

Response to “Your Health Your Life” Consultation Document on Health Care Reform

Dr. Edwina Yen, Expert in Public Health on behalf of Institute of Chinese
Medicine, The Chinese University of Hong Kong

Congratulations on a healthcare reform vision with a strong public health and primary care focus. In response to the open invitation for constructive views from the public, we respectfully submit the views of the “Chinese Medicine Core Working Group for Policy Reform” on the March 2008 reform proposal.

1. Scanty and misleading representation of Chinese medicine in the reform proposal

1.1 We note that, apart from the appendix, reference to Chinese medicine is relegated to the section “Areas to be Further Considered”, where Chinese medicine is listed as one of several “specific areas of healthcare services”, grouped together with “mental health services, dental services....infirmity services and long-term medical care” [1].

1.2 We contend that the role and potential of Chinese medicine vis-à-vis Hong Kong’s public healthcare system have not been duly reflected and that this will result in a lost opportunity to maximize the benefits of reform.

1.3 In this document we will present the rationale for an approach that incorporates Chinese medicine as part of the overall strategy for achieving the vision articulated in the proposal. This approach is based on a construct that sees Chinese medicine services as a critical building block in a primary care oriented system and regards Chinese medicine practitioners as a valuable resource for reducing reliance on costly hospital medical care.

1.4 As traditional Chinese medicine (TCM) is commonly categorized by comprehensive terms such as traditional medicine (TM) or complementary and alternative medicine (CAM), these acronyms may be used interchangeably throughout the document.

2. Traditional Chinese Medicine (TCM) as an essential primary care service

2.1 A fundamental attribute of TCM is that it integrates public health focus and primary care service. Key public health functions are concerned with disease prevention, health promotion and generally keeping people healthy and out of the hospital [2] [3]. Core primary health care characteristics include first level of contact with the healthcare system and person-centred holistic care [4]. The principles and practice of TCM clearly embrace all these features.

2.2 The view of traditional medicine as a part of essential health care and national health systems has a strong global and historical basis. The relationship is clearly defined in the landmark Declaration of Alma-Ata on Primary Health Care in 1978 [5]. This concept has driven health reform movements in countries of differing socio-economic conditions all over the world [6] and is endorsed by the World Health Organization (WHO) in its resolution on traditional medicine [7].

2.3 In Hong Kong, an earlier consultation document on health care reform (2001) discussed the promotion of Chinese medicine and articulated the need for the provision of Chinese medicine in the public sector for the benefit of HK citizens [8].

2.4 To maximize the potential of TM/CAM as a source of health care, WHO published its first global Traditional Medicine Strategy (2002). The report identified the lack of official recognition of TM/CAM and TM/CAM providers as a major barrier and pointed to the urgent need for national health policies on TM/CAM [9].

3. The role of Chinese medicine in the new public health agenda

3.1 Recent developments related to public health suggest that TM/CAM is increasingly envisaged as having an important role to play within the public healthcare system.

3.2 Demographic and epidemiological transitions have been associated with a re-orientation of public health concerns towards chronic and incurable diseases and a growing demand for the use of TM/CAM therapies in the management and treatment of these conditions.

3.3 The increasing popularity of TM/CAM has prompted research on issues related to the role of TM/CAM in public health and the potential for maximizing the contribution of TM/CAM to the health care system [10] [11].

3.4 In a report on the future of the public's health in the 21st century published by the Institute of Medicine (IOM), a U.S. organization created to advise policymakers on matters of medicine and health, the public health framework was redefined to reflect the need to be more inclusive of new realities that impact on the public health system [12].

3.5 In a series of reports published by the Chinese Medicine Council of Hong Kong between 1999 and 2006, a recurrent theme revolved around the anticipated incorporation of the Chinese medicine profession into Hong Kong's public healthcare system [13].

3.6 With the recent and ongoing shifts in public health focus, it seems increasingly impractical not to consider a more mainstream role for TCM when planning a reform of the public healthcare system.

4. Adopting a more inclusive policy framework with regard to Chinese medicine

4.1 Several OECD countries studied for the March 2008 reform proposal demonstrate varying degrees of progress in terms of their inclusive approach to TM/CAM. A few have a national policy on TM/CAM. In some countries, regardless of whether a national policy exists or not, TM/CAM is practiced in some public hospitals where it is also integrated into the national health system. In such cases, partial insurance coverage is available for treatment and products [14].

4.2 Consultations on issues related to policy development on TM/CAM were typically part of reform processes in these countries. In the U.K., government consultations with key stakeholders on policy issues related to CAM were an integral part of National Health Service reform and the implementation of Primary Care Trusts. [15]. In Canada, initiatives were made to promote inclusion of complementary and alternative healthcare in the formulation of performance indicators for primary health care [16]. In Australia, efforts were made to examine the role of complementary medicines in the health system and to engage CAM professionals/professional associations in dialogue with regard to policy development [17].

4.3 Most TM/CAM services are paid by out-of-pocket expenses which can be quite high. Information on these expenditures is scarce but according to a report from the National Center for Complementary and Alternative Medicine, National Institutes of Health, the fees paid by the U.S. public for the services of professional CAM health care providers in 1997 amounted to more than what the public paid out-of-pocket for all hospitalizations in 1997 and about half of what it paid for all out-of-pocket physician services [18]. Considering that out-of-pocket funding is one of the most inequitable means of paying for health services, health reform must address the issue of investing more resources and proposing more equitable financing options for TM/CAM. The opportunity to examine how some of these OECD countries have dealt with this could form part of the consultation process for Hong Kong.

5. Benefits of a more inclusive public health approach to Chinese medicine

5.1 Considering the cultural legacy and historical development of Chinese medicine in Hong Kong that dates back to the establishment of the first Chinese medicine hospital in 1872 [19], it would seem logical for Chinese medicine to be appropriately incorporated into today's public health system.

5.2 With explicit integration into the public health infrastructure, information can be gathered to assess the need for resources, institutions and people that must be in place to ensure that all members of society have equitable access to basic quality Chinese medicine services. Only then can proper planning for human resources training and education be done for the future.

5.3 Hong Kong definitely has the potential to provide a unique model that supports a real choice of western medicine and Chinese medicine in the public healthcare system. Building on similar values between primary care and family medicine, this would be compatible with the proposed strategy to use family medicine practitioners for the implementation of primary care [20].

5.4 A compelling argument for supporting the development of Chinese medicine as part of the overall healthcare system is best summarized by the following statement: “the future of Chinese medicine cannot be considered outside the future of medicine at large, since all streams of medicine are catered towards the maintenance of human health and they all complement and supplement one another” [21].

5.5 For all the reasons cited in the proposal as to why change is needed now, we believe the opportunity for moving forward together must not be lost again.

We thank you for your attention and hope you will give the issues raised in the document due consideration.

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