The Identity of a New Profession: Examining the Aegis of Traditional Chinese Medicine

Brenda Le & Darren Tellier

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Abstract

In Canada, there is a growing interest in professionalizing the practices of acupuncture and Chinese herbology under the banner of 'Traditional Chinese Medicine' (TCM). Within recent decades, TCM became a designated health profession in the provinces of British Columbia and Ontario. While the profession has made significant strides, its title–TCM–has been a bone of contention. There is controversy over the history and meaning of TCM, which may pose a barrier to the development of fair and authoritative standards for education and regulation. While TCM is often used as an umbrella term to represent ancient Chinese medical traditions, some critics assert that TCM is a modern construct that has departed from its foundational roots. To examine this discordance, our study investigates the following: 1) historical precedents leading up to the formal creation of TCM; 2) characteristics and defining features of TCM; and 3) how this relates to education, practice and regulation of the profession in Canada. Semi-structured interviews were conducted to explore perceptions of individuals who contributed to mediums that discussed the formation of TCM or traditions that exist outside of TCM. A survey was developed to capture the views of persons practicing within TCM-related health professions in Canada; however, no survey data was collected as no response was received. Interviews (n=9) revealed that TCM is a product of the standardization of Chinese medicine during the 1950's and 60's in China to meet healthcare needs at the time. As such, some aspects of it may not be suited to the context of modern-day Canada, and potential revisions are suggested. Currently, there seems to be a residing presumption that TCM is a comprehensive representation of Chinese medical traditions. We would like to encourage more discussion surrounding the identity of TCM, which may generate ideas to enhance the profession's relevance and effectiveness moving forward.

Introduction

China's indigenous medical traditions extend for more than two thousand years [1]. Through the ages, the Chinese developed different ideas about illness and therapy, giving rise to enormous conceptual diversity in medicine [1]. Although these medical traditions are not an identifiable, coherent system today, they are often collectively referred to as 'Chinese medicine' [1]. In modern terms, Chinese medicine is understood to be a knowledge system founded upon ancient medical texts, of which their concepts are applied to clinical practice [2]. Commonly used modalities include acupuncture, herbology, cupping, and therapeutic massage [2]. The use

of Chinese medicine in Canada is growing. As an example, nearly one-quarter (22%) of Canadians have tried acupuncture, a therapy covered by many third-party insurance programs [3].

The term “Chinese medicine” is often used synonymously with “Traditional Chinese Medicine” (TCM). In British Columbia and Ontario, TCM is the banner under which acupuncture and Chinese herbology have become legislated in recent decades [4,5]. After years of advocacy efforts, Chinese medicine practitioners in those provinces successfully earned recognition as a designated health profession, prompting practitioners in other provinces to follow their lead. While this achievement has helped to elevate the profession’s status and credibility, an important challenge lies ahead. Currently, there is dispute over the origins and definition of TCM—an issue that may serve to threaten the very identity of the profession. The ambiguous underpinnings of TCM may be a barrier to establishing effective standards for education and regulation, while potentially undermining professional unity and public perception.

Key institutional stakeholders in Canada, such as regulatory colleges and professional associations, have, without fault, adopted a broad definition of TCM. Their standard definition of TCM appears to be a catch-all term representing the medical theories and practices developed over thousands of years in China [4-8]. Other stakeholders such as academics, translators, and historians are more likely to qualify the term TCM in relation to historical and political developments in 20th century China [2,9-17]. According to these stakeholders, TCM may be an “invented tradition” [14] that is different from how Chinese medicine was practiced historically.

The discrepancies in defining TCM have broad and sweeping implications for the professionalization of the profession. While acupuncturists and Chinese herbalists in Canada have primarily advocated for TCM to be the benchmark framework for professional training and competency standards, there is a need for more discussion about the unique origins and landscape of TCM itself. Exploring this fundamental piece of the puzzle may uncover opportunities to strengthen education and regulation of practitioners as this new profession continues to grow.

