



Review Article

The past, present, and future of traditional medicine education in Korea

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ARTICLE INFO

Article history:

Received 8 March 2016

Accepted 11 March 2016

Available online 19 March 2016

Keywords:

educational system
evidence-based teaching
Korean traditional medicine
medical history

ABSTRACT

Korea has kept the heritage of Korean traditional medicine (KM) during the 19th century harsh modernization, and has established a medical system in parallel with Western medicine. The purpose of this study was to review systematically the history and current system for educating highly qualified traditional medical doctors in Korea. KM produces 750 certified medical doctors every year with a 4–7-year curriculum in 12 universities and their affiliated hospitals. There are 22,074 clinicians along with 2474 clinical specialists in eight departments as of 2014. A national licensing examination and continuing medical education for KM are used for maintaining qualifications of KM doctors, and independent organizations are established for the evaluation of educational institutes. KM has thrived to establish an independent and competitive educational system for KM doctors, equivalent to Western medicine, and has regained a pivotal role for public health in Korea. This study would be useful for cultivating traditional medicine and establishing its educational system in the world.

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<http://dx.doi.org/10.1016/j.imr.2016.03.003>

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1. Introduction

Korean medicine (KM) or Korean traditional medicine (TRM) experienced the harsh modernization of the 19th century, and has maintained its social status as clinical professionals and established unique educational systems based on the distinctive cultural, social, and political situations of Korea.^{1,2} KM plays a pivotal role in Korean public health and has an established educational system and professional status equivalent to Western and dental medicine and nursing in other countries.^{2–4}

Korea has substantial role in TRM as a member of World Health Organization (WHO) Western Pacific Region along with China, Japan, and others.^{5,6} Unlike the state-led development of Chinese TRM and forced absorption into Western medicine (WM) in Japan, Korea has noteworthy experiences in creating its own healthcare and educational system throughout the history of East Asian modernization, including termination of TRM (1907) by the Japanese empire, reestablishment with the National Medical Service act (1951) by the Republic of Korea, and complete restoration as public health by instituting a nationally established school for TRM (2008).^{2,5,7} Currently, KM is practiced by 20,000 certified clinicians and takes 8% of the National Health Insurance.^{8–10}

These experiences of KM would be an important reference for other countries that want to build an educational system, clinical professionals, and administrative bodies as a response to the globally increasing interests on complementary and alternative medicine and integrative health, especially acupuncture and medicinal herbs.^{2,11,12}

In particular, in contrast to Chinese TRM empowered to use WM by the compulsory ruling of the communist government and Japanese TRM forced to be terminated and merged into WM, KM has been under the strict prohibition of combined application of clinical techniques and medications from TRM and WM, even the WM and KM have equal status.^{5,7} Therefore, it would be very useful for the nations who is promoting the development of TRM as independent professions.^{2,3,5}

This study systematically describes the history of TRM system in Korea to show what KM has experienced to reclaim a role in public health for 100 years. We also present a contemporary system for teaching and training basic knowledge and clinical skills to ensure the quality of medical professions along with the future of KM education to be achieved.

2. The history of TRM education system in Korea from 1894 to 2015

The healthcare providers of Joseon dynasty (1392–1910) might be trained by government-established institutes or private clinics, and they had to pass a national examination to be recognized.¹³ The Bureau of Royal Medicine (*Jeon Eui Gam*) was a government body established by the Rules for Six Bureaus (*Yuk Gwa Jeon Seo*), and had a duty for the education of medical professions and medical service for the royal family until 1894 (Fig. 1). They have successfully developed a Korean medical system that used acupuncture and herbal medicine as clinical modalities for 500 years.¹⁴

Interestingly, the year of 1894 was both an end to sovereign tradition of Korean Medicine and also a start of irreplaceable Korean personalized medicine with Jema Lee's Longevity and Life Preservation in Eastern Medicine (東醫壽世保元) based on hundreds of years of clinical experience in Korea and understandings on the human mind of Confucianism.^{1,15,16}

However, this sovereign Korean system was compulsorily replaced with Rules for Medical School (1898), Medical Doctor (1900), and Grand Korean Medical School (1899) to install a Western Medicine-only system of the Japanese empire, and the government agency and national hospital were substituted with Bureau of Medical Policy (1907) and Grand Korean Hospital (1907) as a consequences of Hague Secret Emissary Affair (1907) by Emperor Gojong claiming independence of the Korean Empire.¹⁴

The *Dongje* Medical School (1904–1907), the first modern TRM educational institute of Korea, was established by Emperor Gojong as a last attempt to maintain public TRM education; however, it was terminated along with his forced resignation and TRM education and medical service were performed only in the private sector for 100 years.¹⁷ After the Japanese Annexation of the Korean peninsula (1910), official and public healthcare services, hospitals, and government ministrations were continued as in Japan, where TRM had been eradicated and replaced with a WM-only system in 1875. The Korean healthcare system during the Japanese Colonial Period (1910–1945) was focused on supporting the imperialistic Japanese army and their wars.¹⁶

The resurrection of Korean TRM started with the liberation of Korea in 1945. After the surrender of Japan, the framework of the Korean healthcare system was shaped by the Medicine for Citizen Act (1951) in the middle of Korean War (1950–1953). The name of a TRM doctor was just a replication of Chinese character of Japanese *Kampo* (漢方醫學), which can be misunderstood as old Chinese style medicine; however, it was changed to Korean medicine (韓醫學) in 1986 with the pronunciation *han eui hak* to represent the identity of KM.^{13,16,18}

The Medicine for Citizen Act also provided a foundation for higher education of KM, a Korean style TRM. The *Dongyang Daehakwan* (1947–1952) was the first private educational institute, and its descendant *Dongyang* medical college (1953–1964) with a 4-year curriculum was merged with the College of Oriental Medicine, Kyunghee University (1965–) to be a modernized university teaching KM with a 6-year curriculum (Table 1).

Modernized TRM universities in Korea have incorporated instructor-led lectures on clinical knowledge, subject-specific classes, and clinical education in big hospitals with disease-specified departments, unlike the traditional apprenticeship in small group with medical classics such as *Treasured Mirror of Eastern Medicine* (東醫寶鑑, aka Korean Medical Encyclopedia or *Dong Ui Bo Gam*) (1910)¹⁹ and *Introduction to Medicine* (醫學入門). Knowledge on biomedicine and WM clinical skills were also included to support the clinical practice of KM.¹³

The socioeconomic developments in Korea (late 1980–early 1990) stimulated public interest in TRM and its typical medical services, and KM has reclaimed its position in the public healthcare sector (Fig. 1). KM was included in the National Health Insurance (1987), which is a national healthcare service for all Korean citizens, and KM doctors have had the

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