Collaborative Healthcare:

An Explorative Analysis on Chinese and Western Medicine

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INTRODUCTION

Now almost two years later, the world continues to live under many regulations, fear, concerns, and stress of a pandemic that wreaked havoc on our medical systems and social infrastructure alike. While many things about COVID-19 highlighted shortcomings of our societies such as systematic issues, racism, discrimination, and weaponization of media, it also provided some hope; rallied against the fight for life–against our invisible enemy–were doctors, scientists, and healthcare professionals worldwide. As a result of such collaborative practice, research, and care, we now have a vaccine, better symptomatic treatments, and a conceptual foothold on this pandemic. With a unique ability to combine the best of each practice in pursuit of a safer, healthier, and thus, happier world, the collaborative practice of medicine shows much promise for both patients and practitioners. So why is it not practiced more widely? Should it be? In an attempt to promote productive conversation in answering such a grand question, this paper aims to explore the challenges of collaborative care by Chinese and Western medical systems by establishing and analyzing their historical clashes, contemporary perspectives, and modern attempts at such multi-medical system practice to determine if collaborative care is an endeavor worth pursuing.

HISTORICAL TENSIONS

To properly understand how collaborative use of Chinese and Western medicine may fit into contemporary contexts, it is first important to understand the perspectives and socio-cultural implications of historical efforts at *integrating* the two systems as was attempted in China throughout the 1900s. From the Chinese perspective, from the early 1600s to the late 1800s, as

Western medicine began its importation via Jesuit Missionaries, was the start to a long winding journey of clashing cultures, ideologies, and practices to come. Specifically, after the defeat of China in the Sino-Japanese War, many indigenous ideologies, philosophies, and schools of thought were forced to be revised even after so many thousands of years of cementation in culture and tradition. As author and Doctor of Foreign Studies from Guangdong University, Qing Liu explains, "[That tragic defeat] started the longstanding debate between tradition and modernity, Confucianism morality and science, and the Chinese and the Western" (Liu 2019, par. 9). Author and Professor of History at Christopher Newport University of Virginia, Xiaoqun Xu, reinforces this divide that Liu mentions in related contexts, stating, "[the crux of the issue was] whether modern medicine's triumph over native medicine would mean the imposition of Western influence upon Chinese national identity" (Xu 1997, 856).

Furthermore, as Western medicine persisted and continued to grow in the divided state of China, medicine too, gradually became divided as well with the legitimacy of native medicine becoming questionable (Xu 1997, 850). Referencing the 1929 Central Health Committee Meeting, Liu speaks on the proposals to ban Traditional Chinese Medicine being deeply rooted in concern for lack of scientific backing that would "inhibit the modernization and scientification process of medicine in China" (Liu 2019, par. 10). In other words, under the National regime, tradition stood strangely not as a root of national identity but instead as an obstacle against progress. Xu agrees and reflects on this perspective's dualistic nature stating "[Native physicans] tried to define it as a fight between the preservation of national essence (or Chineseness) and the invasion of Western imperialism (or foreignness), and [Western doctors], between science and backwardness" (Xu 1997, 875).

Moving onward, just before the establishment of Mao Zedong's PRC, the therapeutic efficiency of Chinese medicine became apparent as many communist soldiers faced injuries from combat against the Nationalists–often in remote areas inaccessible or improper for biomedical treatment (Liu 2019, par. 11). Complicated further by Nationalist blockades and difficulty transporting medical supplies, the flexibility of Chinese medicine being reliant on herbs and resources of natural origin, and its popularity in such remote areas created a *people's need* for Chinese medicine.

After many years of such back and forth, conflict, and assertions of economic, social, cultural influences, and political discourse, Chinese medicine was finally legitimated as the medicine of China–out of an established aforementioned need by the peoples of China and as a deep-rooted tie to national identity, as mentioned by Xu. But as with many things, this came at a cost–which was, unfortunately, a loss of the culture that the PRC tried so desperately to hang on to. Effectively, political motives and calls for the 'cooperation, unification, and integration' of Chinese and Western Medicines, alongside Mao's ideals of, as Liu cites, "one medicine", have made contemporary Traditional Chinese Medicine a standardized and modernized practice "for the service of the construction of a secular, modern state"--effectively what David Palmer calls an *Invented Tradition* (Liu 2019, par. 12), (Palmer 2010, 5).

In summary, Chinese integration of Western medicine has proved to have resistance, struggle against conflicting national and medical paradigms, and also to be an issue far more complex than qualitative understandings of patient care and medicine. While these challenges are valid and extremely deeply rooted, they do offer lessons that medical collaboration is not possible when it comes at the cost of selective integration–putting one culture over another or designating one as superior to the other. Speaking on a larger social scale, China's struggle with

the integration of western medicine also demonstrates the importance of medicine in societies around the world–beyond the traditional linguistic uses of the word in the contexts of treatment and care.