Our study investigates:

1. the historical precedents leading up to the formal creation of TCM
2. the characteristics and defining features of TCM
3. how this relates to education, practice and regulation of this new profession in Canada.

Methods

To investigate a research topic that stemmed from diverging views on the definition of TCM, this study utilized an exploratory sequential mixed-methods design to capture different dimensions of the same phenomenon [18-20].Semi-structured interviews were conducted to collect qualitative data, and a survey was distributed to collect quantitative data. The methods of this study have been reviewed and approved by the MacEwan University Research Ethics Board.

Interviews

A white and grey literature search was completed to identify individuals who contributed to books, journal articles, websites, blogs, and podcasts that discussed historical and cultural circumstances which produced the institutions of TCM or examined Chinese medical traditions

that existed and functioned outside of these institutions. The authors and contributors to these sources were invited by e-mail to participate in an interview. Semi-structured interviews were conducted by a researcher (B.L.) between June 2018 and March 2019 using a topic guide of six questions to explore participants' perceptions and analysis of TCM (Appendix A). The questions and consent form were translated into Chinese for one participant, and the interview was conducted by a bilingual researcher proficient in Chinese (B.L.). The interviews were around one hour in duration, and were conducted either in-person, over the phone, through an online medium (e.g. Google Hangouts, Skype) or through written correspondence over e-mail. Interviews were audio-taped and then transcribed and analyzed using thematic analysis. During the process of preparing the manuscript, participants were provided with the opportunity to review and revise their quotes.

Survey

To capture aggregate data on the views and opinions of persons practicing within the health professions related to TCM in Canada (acupuncture and Chinese herbology), an anonymous web-based survey was distributed to Registered Acupuncturists and Traditional Chinese Medicine Practitioners in Canada between January and February 2019. Participants were asked about their educational background, approach to clinical practice, and perceptions of the origins, definition, and identity of TCM (Appendix B). The survey was structured to minimize time constraints, requiring around 10 minutes to complete. Using convenience sampling, a generic e-mail invitation to participate in the survey was sent to both provincial and national acupuncture and/or Chinese herbology regulatory bodies and professional associations, who were asked to distribute the survey to their members: the College and Association of Acupuncturists of Alberta (CAAA), the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA), the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO), the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Newfoundland and Labrador (CTCMPANL), the Chinese Medicine and Acupuncture Association of Canada (CMAAC), the British Columbia Association of Traditional Chinese Medicine and Acupuncture Practitioners (ATCMA), and the Alberta Association of Acupuncturists and Traditional Chinese Medicine Doctors (AAATCMD). The e-mail invitation provided a brief description of the survey, a confidentiality statement, and a link to the survey through the web-based platform Survey Monkey (http://www.surveymonkey.com).

Data analysis

To analyze interview data, the researcher (B.L.) reviewed the data, generated initial codes, and searched for and defined themes using NVivo 12 (QSR International, Melbourne, Australia) to reduce possible researcher bias. A saturation in the number of interviews was determined when new information created little or no change in data analysis. In reviewing themes, a thematic analysis "map'' was produced, which generated clear definitions and names for each theme. Another researcher (D.T.) provided critical feedback as the themes developed.

Results and Discussion

Survey

No survey data was collected. Of the seven professional organizations contacted to distribute the survey to their members, four did not respond while three declined the invitation, expressing concern around research ethics and organizational scope.

Interviews

Forty-one individuals were contacted and a total of nine participants were recruited, including practitioners, educators, translators, historians, and sinologists. Among them, seven were in the United States, one was in Canada and one was in China. Seven participants agreed to have their identities published, while two participants chose to remain anonymous.

Table 2. Background information of interview participants.

