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Navigating care across cultures: A narrative literature review of the influence of cultural worldviews on the uptake, delivery, and acceptance of Palliative Care services in South African communities

Buyiswa Swartbooi[1]

[1] Department of Social Work, Faculty of Law, Humanities and Social Sciences, Walter Sisulu University, Mthatha, South Africa.

ABSTRACT

Palliative care in South Africa exists at the intersection of modern biomedical approaches and deeply rooted cultural beliefs surrounding death and dying. This narrative literature review explores how cultural worldviews influence the uptake, provision, and acceptance of palliative care services in South African communities. Using a thematic narrative synthesis approach, the review drew on literature from PubMed, Scopus, Google Scholar and African Journals Online, including peer-reviewed articles, policy documents and ethnographic studies. Key themes included traditional understandings of illness and death, spiritual and ancestral belief systems, taboos around discussing dying, and the central role of family and community in caregiving. These cultural frameworks shape how individuals and communities understand illness trajectories, define a "good death", and respond to palliative care interventions. Traditional healers and spiritual leaders often support individuals and families through the dying process by offering guidance, rituals and culturally meaningful care that biomedical services may overlook. The findings highlight the need to integrate cultural sensitivity into palliative care planning and delivery. Culturally responsive care requires acknowledging indigenous knowledge systems, incorporating spiritual and psychosocial dimensions, and promoting collaboration between health professionals and traditional practitioners. Without such responsiveness, palliative care may be perceived as inaccessible or culturally inappropriate, particularly in rural and marginalised communities. The review concludes that inclusive care models that reflect South Africa's cultural diversity are essential to ensure that end-of-life care is medically effective, spiritually meaningful and culturally resonant.

Keywords: Palliative Care, Cultural Beliefs, Death and Dying, Traditional Healing, End-of-life Care.

INTRODUCTION

Palliative care is a holistic approach aimed at improving the quality of life for individuals facing life-limiting illnesses through the prevention and relief of suffering using early identification, assessment, and treatment of physical, psychosocial, and spiritual issues.[1] In South Africa, where communities are

[1] World Health Organization (WHO), "Palliative Care," 2023, https://www.who.int/news-room/fact-sheets/detail/palliative-care.

CORRESPONDENCE – Buyiswa Swartbooi Email: bswartbooi@wsu.ac.za
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characterised by a rich tapestry of cultural, ethnic, and spiritual traditions, the provision and uptake of palliative care are deeply influenced by these belief systems.

Many South Africans still rely heavily on traditional healers and ancestral practices when dealing with illness, death, and dying.[2] These practices often operate in parallel with or in opposition to biomedical healthcare services, resulting in tension and confusion within the palliative care process. For instance, beliefs about the spiritual causes of illness or the role of ancestors in life and death may lead families to prioritise traditional rituals over hospital-based interventions.[3] Taboos around speaking openly about death further complicate discussions on prognosis, end-of-life planning, and advance care directives. In many African cultures, discussing death is seen as inviting misfortune or even accelerating death, which poses significant challenges for early palliative care engagement.[4] Moreover, some families may view formal palliative care as an admission of defeat or lack of faith in spiritual or traditional remedies. Despite these cultural complexities, national policy frameworks increasingly acknowledge the importance of integrating palliative care into public health systems. South Africa's National Policy Framework and Strategy for Palliative Care (2017–2022) outlines the government's commitment to equitable access, yet implementation remains fragmented and uneven across provinces.[5]

Healthcare workers also face challenges related to cultural competence, with many lacking the training to navigate cultural beliefs during end-of-life care sensitively.[6] There is a growing recognition that culturally responsive care that respects and integrates patients' cultural and spiritual needs is essential for effective and ethical palliative care delivery.[7]

This narrative review seeks to interrogate the intersections between cultural worldviews and palliative care provision in South Africa. By examining literature from a wide array of disciplines, including medical anthropology, public health, and social work, the review aims to explore how cultural worldviews and belief systems shape the uptake, provision, and acceptance of palliative care services within South African communities. It also seeks to illuminate pathways to more inclusive, culturally grounded palliative care practices. The study is guided by the following objectives:

- To investigate traditional, religious, and spiritual understandings of illness, death, and dying in diverse South African cultural contexts.
- To identify the influence of cultural norms, values, and taboos on perceptions of palliative care.
- To assess the challenges and opportunities healthcare professionals face in delivering culturally responsive palliative care.
- To recommend inclusive and culturally appropriate frameworks for the delivery of palliative care in South Africa.

