



REPUBLIC OF SIERRA LEONE ARMED FORCES

POLICY ON NATIVE TREATMENT

By Command of the
Defence Policy Committee

June, 2012

MINISTRY OF DEFENCE
TOWER HILL
FREETOWN

RESTRICTED**POLICY ON NATIVE TREATMENT FOR RSLAF PERSONNEL****INTRODUCTION**

1. Since traditional beliefs are still held by serving personnel of RSLAF, they must be recognized. All RSLAF Doctors are trained in conventional medicine which does not embrace 'Native Treatment'. It has always therefore been very difficult for our Doctors to refer service personnel for Native Treatment. Currently the government recognizes the practice of Native Treatment. The MoD/RSLAF has a responsibility to provide a health-care service for troops and troops have been requesting the option to receive Native Treatment. In that line, in order to augment or complement the conventional method and also to ensure proper monitoring, the Director of Defence Medical Services has written this policy.

AIM

2. This policy lays down a common framework for Native Treatment that is acceptable to the MoD/RSLAF so that service personnel may opt for Native Treatment and can continue to be monitored by the authorities concerned.

SCOPE

3. The policy will cover the following specific issues:

- Clinical and ethical considerations
- Practical Considerations
- Granting of Native Treatment Leave
- Duration
- Review
- Responsibility and Costs

CLINICAL AND ETHICAL CONSIDERATIONS

4. Significant clinical and ethical issues are posed when approval for Native Treatment is given by RSLAF Medical staff. Foremost among those is the **HIPPOCRATIC OATH**, which obliges Doctors to: "Prescribe regimens for the good of my patients, according to my ability and my judgment, never do harm to anyone". If Doctors refer patients for Native Treatment they will therefore run the risk of being complicit in sub-standard and dangerous treatments with no control over the quality of treatment, and no follow-up. This primarily could be viewed as a failure in their duty to their patients which could invite negative criticism in their professionalism.

PRACTICAL CONSIDERATIONS

5. The way in which Native Treatment is being accessed poses several problems in terms of control and monitoring. Service personnel who seek Native Treatment usually do so at some distance from JMU. This has led in the past to failure to control such leave as the service persons disappear for extended period leaving JMU with no knowledge of either their location or health status. The lack of such control has led to the abuse of Native Treatment leave. (This is also used as a loop hole).

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6. In previous years, JMU has been instructed to grant and coordinate leave for Native Treatment notwithstanding the ethical considerations outlined above. This has its inbuilt problems as JMU did not have regular contact with personnel on Native Treatment or know their exact location and had no resources to travel regularly to check on them. Therefore, such control and coordination were rendered meaningless.

GRANTING OF NATIVE TREATMENT LEAVE

7. The demand for Native Treatment amongst many RSLAF soldiers is clearly recognized. However the desire to access it must be balanced with the duty of care that is owed to these service personnel, as well as the medical and ethical considerations facing the RSLAF medical staff. The need therefore arises to place control on potential abuse of Native Treatment Leave.

8. Any request to go on leave for Native Treatment must first be considered by the individual's parent Unit. If such leave is to be granted, the following criteria must be fulfilled.

a. The condition or medical complaint has already been reviewed and treated, where possible, by RSLAF Medical Services. (A defined time is not appropriate as each medical condition differs.

b. The individual has had his medical grading reviewed by a Medical Board at JMU and has been graded B or C.

DURATION

9. Native Treatment is to be granted for up to a maximum period of two months at a time depending on the condition of the patient and should be reviewed at the end of this duration by JMU to confirm if further Native Treatment is required or not. Personnel will be allowed two consecutive periods for Native Treatment therefore making a maximum duration of 4 months.

REVIEW

10. After these 2 periods, no further leave for Native Treatment is to be granted until the individual is again reviewed by the Medical Board at JMU. At this point a check on the patients progress will be made and records maintained (file updated) to address any unforeseen legal issues. Failure to obtain positive result will lead to personnel being declared as medically unfit for military service.

11. Any individual who does not report for duty at the end of their leave period for Native Treatment will be deemed to be on AWOL and appropriate action taken. There should be a contact point in order to track activities of personnel on Native Treatment (HQ JFC-J1 branch Med, JMU, and Parent Unit).

12. Personnel on Native Treatment, who are unable to return to JMU for a renewal after the initial granted leave on medical grounds, could get their leave extended by the relevant military authority at the individual's location on the approval of CO JMU. If the individual is

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unable to return to JMU due to ongoing medical reasons at the end of the second period, he will be declared as medically unfit for military service by the appropriate Medical Board.

13. A strong link between the traditional healer, parent unit and JMU to track the service person's movement should be maintained.