Code	Name	Location	Description
1	Ann Cecil-Sterman, MS, LAc	United States	Practitioner and educator of Classical Acupuncture
2	Jonathan Chang, Dr.TCM	China	Practitioner and educator of Applied Channel Theory
3	Heiner Fruehauf, PhD, LAc	United States	Sinologist, practitioner and founding professor of the College of Classical Chinese Medicine at the National University of Natural Medicine
4	Michael Max, LAc	United States	Practitioner and host of podcast Qiological
5	Z'ev Rosenberg, LAc	United States	Practitioner and educator of East Asian medical Classics
6	Jonathan Schell, LAc	United States	Practitioner and publisher of East Asian medical Classics
7	Sabine Wilms, PhD	United States	Medical historian, translator and educator of East Asian medical Classics
8	Anonymous	United States	-
9	Anonymous	Canada	-

Interview participants responded to questions at varying extents depending on their own familiarity with each topic. A total of four themes and five sub-themes emerged from the conversations, and half of the participants provided a detailed explanation of the historical events surrounding the formation of TCM. These historical details have been organized into a timeline to establish context for understanding the themes that follow.

Timeline: History of TCM

19th century

Based on a literary tradition, Chinese medicine was at its peak. A tremendous body of medical knowledge had accumulated over the past two millennia, preserved in classic texts [2,10].

Mid-19th century

Modern biomedicine was brought to China [1,13]. The terms *xiyi* 西醫 ("Western medicine", or modern biomedicine) and *zhongyi* 中醫 (Chinese medicine) were formed to distinguish between the two [13].Around this time, Western powers exploited a weak and corrupt Qing Dynasty with military aggression, unequal treaties and a forced opium trade, resulting in the Opium Wars (1839-1842, 1856-1860) [1,10,13].There was unimaginable destruction, civil unrest, famine and millions of lives lost [1,10.13].

1911

After the trauma of the Opium Wars, there was a new generation of people who sought to reform China [11,15]. Sun Yat-Sen led a Republican revolution that overthrew the Qing Dynasty, ending the Chinese monarchy [17]. As he was trained in Western science, Sun supported a growing movement to modernize the country, including their approach to medicine [13,17]. His government sought to abolish Chinese medicine [11,13]. Participant 1 recounted that "in 1929, a proposal was passed to severely restrict the practice of Chinese medicine, but it was not implemented due to mass protest by practitioners and patients alike. Nonetheless, the official anti-Chinese medicine sentiment had been planted and the medicine did not recover".

1949-1963

After numerous uprisings and civil wars, Mao Zedong's Communist Party rose to power [2,10,17]. Although he was initially not in favour of Chinese medicine, his country lacked the resources and infrastructure needed to support widespread practice of modern biomedicine [17]. A few years into his rule, Mao began to embrace Chinese medicine as a way to promote self-reliance and patriotism [10].

However, at this point Chinese medicine had already been wounded by decades of suppression. Furthermore, it would have been impossible to disseminate a vast body of scholarly knowledge to a population that was overwhelmingly poor and illiterate [13,17]. In order to facilitate the rapid, widespread uptake of Chinese medicine, it underwent a reform where various traditions were omitted, while other aspects were systematized so that it could be easily taught, learned and assessed on a national level [11,13]. It also became hybridized with Western science, a core value of Marxist materialist ideology [10,14]. The new reformed medicine was officially coined 'Traditional Chinese Medicine' (TCM) [10,14]. Participant 3 also noted that "even though TCM is short for 'Traditional Chinese Medicine', it's not traditional. It's rooted in a particular period of history where they had to educate a lot of people quickly and that required standardization and simplification."

1966-1976

In response to a political power struggle, Mao launched the Cultural Revolution to eliminate his rivals and preserve his ideology [10,11,13,14]. Through violent class struggle, anything feudal or bourgeois was destroyed [10,14]. One participant who lived through this time period recalled the mass burning of traditional medical texts, in addition to the torturing and killing of countless physicians [10,14]. The participant said:

After the mid-twentieth century, the number of Chinese medicine practitioners decreased from 500,000 to 250,000. A long political event, the Cultural Revolution, demanded that many medical books be burned. Doctors, considered intellectuals, were called “foul old dogs”. At that time, all universities closed down, stopped enrolling students and suspended classes for ten years.