LITERATURE REVIEW

This review is informed by Cultural Relativism, Ecological Systems Theory, and Kleinman's Explanatory Model of illness.[8] Cultural relativism underscores the importance of interpreting cultural beliefs and practices from the perspective of those who hold them, rather than through a biomedical lens. This approach encourages non-judgmental engagement with indigenous understandings of illness and death. Bronfenbrenner's Ecological Systems Theory situates individuals within nested systems: the microsystem (family, immediate caregivers), mesosystem (interactions between care settings), exosystem (healthcare systems), and macrosystem (cultural and societal norms) to understand how these

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[2] Maboe G. Mokgobi, "Understanding Traditional African Healing," *African Journal for Physical Health Education, Recreation and Dance* 20, no. sup-2 (2014): 24–34.

[3] Aribiah David Attoe, "Death and Meaning (Lessness): Re-Examining the African View," *Religious Studies* 59, no. 2 (2023): 311–25.

[4] Marjolein Gysels et al., "End of Life Care in Sub-Saharan Africa: A Systematic Review of the Qualitative Literature," *BMC Palliative Care* 10, no. 1 (2011): 6.

[5] Hester M. Van Biljon et al., "Occupational Therapy in Adult Palliative Care. A Rapid Review," *South African Journal of Occupational Therapy* 54, no. 3 (2024): 1–8.

[6] Richard Harding and Irene J Higginson, "Palliative Care in Sub-Saharan Africa,"*The Lancet* 365,no.9475(2005):1971–77.

[7] Erynn M Monette, "Cultural Considerations in Palliative Care Provision: A Scoping Review of Canadian Literature," *Palliative Medicine Reports* 2, no. 1 (2021): pmr-2020.

[8] Urie Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Harvard university press, 1979); Arthur Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry*, vol. 3 (Univ of California Press, 1980).

interconnected layers influence health behaviours, including palliative care engagement. Kleinman's Explanatory Model is beneficial in exploring how patients and communities conceptualise illness, causation, and treatment. It offers a framework for bridging biomedical and cultural interpretations, thereby promoting dialogue between healthcare providers and patients of culturally diverse backgrounds. Together, these frameworks provide a robust lens to examine how cultural worldviews influence decision-making, care-seeking behaviours, and attitudes toward palliative care in the South African context.

South Africa's palliative care sector has evolved within a complex healthcare landscape marked by historical inequities, socioeconomic disparities, and a dual burden of communicable and non-communicable diseases. The legacy of apartheid has left enduring structural challenges, resulting in unequal access to healthcare services in different regions and communities.[9] These disparities have significantly influenced the development and delivery of palliative care services, particularly in under-resourced rural areas.

The National Policy Framework and Strategy for Palliative Care (2017-2022) was a crucial step in recognising palliative care as an integral component of the national health system. The policy emphasised the need for integrated community-based services and aimed to ensure equitable access to palliative care throughout the country. However, implementation has been inconsistent, hindered by factors such as limited resources, inadequate training of healthcare professionals, and a lack of awareness among both providers and the public.[10]

Recent studies highlight ongoing challenges in the integration of palliative care into the broader healthcare system. For instance, a 2025 study notes that hospital-based palliative care services remain scarce, with most services provided at the community level. In Gauteng province, only a few public hospitals, such as Chris Hani Baragwanath Academic Hospital and Charlotte Maxeke Johannesburg Academic Hospital, offer dedicated palliative care units staffed by multidisciplinary teams.[11]

