Re: Consultation Document on Health Care Reform
"Your Health Your Life"

香港中醫關注組
Hong Kong Chinese Medicine Concern Group

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Title: Evidence based Traditional Chinese Medicine in sharing the Hong Kong healthcare system's burden

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香港中醫關注組簡介

香港中醫關注組成立於2007年10月，由本地大學本科畢業註冊中醫師組成。

本會是一個中立的專業組織，獨立於學術派別，亦不附屬於任何機構。

關注組宗旨在於凝聚同儕的智慧及力量，廣集業界意見，關注業界專業地位及權益，加強中醫業界與社會的互動，就市民關注的中醫藥問題，在專業範疇內作出回應論。

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Summary

This paper is a policy analysis on the potential of integrating traditional Chinese medicine (TCM) in local primary care and chronic disease prevention strategies. In face of the aging population and healthcare system's inability to reform, we are now under the threat of chronic diseases and financial crisis. The government has proposed the strengthening of primary care and health promotion to be the key of reducing both chronic diseases and its associated costs.

Modern medicine has proved the effectiveness of TCM in handling common illnesses, especially those encountered in primary care setting. It is also discovered that TCM can contribute to health promotion and prevention of chronic disease in the population. Overseas experience in the integration of western and complementary medicine has showed that integration benefits patients, western medicine practitioners and cut down healthcare expense. However, the current TCM policy in Hong Kong does not facilitate the use of these well established and researched modalities in helping the government to solve our burning healthcare problems, especially in areas of primary care and health promotion. Even though there are two documents consulting public opinion (Building healthy tomorrow and Your health your life) on healthcare reform, nothing detail have been mentioned about implementing TCM in the primary care level, which is the global trend of practicing evidence-based medicine. We have proposed steps to be taken in prompting TCM and western medicine integration, and, in long run, aim to increase patient satisfaction and reducing the burden of our western health care system.

Chapter One: Epidemic of Non Communicable Disease and the Needs for primary care and prevention

A. Emergence of Non Communicable Disease (NCD) in Hong Kong

- Hong Kong's healthcare system has achieved excellent track record in providing high quality services.
- We have achieved very favourable health indices compared to other regions of the world. The Hong Kong population is one of the healthiest in the world: our life expectancy at birth is 78.6 years for men and 84.6 for women, which ranked respectively first and second in the world.
- This is an attainment that our healthcare system should proud of, but at the meantime we are expecting an aging population, which one in five being over the age of 65 by the year 2023.
- The aging problem will soon exponentially increase the burden of our healthcare system, given that the prevalence of chronic disease in people aged 65 and above is more than five times higher than that of individuals aged 20, and the patient bed days used by people aged 65 and above accounted for 46% of the total service provided by the in-patient services in Hong Kong.
- In additional, the tendency of early occurrence of chronic illness in the local population has resulted in prolonged reliance on the public medical system.
- In this report, we would like to specific "chronic illness" with a more appropriate term: non-communicable disease (NCD). NCD represents a group of **preventable** diseases which are characterized by complex casualties and linked by common risk factors, long latency period, prolonged course of illness, impairments or disabilities, and in most cases, the unlikelihood of achieving complete cure.

- The features of NCDs, namely prolonged course, disabilities, unlikelihood of achieving complete cure, explicitly show the huge potential cost that they can incur.
- Hong Kong's burden of NCDs is heavy, in 2003-2004:
    - The most prevalent self reported, doctor diagnosed or detected chronic health conditions were overweight and obesity (35.8%); and hypertension (27.2%).
    - The most common type of chronic health conditions that were diagnosed by a western medical doctor (WMD) are high blood cholesterol (8.4%) and diabetes (3.8%).
- We are already paying a high price:
    - In 2004, 62% of total registered deaths in Hong Kong were attributed to four major but **preventable** NCD, including cancers (31.6%), diseases of heart (15.7%), stroke (9.8%) and chronic lower pulmonary diseases (5.7%)
- It is IMPORTANT to note that NCDs are **preventable** via practising a healthy lifestyle.
- Unfortunately, latest research has suggested our population is not recognising such importance fully. Overall, 15.9% in our population smoke daily; 18.5% are physically inactive; and 82.1% has inadequate daily fruit and vegetable intake.

