Will Chinese Medicine Come of Age to be a Global Player?

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Introduction

Traditional Chinese medicine (TCM) has just entered another millennium into the twenty-first century with as many skeptics as there are supporters. The skeptics contend that TCM is not science-based nor are there clinical trial data to prove its effectiveness and efficacy. The supporters acknowledge TCM because modern synthetic drugs have failed in treating their illnesses. It is also claimed that there is a general weariness about the side effects of modern synthetic drugs and a belief that TCM does not have side effects because it is a form of natural herbal treatment.

TCM has been practiced for over four thousand years, mostly within China. It is also used by Chinese emigrants around the world. Until about two decades ago, TCM was an ethnic-based medicine. At the close of the last century, TCM and other complementary medicines and therapies have enjoyed a degree of popularity in the Western societies whose predominant healthcare modality is the orthodox medicine (OM). TCM has since spread through many countries of the Western world. This article examines ways to modernize TCM to be a sustainable and effective complementary medicine, which will meet the needs of the public in the West, to be a global player complementing and collaborating with orthodox medicine, and to enhance the quality of life of the sick.

Why Modernize TCM?

Huangdi Nei Jing, The Yellow Emperor’s Classic of Internal Medicine, and popularly referred to as Neijing, the first extant medical classics in China, is the living proof of TCM’s age. Neijing is considered the most important and influential theoretical publication and represents a segment of the huge corpus of TCM knowledge. Before Nixon’s visit to China in 1972, TCM failed to permeate into the Western mindset because of the language barrier and China’s political status. However, the adjective “traditional” preceding Chinese medicine has a powerful and positive appeal because it is distinctive from OM.

Despite its popularity, the philosophical base of Neijing has yet to transcend the confines of medical history. TCM faces serious criticism from OM and the pharmaceutical industries that it is not science-based. It is therefore not...
surprising to note that, for example in the UK, not a single TCM product is registered with the Medicine Control Agency (MCA). To register with the MCA, the safety and efficacy of TCA must be proven through clinical trials, which must be conducted on existing methodologies. Unfortunately, these methodologies are claimed to be inappropriate for TCM.

Today, the political environment both in China and in the West has shifted very significantly with greater collaboration to exchange the know-how, skills and expertise including TCM. This is further enhanced by the increasing sophistication of Information Technology, which is breaking down most aspects of the language barriers that have prevented dissemination and sharing of knowledge and ideas between nations. It is also enabling different countries to understand each other’s socio-cultural philosophies and values, and also facilitates the once unicultural societies to create new socio-cultural values and philosophies as they remerge as eclectic societies of multi-ethnicity. In TCM these changes do not appear to be led and managed.

Where TCM belongs to is the academia. The primary issue is how to develop TCM sufficiently to transcend national boundaries, in order to gain international recognition that it is an evidence-based medicine, just like OM. Modernizing TCM is an obvious option. Should it be a wholesale modernization or only certain aspects of TCM?

Modernization is a term which could mean many things to different people. According to the Oxford English Reference Dictionary, to modernize is to “adapt to modern needs or habits” or “adopt modern ways or views.” From the author’s perspective, modernizing TCM is more than changing the name. TCM has been accepted by many as a form of “traditional” medicine, which is natural and herb-based, and is therefore, perceived to have less or no side effects. Evidence indicates that TCM works in specific conditions. Many of those who sought TCM treatment did so through the recommendations of friends or relatives who had a positive experience of TCM. However, TCM still lacks research-based evidence.

Possible Contents of the TCM Modernization Program

Whatever the level of modernization, to bring TCM into the twenty-first century, it is important that traditional values are not lost in the process. TCM should not, at the end of the modernization process, be trapped outside its history. China which still holds most of the expertise on TCM should lead the way for new generations of TCM practitioners from multi-ethnic backgrounds.

The priority for a modernization strategy is to develop TCM as evidence-based while reinforcing the “naturalism” and the “traditionalsim” underpinning its practice, to introduce international quality control and management criteria to ensure public safety, to standardize the TCM education, training and practices, to investigate and make appropriate recommendations for TCM with regard to clinical trials and research methodologies, and to find substitutes to replace the use of animal parts.

Other changes should include the management and deployment of the endangered species, to promote a purely herb-based TCM to meet the increasing concerns of the public (both within and outside China) over the use of animal parts, to create a set of TCM ethics for the practitioners, and to cultivate TCM for acceptance and trust from OM practitioners.