1968-1983
To address a rural health disparity, thousands of farmers underwent three to six months of rudimentary training in TCM [10,11,13]. Known as “barefoot doctors”, they provided basic health care in the countryside [2,14,15,17]. The barefoot doctors applied simple protocols to treat common diseases [10,14].

1978
China institutes an “open door” policy, allowing the globalization of TCM [11,12].

Themes: Characteristics and Implications of TCM

Theme 1: TCM is distinctly modern.
Five participants described the conception of TCM around sixty years ago. Despite having grown distant from its roots, the moniker “Traditional” was adopted to portray a seamless continuity of this modern hybrid medicine with the medical practices of the past. Although TCM may seem untraditional, its intended purpose was not to fully encompass the diverse array of Chinese medical traditions; instead, the creation of TCM was an adaptive response to severe economic, political, and social turmoil at the time.

Participant 4: *They basically got together some of the best doctors they could find to organize information into a format that was teachable and accessible. It’s not everything, but it’s something and I don’t think it was supposed to be depth and breadth of Chinese medicine.*

Theme 2: TCM is one style of Chinese medicine.
Seven participants stated that although TCM may not be comprehensive or representative of the 2,500-year history of Chinese medicine, TCM could be considered a certain practice mode within the broader field. As TCM is a simplified form of the medicine, participants felt it could be an appropriate starting point for new learners.

Participant 8: *It should be emphasized to students that TCM is a basic foundation and an introduction to a field that is considerably deeper than the synthesis of TCM.*

A few key characteristics of TCM were identified:

Theme 2A: TCM is influenced by modern biomedicine.
Eight participants suggested that TCM educational curriculums place excessive emphasis on modern biomedicine. Chinese medicine operates from a symbolic, macroscopic worldview that communicates functional concepts, while modern biomedicine takes on a materialistic,

microscopic worldview that examines structural realities. Requiring students to invest much of their energy into learning modern biomedicine orients them to approach Chinese medicine from an opposing paradigm.

Three participants explained that TCM retrofits the methodology of *bianzhenglunzhi*辯證論治 (pattern discrimination) to modern definitions of disease. Although this structure may be useful for interpreting biomedical disease classification, it insinuates that the starting point of clinical analysis and decision-making is the biomedical paradigm. Additionally, it suggests that there is a predetermined TCM narrative for each biomedical disease, with differential diagnoses rendered down to selecting one of four or five possible patterns of disharmony. This moves Chinese medicine away from its very foundation, distancing practitioners from the unique strengths that are inherent to its holistic, adaptative and responsive clinical methodology. As a result, practitioners may end up with an impoverished foundation in Chinese medicine, which may compromise efficacy as well as their capacity to fully understand the paradigm they are operating within.

Participant 6: *By spending a lot of time learning modern biomedicine instead of more advanced Chinese medicine, practitioners start to lean more heavily on Western paradigms because they have a superficial understanding of Chinese medicine concepts.*

Two participants stated that, within a biomedically dominant world, Chinese medicine students do need to learn modern biomedicine, but the two worldviews should be kept separate so that one does not become subsumed by the other.

Participant 4: *Trying to fit Chinese medicine into the framework of modern biomedicine doesn't work. It's like asking a poet to write a technical manual. They're not going to do a good job.*

<u>Theme 2B: TCM is centered on organ theory.</u>

Four participants mentioned that TCM tends to overlook *jingluo* 經絡 (channel) theories, while favouring *zangfu* 臟腑 (organ) theories. Traditionally, organ theories are used primarily in herbal practice, while channel theories are used primarily in acupuncture practice. Systematization during the 1950's made organ theory the default framework, which was superimposed onto acupuncture. Instead of examining the functions of the channel network systems, the TCM model assigns certain "actions" to each acupuncture point and arranges them into a prescription like an herbal formula. Participants suggested that this mismatch in theory and application may affect clinical results.