B. Financial burden of NCDs in Hong Kong

- The financial sustainability of the Hong Kong healthcare system has been a topic of intense debate since the publication of the Harvard Report. The Harvard Report has pinpointed to two major weakness of our healthcare system:
    - Compartmentization of public and private sectors.
    - Lack of sustainable income sources
- Despite the recommendations made by the Harvard experts, the public sector remained to be the **single major provider** of health services in the territory:

  - In terms of secondary care, the Hospital Authority (HA) currently runs 41 public hospitals and 15 A&E departments, with 2.1 million attendances in 04-05. Moreover, 45 specialist outpatient clinics (SOPD) recorded another 6.0 million attendances.
  - In terms of primary care, the HA runs 74 general outpatient clinics (GOPC) which received 5.3 millions attendances last year.
- As out sourcing to the private sector failed, the HA continues to spend more and more without drawing in more income sources. Its expenditure doubled in 10 years time: from $14.5 billion in 94-95 to $27.8 billion in 04-05.
- Our expenditure on healthcare services is alarming:
  - From every $100 received from tax, the Hong Kong government spends about $22 on public healthcare: a ratio which is highest in developed economies.
  - In 04-05, the expenditure on healthcare services total $30.2 billion and constituted 14.4% of the public expenditure
- Besides **preventable** deaths, NCDs contributed significantly to this serious crisis. The expenditure incurred by them has been prominent as NCDs is now the major cause of hospital admission.
- The costs of NCDs also reflected in the expenditure on outpatient services. The three most commonly cited conditions that require long term follow up are disease of the circulatory system (38.1%), endocrine and metabolic disease (21.1%), and musculoskeletal diseases (19.0%).
- Overall, the top three conditions that accounted for the greatest expenditure of HA in 04-05 are all NCDs: diseases of circulatory system, disease of the respiratory system and cancers.

C. Strengthened primary care and prevention are the solutions

- In response to these challenges, the government has published "Building Healthy Tomorrow" and "Your health, Your Life", two health policy discussion papers on the future model of health care provision and financing reform on 2005 and 2008.
- Two major suggestions of the papers are:
    - Strengthening primary care services: reducing secondary service burden and expenditure via continual and comprehensive care provided by family physicians
    - Strengthening health promotion strategies: reducing the occurrence of new NCDs, and preventing the complications of current NCDs via promoting healthy lifestyles.
- Strengthening primary care services will reduce secondary service burden and expenditure via continual and comprehensive care provided by family physicians.
- Stable NCDs patients will be followed up by primary care physicians instead of SOPC. Family physicians will be able to provide comprehensive and detailed care for NCDs patients with less time and workload stress compared to the SOPD doctors.
- Family physician will also take up a gate keeping role for referrals to secondary care
- Health promotion strategy will also be implemented in the strengthened primary care plan. The report has stressed the importance of establishing a network of professionals to establish synergistic effects on health promotion works.

Chapter 2: Traditional Chinese medicine can help to share this burden

Our answer is confirmed. We propose such assertion based on two major foundations: 1) TCM is popular, especially among the NCDs patients. 2) There are RIGOUROUS scientific evidences on the effectiveness of certain TCM modalities in treating some common conditions.