Many TCM practitioners are now practicing outside China and treating non-Chinese nationals. In the UK alone, for example, there are many schools of variable quality which offer TCM programs (Chan K & Lee H, 2000). With regard to the clinical practice of TCM, the picture is also confusing and is of variable standards. Three thousand TCM clinics have been reported to be operating across the UK. Research data (Lee H) highlight that despite the public’s acceptance of TCM, many issues are still not resolved, for example:

- lack of information about TCM and its practitioners to enable them to make an informed choice;
- can they trust the qualifications and conduct of those who claim to be bona fide TCM practitioners;
- where can they go to verify the status of these practitioners;
- how can they choose a qualified practitioner;
- how do they know if the practitioners’ training is adequate, and how do they assess their competence;
- who regulates the practitioners;
- if the practitioners malpractice, to whom can the public appeal for assistance and redress.

In the field of OM, each country has its regulatory body. In the UK, the General Medicine Council is responsible to regulate the OM practitioners but no such body exists for TCM.

TCM is a medicine which is both efficacious and cost effective, and therefore should be promoted at a global
level. The World Health Organization (WHO) also encouraged a greater integrated use of traditional medicine and traditional healers in the primary healthcare systems of developing countries. TCM is a traditional form of medicine rooted in China for over four thousand years ago and is based on a philosophy that still underpins the sociocultural values of the Chinese people. This theory of healing is based on the idea that the body has an inner healing power, called “Qi.” Hippocrates had a similar concept, “physis,” but over time his concept was modified and altered to atomism. The human beings are now viewed to consist of parts which are replaceable when diseased.

In the UK, for example, this rising popularity of TCM among the public is beginning to influence the policy makers. Many of them are OM practitioners. To quote some: “Today’s complementary medicine is tomorrow’s core treatment. There is more life than the evidence base. If you slavishly adopted that you would exclude 80–85 percent of conventional treatments, it is only through experience and keeping an open mind, reflection, evaluation and questioning that you begin to understand it’s OK.”

Philip Leech, NHS Executive Principal Medical Officer, 1999

“Complementary and alternative medicine constitute “a very valuable tool in our therapeutic armoury.””

Dr. Alex Trompetas, Chair of one of the Primary Care Groups, 1999

“Whatever the best explanation is for how acupuncture works, one thing is clear: it does work. All the evidence put before the court indicates that, when administered by a skilled practitioner for certain types of pain and dysfunction, acupuncture is both safe and effective.”

The US District Court for Southern District of Texas, 9 July 1980

HRH Prince Charles, founded the Foundation for the Integration of Orthodox and Complementary Medicines. As the Foundation’s President, HRH Prince Charles at its launch in 1997 explained that advances in scientific and biological research alone are not “fulfilling all our healthcare needs as large numbers of people are paying to seek help from complementary medical practitioners. We simply cannot ignore what is a very real social phenomenon.”

Will TCM Come of Age?

To claim to come of age on the world stage, TCM must fulfill certain legal obligations just as OM has to. It is therefore, important to establish that the role and duties of TCM practitioners are based both on ethical and legal obligations to their patients. These ethical obligations are beyond the letter of law and are international, rather than on local or even national level, to facilitate a universal transfer of knowledge, skills and practice. The TCM leaders inside and outside China should consider creating an International Council for TCM (ICTCM) to develop an international code of TCM ethics. TCM is in a unique opportunity to begin with a clean slate with the added bonus of many examples of good practices it can access to. An international code of TCM ethics to underpin its education, training, practice and research undertakings should be its next priority. Speed is also an important factor for many emerging complementary medicines including TCM to establish an evidence-based foundation for their practices. Figure 1 is an example of the possible organizational structure, which will be the linchpin in the proposed modernization program.

THE INTERNATIONAL COUNCIL FOR TCM

Figure 1: Possible organizational structure

NATIONAL TCM COUNCIL

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THE ROLE OF THE INTERNATIONAL COUNCIL FOR TCM

The ICTCM will promote and safeguard both the safety of the public who seek TCM treatment, and the safe and competent practice of the TCM practitioners underpinned by ethical obligations. Through the international code of TCM ethics (developed mostly from the Middlesex University TCM Ethics Committee’s Code of Practice, 1998), the ICTCM will require that the practitioners:

- have the fundamental responsibility to conserve life, alleviate suffering both from mental and physical pain and to promote health and improve quality of life;
- must at all times, maintain the highest standards of medical care and of professional conduct and do not abuse the position of trust and privilege the TCM profession has conferred upon the practitioner;
- empower patients and their carers to achieve effective treatment outcomes;
- consider very carefully the implications of recommending a course of treatment contrary to the advice of the patient’s GP, non-referral to OM services in case of serious illness.
- should be aware of own vulnerability in law on this issue and ensure that in such cases all available information is given to the patient and that the patient makes the final decision without coercion;
- are lifelong learners following qualifying education and training to practise evidence-based medicine to maintain a high level of their medical knowledge and skills;
- must acknowledge, respect their patients’ religious beliefs and practice, gender and sexual orientation and practice, race and ethnicity and practise within the spirit of Equal Opportunity of their local and national framework;
- have the fundamental responsibility to protect the confidentiality of any information obtained in the course of duty and only to disclose with patient’s consent, or where required by the order of a court or where disclosure can be justified in the wider public interest;
- are both legally and professionally responsible to support and complement the OM treatment if considered appropriate and essential for their patients’ welfare;
- are responsible to report to the proper authority any unethical and unprofessional practice by their colleagues;
- will be entitled to just remuneration and should not accept any improper compensations;
- will be permitted to advertise their practice according to their national law;
- will work and conduct clinical research, collaboratively and interprofessionally for the greater good of their patients.

The ICTCM will also:

- establish and maintain the international academic standards and minimum level of competence and determine the international entry requirements for program of study;
- propose the curricular content in principles;
- propose and maintain quality of the education and practice of TCM;
- propose and maintain an international code of professional conduct in clinical and research;
- initiate and promote research;
- promote TCM as evidence-based.

The National TCM Council will:

- interpret and monitor the implementation of the ICTCM’s international code of TCM ethics;
- maintain a life register of all bona fide TCM practitioners;
- have the fundamental responsibility for the public safety;
- interpret and implement within its own national government’s medical care provisions to meet healthcare needs of the public, the ICTCM’s education and training standards and quality assurance;
- set the standards of competence, care and professional conduct;
- monitor the safe, professional and competent practice of the TCM practitioners;
- investigate reported malpractice and conduct disciplinary hearings;
- commission research;
- approve and audit national TCM educational programs;
- approve and audit the institutions in relation to the provision of TCM programs.
• prosecute false claims;
• monitor the code of professional conduct and practice in clinical and research;
• offer advice on TCM ethical and professional issues.

The Effects of the Implementation of the Proposed ICTCM

The discussion on the effects of implementing the ICTCM is based on personal experiences mostly in the UK and in some European countries. The picture of TCM in Europe is not very different although in a few European countries it is difficult to obtain Chinese herbs or to practise TCM practitioners. The creation of the ICTCM will immediately reduce and eventually eliminate the present variable education and training standards outside China, increase the professional standards because the live national register for the practitioners will be based on an internationally accepted professional competence criteria and rationalize the present proliferations of supposedly professional associations which claim to represent the professional interest of their members. These different organizations have nevertheless, individually assisted in maintaining a semblance of professional order and their effort must be acknowledged. It is also hoped that these organizations will collaborate with each other to rationalize themselves and create a new umbrella TCM professional organization to include herbal medicine, acupuncture, Tuina, Moxibustion, Qigong, etc, as branches to meet the specific needs of their members. The Chinese Medicine Association of Suppliers (CMAS) supports the idea that having an umbrella TCM professional organization will be more effective and authoritative.

By a fortunate coincidence, there is only one trade association of importers of Chinese medicine — the CMAS which was officially launched in April 1999. It represents all the major importers of Chinese medicine in UK and has since developed a close working relationship with the UK’s Medicines Control Agency (MCA) and the State Administration of Traditional Chinese Medicine (SATCM). If TCM practitioners can achieve an umbrella association, it is likely that this emerging single professional association is likely to become the National TCM Council to self-regulate TCM education and practice effectively and with authority, thereby gaining the Government’s approval/ recognition. With a large membership and a single voice, it will likely command the respect and trust of the OM practitioners and the general public in the TCM matters because it will be the only resource center. This development will also clarify the present confusion over the term “Traditional Chinese Medicine” by the public who relates it to herbal medicine whilst acupuncture is not perceived as part of it.

The CMAS is a good example of how individuals or organizations are already contributing to TCM’s modernization program. The CMAS Committee has taken up the challenge to quality-assure all the Chinese medicinal products imported into the UK. It is now developing the “Kitemark” concept and is collaborating with MCA and the SATCM. Eventually, all the imports will carry CMAS’s kitemark. It is also consulting the various professional associations to ensure maximum exposure and dialogues to generate trust in and acceptance of the “kitemark.”

Conclusion

This article concludes that traditional Chinese medicine is a medical treasure since it has been practiced for many thousands of years in China. In the last two decades or so TCM has also become popular outside China. The traditional values and practices are its primary attraction because it is seen as a natural form of therapy and free from side effects which are perceived to accompany most modern synthetic drugs. While this article offers possible solutions to enhance and exploit TCM’s potential to become a global player through an appropriate modernization program with the creation of the ICTCM as the linchpin, it also confirms that modernization seedbed is already prepared and in some cases the seedcorns of change are already germinating.

Reference

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