

Ethical Theory and its Practical Implications in African Traditional Medicine

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ABSTRACT

This article critically examines the intersection of ethical theory and African Traditional Medicine (ATM), highlighting the practical implications of normative ethical structures within indigenous healing systems. With a focus on both philosophical and applied dimensions, the paper interrogates how deontological, utilitarian, virtue-based, care-centered, and African communitarian ethics are reflected, contested, or redefined in the practice of traditional medicine across Africa. Particular attention is paid to pressing ethical concerns, including informed consent, patient autonomy, confidentiality, and the potential for exploitation within healer-patient relationships. By adopting a multidisciplinary perspective drawing from philosophy, anthropology, public health, and case-based analyses, the article explores how ethical considerations are embedded in or excluded from traditional practices. It also evaluates efforts toward ethical regulation and integration of ATM with formal healthcare systems. Ultimately, this study advocates for a culturally grounded yet ethically rigorous framework that respects indigenous healing traditions while ensuring the protection of patient rights and public health standards in African societies.

INTRODUCTION

African Traditional Medicine (ATM) constitutes a foundational pillar of healthcare delivery for a vast majority of the African population. The World Health Organization (WHO, 2013) estimates that more than 80% of individuals in sub-Saharan Africa rely on traditional medicine as their primary form of healthcare. Deeply rooted in indigenous knowledge systems, spiritual cosmologies, and community-based practices, ATM encompasses a wide range of healing methods including herbal pharmacology, spiritual divination, ancestral rituals, massage therapy, and bone setting. These practices are often interwoven with cultural identity and social cohesion, making ATM not merely a medical alternative but a holistic lifestyle embedded in African worldviews.

Despite its resilience and significance, the practice of ATM raises a number of ethical concerns that warrant critical attention. Issues such as informed consent, patient autonomy, privacy, exploitation, accountability, and the efficacy of treatments present serious ethical dilemmas. Unlike biomedical ethics, which is often grounded in universal principles such as autonomy, beneficence, non-maleficence, and justice, traditional healing systems operate within a culturally specific moral universe, guided by communal values, spiritual mandates, and oral traditions. This divergence creates a complex ethical landscape where universal standards and indigenous practices frequently intersect, clash, or merge.

This article explores how major ethical theories including deontology, utilitarianism, virtue ethics, care ethics, and African communitarian ethics can be employed to understand and evaluate the moral dimensions of ATM. In doing so, it identifies both congruencies and tensions between traditional African ethical norms and those dominant in modern biomedical ethics. The discussion is framed by a commitment to ethical pluralism, recognizing the legitimacy of diverse moral frameworks while emphasizing the need for coherence, accountability, and respect for human dignity. Through case studies, historical insights, and theoretical analysis, this study seeks to inform policy debates, healthcare integration efforts, and the ethical regulation of traditional medicine. By doing so, it contributes to the ongoing dialogue on how best to harmonize indigenous knowledge with contemporary ethical imperatives in Africa's evolving healthcare landscape.

Conceptual Approach: Understanding Ethics in Traditional Healing

Understanding the ethical dimensions of African Traditional Medicine (ATM) requires a multifaceted theoretical lens. Ethics, as a field of moral reasoning, provides structured ways to examine what is considered right or wrong in human action. In healthcare, where decisions can have life altering consequences, ethical theories become indispensable tools for reflection and evaluation. However, the application of ethical theory to ATM is not straightforward. Traditional healing practices are embedded in communal, spiritual, and ancestral worldviews, which may not align neatly with Western notions of autonomy, rights, and standardised procedures. To bridge this gap, this section draws from five major ethical theories deontology, utilitarianism, virtue ethics, the ethics of care, and communitarian ethics to explore the complex moral terrain of ATM. Each perspective offers distinct yet overlapping insights into how ethical principles can be applied or interpreted in indigenous African healing contexts.

Deontological Ethics in African Traditional Medicine

Deontology, developed prominently by Immanuel Kant, is grounded in the idea that moral actions are those performed out of duty, regardless of their outcomes (Kant, 1785). Within ATM, certain duties such as truthfulness, confidentiality, and the healer's obligation to do good are implicitly recognised, even in the absence of codified ethical charters. The *dibia* or *babalawo*, for instance, is expected to keep client revelations particularly spiritual diagnoses confidential, respecting a deontological notion of duty to protect private knowledge.