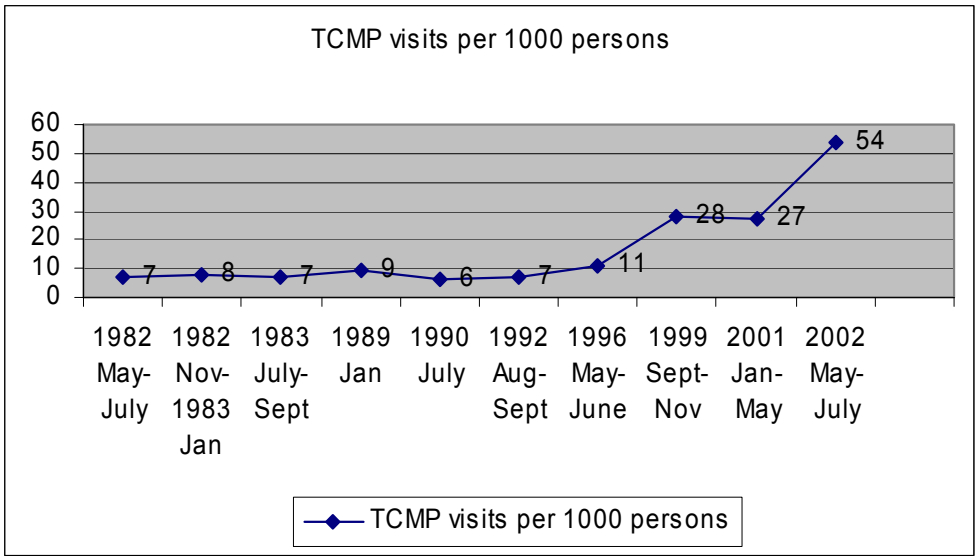
A. TCM is popular and NCDs patients are using it (double consulted)

- TCM has long been used by the local population and its utilization remained stable even in the pre-regulation British colony era. After formal regulation after the handover, TCM is experiencing an unprecedented rise in popularity locally.
- Data from the Food and Health Bureau 2006 showed that 20% of patients consult Chinese medicine service in the private sector and this trend is exponentially increasing[1].
- Visits to traditional Chinese medicine practitioners (TCMP) doubled from 27/1000 residents in Jan-May 2001[2] to 54/1000 in May-July 2002 [1].(see figure 1 below)
- The popularity of such services is reflected in the increasing number of patient visits to public TCM clinics. The number raised from 3873 (Jan 04) to 6803 (Mar 05)[3].
- This could be an underestimation as the figures excluded self-administration of raw herbs and Chinese propriety medicine, which is a common practise among Hong Kong residents [4].
- It is therefore obvious that NCD patients are already using TCM services and it is highly possible that these patients are already "integrating" western and TCM modalities by themselves.
- In addition, a study supported by the Research Grant Council Public Policy Research Fund shows the increase in age, the higher chance in double consulting both WM and

TCM care. And middle aged chronic disease patient are more probable to double consulting, **approaching a 7(WM): 3 (double consult) ratio [5]**

- With such caseload of NCD patients, TCM practitioners are important partner in the battle against NCDs which potential should not be wasted.

Figure 1: Use of TCM by Hong Kong population, 1982-2002



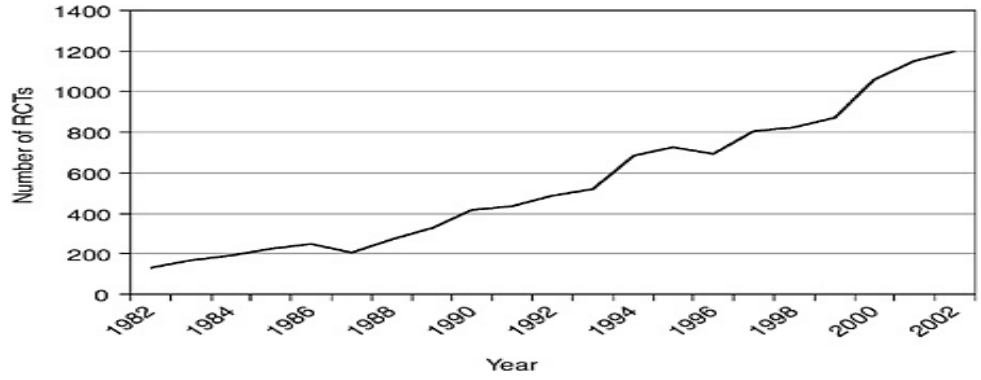
Source: Census and Statistic Department

B. Evidence shows that TCM can help

- In the past, TCM has long been regarded as "unscientific" and "unproven" by western medical community and some patients. However, this concept is now to be changed by the international research effort on complementary and alternative medicine (CAM), including TCM modalities.
- In the era of Evidence Based Medicine (EBM), the gold standard for clinical effectiveness in any form of treatment is the positive proof by randomized controlled trials (RCT) or systematic reviews (SR).

