

Informed Refusal of Treatment in African (Igbo) Traditional Medicine in Imo State, Nigeria

My previous research found that medical decisions in African cultures are made by the community, which includes the patient, the family, kindred elder, and the African Traditional Medicine (ATM) doctor. The decision leading to informed consent is arrived at by consensus. Following this consensus the informed consent is given and the patient accepts the treatment. This form of informed consent is called *relational autonomy in informed consent* (Osuji, 2012, and 2014). If the sick person adheres to the consensus reached, and follows through with the treatment, there is no further problem regarding the issue of treatment. What is uncertain is what happens when, against both her or his self-interest and the consensus decision, the sick person refuses to follow effective and standard treatment. What are the consequences to the person receiving care?

Most research on informed consent in Africa at large and in Nigeria particularly, have concentrated on clinical research in the context of Western styled medicine and not on ATM. Yet about 80% of the population of Africa use traditional medicine for primary healthcare (WHO). Thus, that makes this research imperative.

Duquesne University is committed to “outreach to Africa” (2010-2015 Strategic Plan). The Center for African Studies, through programs like the Loogman Faculty Research Grant, assists the University in achieving this commitment. The commitment includes supporting research seeking to improve the lives of Africans. My project is a foundational research seeking to document African traditional medical practices; to establish a protocol to enable health care in ATM settings to deal more effectively with patients who refuse treatment, and thus, to better respect both their autonomy and beneficence. The fact that a high percentage of Africans utilize ATM, underscores the significance of this study. Therefore, my research reflects Duquesne’s strategic commitment to Africa.

Peter I. Osuji