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Afya Jumuishi : towards Interprofessional collaboration between traditional and modern medical practitioners in the Mara Region of Tanzania

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Propositions belonging to the PhD Dissertation of Mr. M.M. Chirangi MA, entitled:
Afya Jumuishi: Towards Interprofessional Collaboration between Traditional & Modern Medical Practitioners in the Mara Region of Tanzania. Leiden University, 17th April, 2013.

1. The development of Integrated health services (*afya jumuishi*) is inevitable due to the multiple push-and-pull factors ranging from the complexities of increased organisational differentiation through the complementarity of both traditional and modern medical systems to the inadequacy of modern medicine to attain 'Health for All' (*This thesis*).
2. In Tanzania, the phobic and adversarial attitude towards traditional and alternative medical practitioners is an outcome of the long colonial suffering and weird religious hermeneutics resuscitated by the '*groupthink*' machinery, which produces a high level of forced irrational consensus at the expense of consumer rights and the overall reality of medical pluralism (*This thesis*).
3. Multiple *socio-demographic, psycho-social, enabling, trustworthiness* and *organisational* variables interact at various significant levels with *interprofessional collaborative behavioural* variables between traditional and modern medical practitioners in the Mara Region of Tanzania (*This thesis*).
4. Full recognition and incorporation of traditional medicine into the Tanzanian formal health care system can no longer continue to be an underground movement nor a privilege to its proponents, but is becoming a necessity for the public interest of the entire nation (*This thesis*).
5. The power of the invisible hand in human behaviour is the strongest significant in the sphere of health and healing (*cf.* Slikkerveer 2000).
6. The promotion of professional values of trust and service to users can form the basis of interprofessional partnership among providers (*cf.* Hudson 2002).
7. With the presently increasing knowledge and the growing data of traditional medicine, we continue to witness the dilemma of uncritical enthusiasm of its providers *vis-a-vis* uninformed scepticism of allopathic medical professionals and planners (*cf.* WHO 2002a).
8. Had legislation of medical ethics demonstrated that cooperation between the practitioners of both medical systems not only been permitted but regarded as desirable, the old hostile attitude towards traditional medicine would have been reduced (*cf.* Bannerman, Burton & Chen Wen-Chieh 1983).
9. Verbal diarrhoea dehydrates human dignity.
10. Contrary to political 'democratic' rhetoric of equally sharing the burden of the economic crisis, the current austerity measures of most European governments hit their own low-income families and the elderly in the society the hardest.