- The number of RCT and SR on CAM has increased sharply over the past 20 years. The number of CAM RCT increased from 180 to 1200 from 1982 to 2002. (see figure 2 below)

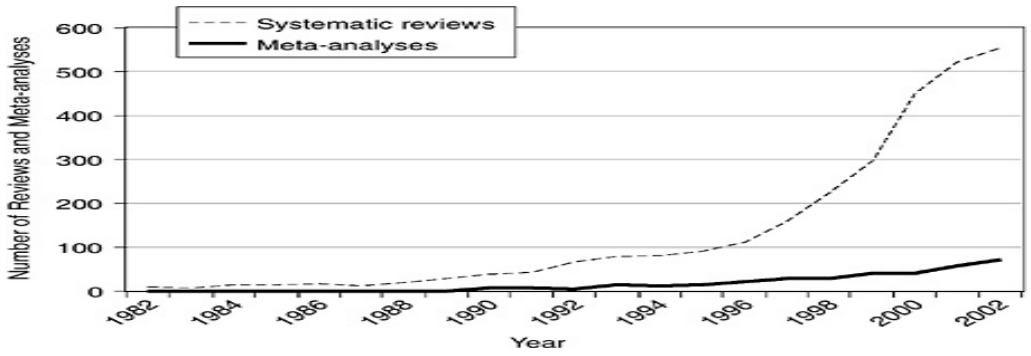
Figure 2: Numbers of RCT on the effectiveness of CAM



Source: Complementary and alternative medicine in the United States. Institute of Medicine, United States, 2005.

- The number of SR, which is a form of critical appraisal on various RCTs on one treatment modality (and therefore has a greater proofing power than individual RCT), also raised from almost zero to over 500 in these two decades. (see figure 3 below)

Figure 3: Number of SR on the effectiveness of CAM



Source: Complementary and alternative medicine in the United States. Institute of Medicine, United States, 2005.

- It is already stated that these established evidences has covered some of the TCM modalities. For example, the number of SR on acupuncture and massage therapy reached 79 and 22 respectively.
- Beside treatment, TCM also has a long tradition in prevention, health promotion, and health maintenance.
- TCMs' effectiveness in prevention has been documented in recent literature. For example, Sun et al compared the patient records of Chinese and western medicine practitioners and reported that TCMPs were more likely to provide nutrition, exercise, and stress management for their patients than their western counterparts [6].
- A study in U.S. has showed that use of CAM was related to engagement in healthy behaviours, including participation in physical activities and adopting low fat diet [7].

- Tai Chi, a popular exercise among the elderly, has been shown to have physiological and psychological benefits, and also appears to be safe and effective in promoting balance control, flexibility, and cardiovascular fitness in older patients with chronic conditions [8].
- To conclude on the evidence above:
    - **TCM is gaining popularity locally, especially among the NCD patients.**
    - **The scientific evidence for the effectiveness of TCM is increasing**
    - **TCM offers a wide range of health promotion and maintenance modalities for both healthy population and NCD patients**
- **And it is therefore obvious that TCM will help fighting NCDs and healthcare financial crisis by:**
    - **Facilitating TCM service referrals will reduce burdens on primary health care.**
    - **Incorporation of TCM in health promotion and maintenance strategies will effectively target NCD populations with extra input from traditional modalities.**

I. The concept of effectiveness gap: optimal utilization of TCM scientific evidences

- In view of the emerging scientific evidence base of TCM, it is ethical, rational and medically plausible for western medical doctors (WMD) to refer certain conditions to TCM practitioners (TCMP). The patient choice for TCM should also be respected as TCM is now a formally recognised profession in Hong Kong.
- The key question is how these evidences are implemented effectively. In some European countries, WMDs' referral for CAM practice has already been adopted as a routine and the issue has been systematically investigated by UK scholars [9].