Cultural beliefs and practices significantly influence perceptions of illness, death, and care in South Africa. Many communities incorporate indigenous knowledge systems, ancestral beliefs, and spiritual practices into their understanding of health and end-of-life care. However, formal palliative care services often struggle to accommodate these diverse cultural expressions, leading to care that may not align with patients' values and expectations. A 2023 study underscores the importance of cultural competence among healthcare providers, noting that a lack of cultural sensitivity can impede effective communication and trust between providers and patients from diverse backgrounds.[12]

Efforts to address these challenges include developing standards for palliative healthcare services. The Standards for Palliative Healthcare Services 5th Edition (2025) provide a framework for institutions to deliver quality palliative care, emphasising the importance of cultural competence and patient-centred approaches.[13] Understanding the sociocultural context in which palliative care is delivered is crucial for developing effective and equitable care models. This involves recognising the roles of family caregivers, traditional healers, and spiritual leaders in the care continuum and ensuring that services are not only available but also acceptable and accessible to those in need.

METHODOLOGY

This review adopted a narrative methodology, which is particularly well-suited to synthesising complex, multidimensional, and contextually embedded issues such as those surrounding palliative care. Unlike systematic reviews that focus primarily on quantitative outcomes, narrative reviews allow for the

[9] Hoosen Coovadia et al., "The Health and Health System of South Africa: Historical Roots of Current Public Health Challenges," *The Lancet* 374, no. 9692 (2009): 817–34.

[10] Van Biljon et al., "Occupational Therapy in Adult Palliative Care. A Rapid Review."

[11] Sukoluhle Pilime et al., "Barriers to and Enablers of Availability and Integration of Palliative Care into Routine Services at Charlotte Maxeke Johannesburg Academic Hospital, South Africa," *BMC Palliative Care* 24, no. 1 (June 2, 2025): 155, https://doi.org/10.1186/s12904-025-01778-3.

[12] Colette Burke, Owen Doody, and Barbara Lloyd, "Healthcare Practitioners' Perspectives of Providing Palliative Care to Patients from Culturally Diverse Backgrounds: A Qualitative Systematic Review," *BMC Palliative Care* 22, no. 1 (2023): 182.

[13] Trisha Greenhalgh, Sally Thorne, and Kirsti Malterud, "Time to Challenge the Spurious Hierarchy of Systematic over Narrative Reviews?," *European Journal of Clinical Investigation* 48, no. 6 (2018): e12931.

integration of diverse forms of evidence, including qualitative studies, policy analyses, and theoretical literature.[14] This approach enables the researcher to explore the cultural, spiritual, and familial nuances that influence palliative care practices in South Africa.

Literature was sourced from reputable academic databases, including PubMed, Scopus, Google Scholar, and African Journals Online (AJOL). The search strategy employed a combination of keywords and Boolean operators, such as "palliative care," "South Africa," "cultural beliefs," "spiritual practices," "family involvement," and "end-of-life care." Inclusion criteria were limited to peer-reviewed journal articles, policy documents, ethnographic studies, and relevant scholarly books published between 2000 and 2024. Emphasis was placed on literature that examined the socio-cultural context of palliative care in South Africa, with specific attention to indigenous beliefs, spiritual dimensions, caregiving practices, and the role of families.[15]

A thematic narrative synthesis was conducted to interpret and organise the literature. This method involved identifying recurring themes in sources, comparing conceptual frameworks, and drawing connections between policy, theory, and practice.[16] The analysis was iterative and reflexive, allowing for the integration of emerging themes as the literature was reviewed. The resulting synthesis provides a comprehensive account of how palliative care is understood, delivered, and experienced in the South African context, highlighting both systemic challenges and culturally informed practices.