Participant 2: *Many TCM concepts are founded upon "internal medicine" (herb) theories, which focused on zangfu organ diagnosis. An aspect of Chinese medicine lost over the years is channel theory, which is not taught in depth in most schools.*

<u>Theme 2C: TCM may have inadequate context.</u>

Three participants said that TCM may lack a robust framework for understanding its theories and ideas. While standardization creates educational efficiencies, it undervalues contextual

knowledge that enables practitioners to adaptively interpret and apply concepts. The TCM model often does not provide sufficient historical context or thorough explanations for the theory and principle behind its logic, herbal formulas, and style of acupuncture. Instead, emphasis is placed on the use of memorized protocols and prescriptions without an appreciation of the dynamics behind their use. To deepen understanding of Chinese medicine, participants encouraged the study of classic texts, which are considered the source of the medicine. The classics provide the underlying philosophy and culture that enable students to grasp foundational principles of the medicine.

Participant 5: *Most people do get to learn the channels, acupuncture points, and some of the concepts but it's not explained as to where they came from and why we even use these terms.*

Participant 7: *Learning the philosophy feeds and nourishes and inspires you, where then the other stuff makes more sense – so I think it needs to be part of the education. We did teach the students classical Chinese and it was really hard, but it transformed them and their view of medicine.*

Theme 3: TCM is suited to the healthcare needs of mid-20th century China.

A key factor underlying an emphasis on memorized protocols is that the TCM educational system was intended to train the masses in a short period of time. Five participants said that TCM was designed to serve the public health needs of a poor developing country with a large population. In mid-20th century China, infectious diseases and nutritional deficiencies were rampant, and consequently, the educational curriculum was tailored to target those issues. However, these health concerns are now rarely seen in developed countries, and the transplanted TCM model from this era may not reflect practice conditions seen in 21st century North America.

Participant 8: *The average North American patient tends to be seeking acupuncture treatment for musculoskeletal pain conditions, emotional problems, or multiple complex conditions… the TCM curriculum is often inadequate for addressing these sorts of problems.*

Theme 4: TCM is not the problem.

While they acknowledged the limitations of TCM, all participants also spoke to the advantages of TCM to some degree. Considering the catastrophic chain of events in 20th century China that threatened the existence of various traditions, the formation of TCM could be seen as a brilliant strategy to preserve Chinese medicine under the guise of modernization, while providing a low-cost accessible form of healthcare for the masses. Moreover, as a synthesis of Chinese medicine and Western biomedical and academic frameworks, TCM is well-suited for interfacing with Western educational and regulatory regimes and integrates well with existing healthcare systems. Because it is more structured, TCM has remained the dominant framework for academic institutions, and can be easily exported around the world. It also provides practitioners from different backgrounds with a shared vocabulary. One participant cautioned against criticizing the development of TCM from a modern, Western viewpoint:

It's not fair for us in the West to criticize what the Chinese did in the early to mid-1900s. We can put down the barefoot doctors for how primitive they were; but at the same time, they were building a universal healthcare system on a total shoestring budget. There were some really good intentions.

Theme 4A: The real issue lies beyond the TCM label.

Three participants mentioned that although some of the Western world refers to TCM as a modern political construct, TCM it is difficult to pin down to any single entity. In China, TCM is simply interpreted as the English translation of *zhongyi* 中醫 (Chinese medicine), as there is no delineation between "Chinese medicine" and "Traditional Chinese Medicine" in the Chinese language. One participant added that TCM as it is currently taught in the West may even be a Westernized version of an already hybridized medicine.

