioners' note that most times patients actually need a priest, not a doctor. Certain forms of illnesses cannot be healed by medication, since the roots of the illnesses run much deeper than what we see in the physical manifestations.
- There is a common language shared by faith and health. Probably the most important example of this is that understanding what it means to be human is at the core of both health and faith.
- Faith communities can help build up the morale of medical practitioners - which at the moment do not feel cared for or affirmed due in part to the long hours they work, the overcrowding of hospitals and limitation of resources.
- Faith communities can also help people make moral choices concerning their lifestyles, which are often responsible for their illhealth.
- A body is formed on the basis of faith-health links, then that body can influence policy-making in terms of health care provision. Instead of there only being a mutually supportive relationship between faith and health communities, the body itself can act as a watchdog that guards the community's interests and assists in the transformation process.
- Such a link would allow traditional healing methods and alter native medicine to come to the fore and be given the necessary status they deserve.

Developing relationships, or rather adopting a relational approach, is fundamental to the process of constructing partnerships between faith and health sectors. Some of the key questions asked in this regard included: Who are the key players? What are the training needs? and, Who is in control?

Faith-health links could be established on two levels: initiating changes in the training institutions of faith and health. This involves getting the training institutions to develop multidisciplinary or inter-disciplinaty degrees, which allows students to engage in the discourses of faith and health without seeing either as a mutually exclusive. The second level involves the faith communities and their contexts, and this level is linked to the first level in that it informs the decisions made at

the first level.

With this as a theoretical framework, the next question concerns how the process can be initiated.

The group had significant help in this regard from Fred Smith of the Carter Center, Atlanta suggested that one way of doing this would be to set up a forum which should be aimed at the creation of a "double space", to both open up dialogue between the bodies in such a manner that a common language could be developed, and to allow for new ventures, where people could bring in their own suggestions which will be informed by their contexts.

Setting up the faith-health consortium

It was agreed that the goal of the consortium is to provide a link not only between health and faith communities, but to use health as a means to link diverse faith communities. Another goal is also to use this link to propel social transformation.

The idea of creating a double space provided a foundation for discussion. In order to initiate a project, one first had to establish exactly what the needs were. The encouragement of medical staff -especially nurses - came out very strongly. It was noted that encouragement should not be the goal of this process, but a stepping stone for actually making changes in the system.

Influencing training institutions to change their curriculum will involve developing multi-disciplinary or inter-disciplinary degrees. This could be done by getting the training institutions to sign a document that affirms their commitment to the process, and that ensures that their decisions will always be informed by the context of the faith communities.

Another project involves creating a space for discourse among students who are currently in health and faith institutions, and the communities of faith. In this regard, it was found that certain structures already existed, and it was decided that the best way forward was to use those structures as a foundation on which to build. A case in point is the interaction at the moment between Moravian seminary students, nursing students and the Heideveld Day Hospital. All that is missing in this equation is the faith communities. A project could also be developed involving the African Independent Churches in Guguletu and Heideveld Day Hospital. This would create a space to explore traditional forms of healing as well.

It was agreed that instead of handling each of these projects separately, they could be run simultaneously. People could choose projects that they felt they could make the most impact in according to their strengths.

The faith-health consortium, with its engagement on many levels and international dimension, is a good example of an initiative linked to the ME99 process. Hopefully there will be many more.