- They have advocated the referral of "effectiveness gap" (EG) conditions to the CAM practitioners.
- EG is defined as clinical conditions which western treatment has limited to offer but CAM has proven effectiveness, based on positive results from RCT or SR.
- Research on EGs suggested that WMDs encounter various common conditions which they found difficult in offering effective relief in daily primary care practise.
- The five most frequently cited clinical problems included musculoskeletal problems; depression; eczema; chronic pain and irritable bowel syndrome.
- The three most frequently cite reasons for lack of effectiveness in western treatment included the unavailability of western treatment; adverse effect of western treatment; and unacceptability of available treatment.

- **TCM will fill the effectiveness gaps in local primary care**
    - In fact, **three out of five most common acute conditions experienced by local population were EGs** (back pain (27.3%), joint pain (21.3%) and neck pain (16.1%)
    - It is also worth to note that these musculoskeletal problems ranked third among the most common conditions that require long term follow up.
    - Therefore, if the EGs referral system were to be implemented, primary care physicians' will transfer some of their futile workload to the TCM practitioner.
    - **In this sense, the burden of primary care consultation would be reduced, and eventually reducing the cost of care, together with improving patient satisfaction and outcome.**

- With proven evidence on TCM effectiveness in health promotion and high patient acceptability, health promotion strategy can also be implemented in the EG referral system.

II. UK experience has proved that the effectiveness approach does work

- In this section, a real policy case from the UK [10] will be used as an example to illustrate the benefit mentioned above.
  - Get Well UK: A community network of General Practitioners (GPs), CAM practitioners and patients
- Get Well UK is a representative Integrative Health Care Program conducted in the UK. The philosophy of the program is to act as a broker between CAM practitioners, western general practitioners and patients in the provision of complementary and alternative medicine services.
- The referral process follows the principals of EGs.
- On the CAM practitioners' side, it established district CAM clinics and hired qualified CAM practitioners. Then the clinic is linked to district GPs, which facilitate the referrals for CAM when EGs were encountered.
- Representative samples of the patients utilizing such services were then invited to take part in the service evaluation of the system, both quantitatively and qualitatively.
- Outcome measure of the evaluation including patient improvement and satisfactions and GP's referral rate and perceived effectiveness. A list of conditions warrants referrals was established by making consensus with the 40 connected GPs.

1. Outcomes of the patients
    - Patients who had either completed their course of treatments or who had received 12 or more treatments were audited using a generic, validated, CAM specific health outcome measurement tool (Measure Yourself Medical Outcome Profiles, MYMOP).
    - This scale ask patients to rate the severity of their principal symptoms, secondary symptoms, a daily living activity that the symptom impinges upon and their general well being. Each of these items is measured on a seven-point scale running from 0 (as good as it could be) to 6 (as bad as it could be).
    - An average of these strands is taken to arrive at an average MYMOP score. Average (median) scores were compared between pre- and post- treatment MYMOPs. A change in 0.5 point is considered to be clinically significant.
    - Out of the 48 patients audited, a median reduction of MYMOP score was observed. Patients addressed improved capacity at work, emotional wellbeing and controlled symptoms.

2. Views from the participating GPs
    - Twenty two out of 40 connected GPs were invited for in depth interview after the period of cooperation with the CAM clinic.
    - 86% of the interviewed GP had referred patients. In regard of patient improvement, twelve noted definite physical improvement; fourteen noted a positive impact on psychological health, and twelve highlighted the holistic approach of CAM as a benefit.
    - The most frequently referred CAM modalities are acupuncture and osteopathy. The conditions referred are mainly the EGs, including pain, stress and depression.

