Considering the philosophy of Ubuntu in South African healthcare ethical practices

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The concept of caring for ill people differs considerably depending on the cultural vantage point and lens one uses. The commonly applied healthcare theory in the West is not entirely compatible when viewed within an African cultural context. This article unpacks healthcare and Ubuntu ethics in Africa, and it is abundantly clear that the notion of personhood is critical in an African milieu. Ubuntu is an African indigenous philosophy which includes communalistic moral values in which there is an inherent and pervasive sense of unity between people.3,4 Given that medical ethics are built on internationally accepted principles, its practice should consider patients' cultural backgrounds. It is the central duty of all healthcare practitioners/providers/workers to ethically use their skills and follow the culture of the community in which they operate.3,4 Patient autonomy must be respected at all times and there is an interdependence and interconnectedness between communities that apply the values of the African Ubuntu worldview. In this worldview, there exists a strong sense of respect for all, dignity of humanity, caring for all, sharing with all, spirituality, inclusivity, transparency, harmony, solidarity, kinship, consensus creation, and above all, showing compassion for all.5-7 After all, a person is only a person through other people. The African concept of Ubuntu can certainly play a key role in promoting suitable virtuous morality and ethics in healthcare because it influences African ways of thinking and also one's behaviour. This paper has been motivated by the approaches adopted by medical practitioners as brought to light during the COVID-19 pandemic concerning the treatment of patients from diverse cultural backgrounds. Culturally competent care for all patients is required as an ethical imperative.

**Keywords:** Africa, communalism, kinship, ethics, morality, Ubuntu, empathy, relational ontology

**Introduction**

The COVID-19 pandemic has challenged us to approach the administration and treatment of people in ways that are aligned with their cultural backgrounds. Healthcare providers have not seriously considered the healing-related rituals and rites, and other activities inherent in African indigenous societies. Western medicine and medical practices have a very different understanding of disease causation than most traditional African indigenous communities. For example, in Western medical practice, germ theory tends to associate each disease with a specific causative agent, such as a virus, bacteria, or other pathogen.8 However, in African indigenous communities, diseases are at times linked to supernatural forces including witchcraft, sorcery, ogbanje (repeater) fear, ancestral curses, and poisoning. It is a reality that there are some diseases in today's African world that defy Western medicine and whose causes are more mystical than scientific. So what people believe and how they should be treated are important considerations for medical practitioners.9

Cultural competency must include the notion of personhood, which goes well beyond race and ethnicity. It should embrace empathy, curiosity, and respect for all aspects that could shape a patient's lived experiences. This should include cultural background, belief and philosophical systems, religious beliefs, age, gender, value system, and more. By including such items in a medical practitioner's operational “toolbox”, one will be invariably providing culturally competent care and instilling a needed sense of trust in the service provider. As such, the concept of personhood is central to this work and it incorporates ethical aspects such as striving to be the best one can be, not only for oneself but also for the community from which one emanates – metaphysically speaking – thus dealing ontologically with the nature of being. One’s existence, sense of being, becoming, and ultimate reality all build on how self-realisation is attained through Ubuntu, which is essentially a form of humanism in which being self is through others. This can be expressed in the phrase “I am because we are” (also stated as “I am because you are”), or “humanity shown towards others” (In Zulu: umuntu ngumuntu ngabantu). It is very important for health practitioners to effectively comprehend the people whom they treat and to then communicate with them in a culturally sensitive manner which is both intelligible and desirable.

In parts of Africa beyond the Southern African Development Community (SADC) region, medical practitioners have in part opted to include some traditional medical practices, from a philosophical point of view, that are holistic and incorporate the personal, social, physical, and spiritual aspects of patients. A holistic approach to medical practice is thus deemed to be valuable in treating indigenous populations. “While rejecting the superstitious elements of traditional practice, the modern
African medical doctor has a gold mine of traditional sources to integrate into his practice. 10

In this study, an exploratory and expository approach is taken to the African moral philosophy of Ubuntu as it relates to healthcare. This research method was used to investigate a problem, namely the lack of consideration for the philosophy of Ubuntu in South African healthcare ethical practices, to have a better understanding of the existing problem. The research thus began as a general idea and it is used as a medium to identify issues that can be the focus for future research.