RESPONSIBILITY AND COSTS

14. In the event of complication, RSLAF will not accept liability as the decision to undertake Native Treatment is solely down to the individual. The patient will sign a disclaimer (see Annex A) undertaken at JMU before leaving for the granted leave.

15. If a patient is granted leave for Native treatment, RSLAF will not bear the financial burden or pay whatever medical bill is involved and also will not be held responsible for any negative result.

CONCLUSION

16. The above process will permit the granting of Native Treatment leave but only within strictly controlled measures. It removes the requirement for the initiation of referral by medical staff but does nevertheless provide a regular opportunity to check on the patients' health and to ensure that their condition is not deteriorating.

17. While traditional beliefs such as Native Treatment are still held by serving members of RSLAF, they must be recognized and managed accordingly. This flexible approach does not however absolve RSLAF from its duty to protect its soldiers or the duty of clinical care owed by its medical staff. The above policy seeks to steer a way between the desire of service personnel to seek Native Treatment whilst preventing its abuse and also accommodating the responsibilities of those in command and providing appropriate medical care. The issue of Native Treatment is a command responsibility therefore commanders should take the onus in ensuring that those under their command abide by the dictate of the policy.

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NATIVE TREATMENT DISCLAIMER

Formation HQ.....
Particulars of Patient.....
Patient's parent Unit.....
Ailment reported.....
Date reported.....
Date of assessment.....
General remarks.....

TO BE COMPLETED BY THE PATIENT / APPLICANT

Iofhaving received treatment for the above mentioned ailment for a period of Months without any improvement, now wish to apply for permission to proceed on Native Treatment leave. I guarantee that I shall be well looked after by Mr/Mrs/Ms* Tel: and that I will keep in contact with my parent Unit and JMU.

I understand that in the event of complication, RSLAF will not own responsibility, bear the financial burden or pay whatever medical bill is involved, and also will not be held responsible for any negative result.

I am aware of the policy on Native Treatment for RSLAF Personnel.

Point of contact when outside area of treatment Mr/Mrs/Ms*Tel.....
.....
Relation.....
Any other information:

TO BE COMPLETED BY THE APPROPRIATE MEDICAL AUTHORITY

I confirm that the above ailment has been reviewed and treated, where possible, by RSLAF Medical Services and has had his medical grading confirmed as Grade B / C*. The individual is obliged to report for assessment at JMU on (not greater than 2 months). This is the patient's first / second* period of granted leave for Native treatment.

The applicant's CO can now grant leave for Native Treatment.

SIGNATURE OF APPLICANT

SIGNATURE OF RMO

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Date.....

Date.....

SIGNATURE OF CO JMU

SIGNATURE OF WITNESS

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Date.....

Date.....

Copy for applicant and copy stored in Medical Notes.

NATIVE TREATMENT DISCLAIMER

Formation: HQ:

Particulars of Patient:

Patient's parent Unit:

Ailment reported:

Date reported:

Date of assessment:

General remarks:

TO BE COMPLETED BY THE PATIENT / APPLICANT

Rslaf/..... ofhaving received treatment for the above mentioned ailment for a period of months / years* now wish to apply for permission to proceed on Native Treatment leave. I guarantee that I shall be well looked after by Mr/Mrs/Ms* Tel: and that I will keep in contact with my parent Unit and JMU.

I understand that JMU has not advised me to undergo any Native treatment and I understand that any perceived benefits of such treatment are not recognized by conventional medicine. I accept the decision to undergo native treatment is taken by me alone and in taking this decision I recognise that the RSLAF will not be held in anyway liable should the treatment produce any negative results.

I am aware of the policy on Native Treatment for RSLAF Personnel.

Point of contact when outside area of treatment Mr/Mrs/Ms* Tel:

Relation:

Any other information:

TO BE COMPLETED BY THE APPROPRIATE MEDICAL AUTHORITY

I confirm that the above ailment has been reviewed and treated, where possible, by RSLAF Medical Services and has had his medical grading confirmed as Grade B / C*. The individual is obliged to report for assessment at JMU on (not greater than 2 months). This is the patient's first / second* period of granted leave for Native treatment.

The applicants CO can now grant leave for Native Treatment if he deems it appropriate. JMU confirms that there is no conventional medical requirement for Native Treatment and the decision on whether to grant leave for such treatment is to be taken at Unit level.

SIGNATURE OF APPLICANT

SIGNATURE OF RMO

.....
Date:

.....
Date:

SIGNATURE AND DATE CO JMU:.....

Copy for applicant and copy stored in Medical Notes.

**delete where appropriate*