Yet, ethical tensions arise where public rituals involve communal proclamations of disease or ancestral guilt, potentially breaching patient confidentiality. Moreover, ATM often lacks formal mechanisms for informed consent, posing challenges to the Kantian imperative of respecting human dignity and autonomy. To align traditional healing more closely with deontological standards, community level education and the integration of ethical training in healer apprenticeships are needed.

Utilitarianism and Health Outcomes

Utilitarian ethics, as formulated by Bentham and Mill, evaluates the morality of actions based on their outcomes seeking to maximise well-being for the greatest number (Mill, 1863). ATM has long played a utilitarian role by offering low-cost, accessible healthcare in contexts where formal biomedical services are lacking. For instance, the widespread reliance on traditional birth attendants has significantly reduced maternal deaths in rural communities (WHO, 2001). Herbal remedies for malaria, diabetes, and infections have likewise supplemented overstretched public health systems.

However, the utilitarian calculus becomes complicated when traditional remedies lack empirical validation or standard dosages, sometimes resulting in adverse effects. Practices like scarification or unregulated animal-based treatments may harm more than help (Kasilo, Trapsida, Mwikisa, & Lusamba-Dikassa, 2013). For ATM to achieve utilitarian benefits without ethical compromise, robust mechanisms for research, safety evaluation, and quality control must be integrated into national health policies.

Virtue Ethics and the Moral Character of Healers

Virtue ethics, with roots in Aristotle's *Nicomachean Ethics*, shifts the focus from specific actions to the moral character of the agent (Aristotle, 2004). In this framework, a healer is judged not just by outcomes or duties but by whether they embody virtues such as compassion, integrity, humility, and wisdom. In many African societies, traditional healers are vetted based on their reputational standing and community approval, reflecting an informal but rigorous moral evaluation process.

The problem arises when economic motivations override moral integrity. As traditional medicine becomes commercialized, some practitioners exploit vulnerable patients with false promises or unverified cures, particularly for stigmatized conditions like infertility or HIV/AIDS (Langwick, 2011). To uphold virtue ethics in ATM, moral character development must be an integral part of healer training and public accountability systems.

Ethics of Care and Relational Healing

The ethics of care, developed by feminist ethicists such as Carol Gilligan, emphasises interpersonal relationships, emotional attentiveness, and context over abstract principles (Gilligan, 1982). ATM naturally aligns with this structure, as its practices are deeply relational, spiritual, and emotionally attuned. Healers often maintain lifelong relationships with families, understanding illness not merely as a biological malfunction but as a disruption in social and spiritual harmony.

This relational dynamic, however, can give rise to ethical tensions. The close-knit nature of healer-patient relationships may blur the line between care and coercion. Patients may feel morally or spiritually obliged to undergo rituals they do not fully understand or consent to. Thus, the ethics of care in ATM must be tempered by safeguards that protect individual choice while preserving communal bonds.

Communitarian Ethics and African Worldviews

Communitarian ethics, as articulated by African philosophers like Kwame Gyekye (1997) and Thaddeus Metz (2010), places the community at the centre of moral decision-making. Within ATM, this worldview is evident in communal approaches to illness, which is often interpreted as a symptom of social imbalance or spiritual offence affecting not just the individual but the entire lineage or clan. Healing involves rituals that aim to restore collective harmony rather than merely curing symptoms.

However, this collectivism can clash with human rights norms, particularly when communal decisions override personal autonomy. For instance, in decisions related to a woman's fertility or participation in ritual healing, family elders may exert disproportionate influence, limiting her agency. Ethical engagement with ATM must thus navigate the fine line between honoring communal values and safeguarding individual freedoms.

Conclusively, these five ethical principles: deontology, utilitarianism, virtue ethics, care ethics, and communitarianism, offer varied but complementary insights into the ethical dimensions of African Traditional Medicine. While deontology stresses duties and respect for persons, utilitarianism prioritizes outcomes that benefit the wider community. Virtue ethics focuses on the healer's character, care ethics on relational intimacy, and communitarianism on social cohesion. Yet, tensions abound. Deontological emphasis on autonomy may conflict with communal decision-making, while utilitarian concerns about harm may challenge culturally sanctioned rituals. Likewise, the ethics of care's relational focus could obscure issues of consent, just as virtue ethics may falter when morality is compromised by economic pressures.