Participant 7: *People sometimes use the term TCM in a derogatory manner, like TCM was this completely contained system. Yet in China, there are instructors who still teach the Classics. If you're learning TCM in a westernized integrated framework under a biomedical umbrella, I would argue that that's not real TCM even. Maybe that's just the Western version.*

Regardless of how the term 'TCM' is interpreted, there is a growing discussion concerning the departure of Chinese medicine from its classical lineage-based roots towards a standardized biomedical model. This discussion is happening in several countries, including China.

Participant 2: *Currently in China there is a debate between a more traditional or classical approach to TCM, versus a more integrated approach with modern biomedicine.*

Within Canada, there appears to be a paucity of publications, scholarly activity and professional organizations that discuss this same issue. While some schools and organizations in the United States have delineated themselves from TCM with branding such as "Oriental Medicine" and "Classical Chinese Medicine" [21,22], Canadian organizations of acupuncture and/or Chinese herbology continue to operate under the term TCM.

Theme 4B: The solution begins with awareness.

Four participants considered the TCM label itself to be unimportant; instead, they said what is important is for people to be aware that TCM was developed for specific historical purposes and that it may not be a comprehensive representation of how Chinese medicine was practiced in the past. A problem is that the current language around acupuncture and Chinese herbology often presupposes that there is *only* TCM, failing to mention other knowledge systems that do not fall within the framework of TCM.

Participant 3: *The most important thing is to raise the awareness level of the history and philosophical basis of the medicine. Unfortunately, many don't realize that TCM is not the Chinese medicine that was practiced for 2000 years before the advent of the 20th century.*

In summary, interviews revealed that Chinese medicine underwent a period of standardization, simplification, and westernization during the 1950s and 60s amidst significant political and social unrest. The product of this systematization was termed 'Traditional Chinese Medicine', or 'TCM'. In order to facilitate widespread and rapid training of TCM practitioners, education emphasized memorized treatment protocols over historical and philosophical contextual knowledge. Although their approach was rudimentary, the "barefoot doctors" effectively delivered large-scale, low-budget healthcare to the countryside. The creation of TCM represents an adaption of Chinese medicine to its circumstances in the mid-20th century. Interestingly, the TCM model has been imported into modern-day Canada without much adaptation, bringing into question its suitability for the healthcare landscape of a Western country in the 21st century. Despite some of its shortcomings, TCM itself is not the problem, and the TCM label is open to interpretation. Rather, the more salient issue appears to be a lack of awareness of how China's contemporary history has shaped its own traditional medicine, and the impact of those revisions for the profession moving forward.

Implications for the TCM Profession in Canada

Current State

Across Canada, TCM remains the standard framework for regulatory bodies of acupuncture and/or Chinese herbology. As a result, educational institutions have aligned with this benchmark in order to adequately prepare graduates for national and provincial registration examinations. In the provinces of British Columbia and Ontario, TCM is a regulated health profession where registered members are authorized to use the title "Registered TCM Practitioner (R.TCMP)" [4,5]. Despite liberal use of the term TCM in legislation, neither professional nor governmental organizations provide a comprehensive definition of TCM that acknowledges its origins as a modern convention [4-8].

Although most interview participants considered the classic texts to be foundational to Chinese medicine, the classics are not mentioned within the Pan-Canadian examination blueprints or performance indicators blueprint [23-25]. A possible reason for this is that it may be a challenge to find instructors who are familiar with the classics, particularly in the West. However, there does seem to be a recent shift that has given more attention to the classic texts. Within the occupational competency profile, a new standard was added in 2018: "4.2 Display knowledge of the origin and value of the TCM Classics" [26]. Although it could be suggested that TCM is ultimately derived from the Classics, TCM appears to be more of a piecemeal assemblage of concepts and theories, and it has not been examined, at least in Canada, how or why this model was assembled.

The Pan-Canadian examination blueprints also contain a list of "143 TCM illnesses", which lists dozens of diseases that are either rarely seen in Canada or do not fall under a Chinese medicine practitioner's scope of practice, such as measles, rubella, gangrene and goitre [23,24]. This seemingly out-of-date document may be viewed as a historical artifact from mid-20th century China, where communicable diseases and infections were prevalent. Despite a change in context, the same educational materials have been transplanted into modern-day Canada without much modification.