CONTEMPORARY PERSPECTIVES

Having established a historical context of Chinese and Western medical system interactions, one must understand the resulting contemporary perspectives that surround the implementations of Chinese and Western collaborative care. This section will not argue explicitly for nor against collaborative care but instead, address some of the issues proponents and opponents have with its implementation in current western social structures. In context, Emily Wong of the University of Hong Kong and assisting authors, establish Chinese Medicine's role in the western world, noting that Chinese medicine has been able to proliferate greatly in the western world–citing increased multi-lingual publications on Chinese medicine, export of herbal medicines to western countries, and increased popularity amongst Americans and Europeans (Wong et. Al 2012, par. 9-11). The authors go on to say that while government regulation has been slow to develop, progress is being made in licensing and accreditation alongside a combination of "complementary therapeutic approaches such as CM with conventional approaches" (Wong et. Al 2012, par. 12).

While these observations seem promising or perhaps even already indicative of collaborative care, one must note, popularity–amongst consumers or the patient pool–and *progress* are not indicative of theoretical and applicative acceptance nor cooperation between these two systems. To illustrate this one must refer to opposing perspectives–against such collaborative care. For example, summarizing arguments against integration of alternative

medicines, Don Bates of McGill University writes, "(1) people with serious conditions may be diverted towards treatment that is not effective in cases where modern medicine could have helped; (2) without scientific scrutiny, some alternative treatments might prove to be harmful; and (3) also because of the lack of scientific regulation, patients risk being exploited by fraud" (Bates 2000, 515). If attempting to move toward a world of healthcare in which Chinese and Western medicine might act upon each other in ultimate aid of the patient, the aforementioned arguments notably carry some merit in saying that guidelines must exist to prevent patient harm and that regulative entities must be in order against malicious intent. However, one must realize the possibility that despite open dialogue and consensually mutual validative testing of practices for each system of medicine, conflicting systems of knowledge legitimation may raise the possibility that one system may never be able to fully legitimate the knowledge and practices of the other–resultant of differing social, cultural, and academic pretenses under which professionals of each respective practice may decide what may or may not constitute 'sufficient proof'.

In congruent discussion, Wong cites four key points: (1) safety especially as it relates to acupuncture and herbal toxicity, (2) communication or better phrased, the lack of translations linguistic, cultural, and conceptual needed for greater mutual practitioner understanding and patient accessibility, (3) Research as it regards both legitimations of Chinese medicine with evidence-based science and the integration of western standardization, and (4) Education by means of standardizing western medical education to include and allow for proper understanding and abilities to advise on therapies such as Chinese medicine (Wong et. Al 2012, par. 12-23). In the article "A Critical Examination of the Main Premises of Traditional Chinese Medicine" led

by author Micheal Eigenschink, regarding the safety and scientific backing of acupuncture, the text states,

> "Concerning the safety of acupuncture, only a few high-quality data are available. A systematic review published by Chan et al. in 2017 showed analyzed studies lacking in a priori design and sufficient follow-up periods; thus, these studies were not able to screen minor events. [...] Acupuncture shows some effect in the treatment of diseases like migraine, lower back pain, and allergic rhinitis; however, there is no conclusive scientific basis for its mode of action." (Eigenschink et. Al 2020, par. 30-32).

As mentioned previously, clashes of legitimation of knowledge will no doubt be a point of contention and worry in counter-arguments against the implementation of medical systems in synergistic contexts. While much more well-planned, structured, investigative work certainly is due, it should remain a point to conduct such work under the consent and guidance of Chinese Medical professionals–never as a means of asserting culture. Such acknowledged work toward the evidenced-based study of Chinese medicine does also provides hope for continued dialogue and cooperation between Chinese and Western medicine as well. It further shows the challenge that is not only finding 'what to research' but also 'how to research it'. Such meaningful study of investigative methodology will surely take much more time effort, and collaboration between the two systems if these clashes in knowledge legitimation are to be near resolved in the spirit of theoretical and applicative acceptance.

Moreover, addressing communicative barriers to collaborative care, as Eigenschink notes, "The main principles of TCM have evolved over thousands of years and TCM practitioners also refer to this vast and longstanding experience as a seal of trust" (Eigenschink et. Al. 2020, par. 4). While many principles, understandings, and techniques have been developed, changed, and adapted to modern-day patients and practitioners–beyond the starting grounds of the Huangdi Neijing or Yellow Emperor's Inner Classic from which much of Traditional Chinese Medicine is

based–language surrounding the explanations and articulations of theory into practice have not. Wong responds to this lack of development by suggesting

> "CM modernization should encourage the gradual introduction of a modern language for scientific inquiry and analysis, while still preserving the role of classics in empirical observations for developing fundamental principles of CM. Such a dynamic transition would actually perpetuate the process for updating, interpreting, and refining CM over the millennia" (Wong et. Al 2012, par. 16).

Author, practitioner, and educator of Acupuncture, Charles Buck reinforces this notion of a need for translation, stating, "The problem is thus not only its apparent impenetrability but also our failure to translate its ideas into familiar terms" (Buck 2010, par. 13). The question, of course, is *how.* This is a task much easier said than done but with proper recognition and alignment of goals, and open-minded collaboration, effective complementary and integrative mutual understandings seem to be achievable goals on the horizon for practitioners of each system respectively.