PRESENTATION OF FINDINGS

Traditional Beliefs and Understandings of Illness and Death

In many South African communities, illness is often conceptualised as a disruption of harmony between the individual, the community, and the spiritual world, rather than as merely a biological phenomenon. This worldview, rooted in African cosmology, considers the influence of ancestors, spiritual forces, and social relationships in understanding health and disease.[17]Therefore, terminal illness can be interpreted not only in medical terms but also as the result of spiritual disharmony, witchcraft, or the failure to adhere to cultural rituals. This perception often leads individuals to consult traditional healers alongside biomedical practitioners, creating dual healthcare pathways that are not always understood or respected by formal healthcare systems.[18] The lack of integration between these systems can lead to mistrust, delays in care, and non-compliance with medical interventions. Moreover, biomedical practitioners sometimes dismiss these beliefs as unscientific, further alienating patients who hold them deeply.

Urban and Rural Differences in Cultural Responses to Palliative Care

Cultural beliefs about illness, dying and care are not experienced uniformly across South Africa. In rural areas, traditional belief systems, ancestral rituals, extended family caregiving and community-based support may be more visible in end-of-life care practices. Rural patients may also experience geographic distance from health facilities, transport barriers, shortages of trained palliative care personnel and limited access to hospice or specialist services.[19] These structural challenges may strengthen reliance on family caregivers, community health workers, traditional healers and faith leaders. In contrast, urban settings may offer greater physical proximity to hospitals, specialist services and non-governmental organisations, but access remains uneven. Urban poverty, overcrowded public facilities, migration, fragmented family networks and unequal access to private healthcare may still delay palliative care referrals and continuity of care. The South African National Department of Health emphasises equitable

[14] Greenhalgh, Thorne, and Malterud, "Time to Challenge the Spurious Hierarchy of Systematic over Narrative Reviews?"
[15] Isabel García-López et al., "Off-Label and Unlicensed Drugs in Pediatric Palliative Care: A Prospective Observational Study," *Journal of Pain and Symptom Management* 60, no. 5 (2020): 923–32.
[16] Jennie Popay et al., "Guidance on the Conduct of Narrative Synthesis in Systematic Reviews," *A Product from the ESRC Methods Programme Version* 1, no. 1 (2006): b92.
[17] Antoinette V Chateau et al., "A Qualitative Study on Traditional Healers' Perceptions and Management of Epidermolysis Bullosa," *Health SA Gesondheid (Online)* 28 (2023): 1–11.
[18] Mokgobi, "Understanding Traditional African Healing."
[19] Agnes Hamilton-Baillie et al., "Palliative Care in a Rural Subdistrict in South Africa: A 4-Year Critical Review," *African Journal of Primary Health Care & Family Medicine* 16, no. 1 (January 21, 2024), https://doi.org/10.4102/PHCFM.v16i1.4047.

access to palliative care across communities, clinics, homes and hospitals, suggesting that cultural responsiveness must be considered alongside health-system capacity and geographic inequality.[20]

Cultural Taboos around Death and Dying

Open discussions about death are often avoided in many African communities due to cultural taboos that view such conversations as ominous or disrespectful.[21] Talking about death is sometimes believed to "invite" it or is perceived as a betrayal of hope. As a result, terminally ill individuals and their families may resist advance care planning or formal declaration of a terminal prognosis. These cultural silences can delay palliative care referrals and limit opportunities for psychosocial and spiritual preparation. Furthermore, such taboos often leave patients and caregivers unprepared emotionally and practically, potentially increasing distress during the end-of-life phase.[22] Health professionals are thus challenged to find culturally appropriate ways to introduce sensitive topics while respecting local beliefs.