Therefore, no single ethical framework suffices in addressing the moral complexity of ATM. A hybrid ethical model drawing from universal principles of justice and beneficence while rooted in African ontologies of relationality and communal well-being is needed. Such an approach affirms the legitimacy of indigenous healing while also promoting accountability, equity, and respect for individual dignity in health practice.

Historical and Cultural Foundations of Ethics in African Traditional Medicine

Ethical behavior has always been a vital part of African Traditional Medicine, even though it has not always been written down in formal codes. In traditional societies, moral guidelines are often passed down through generations by word of mouth, rituals, and communal teachings. Traditional healers known by various names such as *dibia* (Igbo), *babalawo* (Yoruba), *sangoma* (Southern Africa), or *inyanga* are not merely medical practitioners. They are also spiritual intermediaries, expected to act with integrity, wisdom, and a deep sense of responsibility to both their community and the spirit world.

These healers are entrusted with sensitive roles: diagnosing illnesses, prescribing remedies, offering spiritual protection, and interpreting messages from the ancestors. Their ethical duties include maintaining confidentiality, practicing with humility, avoiding harm, and treating all patients fairly. Unlike in modern systems where legal codes enforce ethical behavior, traditional healers are guided by cultural expectations and spiritual accountability. Violating these norms such as deceiving a patient, causing intentional harm, or misusing sacred knowledge is believed to have spiritual consequences, such as misfortune, illness, or loss of spiritual power.

A central idea in African ethical thought is Ubuntu, a philosophy that emphasizes our shared humanity. As Archbishop Desmond Tutu (1999) describes it, Ubuntu is about mutual care and recognizing that “I am because we are.” This spirit of connectedness shapes the ethical conduct of healers and the communal trust placed in them.

However, the informal nature of these traditional moral systems presents challenges in today’s healthcare environment. Because ethical standards in ATM are not always codified or consistent across regions, it can be difficult to ensure accountability, especially when mistakes or abuses occur. This raises important questions: How can traditional ethics evolve to meet modern healthcare expectations such as patient rights and clinical oversight without losing its cultural essence? How can traditional and biomedical ethics work together in a way that strengthens, rather than undermines, both systems?

These are the questions this article aims to explore, offering insights into how ethical theory can guide the integration of traditional and modern healing practices in a culturally respectful yet morally responsible way.

African Ethical Voices in Traditional Medicine

An effective ethical evaluation of African Traditional Medicine (ATM) must go beyond the narrow canon of classical Western philosophy or a few prominent African thinkers. It should instead incorporate the voices of emerging African scholars and region-specific ethical systems that reflect the lived realities and cultural complexities of diverse communities.

While the pan-African communitarianism advocated by scholars like Kwame Gyekye (1997) and John Mbiti (1969) remains foundational, new ethical paradigms grounded in specific cultural traditions are gaining scholarly traction. For example, in West Africa, Ifá ethics, rooted in Yoruba cosmology, stresses the significance of balance, destiny (*ayanmo*), and communal harmony. Sophie Oluwole (2014) emphasized dialogical reasoning and moral education embedded in oral traditions as core aspects of Yoruba ethics, highlighting that African ethical systems are not static but dynamic, interpretive, and context-sensitive.

Similarly, Mutombo Nkulu-N’Sengha (2002) advanced Bantu ethics, centred around the concept of *Muntu*, or relational personhood. He advocated that Ubuntu a central moral principle should not be seen merely as a cultural slogan but as an embodied praxis that grounds responsibility, justice, and moral accountability in everyday life.

In East and Central Africa, ethical systems such as the Rwandan concept of “ubupfura” (nobility of character), the Luo ethic of “piny mar” (communal moral order), and the Baganda value of “obuntu bulamu” (humanity with life) offer culturally grounded moral vocabularies that shape healing relationships and decision-making within communities (Bhengi, 2007; Wiredu, 1996).

Emerging African bioethicists also contribute to reshaping the landscape. Scholars like Dr. Caesar Atuire (Ghana) and Dr. Temidayo Eseonu (Nigeria) argue for “bottom-up bioethics,” which prioritises the ethical concerns and lived experiences of African populations, especially in rural and underserved areas (Atuire & Bull, 2021). These approaches call for participatory dialogue with communities, moving away from imposed biomedical norms and toward culturally reflective frameworks.