Warren asserts that when one has moral status, one is to be morally significant and thus have moral standing. Consequently, other people as moral people also have moral obligations towards them and their interests, and well-being must be considered. 11 In healthcare, there are daily situations where a health practitioner meets other people and the practitioner and patient then confront entities and facts about them and their prescriptive selves. In such encounters, the practitioner should recognise and understand the background from which the patient emanates.

A patient-centred conception of personhood is synonymous with the notion of moral status that recognises patients as moral beings towards whom the healthcare practitioner has a moral obligation. Metz categorises three concepts of personhood, specifically personal identity, moral status, and moral virtue. 12 Thus, a person is one that has an identity, is human, and is moral and virtuous. Metz also states that caregiving is a trait and a regular norm of Ubuntu and that in such a societal milieu, the healthcare practitioner has an obligation to honour the diverse needs, interests, rights, and also well-being of patients as far as possible. 12 All human beings need to live sensibly, nobly, and justly and should always think about what they can do to make the world a more just and better place. 13 This does not mean that Ubuntu is exclusive to collectivism and it still does require some balance between the welfare of a community while allowing some moral agency to exist. 16 Ubuntu is not a new concept but rather a communal view that is part of a cultural African humanist philosophy which has existed for centuries in sub-Saharan states. 17 There is relational ontology in African metaphysical thinking, which means that everything that exists is closely linked with other forms of existence of life. Consequently, the telos of human existence is to preserve life and to augment it for the well-being of current and future generations. 18

This study aims to advocate for the appreciation of Ubuntu as a desired approach by healthcare practitioners in the context of caregiving for people living in Africa. As with any worldview, Ubuntu as a philosophy is not flawless, but it can effectively lead healthcare practitioners and guide them in their moral approach when dealing with people. 19 There is an alignment between Ubuntu and what happens in the West when there is a sense of community in societies considered to be individualistic when faced with a national problem. 16 For example, during COVID-19 communities naturally came together to moderate the hardships they faced. 20 The ontological notion of personhood resides in one's humanity. 5 If we accept that all people are persons, then each has some entitlement and also some obligations to meet. Kitwood argues that personhood is a social status that is conferred upon a person by other people in the milieu of relationships and social existence. 21 Based on how people are generally treated, healthcare workers need a new understanding of how to best serve patients from an ethical perspective. A holistic approach is needed that takes cognisance of the need to treat people within their social and cultural understandings of what it means to be human, and so Ubuntu is important to unpack when it comes to healthcare concerns. By seeking the good first, whatever else is worthwhile will undoubtedly follow naturally. 22

Afro-communitarianism is replete with the above notion that is embodied in Ubuntu, which is a distinct African cultural perspective. It communicates the sense that every person is only a person through other persons. Ubuntu is a word best expressed via the Nguni phrase umuntu ngumuntu ngabantu, which means that a person is a person through other people. 1,23 Moral beings deserve respect and to be treated well when considered ontologically. Personhood emanates from a range of interpersonal relationships and is wholly contingent upon all the interpersonal interactions and attitudes that they share. When one identifies personhood in another human being this invariably leads to a series of prerogatives and responsibilities contained in the community of human beings. In African Ubuntu, it is incumbent upon healthcare providers to give due recognition and respect to patients as beings with intrinsic worth because each individual is a member of a moral, caring community. 24 The health practitioner is therefore required to be sensitive to individuals and respect them while being beneficent. A perspective, therefore, calls for an empathetic, communitarian engagement between healthcare providers and patients when trying to solve their problems. 25 Sadly, westernisation has threatened traditional moral and social values as well as practices, including many institutions in the wake of speedy social change for what are often narcissistic reasons. 26

From an Ubuntu perspective, healthcare must be communitarian and maintain communities rather than have a utilitarian viewpoint. Healthcare workers do not always come from the same cultural background as their patients. This means that they may possess vastly different values from those of their patients. Healthcare workers are thus called upon to strive to become culturally competent by exhibiting sensitivity towards otherness and should have some basic knowledge about the diverse cultures of the communities in which they operate. In addition, they must be able to connect with a patient's cultural perspective on an apposite emotional plain. 27 Metaphysically and ontologically speaking, a healthcare worker needs to be motivated and must morally consider the helplessness of persons under their care. Ubuntu should be utilised to promote healthcare and the treatment of patients because it can holistically promote the social, physical, spiritual, and psychological well-being of both patients and healthcare workers.
Patriarchy and women in healthcare and Ubuntu

