Chinese Medicine in Colonial Hong Kong (Part III)
Principles, Usage, and Status vis-à-vis Western Medicine

III. Chinese Medicine’s Changing Legal and Political Status

As mentioned in the introduction, Chinese medical ideas and Chinese doctors had no status in the formal institutions in Hong Kong under the British administration. No courses on Chinese medicine were taught in any of the degree courses in the tertiary institutions in Hong Kong. In recent years, a private donation of several million dollars to the University of Hong Kong’s medical school to teach Chinese medicine was rejected, and the money was subsequently funneled to support teaching Chinese medicine in several extra-mural courses that only provide certificates of academic recognition.

The consequent lack of knowledge of Chinese medicine among Western medical professionals is typified by the comments made by Dr. C H Leong, the medical representative (Western medicine) of the Legislative Council, in a public speech to the Hong Kong Association of the Pharmaceutical Industry on 8 December 1994. In discussing the development of Chinese medicine in Hong Kong, he said, “Chinese medicine has not really developed very much, not changed since the Treaty of Nanking” (i.e. 1842). This is in spite of the fact that new developments in Chinese medicine have been reported in such staid Western medical journals as the British Medical Journal. For example, in recent years the efficacy of the following Chinese medicines have been publicized in the international literature: *Vitis cannabifolia* volatile as an effective new treatment for chronic bronchitis and pulmonary emphysema [25], *Ilex chinesis* for severe burns [25], *qinghaosu* as a new anti-malarial for chloroquine resistant malaria [26], and a combination of Chinese medicines for eczema [27].

Moreover, in Japan, biomedical physicians receive some training in Chinese medicine during medical school training, and regularly dispense a number of Chinese proprietary medicines in their practice of ‘Western’ medicine [28, 29]. The Japanese interest in Chinese medicine also motivated them to finance the recent building of the Sino-Japanese Friendship Hospital, one of the most modern contemporary hospitals in Beijing. It was funded by Japan for the purpose of allowing Japanese doctors to learn more about Chinese medicine and how its treatment could complement Western medicine in improving patient care.

In spite of the relative ignorance of Chinese medicine in Hong Kong — among even health professionals — in recent years, small signs of interest in understanding some of the treatment methods of Chinese medicine have emerged among academics. The Chinese University of Hong Kong in 1979 set up a Chinese Medicinal Material Research Centre (initially funded by an outside grantor, IBM) which has been studying the pharmacological properties of Chinese medicines. Research on acupuncture for analgesia has been done by a few medical scientists, and there have been sociological, anthropological, and epidemiological studies on patterns of usage of Chinese medicine in Hong Kong [2].

Despite the calls from academics to remedy the inequality of Chinese medicine in Hong Kong [e.g. 30], the Hong Kong government only started focusing on Chinese medicine in 1989, as a result of questions raised about it in the Legislative Council in April of that year. The legislators inquired into the safety and usage of Chinese medicine because of two widely publicized cases of accidental poisoning from Chinese medicine that occurred two months earlier (there was a mix up of herbs from a source in China). Consequently, a Working Party on Chinese Medicine was established by the government, which included government administrators and about six Western-trained medical doctors, but no one who was a practicing Chinese doctor. The Working Party explained this absence as “To co-opt them [i.e. practitioners of Chinese traditional medicine or traders] into the Working Party on Chinese Medicine would make the size and proceedings of the group difficult to manage” [2, p. 6]. Nevertheless, the Working Party in writing its Interim Report, did ask for comments from some 21 Chinese medical associations and societies in Hong Kong, as well as the four major
Western medical associations and colleges extant in Hong Kong at that time.

The impetus for the Hong Kong government's 1989 study into Chinese medicine in Hong Kong was also encouraged by the Basic Law, which has been Hong Kong's mini-constitution after 30 June 1997. In Article 138 it states: "The Government of the Hong Kong Special Administrative Region shall, on its own, formulate policies to develop Western and traditional Chinese medicine and to improve medical and health services. Community organizations and individuals may provide various medical and health services in accordance with law" [31].