This plurality of African ethical voices highlights a vital insight: there is no monolithic African ethics, but rather a mosaic of moral worldviews that are locally rooted and globally relevant. Incorporating these perspectives allows ethical theory to become a culturally grounded compass shaping how traditional healing is evaluated, regulated, and integrated.

Practically, this expanded ethical discourse must inform health policy, education, and regulation. In Nigeria, this involves moving beyond fragmented or tokenistic approaches to ATM. State and national institutions ministries of health, professional bodies, universities must engage traditional leaders, women's organisations, youth networks, and spiritual authorities to co-create ethically robust structure. This includes not only codifying safe practices but also creating dialogical platforms for mutual learning between traditional and biomedical practitioners.

In sum, the integration of ATM into mainstream healthcare is not merely technical or administrative it is profoundly ethical. By embracing both classical and contemporary African moral philosophies academic and oral, regional and pan-African we can construct a more inclusive, just, and culturally sensitive healthcare system. Ethical theory, when nourished by Africa's moral traditions and emerging voices, offers not only critique but constructive pathways forward, honouring both individual rights and communal belonging, science and spirituality.

Ethical Challenges in African Traditional Medicine: Practical Dilemmas and Case Reflections

African Traditional Medicine (ATM), while deeply valued and widely practiced, presents several ethical challenges that become more evident when examined through the lens of both traditional and modern ethical frameworks. These challenges often lie at the intersection of cultural practice, spiritual belief, and modern public health expectations. In this section, we explore the practical ethical dilemmas commonly encountered in ATM, such as informed consent, patient autonomy, confidentiality, exploitation, and the regulation of healer practices.

Informed Consent and Autonomy

One of the key ethical pillars in modern biomedical ethics is informed consent; the idea that patients must be fully informed about a treatment's nature, benefits, and risks before agreeing to it. However, in many traditional healing contexts, this principle is interpreted differently. Due to the communal structure of African societies, decisions about treatment may involve family elders or spiritual leaders rather than the individual patient alone. In some cases, patients may defer to the healer's spiritual authority without asking detailed questions about their treatment.

While this form of trust and reverence reflects communal values and respect for authority, it raises ethical concerns when patients are not fully aware of potential risks, or when treatments involve procedures (such as spiritual incantations, isolation, or herbal mixtures) that may have unintended side effects. Here, a tension arises between respecting cultural norms and upholding individual rights a balance that ethical theory helps us navigate.

Confidentiality and Privacy

Traditional healers are often seen as custodians of both physical and spiritual well-being. Patients frequently reveal deeply personal, social, and spiritual issues in the process of diagnosis and healing. Despite this, there is no universal code of professional conduct among traditional healers to protect patient confidentiality. In closely-knit rural communities, the absence of confidentiality standards can lead to breaches of privacy and social stigma, especially when a patient is believed to be suffering from a spiritually-related illness or a taboo condition like infertility, HIV/AIDS, or mental health issues.

An ethical system grounded in virtue ethics or care ethics would emphasize the importance of trustworthiness, discretion, and empathy in healer-patient relationships. However, without clear guidelines or oversight, this expectation may not always be met.

Exploitation and Power Dynamics

The spiritual authority of traditional healers gives them a position of immense influence, especially in rural communities where access to formal healthcare is limited. Unfortunately, this power can be misused. Instances have been documented where patients especially women or economically disadvantaged individuals are exploited financially, sexually, or emotionally in the name of healing rituals or spiritual cleansing.

From a deontological perspective, such acts violate the duty of the healer to do no harm and to treat others with dignity. Similarly, utilitarian reasoning would argue that such exploitation undermines the well-being of the patient and the broader community's trust in the healing system.

This calls for stronger mechanisms of accountability, perhaps through healer associations or community-based ethical review structures, that maintain cultural legitimacy while promoting ethical integrity.

Regulation and Professional Standards

A recurring ethical concern in ATM is the lack of formal regulation or standardized professional conduct. While some countries like South Africa, Ghana, and Nigeria have taken steps to register traditional healers and establish licensing boards, enforcement remains weak or inconsistent. Many healers continue to operate independently, relying on ancestral authority rather than institutional validation.

This creates disparities in practice and a lack of recourse when treatments fail or harm results. It also makes it difficult to integrate ATM into national healthcare systems in a way that meets public health and human rights standards.