While African society is considered to be somewhat patriarchal in orientation, Ubuntu in healthcare provision includes women in particular as healthcare workers. Nonetheless, when viewed in a milieu of caregiving, Ubuntu is not wholly feminine because many men also exhibit strong predispositions to caring for others in traditional African communities. However, some researchers stress that there is indeed gendered stereotyping in Ubuntu caregiving viewed from an African perspective, and it is also purported to be feminine in orientation. Ubuntu is viewed by some scholars as a way out of entrenched patriarchy. In the feminist ethic of care there is a resistance to the many biases inherent in patriarchy, such as the association of care and caring with only women rather than with all people. The ethic of care confronts traditional moral theories as male-centric and debatable to the degree that they tend to omit or downplay values and virtues normally and culturally associated with women or responsibilities that are often considered to be “feminine”. Irrespective of gender, there is a moral, relational ontology that permits one to reason for a normative significance of relational responsibilities within all types of professional healthcare. Thus, moral alternatives always need to account for the network of relationships and responsibilities that are a critical element of distinct moral considerations. In the South African milieu, most moral theories taught are still predominated by Western masculine prejudices, which include Kantianism, Utilitarianism, and Principlism.

Metz asserts that women are placed in an inferior position since traditional African culture upholds, and in some ways, protects the power of males. Thus, there is a dire need for indigenous African and feminist moral theories to be taught to healthcare workers of Western orientation, because women are the majority in health professions, and society is after all, African. Ubuntu is in any case tantamount to the ethics of care. As a result, caregiving is a feature and a regular norm of Ubuntu. Healthcare workers need to develop a stronger sense of accountability towards themselves and their African patients.

Healthcare practitioners need to be morally astute and empathetic, and not stress patients needlessly or waste their time. Viewed relationally and ontologically, in the ethics of care there are imperative obligations to be fulfilled by the healthcare practitioner and these can only be met by understanding the patients’ worldview. Healthcare structures accommodate a wide range of patients with different needs. Healthcare providers, especially those from Western backgrounds, need to understand the background of the patients they come into contact with if they are to treat them appropriately and with a sense of real care. In African societies an individual’s raison d’être is ultimately affected by their own purpose, as well as those of others and there is a noticeable interconnectedness between people and groups existing within the concept of community. Healthcare providers must strive to be good moral judges and be morally reflective as they show maturity and wisdom in their dealings with patients from culturally diverse backgrounds.

In Africa, caring for people is a communal role that is linked to moral tenets of African epistemology based on empathy and respect for one’s human dignity. Healthcare is a practice and an important value demonstrated by caring individuals who, due to their moral stance, seek to meet the needs of patients under their care as best they can. A collective and collaborative spirit is required if genuine humanity and the development of an esprit de corps are to be promoted. The existential exclamations of healthcare providers and their dealings with patients in Africa must invariably consider Ubuntu and traditional beliefs concerning the meaning of life. One in service of a community is called upon to act justly and be well-intentioned, and this is in essence not optional. In many ways, this echoes Plato in his work The Republic.

Ubuntu is like an “unbroken circle” where all is associated and congruent in the “interpersonal network of life”. Ubuntu is important to consider if we are to promote public health since both the healthy and the ill have an interpersonal obligation to protect the public health for the greater good of the community. A healthcare provider should possess decision-making abilities and be able to quickly distinguish between virtuous and morally corrupt acts. Mbiti argues that people are ontologically related to other people and thus have a responsibility to care for them and seek their well-being. There is a need for substantive human rights that are firmly based upon the African communal conception of dignity and personhood. In the Western liberal view of moral dignity, there is an inherent egocentric sense of entitlement innate in human nature with less emphasis on a sense of duty and care for others as required in Christianity and other religions.

Current status and considerations

In a person-centric healthcare system, the patient is the focal point of care, healing, and related aspects, which infers that in an African country such as South Africa, the Ubuntu philosophies of personhood have been carefully considered and presented to healthcare providers to unpack and apply daily. After 25 years of democracy, there are still disparities in healthcare treatments for the majority of South Africans. The reality is that patients who can afford medical aid are still in the minority. In addition, for the most part, the private sector is pitched towards making a profit rather than confronting the vexing issue of social injustice and the provision of healthcare to all citizens. On a principled basis and in line with the Hippocratic Oath and other oaths that doctors take, there can and should never be pertinent factors for treating any patient unequally. In South Africa, 8.5% of the gross domestic product (GDP) is spent on healthcare, and more than 50% is ascribed to private healthcare expenditure. This only caters to a minority (17%) of the population. All people should have a right to the best healthcare in terms of an Ubuntu approach and there is thus a need to operationalise the right to health. There is a further need for healthcare providers, especially those from other countries beyond Africa, to address questions of implicit biases that often exist in dealing with patients from diverse backgrounds. When there are biases of any sort, these are likely to affect healthcare delivery and eventually,
may lead to disparities in healthcare provision. If understanding of diversity is limited it often leads to scepticism in relationships between healthcare providers and patients.