Of interest is that for the previous 100+ years of British colonial rule over Hong Kong, the government had taken the position of ignoring Chinese medicine, citing Captain Elliot's proclamation of 1841 as the reason: "the natives of the Island of Hong Kong and all natives of China thereto resorting, shall be governed according to the laws and customs of China, every description of torture excepted" [31, p. 60]. This meant that the practice, usage, and development of Chinese medicine was not monitored by government, nor controlled by ordinances or statutes, unless the medicines contained known poisons or were 'adulterated' with Western medicines, e.g. antibiotics. Of course, members of the government, admitting that "There is little expertise in traditional Chinese medicine in Government" [2, p. 43] found this a convenient thing to do since the government did modify traditional customs, e.g. banning concubinage in the 1970s, or traditional house building for the purposes of preventing plague in 1886 [31, p. 61], when it felt it necessary to do so.

It is also revealing to study the wording of Article 138 and compare it with earlier drafts of the Basic Law as well as the Chinese version of the Basic Law. In an earlier draft (Article 145), it is: "The government of the HK SAR shall promote the development of medical and health services and the development of Western and Chinese traditional medicine..." [32]. This was modified in the second draft (Article 137) to "The government of the HK SAR shall on its own, formulate policies to develop Western and traditional Chinese medicine..." [33], and these changes were retained in the final version. The addition of the words "on its own, formulate policies" emphasizes the expression of independence of Hong Kong's Western and Chinese medical systems and its development from China. Moreover, these words seem to have been borrowed from the wording of the subsequent clause in the earlier draft, i.e. Article 146 which states "The government of the HK SAR shall, on its own, formulate policies on science and technology..." [32].

A comparison of the Chinese and English texts of the Basic Law reveals that in all the draft and final versions of the Chinese text, the order is always Chinese and Western medicine [33] and not the reverse as in the English text. Since the Basic Law was first drafted in Chinese and later translated into English, the reversal of the order of Chinese and Western medicine in the translated English text means that someone deliberately wanted to place Western medicine before Chinese medicine, possibly to elevate the relative status of Western medicine.

Additionally, the Chinese version just states "Chinese medicine" and not "Chinese traditional medicine." Adding the word 'traditional' implies that Chinese medicine is not an evolving and developing system with a future and somatic efficacy, but one based mostly on 'beliefs' of the past and psychosomatic effects. It would be interesting to speculate the reasons given for making these changes, and who requested them since the ultimate effect was to demote the status of Chinese medicine relative to Western medicine in the English text.

However, by mentioning Chinese medicine in the Basic Law, even putting it in the same clause as Western medicine, and stating that the Hong Kong government had an obligation to develop Chinese medicine, suddenly elevated the status of Chinese medicine from its nowhere status to something which could not be easily ignored. And the implication was that if the current administration was not going to develop Chinese medicine in Hong Kong, then the post-1997 government would.

Consequently, the Working Party on Chinese Medicine attempted to study the status of Chinese medicine in Hong Kong from the point of view of extent of public usage, training of Chinese doctors, identifying the types of raw and proprietary Chinese medicines used, advertising, etc., in order to make suggestions about how Chinese medicine could be controlled by the government to promote its proper use and insure safety [2]. This was followed three years later, in 1994, by a report which included recommendations to set up a preparatory committee to advise on legislation so that Chinese medicine could be regulated, developed, and promoted in Hong Kong [34]. Unlike the Working Party members, most of the preparatory committee members would be professional Chinese doctors. The goals of the new committee would be to eventually establish a statutory council to control Chinese medicine by registering practicing doctors; restrict the sale of potent herbs to prescriptions written by registered Chinese doctors; issue licenses for importers, processors, and manufacturers of Chinese medicine, etc.

What is notable among the list of recommendations is their emphasis on control and regulation rather than development of Chinese medicine in a positive sense. Other than a sentence that "a formal full-time training school
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should be considered as a long term objective [emphasis my own] of developing TCM [Traditional Chinese Medicine]" and tertiary institutions should continue TCM research, there is no discussion on how Chinese medicine can be developed beyond simple outpatient care. The reports contain almost no information on how developed Chinese medicine is in China, where specialties have developed such as internal medicine, external medicine (i.e. skin, hemorrhoids), pediatrics, gynecology, osteopathy, massage, etc., and practiced in conjunction with Western medicine in some of the major hospitals. In fact, pure acupuncturists and 'bonesetters' are rare in China because of their poor skills and lack of formal training.