Ethical theory supports the need for a regulatory framework that balances autonomy and accountability allowing traditional medicine to thrive while ensuring public safety, transparency, and fairness. Importantly, such frameworks must be developed in collaboration with traditional healers and community leaders to ensure that ethical oversight does not become a form of cultural erasure.

Case Studies of Ethical Practice in African Traditional Medicine (ATM)

Ethical practices in ATM are often context-specific, shaped by indigenous belief systems, community values, and historical experiences. Examining real-world case studies offers practical insight into how traditional ethics operate, how healers engage with moral responsibilities, and where ethical tensions arise. Below are a few illustrative cases:

Case Study 1: The Igbo Dibia and Patient Confidentiality (Anambra State, Nigeria)

In parts of southeastern Nigeria, dibia afa (diviners or traditional healers) maintain deep trust within their communities, and many are known to uphold strict confidentiality regarding spiritual diagnoses and herbal prescriptions. In a 2020 field interview conducted in Ihiala, a dibia shared that revealing a patient's spiritual ailment could bring shame or ostracism, thus they see secrecy as both a spiritual and ethical duty. The healer explained that "to speak carelessly is to break the chain of trust between the living and the ancestors."

This case demonstrates how traditional notions of spiritual responsibility align with the care ethics model placing high value on protecting vulnerable persons and nurturing trust.

Case Study 2: The Role of the Sangoma in HIV/AIDS Care (KwaZulu-Natal, South Africa)

In South Africa, some sangomas (traditional healers) have adapted their practices to align with public health guidelines in HIV/AIDS treatment. Through partnerships with local clinics, they refer patients for testing and antiretroviral therapy while offering psychosocial support through rituals and herbal remedies. The Traditional Health Practitioners Act (2007) has facilitated this cooperation, setting ethical expectations around informed consent and limiting harmful practices.

This case illustrates how a virtue-based and community-oriented ethic can evolve through cooperation between traditional and biomedical sectors, improving patient outcomes while respecting cultural context.

Case Study 3: Ethical Breach in Spiritual Cleansing Rituals (Lagos, Nigeria)

In a less favorable example, a 2017 case documented by local NGOs involved a healer in Lagos who exploited young girls under the guise of spiritual cleansing from generational curses. The lack of a regulatory agency and the community's fear of spiritual retaliation initially silenced victims. Public outcry eventually led to prosecution, yet the case highlights vulnerabilities where communal ethics are manipulated and patient dignity is violated.

This shows the need for deontological safeguards rules that protect individuals from harm and prevent the abuse of moral authority, especially when spiritual legitimacy is used to justify unethical behavior.

Policy Responses and Integration Models

Across Africa, governments and public health institutions are increasingly engaging with ATM to regulate and

integrate it into national health systems. These efforts reflect both respect for cultural heritage and recognition of practical health realities in underserved areas. However, policy responses vary in success, depending on political will, community engagement, and resource allocation.

South Africa: Legal Recognition and Training Programs

South Africa is a leader in integrating traditional healing through the Traditional Health Practitioners Act (2007), which legally recognizes traditional healers and mandates ethical training. The country also supports collaborative workshops between biomedical doctors and sangomas, where discussions about patient rights, HIV/AIDS treatment, and medical referrals are normalized.

This model represents an inclusive approach recognizing ATM as a valuable health resource while emphasizing ethics, professionalism, and patient welfare.

Ghana: Registration and Monitoring of Traditional Healers

Ghana has established a Traditional and Alternative Medicine Directorate under its Ministry of Health. The directorate registers practitioners and encourages documentation of herbal practices. The ethical framework emphasizes safety, respect for human dignity, and non-exploitation. However, enforcement remains a challenge, particularly in rural areas where oversight is weak.

Nigeria: Fragmented Regulation and Ethical Challenges

In Nigeria, various state-level agencies and professional bodies attempt to regulate traditional medicine, but there is no unified national policy. Ethical training is sporadic, and cases of malpractice persist. Nonetheless, there are growing efforts—especially in Lagos, Enugu, and Anambra—to pilot integration programs that combine traditional healing with maternal and mental health services.

These examples suggest that effective integration requires a holistic policy model that includes:

1. Ethical education for traditional healers.
2. Community advisory boards.
3. Referral systems between healers and biomedical clinics.
4. Legal mechanisms for accountability and patient redress.