Based on discussions with two white healthcare providers, a physiotherapist and a general practitioner, it was asserted that when healthcare providers and their patients are from the same cultural background, the encounter is generally better and the patients are more willing to discuss their health issues. There is also a better understanding of what the patient is likely to expect. It is argued that only a black healthcare provider will truly understand the life experiences of black patients. The general practitioner stated that while stereotyping is not good, numerous colleagues tended to stereotype patients, leading to certain treatment choices and medical decisions, which in the main might have negatively impacted patients. A key issue was the lack of cultural and traditional understanding of the notion of personhood.

It is suggested that cultural diversity training be intensified at higher education institutions by offering medical degrees and other health-related qualifications. Only by such an intervention can more socially acceptable actions be understood and applied by healthcare providers when dealing with the majority of the population. A healthcare provider cannot hope to adequately treat a patient without considering and understanding, at least to an extent, the daily life and patient concerns and experiences of their illness viewed in a social and cultural context. The white general practitioner who was interviewed reported fewer positive perceptions by black patients. He expressed the opinion that if he was a black doctor, he would have had better responses from some patients and they would have more readily agreed to his treatment stratagem, as some seemed reticent to accept what he stated as necessary to alleviate their plight. In agreement with Keane et al., he stated that the community elders need to be invited to discuss Ubuntu in the context of healthcare provision and what it means for his practice. He felt this would enable him to learn more about it since they are fundamentally the custodians of indigenous knowledge, especially in rural communities.

The healthcare provider needs to be able to explain to culturally diverse patients their diagnosis and a range of therapeutic choices, as well as how treatment will likely be imparted. The healthcare provider must thus know how to effectively engage with patients and guide and assist them to understand what is transpiring and the way ahead. Healthcare providers also need to understand that many black people still live in dismal social situations that far overshadow the health problems that they need to focus on. There are, of course, often additional economic and linguistic problems when dealing with culturally diverse patients. Healthcare financing is often highly inequitable and too expensive for the majority of the population, especially with the current high unemployment rates. Based on the Quarterly Labour Force Survey (QLFS) for the first quarter of 2022, the unemployment rate in South Africa was 63.9% for those aged 15–24, and 42.1% for those aged 25–34, while the current official national rate stands at around 34.5%. Sadly, many people are still marginalised when it comes to health services.

There is also a dire need for cultural sensitivity and cultural competence to be ingrained in healthcare providers through appropriate training, and this applies globally. Cultural competence is essentially non-negotiable if sound decision-making is to be the order of the day in healthcare. This will also alleviate the problem of racially reporting on patients or stereotyping them. Where healthcare providers refer to patients as “consumers” and treat them as such, it results in a commodification of healthcare that means price, cost, quality, availability, and distribution of healthcare are progressively left to the mechanisms of a very competitive marketplace. This is, of course, highly questionable from an ethics perspective as blocks to access are created, which are detrimental to vulnerable members of society, and they also tend to alter the dynamic forces in healthcare provision. There must also be a serious attempt to engage with patients in a spirit of collaboration in all healthcare decisions made relating to the patient in what becomes a partnership. Confidentiality, informed consent, and a promise to adhere to prescribed treatment are essential when seeking to arrive at the desired clinical objectives.

Whatever a healthcare provider does regarding a patient, it should be motivated by the right intentions and conduct. The profit factor must never take precedence over doing the right thing. Sambala et al. correctly state that: “Through its emphasis on humanity, compassion, and social responsibility, Ubuntu has the potential to facilitate solutions to and avert conflicts between individual rights and public health.” The use of Ubuntu shifts the moral reasoning and ethics of decision-making from a field of philosophy shaped by the global north, to the everyday values, decision-making, and consequent practices of people in much of Africa. The healthcare provider must strive for excellence of character according to a character-centred moral theory such as Ubuntu. Only in this way can African society be dealt with adequately and respectfully. One has a meaningful life when one consciously realises that one has a strong moral obligation towards others and the common good, as well as the environment. We need to transcend our inner limits by connecting with aspects of life beyond our mere selves.

