



Dilemma of integration with Western medicine – Views of Traditional Chinese Medicine practitioners in a predominant Western medical setting

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KEYWORDS

Focus group
interview;
Integration;
Traditional Chinese
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Western medicine

Summary

Objectives: This study aimed to explore the in-depth views of the Traditional Chinese Medicine (TCM) practitioners towards Western and Chinese medicine, and the possible ways of integration under a predominant Western medical setting.

Design and setting: Purposive, qualitative design based on focus group interviews of TCM practitioners in Hong Kong.

Participants: Information-rich participants were recruited from a Western medicine training course for TCM practitioners. Two focus groups comprising 13 TCM practitioners were held before the course, and two others with 10 TCM practitioners after the course.

Results: The TCM practitioners were adapted to act in a supportive role to Western doctors although they recognized their own strengths. They highlighted the prejudice from the Western doctors on their diagnostic approach. The TCM practitioners felt that they were actually more open-minded than the Western doctors, who often discouraged the patients to see them. Regarding integration with Western medicine, they considered it as a complicated issue due to the different concepts and forms of integration, as well as the balance between the two types of medicine. While there was a concern that learning Western medicine might overshadow their TCM mindset, they thought that TCM had always welcomed new elements to be added into it over the centuries, Western medicine being no exception.

Conclusions: The TCM practitioners are adapted to a supportive role to Western doctors under a predominant Western medical setting. Despite the uncertainties for collaboration, the TCM practitioners tend to support the trend of integration.

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Introduction

The values of complementary and alternative medicine (CAM) are increasingly being recognized by scientific studies. A systematic review showed that the prevalence of the use of CAM ranged from 9% to 65% in different parts of the world.¹ Herbal treatments and alternative therapies may lead to fewer side effects and enhance acceptance

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by patients.^{2–5} The World Health Organization advocated in 2008 that the communication between conventional and traditional medicine providers should be strengthened. The WHO Member States are encouraged to take steps to integrate CAM into their healthcare systems.⁶ In Hong Kong, apart from attending Western-trained doctors, about 15–20% of the general public also consult Traditional Chinese Medicine (TCM) practitioners.^{7,8} The utilization of TCM is less common than that of Mainland China, where one-third of the public choose services from TCM practitioners which accounts for 1.3 billion out-patient visits per year.⁹ TCM has been practiced in China for over 2000 years and is a major type of CAM nowadays. It is fundamentally based on the theory of yin/yang and zang fu organ equilibrium. These theories emphasize the balance of body, mind and spirit. Yin/yang represents a pair of body states which are complementary rather than totally opposite each other.^{10,11}

Similar to most Western countries, the medical services in Hong Kong are highly dominated by Western medicine. Due to the historical reasons of colonization in the 19th century, Hong Kong was under the British administration for about 150 years until 1997. This favoured the development of Western medicine. However, there is an improved status of TCM in Hong Kong after the handover of sovereignty from the UK to China in 1997. The supports from the post-colonial Government have facilitated the formal registration, licensing examination, introduction of TCM services into the public healthcare system, and the launch of 5-year TCM undergraduate training programmes in three local universities since 1998.^{12–16} Similar to the modernized training in Mainland China,^{9,17} basic Western medical sciences are also included in the curriculum for TCM undergraduates. In the Mainland, about 32% of doctors practice TCM/Western integrated medicine, and 17% practice TCM only.⁹ Unlike the Mainland practice, the TCM practitioners in Hong Kong cannot prescribe Western medications.¹² There is a clear boundary between TCM practitioners and Western doctors. A local survey shows that about 70% of the TCM practitioners spend most of their time in general practice to manage primary care illnesses e.g. upper respiratory infections, gastroenteritis and chronic conditions like diabetes mellitus, followed by 14% on bone-setting and 11% on acupuncture.¹⁸ The local public healthcare sector delivers nearly one million TCM consultations per year.¹⁹ The TCM practitioners in general practice see about 20–40 patients per day, while those specialized in bone-setting or acupuncture see about 10 patients per day.

Our pioneering study of the postgraduate Western mental health training for TCM practitioners showed that the training had positive impact on their clinical practice. However, the practical barriers in making referrals highlighted the need of closer collaboration between Western doctors and TCM practitioners.²⁰ Another key part of our study aimed to investigate the views of the TCM practitioners towards Western and Chinese medicine under a predominant Western medical setting of Hong Kong. Currently, most related studies in the literature focus on the views of the Western doctors towards TCM,^{21–23} rather than the opposite. Among the available findings, an Australian study on the CAM practitioners including four TCM practitioners suggested that the regulations and standardization of CAM limited their scope

of practice and led to the loss of integrity of their traditional systems.²⁴ In another study, fewer primary care physicians than CAM practitioners in Israel were found to support CAM referrals in an integrated primary care setting.²⁵ These studies however provide limited information from the perspectives of TCM practitioners, especially qualitative data. For our current study in Hong Kong, we aimed to explore qualitatively the in-depth opinions of the TCM practitioners towards Western and Chinese medicine, and the possible ways of integration.

Methods

Participants

Four focus groups were conducted to interview the TCM practitioners who had enrolled in our Western mental health training course from January 2010 to March 2010. These participants were expected to provide rich information due to their interest and knowledge of the study topic. Ethics approval was obtained from the local Institutional Review Board. There were 35 TCM practitioners in this course. They were invited by a research assistant to participate in the focus groups. Consent forms were signed by the participants before the interviews. Two focus groups comprising 13 TCM practitioners were held before the course, and two further groups with 10 TCM practitioners were held after the course. The pre-course focus groups generally consisted of the same participants as the post-course groups, except that 4 participants were available to join the pre-course groups only while one joined the post-course group only. Of the participants, 30.4% were male and 69.6% female, all working in the public healthcare sector. All of them had received 5-year TCM undergraduate training at Hong Kong universities (curricula of the three programmes are available at their websites^{14–16}). The mean (SD) years after graduation from undergraduate TCM training was 3.1 (1.98). Our published quantitative data showed that the TCM practitioners had no significant difference in their attitudes towards Western doctors and integrating Western medicine approach before and after the course.²⁰

Focus group interviews

Focus groups place participants in natural, dynamic and real-life situation to share their ideas and perceptions. Group members can interact with each other by responding to ideas and comments in the discussion. In our study, a facilitator experienced in focus group interviews led the 1-h discussion. We adopted a grounded-theory approach to minimize pre-assumption of the attitudes of the participants. The participants were encouraged to share their opinions freely but an interview schedule was used to ensure relevant domains were covered. The domains included the views on Chinese and Western medicine, the role of Western doctors and TCM practitioners, their collaboration and conflicts, and the ways of integration. New questions were added in subsequent interviews to test emergent themes. The pre-course interviews had relatively higher focus on their views towards the status of Chinese and Western medicine, while the

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