As a result, there is a gap between the diseases that students learn about in classrooms versus the diseases that practitioners encounter in the modern private clinic. A 2019 survey conducted by the College and Association of Acupuncturists of Alberta found that the conditions most commonly seen by acupuncturists were musculoskeletal and pain conditions, anxiety, depression, insomnia, digestive issues and women's health [27]. The discrepancy between this data and the spectrum of illnesses prescribed by the Pan-Canadian examination blueprint illustrate the profession's struggle to remain "traditional" while adapting to the current healthcare landscape for CAM professions in Canada.

To compensate for some of the deficiencies in their education, Chinese medicine practitioners and acupuncturists often end up investing substantial time and finances—after having completed school—into learning how to effectively treat common complaints. Even after achieving regulatory competence, those in the profession must work hard to continually enrich and expand their clinical effectiveness, as practitioners' livelihoods depend on satisfying patients and their word-of-mouth referrals. While continued learning is necessary regardless of the content of formal education, the current curriculum could potentially use some revision so that at the very least, new graduates are well-equipped to handle "bread and butter" cases in their occupation.

Participant 8:*This entire arrangement seems profoundly backwards – as it currently stands in North America, students pay tens of thousands of dollars to attend schools which teach them frameworks and protocols that are necessary to pass board exams (which themselves cost upwards of a thousand dollars) but which often have limited clinical efficacy in the real world. They are then expected to pay thousands of dollars more to learn the real secrets of the medicine, after having already gone into debt and becoming licensed practitioners.*

Recommendations

Improving the current situation begins with an awareness of the reform that Chinese medicine underwent sixty years ago. Informing more people, particularly those within the profession, about this chapter of history can help to foster an open discussion about what TCM is and how it can be better adapted to the Canadian context. On the surface, it may seem trivial to debate a label, but this issue is more than just a matter of semantics. If a medicine's foundation is obscured, it will lack a clear vision of how practitioners are trained, the standards they are held to, and how the profession fits within the broader healthcare system. A transparent dialogue about the profession's identity, as well as a robust analysis of Chinese medicine's most viable role(s) in context of the healthcare needs of Canadians, can help to identify opportunities for the revision of practice standards and educational curriculums.

As a starting point, some areas to begin considering could be the characteristics of TCM that were identified in themes 2A (influenced by modern biomedicine), 2B (centered on organ theory), and 2C (may have inadequate context). For practitioners to adaptively apply concepts, they require a solid footing in theory and principle. This foundational knowledge can be strengthened by including more historical, philosophical, and cultural context in education, perhaps in addition to study of the Classic texts if feasible. Students will be able to achieve a

deeper and more complex understanding of concepts that are presented alongside their origins and underlying logic.

A firm grasp of Chinese medicine principles means that practitioners can feel confident to fully operate under their own paradigm, instead of relying on biomedicine to guide their clinical reasoning. Certainly, modern biomedicine is an indispensable part of any healthcare professional training program, but it is not a precondition for understanding how Chinese medicine treats disease. It may be argued that the current inclusion of biomedicine in TCM is simply a means of benign integration; however, truly integrative medicine requires a strong theoretical foundation in Chinese medicine so that its worldview can be maintained when interacting with other systems.

One way to bolster this theoretical foundation in Chinese medicine is to amend acupuncture education so that channel theory, the cornerstone of acupuncture practice, plays a greater role in clinical assessment, diagnosis, and treatment. Although this may seem like a big revision to make, school curriculums in Canada already have most of the components in place. Currently, students are expected to memorize various pathways of the channel network systems but are not adequately taught how to apply this knowledge in diagnosing and treating illnesses. Adding this additional content to acupuncture education would be a relatively minor tweak, but it could greatly heighten the capabilities of new graduates.