Wolfenden asserts that there are important concepts one should focus on as a healthcare provider if there is to be a deeper understanding of the patients and their needs. He argues that humaneness is needed since healthcare is about treating and healing people. One requires empathy and listening when working with patients to develop an appropriate plan of care together with them while educating them. It takes learning and the ability to change and adapt the practice to each patient’s needs as an individual. This will provide an opportunity to renew the commitment to healthcare values that are striven for. Additionally, there is a need to assist patients, within reason, to overcome disparities in healthcare provision. Most critical are love and respect for all patients and their well-being. Wolfenden states that Ubuntu is not a total solution, but it is rather a
Starting place to find a certain type of peace within oneself as a healthcare provider. Ubuntu creates a mutually enhancing basis for discourse between healthcare providers and indigenous cultures. There is significant potential in applying Ubuntu in healthcare practice and also in all types of medical education, given that it is the basis of most African cultures. Communalism is undoubtedly an inherent value in the philosophy of Ubuntu and requires far greater consideration.

**Conclusion**

This article has offered a broad scope for the use of Ubuntu as a desired notion in healthcare practice. In healthcare ethics, interactive relationships are crucial for moral agency. What is required in healthcare is the inclusion of all through cultural and traditional understanding and not the exclusion of “otherness” in medical practices. This article supports the idea that Ubuntu should be applied in healthcare in Africa because healthcare must of necessity concentrate on relationships with all patients, irrespective of their cultural backgrounds. The patient’s well-being must be considered first and foremost in healthcare and not company profits. Ubuntu aligns well with what is expected in healthcare since it places great value on caring, kindness, tolerance, empathy, compassion, respect for others, and transparent consensus building.

Metaphysically and ontologically, healthcare providers are motivated to assist those who have a malady and are susceptible. There exists a relational responsibility based upon the concept of responsibility where justice prevails when one balances considerations of caring for others in the context of their life. The context of care is important and there should be a spirit of responsiveness and accommodation of patient needs based on due consideration of the patient’s background and cultural and traditional biases. The central tenets of Ubuntu such as empathy, generosity, mutuality, justice, care, and mutual benefit should be the core principles of healthcare initiatives in Africa. There is a need for well-designed educational courses for healthcare providers on Ubuntu as a desired approach for healthcare practitioners in the context of caregiving for people living in Africa. Ubuntu education can add value to healthcare practitioners by assisting them to better comprehend the cultural and traditional values embraced by their African patients. This will also guide them in their moral stance when dealing with all people. Such education will enhance skills and result in more positive attitudes toward ethical practices in general, and the relationship between patient and healthcare provider will be enhanced.

Recognising the importance of personhood as espoused in Ubuntu should be a basic consideration in medicine. By ignoring the cultural and traditional milieu of a patient, one is in essence ignoring the basics of good healthcare. It is critical for a healthcare provider to understand the context in which a patient is treated, including their belief system and worldview. Healthcare providers must be part of the community and view themselves only as being a person through their relationships with others in the community. They should seek to sustain their community as best they can, act ethically at all times, and genuinely care and seek peace, healing, and justice, as well as communal and individual well-being for their patients. A person-centric approach by healthcare workers has to view patients as moral entities of worth with a cultural background and as individuals emanating from certain circumstances and contexts, in which worldviews and belief systems may differ from their own.

The healthcare worker’s relationship with patients must possess more value than merely looking after their instrumental health needs. There is undoubtedly a need for a more encouraging attitude towards patients from diverse cultural backgrounds at the place of practice. One’s attitude as a healthcare provider is important since it can make a difference in how patients feel. If it is enabling and warm, it will help them feel they are being cared for with compassion by someone that truly cares about them. Sympathy, and especially compassion, are critical in healthcare and practitioners need to change their perceptions regarding how they care about people, more so the infirm. While justice and fairness are desirable at all times, love and compassion should be the driving forces in healthcare provision. The concept of Ubuntu and related aspects should thus be the subject of daily discussions in all healthcare facilities, ranging from clinics, hospitals, and old age homes. How Ubuntu can be applied to a laboratory environment could also be the focus of a future, related study.

The sole objective is always to provide excellent, quality service considering a wide range of humanities by helping patients find healing and sustain their health as best possible.

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