3. Cost effectiveness

- In this section, we refer to the other UK CAM programme (Newcastle and Glastonbury) similar to the Get Well UK as they provided us with comprehensive economic evaluations.
- **Reduction in GP consultation**
    - Newcastle: decreased 31%, **saved £15/patient**
    - Glastonbury: decreased 33%
- **Reduction in secondary care**
    - Glastonbury: reduced by 276 patients (£19,000)
- **Reduction in use of prescription drug**
    - Newcastle: decreased 39%, **saved £7/patient**
    - Glastonbury: decreased 50%
        - Combined reduction in consultation and drug: **saved £60/patient**
        - National projection: 686,139,000 prescriptions at cost of **over £ 8 billion in 2004** (DH UK, 2004)
- **Glastonbury:**
    - **Cost of introducing the CAM therapies was matched by a reduction in cost in conventional medical care**
- **Newcastle:**
    - **Savings from conventional medicine after patients began using CAM and covered about 40% of the cost of CAM services**
- From the figure above, it is evident that CAM will cut down primary care service cost substantially.

4. Health Promotion Benefits

    - The Glastonbury case has also suggested the potential of health promotion of CAM
    - 27.7% of the referral patients paid more attention to diet; 36.6% exercised more frequently; and 28.1% focused more stress management.

III. Local data showing Western and Chinese medicine were equally effective

- A prospective study [11] on 1247 patients recruited from the Western medicine (WM) and Traditional Chinese medicine (TCM) clinic in Hong Kong were compared for their health related quality of life after the respective WM or TCM consultation.
- It was found that both TCM and WM consultations are equally effective in improving patients in terms of Vitality & Spirit, Emotion and Overall health domain of ChQOL.
- Moreover, TCM consultation had greater improvement for patients' in terms of phsyical component summary score than WM consultation in SF-36 measurement.

Chapter 3: Our current TCM policy ignored such potential and ignoring patients' choice

A. An overview on current policy

Consulting both TCM and WM healthcare professionals is not uncommon. This confirms findings from pre-handover study which suggested that TCM was often used as a supplement to western care rather than an alternative[12]. A recent local representative survey also reported that more than 30% of respondents agree or strongly agree that both types of medicines should be used for disease treatment, and a quarter said they may use integrated treatment depending on the kind of illness they suffer from [13]. Given the fact that access to public, tax funded WM primary care is widely available, these findings imply a positive shift of patient choice towards TCM. As expected curative effect was considered to be the most important factor in choosing TCM treatment [14], the extra purchase of TCM services on top of WM care may stem from perceived enhanced clinical improvement from dual consultations, with each modality addressing a different aspect of illnesses or well being improvement. Furthermore, we also observed that double consulters had utilized significantly more WM services, and were often middle aged chronic disease patients. These could imply that double consulters' conditions are often complex and representing a significant, long term burden the healthcare system. It is acknowledged that the features of continuity, coordination and comprehensiveness within a well designed primary care system would enhance the quality and efficiency and of chronic care [15], but the current compartmentization of TCM and WM seems to prevent double consulters from transiting between the two modalities seamlessly.

Traditional Chinese medicine (TCM) has been transformed from an unregulated practice to one of the fastest growing areas in Hong Kong since the reunification, thanks to the Basic Law's explicit statement on parallel development of both TCM and conventional

western allopathic medicine[16]. The Chinese Medicine Council of Hong Kong (CMCHK) was established to facilitate such development, and they have defined the scope of TCM as the three mainstreams of local practice: traditional Chinese herbalist, acupuncture and bone setting. Substantial development on regulation, business, education and research has been accomplished in the past eight years, key supporting evidence for this assertion includes [17]:

- Increasing recognition and regulations

Territory wide registration of Chinese medicine practitioners (CMPs) was completed in 2002, followed by the first CMPs licensing examination in 2003. In 2005, continuing education in Chinese Medicine system for all registered CMPs was implemented to ensure professional development of the traditional practice. In fact, the empowerment of CMP to issue sick-leave certificate was endorsed by the Legco, as an extension of the role of TCMPs as health care professionals. Regulatory measures for Chinese proprietary medicines were launched in 2003 and the registration process is underway.