The Role of Spirituality and Ancestral Connection

Spirituality is not only a coping mechanism but also a vital dimension of existence for many South Africans. However, spirituality should not be reduced only to ancestral belief systems. South Africa is religiously diverse, with Christianity, Islam, Traditional African religion, Hinduism, Judaism, Buddhism, atheism, agnosticism and other belief systems represented in the population.[23] Illness and death are considered spiritually significant events that require rituals, prayers, and ancestral consultations to ensure the well-being of both the dying and the bereaved. Spiritual rituals may include cleansing ceremonies, animal slaughter, or consultation with a sangoma (traditional healer), all of which have therapeutic and symbolic value. When health institutions are unable or unwilling to accommodate such practices, patients and families may feel that their spiritual needs are disregarded. This has implications for the holistic quality of care and the emotional closure of both patients and families.[24] Integrating spiritual care into clinical practice through chaplaincy services, cultural mediators, or flexible institutional policies can improve patient satisfaction and ensure culturally congruent care.

Socioeconomic Determinants Affecting Palliative Care Access

Socioeconomic determinants shape the uptake and quality of palliative care. Poverty, unemployment, food insecurity, transport costs, limited health literacy, overcrowded housing and dependence on an already burdened public health system may affect whether patients can attend appointments, access medication, receive home-based care or remain at home during the final stages of illness. The National Policy Framework and Strategy on Palliative Care recognises palliative care as part of equitable, integrated and holistic health service delivery, including care within communities and patients' homes.[25] Recent rural evidence further indicates that palliative care services are not yet reaching some rural areas adequately, despite national policy commitments.[26] These socioeconomic barriers may intensify caregiver burden, particularly for women, older persons and daughters-in-law, who often provide unpaid care with limited formal support. Therefore, palliative care should not only be understood as a cultural issue; it is also an issue of social justice and equitable access.

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[20] South African Government, "Department of Health Annual Report 2017/2018," 2018, https://www.gov.za/documents/annual-reports/department-health-annual-report-20172018-27-sep-2018.

[21] Tsholofelo Angela Thomas, "Social Support Experiences of Spousally Bereaved Individuals in a South African Township Community: The Botho/Ubuntu Perspective," *Frontiers in Psychology* 12 (2021): 604987.

[22] Gysels et al., "End of Life Care in Sub-Saharan Africa: A Systematic Review of the Qualitative Literature."

[23] Statistics South Africa, "Statistics South Africa Annual Report 2022/23," 2022, https://www.statssa.gov.za/publications/AnnualReport/StatisticsSouthAfricaAnnualReport20223_Book2.pdf.

[24] African Palliative Care Association (APCA), "Palliative Care in Africa: The Need," 2021, https://www.africanpalliativecare.org/what-we-do/awareness/palliative-care-africa-need.

[25] South African Government, "Department of Health Annual Report 2017/2018."

[26] Deidre Pretorius and Lesley G Mahole, "Patients' Palliative Care Needs in Rural Health and a Proposal for Palliation Services," *African Journal of Primary Health Care & Family Medicine* 17, no. 1 (2025): 4866.

Family and Community-Centred Care

In African cultures, care for the ill is a collective responsibility, with family and community members playing central roles in decision-making, emotional support, and physical caregiving [27]. Often, this caregiving burden falls disproportionately on women, particularly older women and daughters-in-law, who may have limited resources or formal support.[28] However, patient perspectives must remain central. Patients may value family involvement, but they may also have personal preferences regarding disclosure, pain management, place of care, spiritual practices and the form of dignity they wish to preserve at the end of life. Balbadhur and Gwyther, in a South African study on patients with advanced disease, found that dignity in palliative care is shaped by physical, psychological, social and spiritual concerns.[29] This highlights the need for palliative care that listens directly to patients while also acknowledging the role of families and communities. Community health workers and culturally trained social workers can play a bridging role between formal services and community care norms.

DISCUSSION

The thematic findings highlight that effective palliative care in South Africa requires a deep appreciation for the cultural, spiritual, and familial realities that shape experiences of illness, caregiving, and death. These elements are not peripheral, but central to how patients and families understand health and make care decisions. A recurring theme in the literature is the tension between the Western biomedical paradigm and traditional worldviews prevalent in many South African communities. This dissonance affects not only service uptake but also the quality and continuity of care.