In regards to research issues, Wong cites difficulties of relying on randomized controlled trials in pursuit of understanding Chinese medicine in a western medical paradigm (Wong et. Al 2012, par. 19). While methodologies show a clear need for revision for cross-cultural application, understanding how to frame thought around the goals of such methodological research may be the first step of many toward better western understandings of Chinese medical tradition. On this, Buck proposes, "as well as asking 'Does it work?' and 'How does it work?', CM researchers should be asking 'How true are its ideas?', or even 'Which of its ideas are unsupportable in the modern world?'" (Buck 2010, par. 17).

Finally, regarding calls for integrating education on Chinese Medicine into Western Medical tradition, Wong reflects, "Innovative educational approaches that are

based on evidence and utilize a common lexicon would greatly facilitate medical training and foster improved collaboration between the East and the West" (Wong et. Al 2012, par. 22). Seeing as many patients, as aforementioned, are already turning to Chinese or alternative medicines, further education of western or biomedical doctors could only help the patient in their process of making fully informed and consenting decisions regarding their health and wellbeing.

In conclusion to discussion on contemporary perspectives, struggles, and possible solutions to collaborative care between Chinese and Western medical systems, proper evaluation and serious academic consideration are due to truly understand Chinese medicine here in the West–for the sake of global health practitioners and for the patients that they so dutifully serve. Collaborative care and proper implementations of it would mean greater refinement for both our ever so imperfect systems of medicine. As Doctor of Tacoma Natural Health, Dr. Mulyukova articulated so artfully "Chinese medicine and Western medicine are best understood as reflections of each other–but instead of mirroring what each system *has*, they mirror what each other lacks." It is with great hope and obligation that we move toward furthering these altruistic sciences with open minds–learning from each other, for the betterment of our collective safety, happiness, and health.

EXISTING STRUCTURES OF COLLABORATIVE CARE

Finally, in an effort to fully give a comprehensive picture of collaborative healthcare today, one must turn to existing implementations or attempts at it to see what we may learn and what could be improved.

At the University of Hong Kong, students are being taught systems of integrated medicine–in both Western and Chinese medicine. Author and professor at the University of Hong Kong, Hai-Yong Chen, describes the medical education program's focuses as "multi-disciplinary training and interaction between the two therapeutic approaches" (Chen et. Al 2014, 187). Largely, this integrative approach has been described to be successful and is said to produce "optimal service for patients and nurtures qualified, well-prepared medical practitioners" (Chen et. Al 2014, 187). The course outline combines laboratory experience, clinical observation, and classical courses of western medicine with internships, courses in pharmacology and toxicology, dietary therapy, alongside basic therapy courses that teach moxibustion and acupressure of evidence-based Chinese medicine (Chen et. Al 2014, 187). With systems in place for complementary applications of both systems of medicine, the University of Hong Kong offers a promising look at what the first steps toward collaborative healthcare could look like. By allowing students to dialogue, interact, learn, and practice Chinese and western medicine from their respective practitioners, possibilities arise for the first steps in solving the aforementioned issues of safety, research, translation, and by the largest margin: education.

Finally, from the western context, the article "Traditional Chinese Medicine as a complementary therapy in combat with COVID‐19—A review of evidence‐based research and clinical practice" by Xi Vivien Wu of the National University Health System of Singapore and collaborating authors concludes from a narrative review of Chinese and western medical collaboration in efforts against COVID-19, "The combination of western medicine and TCM in treatment, and treatment based on the local condition, isolation,

personal protective measures are of great significance for the prevention and treatment of COVID-19. Relevant laboratory research and clinical evaluation should be continued to collect scientific evidence on the efficacy of TCM" (Wu et. Al 2021).

Overall, existing integrations and intersections between western and Chinese medicine offer much promise for the effective use and implementation of collaborative healthcare efforts between Chinese and Western medicine but are still in need of much development before formal acceptance and parallel, larger scale, systematic cooperation could begin.

CONCLUSION

In conclusion, collaborative healthcare between Chinese and Western medical systems poses a real and valuable opportunity for practitioners and patients worldwide–but comes with its own problems of cultural sensitivity that demands mutual respect, poses some obstacles in areas of cross-cultural comprehension and research, and in modern applications, shows great promise. This paper's cursory explorations of the larger social, scientific, and cultural implications and challenges of integration prompt questions about how politics today may help or hinder efforts at collaborative care; What viable solutions exist today in the scientific communities of Chinese and Western medicine that may begin solutions to safety, communication, and education; and so much more. Furthermore, further analysis of these systems *beyond* their scientific circles should also continue, as we have seen that healthcare holds so much more value than just its theoretical practices and understandings. Medicine serves as windows into our cultures, as linkages to our own national identities, and paths toward our allied well-being and as such should be improved upon, refined, and advanced as a human collective.

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