- Establishment of TCM higher education and research

Full time degree courses in Chinese medicine are offered in three local universities to train future local CMPs and related professionals. Research degree programs have also been established to attract graduates in relevant fields, so as to meet the world-wide demand for modern scientific knowledge and evidence-base for TCM. Clinical and basic researches are supported by universities, Jockey Club Institute of Chinese Medicine, and the Chinese medicines industries.

- TCM services in the public sector

Eleven Chinese medicine out-patient clinics have been established to promote the systematic clinical management and evidence-based research on TCM. In fact, most TCM out-patient clinics are initiated by NGO or University which hinder it generizibility in the primary care services.

B. The rise and fall of the "TCM hype"

- From the discussion in previous sections, it is crystal clear that out-patients TCM clinic is the first step for TCM practitioners to serve the public sector. The former Chief Executive Tung Chee-hwa declared his ambition shortly after the handover to make Hong Kong a centre of excellence for Chinese Medicine
- Three local universities started offering full time courses. By training one TCM practitioner, UGC (University Grant Council) has to **support more than HK$ 226,000 annually on each student, each for five years, excluding additional expenses required for specialised clinical training**.
- And Tung promised to establish 18 Chinese Medicine clinics in public hospitals in his 2001 policy address. But until now, only eleven have been set up
- These public TCM clinics hire a total of only 90 graduates. The other 7 clinics have been put on hold indefinitely while the clinics were extremely popular among the population [3].
- This reflects patients have no adequate platform to consult TCM in the public sector yet.
- In addition, patients hardly can reach TCM practitioner via Western Medicine referral, which means that they are "left alone" in the integration process. They have to approach both practitioners if they want to benefit from integrative care.
- This situation leads to the phenomena of self-prescribing and self-treatment: many people go straight to shop over the dispensaries where the operators often possess an insufficient knowledge of the herbs or mixtures they are preparing and distributing.

註解 [WW1]: update

- This partly contributed to the increasing cases where poisonous or hazardous substances have been dispensed in Chinese herbs exacerbates this problem, as patients may get confusing advice from western and Chinese practitioners.
- Fresh TCM practitioners can neither serve the public or obtaining clinical experience, which was their fundamental aim in pursuing TCM as their major at University.
- The Health, Welfare and Food Bureau shown 40 of the 76 graduates are not working in Chinese Medicine clinics. Chinese Medicine graduates can hardly get a job. The recent published Academic Consultation Panel Visit Report 2005 from the Hong Kong Baptist University also support that, without any Chinese medicine hospital in Hong Kong, the placement of the double degree graduates has been a grave problem (Hong Kong Baptist University, Summary report of Academic Consultation Panel Visit Report on the School of Chinese Medicine and its Divisions, Oct 2005).
- Ironically, the panel suggested TCM fresh graduate should widen their employment opportunities in different fields like medical translation work, rather than narrowly confining their employment as Chinese medicine practitioners. We think that it is very cost ineffective to produce translator with the price of training a registered Chinese medicine practitioners.
- With poor prospects, the number of applicants to study traditional Chinese Medicine has dropped by nearly half in two years (**South China Morning Post** 2005-03-30).
- Not to say to develop an International centre of Chinese Medicine, the lack of sincerity of push and the gradual inadequate of manpower graduating from University will cause a chain effect: eventually hindering Hong Kong from establishing a good environment for TCM development.

- We need time to observe the changes in policy under Donald Tsang's rule despite his positive assurance to the Chinese Medicine sector.
- In the 2005-06 policy address, the Chief Executive reemphasized the government's persistent goal of promoting "sustained development of Chinese medicine", including enhanced regulations, further establishment of government funded Chinese medicine out-patient clinics and training of local TCM graduates [18].