Traditional beliefs about illness, including the role of ancestors and spiritual causality, often lead patients and families to pursue parallel treatment paths consulting biomedical professionals and traditional healers. When healthcare systems disregard these beliefs, it can result in feelings of alienation, resistance to medical advice, or early discharge from medical recommendations.[30] Respectful engagement with traditional healing practices, through community dialogue and collaborative models, could help bridge these divides and foster more trust-based relationships. Cultural taboos surrounding death and dying also present significant barriers. In many African cultures, openly talking about death is considered inappropriate or dangerous, as it is believed to invite death or weaken the spirit of the ill person.[31] Consequently, families may resist conversations about prognosis or advanced care planning, and healthcare workers may struggle to introduce these topics in a culturally sensitive way. Training programs that equip professionals with tools to navigate these taboos while respecting cultural boundaries are urgently needed.[32]

Spirituality and ancestral connection are deeply interwoven into conceptions of dignity, closure, and healing in the South African context. These beliefs call for palliative care approaches that are not only clinically effective but also spiritually responsive. The inability of hospitals and hospices to accommodate rituals, ceremonies, or the presence of spiritual leaders can cause significant distress for patients and families and may disrupt the grieving process.[33] Institutions need clear policies that allow for flexible spiritual support, especially in end-of-life care settings. Family and community structures also play a pivotal role in caregiving. In South Africa, caregiving is often a collective, intergenerational responsibility, with women, particularly grandmothers and daughters, bearing the heaviest burden.[34] Yet,

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[27] L. Middleton, 'Mental Health Nursing: A South African Perspective', 2019, https://juta.co.za/catalogue-details/mental-health-nursing-7e_24739.

[28] Lyn Middleton, *Mental Health Nursing: A South African Perspective* (Juta, 2019).

[29] Raksha Balbadhur and Elizabeth Gwyther, "Understanding the Dignity Experience of South African Patients in Primary Palliative Care," *South African Family Practice* 67, no. 1 (2025): 6047.

[30] Luís Cordeiro-Rodrigues and Thaddeus Metz, "Afro-Communitarianism and the Role of Traditional African Healers in the COVID-19 Pandemic," *Public Health Ethics* 14, no. 1 (2021): 59–71.

[31] Rabi Ilemona Ekore and Bolatito Lanre-Abass, "African Cultural Concept of Death and the Idea of Advance Care Directives," *Indian Journal of Palliative Care* 22, no. 4 (2016): 369.

[32] Getrude Wanyonyi, Karen Pohjansaro, and Sharon Mavis Adje, "Nurses' Cultural Competence in End-of-Life Care: A Descriptive Literature Review," 2024.

[33] Erica Borgstrom and Renske Visser, *Critical Approaches to Death, Dying and Bereavement* (Routledge, 2024).

[34] Ronita Mahilall, "Spiritual Care in Hospice Palliative Care Settings in South Africa: National Curriculum Needs, Description of Provincial Services, and a Local Case Study" (Stellenbosch: Stellenbosch University, 2021).

the formal health system often treats patients in isolation, without fully involving family members or recognising their expertise and emotional labour. Collaborative models that include family in care planning and decision-making can lead to better outcomes and reduce caregiver strain.

Therefore, the reviewed literature points to a fundamental mismatch between mainstream palliative care services and the sociocultural environment in which they operate. A shift toward culturally responsive palliative care is not only ethically necessary but also practically beneficial. It requires the integration of cultural humility into clinical training, development of inclusive policies, and ongoing partnerships with traditional and spiritual leaders. Recent frameworks such as the APCA Standards and the Lancet Commission on the Value of Death advocate for a reconceptualisation of death and dying that moves beyond clinical boundaries to embrace social and cultural meaning.[35] In this light, South Africa has the opportunity to lead in creating palliative care models that are truly holistic grounded in local realities while aligned with global standards of dignity, compassion, and equity.