It is also unusual that the Working Party's reports did not draw on an understanding of the institutionalized Chinese medical system in China, which is the most highly developed system of Chinese medicine in the world. One normally assumes that an expert report should understand the state of art in a field and then compare and contrast this with what is and can be done locally. Instead, the underlying assumption of the Working Party seems to be that Chinese medicine in Hong Kong will only be single practitioners with varying degrees of non-university training dispensing care on an out-patient basis. Part of the reason for this gap may be that having Chinese doctors in hospitals practicing alongside and in cooperation with Western doctors may be quite threatening to the Western medical establishment, which currently holds a monopoly on hospitalized care.

There is also no discussion in both reports on the possibility of integrated treatment of Chinese and Western medicine, as is found in China [25], although several district board members mentioned this issue in the final report objectively, this would seem the ultimate goal in rationalized medicine, because each system's advantages could complement the other. For example, many hospitals specializing in Chinese medicine in China utilize Western medicine's use of imaging and laboratory methods of analyzing body specimens to provide additional information for diagnosing disease. On the other hand, Chinese medicines are frequently used to combat the side effects of chemotherapy, and it can successfully cure some diseases untreatable in Western medicine.

Currently in Hong Kong, the public is forced to seek such integrated medical care in China because of the lack of development of Chinese medicine beyond outpatient care in Hong Kong. One must remember "that only about 10% of diseases are significantly influenced by modern treatment" — an assessment put forward by Sir Douglas Black, a past president of the United Kingdom's Royal College of Physicians [13], so that alternative forms of treatment that may be beneficial to public health should be fully explored and allowed to be developed. In fact, the trend to seek and utilize medical systems that are outside orthodox 'Western' medicine seems to be growing even in the West. A 1990 survey of Americans found that one third of the population was using alternative therapies, and more visits were made to alternative therapists than orthodox primary care physicians, i.e. 425 million vs. 388 million visits [35].

In the coming years, as the post-colonial Chinese government in Hong Kong implements these recommendations, it must be wary to balance the vested interests of the powerful and dominant Western medical professionals with the diffused groups of Chinese medical doctors and businessmen, for the ultimate benefit of the consumer. There will be increasing recognition that there is a long history of ignorance and subjugation of Chinese medicine by various institutionalized vested interests during British colonial rule. Powerful members of the Western medicine profession may seem overly enthusiastic to emphasize the weaknesses of Chinese medicine, that patients suffer side effects from Chinese medicines, or delay seeking treatment from Western medicine because they first sought treatment from Chinese medicine.

This is in spite of the evidence that in terms of 'medical misadventures,' the overwhelming majority are caused by Western medicine. In 1989 for example, the year where two cases of accidental poisoning occurred from Chinese medicine, there were 1775 in-patients treated for "misadventures during [Western] medical care" including 14 deaths [48]. There was no publicity for most of those victims. A recent telephone survey of 2822 adults over the age of 18 also revealed that 49 out of 281 persons (17%) who self medicated with Western medicine suffered side effects versus 8 out of 109 who drank herbs (7%) or 5 out of 135 (4%) who orally consumed Chinese proprietary medicines. When they sought professional services, 21% of the interviewees suffered side effects from Western doctors versus 6% from Chinese doctors [22].

Expenditure on doctors and medicines is also big business in Hong Kong. Since medicine is an extremely powerful tool of control over the lives and welfare of people, its proper development so that patients have more choice of care, that is safe and reliable, is of utmost concern to the public. One way to equitably control such power was recently voiced by some district board members, who "cautioned that membership of the Council should be carefully considered so that professional, consumers', and public interests could be adequately and proportionately reflected in the Council" [34, p. 37]. It will be the task of government officials, as civil servants, to reflect these concerns of the people and make up some of the inequalities suffered by Chinese medicine in the past to properly develop it in the future for the health of Hong Kong people in the post-colonial period.
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