C. History repeats itself: on compartmentization of Chinese and Western medicine

- We think that the major bottleneck in TCM development is the compartmentization of western and Chinese medicine in Hong Kong
- Similar to the long established compartmentization between public and private healthcare, TCM is the other sector being marginalised.
- The reluctance of HA to accept TCM or private sector will eventually dampens the current problem
- **Referral system between western and Chinese medicine, regardless private or public, should be established as soon as possible to allow rational utilization of services and manpower.**

Chapter 4: Recommended TCM policy in relate to Government's overall healthcare strategy

A. Unleash the potential of TCM in primary care

- It is very obvious that government should take steps immediately on the TCM primary care issues. Here are our recommend steps:
- Government should respect patients' increasing demand of TCM primary care by providing more resources for the set up of such services.
- The role of TCM in primary care should be implemented completely into the health care reform plan
- Government should take the leading role of management of NGO or University-initiated TCM outpatient clinics in order to establish more advance TCM services in the primary care setting
- The consultation fee of both TCM and WM outpatient services should be the same to allow low income patient for affording TCM services in the primary care level.
- Consensus between the Hong Kong Medical Council and Chinese Medicine Council on the referral issues should be reached
- Clear Cut Guidelines on the referrals of EGs should be established and distributed to all primary care physicians and TCM practitioners
- An internet communication platform for distributing TCM clinical evidence should be established
- A network of GPs and TCM practitioners should be formed on the district basis to facilitate easy referrals and access
- The referral system should extend to palliative care and hospice upon the successful implementation in primary care.

- Computerised medical records should be make accessible to both western and Chinese practitioners
- Patients should be well informed about the new policy and enhance consulted consumption of herbal medicines

B. Unleash the potential of TCM in health promotion

- All registered TCM practitioners should equip with modern health education and promotion knowledge and skills, on top of their TCM knowledge. This will facilitate the targeted health promotion action on the potential and existing NCD patients
- Using the GP-TCM practitioner network, GP may target high risk, potential NCD patients for intense health education and promotion programme lead by trained TCM practitioners.
- Similarly, health maintenance of NCD patients can be performed by TCM practitioners
- The network of community nurse and TCM practitioners can enhance the out reaching power of the existing health visits to lower income, aged populations.
- Health promotion tasks of TCM practitioners may extend to all health care centres and hospices.

Chapter 5: Expected difficulties and solutions

A. Resistance from the western trained physicians

- Unlike mainland China, western trained physicians have no formal exposure to TCM until recent years.
- They may concern about the legal risk, effectiveness, and cost effectiveness about TCM treatments
- Some private sector doctors may consider TCM practitioners as business competitors.

B. Resistance from the traditional Chinese medicine practitioners

- As GPs will only refer effectiveness gaps conditions to them, they may find their scope of practise being narrowed down
- Some TCM practitioners may not have the incentive to take up a major role in health promotion.

C. The reluctance of government

- The government have been very reluctant in promoting TCM in Hong Kong despite its frequent lip services.
- The sincerity of the government in developing this area is doubted

D. Solution: education is the key

- TCM has given people an impression of "mysterious", "unscientific", and "superstitious" over many years in Hong Kong. It is paramount to clarify that it is no longer the case with the advance of modern clinical research technique. The effectiveness of TCM is now being investigate intensely and we have already gained fruitful results from these efforts

- Education is the key to change the attitude of western physicians and the western medicine dominated government.
- The incorporation of modern knowledge in TCM practises in also important to facilitate the communications and cooperation of TCM practitioners.
- Shared Continual Education Course on the scientific basis of TCM should be established for both western and Chinese practitioners.
- Open forum for the referral issues should be convened, and discussed using a rational and evidence based mind.

Chapter 6: Postscripts

It is very honourable for us to share some opinions on the future development of Chinese Medicine in Hong Kong. In fact, TCM have been greatly emphasized in foreign countries like US, UK or Germany. National Center Complementary and Alternative Medicine (NCCAM) establishment also reflect the reality proposed by National Institutes of Health in promoting the importance of CAM in the public health role. To develop an International Chinese Medicine Center is not solely a paying lip service activity, but great efforts and power are needed in management, administration and consideration for the public health and health policy. We are looking forward our voice are heard and actions to be executed immediately although we are being neglected frequently.

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