To advance culturally responsive palliative care, training for healthcare providers should include modules on cultural competency and indigenous knowledge systems. Community health workers, who often serve as intermediaries between formal healthcare and traditional practices, should be empowered through support and training. Policies must also encourage home-based care and create space for traditional practices within institutional settings. The integration of palliative care into primary health care must reflect not only clinical needs but also cultural realities.

RECOMMENDATIONS

- Healthcare professionals should receive structured training in cultural competence that equips them to understand and respect traditional beliefs, spiritual practices, and communal decision-making processes. This includes incorporating modules on indigenous worldviews, language sensitivity, and communication strategies for discussing death and dying in culturally respectful ways.
- Given the significance of traditional health systems in many South African communities, policy frameworks should explore formal partnerships with registered traditional healers. This integration could include collaborative care planning, mutual referral systems, and guidelines that support the co-existence of biomedical and traditional practices, ensuring that care remains patient-centred and culturally relevant.
- Palliative care services must be decentralised and respond to the familial and communal nature of care in South African societies. Interventions should strengthen home-based care, support informal caregivers (particularly women), and include families in care planning and decision-making. Community health workers and lay counsellors can be trained to provide culturally sensitive psychosocial support and palliative education.
- Hospitals and clinics should adopt flexible policies that allow patients and their families to perform culturally significant rituals, including prayer, ancestral consultations, and mourning practices. Facilities can designate spiritual support spaces or engage cultural mediators to liaise between healthcare teams and patients' families.
- Although the National Policy Framework and Strategy on Palliative Care (2017–2022) outlines inclusive principles, implementation has been uneven. There is a need for strengthened monitoring mechanisms, provincial-level coordination, and the allocation of resources to ensure that services are accessible, especially in rural and underserved areas. Future policy revisions should explicitly include cultural dimensions of care.
- To address taboos surrounding death, public health initiatives should promote community dialogues and education on end-of-life care and advance care planning. Using culturally appropriate messaging and trusted community figures, these dialogues can help demystify palliative care and promote earlier engagement with services.

[35] Libby Sallnow et al., "Report of the Lancet Commission on the Value of Death: Bringing Death Back into Life," *The Lancet* 399, no. 10327 (February 2022): 837–84, https://doi.org/10.1016/S0140-6736(21)02314-X.

- There remains a significant gap in research on African-centred models of palliative care. Funding agencies, academic institutions, and health departments should prioritise research that documents indigenous knowledge systems, caregiving practices, and the lived experiences of patients and caregivers in culturally diverse contexts. This evidence can inform more grounded and inclusive service design.

CONCLUSION

Cultural beliefs deeply influence how palliative care is understood, accessed, and delivered in South Africa. These beliefs shape perceptions of illness, death, caregiving roles, and spiritual meaning, and they intersect with historical, social, and structural realities. As this review has shown, failing to recognise the significance of traditional, spiritual, and communal perspectives results in care that can be alienating, incomplete, or mistrusted by those it seeks to serve. Integrating cultural beliefs into palliative care is not merely an act of sensitivity; it is a matter of ethical and practical necessity. Patients and families require care that aligns with their values, languages, and traditions, particularly at the vulnerable stage of life-limiting illness. A shift toward culturally responsive palliative care involves more than individual attitudes; it requires systemic changes in training, service design, and policy implementation. By embedding cultural humility and community engagement into palliative care models, healthcare systems can become more inclusive, compassionate, and equitable. This approach ensures that care is not only clinically sound but also emotionally and spiritually affirming. Ultimately, dignity in death begins with recognition of the dignity in culture.

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ABOUT AUTHOR

Dr. Buyiswa Swartbooi (PhD) is a Lecturer in the Department of Social Work at Walter Sisulu University (WSU), South Africa. She has published more articles on decentralisation of cancer care and information behaviour of doctors and nurses. Her research interests include palliative care social work, trauma and grief interventions, psychosocial support services for vulnerable groups, mental health in adolescents and young adults, and social work education in resource-constrained contexts. She is an active member of the South African Council for Social Service Professions (SACSSP).