Comparative Ethical Analysis Between ATM and Biomedicine

Ethical decision-making in ATM and Western biomedicine reflects contrasting, yet potentially complementary, moral worldviews. Understanding their ethical differences helps clarify where conflicts may arise and where synergies can be built.

Ethical Element	ATM (African Traditional Medicine)	Biomedicine (Western Model)
Moral Authority	Derived from ancestors, spiritual forces, and communal elders	Grounded in universal principles (autonomy, justice, beneficence, non-maleficence)
Informed Consent	Often communal or spiritually mediated; patient may defer to healer's guidance	Emphasizes individual autonomy and formal consent protocols
Confidentiality	Culturally upheld but informal; may be compromised in close-knit communities	Legally enforced with formal institutional safeguards
View of Illness	Holistic and spiritual; illness may have	Clinical and physiological; illness explained

	social or supernatural causes	through biological mechanisms
Healer's Role	Spiritual mediator and moral guide; often serves as elder or counselor	Health service provider with standardized training and ethical codes
Ethical Enforcement	Community sanctions, spiritual consequences	Professional boards, legal systems, patient rights organizations

This comparison shows that ATM is grounded in relational ethics, emphasizing harmony, trust, and ancestral wisdom. Biomedicine, on the other hand, is centered on individual rights and procedural justice. Bridging these systems requires dialogical ethics creating mutual understanding, building trust, and finding ethical common ground.

For instance, ATM's strength lies in its emphasis on holistic care and its strong social embeddedness, while biomedicine brings scientific precision and regulatory structure. Integration, therefore, should aim not for the dominance of one system over the other, but for a hybrid ethical model that is responsive, inclusive, and just.

CONCLUSION

The ethical landscape of African Traditional Medicine (ATM) is marked by a unique intersection of cultural heritage, spiritual cosmology, and communal values. This article has explored how a spectrum of ethical theories including deontology, utilitarianism, virtue ethics, the ethics of care, and African communitarian ethics can illuminate the moral foundations and tensions within traditional healing practices. While these frameworks differ in emphasis, their collective application offers a rich, pluralistic lens through which to assess both the ethical strengths and challenges of ATM.

A central finding is that many traditional healers operate with a profound sense of moral obligation, shaped not by written codes but by ancestral traditions, religious beliefs, and the expectations of their communities. These healers often embody virtues such as empathy, wisdom, and moral integrity, serving as both health practitioners and moral agents within their societies. Yet, the absence of formal ethical guidelines, mechanisms for informed consent, and external oversight presents significant risks particularly in areas of patient autonomy, confidentiality, and potential exploitation.

What emerges from this analysis is the recognition that ethical theory should not merely serve academic interest but function as a practical instrument for reform and integration. Ethical frameworks can guide the development of culturally relevant regulations, training curricula, and community-based monitoring structures. For example, deontology can inform the establishment of healer-patient rights charters that emphasise consent and dignity; utilitarianism can support public health initiatives that evaluate ATM's efficacy and safety for the broader population; virtue ethics can be used to formalize moral apprenticeship models; and care ethics can sustain interpersonal, trust-based healing practices while safeguarding patient choice. African communitarianism, meanwhile, provides a normative justification for embedding collective accountability within any ethical integration strategy.

Across Africa, some states have made significant strides toward this goal. Countries like South Africa and Ghana have integrated ATM into national health systems by recognising traditional healers as legitimate providers, offering ethical training, and involving them in health policy formulation. These models demonstrate that a culturally sensitive application of ethical theory when paired with coherent policy and legal frameworks can foster more inclusive and accountable healthcare systems.

In contrast, Nigeria's fragmented approach underscores the need for a more unified, ethically informed strategy that respects indigenous knowledge while ensuring patient protection. Simply regulating ATM through the biomedical lens may marginalise its cultural and spiritual dimensions. Instead, ethical theory offers the tools for intercultural dialogue, guiding mutual understanding between healers and biomedical professionals, and co-constructing a hybrid model of care that draws on the strengths of both systems.

Ultimately, the integration of ATM into formal healthcare should not be driven solely by biomedical efficacy or

economic utility, but also by ethical reflection rooted in cultural sensitivity. Scholars, policymakers, and health practitioners must work collaboratively to articulate and institutionalise ethical frameworks that are both locally resonant and globally defensible. In doing so, we take a vital step toward building a healthcare ecosystem that values diversity, upholds human dignity, and fosters holistic well-being for all.

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