Although TCM has its limitations, it may be a suitable introduction to the study of Chinese medicine. Five participants proposed a model of education where TCM is taught for the first two years of study, as it is simple and easy to learn in a classroom setting. Subsequently, it has been suggested that students should study closely with an experienced practitioner to complete an apprenticeship for the next two years. This mentorship model replicates the traditional method of knowledge dissemination in Chinese medicine, which enables learners to absorb first-hand clinical insights from their mentor [28]. However, such a model may be challenging to implement in Canada, with considerations such as finding appropriate mentors and determining how to formally accredit the apprenticeship. Perhaps a more feasible alternative could be an externship component to educational programs that rotates students through clinical practicums, an existing educational model used by many health disciplines across Canada.

To heighten the practical relevance of the profession, recognizing commonly seen health conditions can help to tailor regulatory and educational systems to intersect with these realities. As musculoskeletal disorders are among the most frequently treated complaints, training graduates in orthopedic physical assessment may help to increase their clinical relevance. Equipping graduates to assess a condition such as Whiplash Associated Disorder may enable them to take on the role of diagnosing patients for an insurance claim related to an automobile accident. For other commonly seen conditions such as anxiety and mood disorders, acupuncturists may benefit from being trained in patient-centered interviewing or counseling, skills that are currently hardly taught in Chinese medicine schools. By fulfilling real-life patient demands instead of ideological preferences, Chinese medicine practitioners can work to become included in the healthcare landscape of Canada. As participant 9 asks, “How do we design an educational system for Chinese medicine that upholds tradition while aligning with Canadian reality?”

Conclusion

During the mid-20th century, Chinese medicine underwent a period of academic standardization, revision, and hybridization with modern biomedicine for political and practical reasons. Notwithstanding the fact that these changes were distinctively modern, this model was formally titled “Traditional” Chinese Medicine, or TCM. Similar to how it was adapted to healthcare needs in 20th century China, TCM can similarly be tailored to 21st century Canada to increase its efficacy and relevance in a different context. As TCM continues to grow in Canada, there is a need for more awareness and discussion surrounding the identity of this new profession. Transparent, robust dialogue can enable the profession to make necessary revisions to move forward and provide value within the broader healthcare landscape.

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Appendix A

Semi-structured Interview Questions

1. Please introduce yourself and briefly describe your education, training and/or relationship to the field of Chinese Medicine.

2. Within the scope of your work, do you delineate between Chinese Medicine in a general sense and the paradigm that is currently referred to as Traditional Chinese Medicine (TCM)?
a. If so, can you describe what you understand to be the origins of the term Traditional Chinese Medicine?
b. What is the relevance of TCM to the term “Zhong Yi”? Do they have the same meaning?

3. For students of acupuncture and Chinese herbal medicine, does TCM provide enough context to understand concepts being learned?

4. How representative is TCM of the history of acupuncture and herbal medicine practices that have been developed in the past 2500 years?
a. Does the TCM academic paradigm have a bias towards a given mode of practice?
b. In your opinion, is there an academic framework to teach acupuncture and/or herbal medicine other than that of TCM?
c. How should Chinese Medicine and/or acupuncture be taught?

5. If we are adopting TCM as a regulatory and educational framework, does it need to be revised or adapted to suit western society? If so, how?
a. Are there advantages to basing a health care profession on the TCM model? What do you perceive as the advantages?
b. What should we call Chinese Medicine in the West?

6. Do you have anything else to add?

Appendix B

Survey Questions

1. In which country did you study acupuncture and/or herbology? Check all that apply.
   Canada / United States / China / Other (please specify)
2. How were you taught acupuncture and/or herbology? Check all that apply.
   College or university / Family lineage / Apprenticeship with mentor / Other (please specify)
3. Please indicate to what extent you agree with the following statements.
   (Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree)
   - My education prepared me to address the health care concerns I see in practice.
   - My education thoroughly covered the origins and history of the medicine.
4. Which theories, methods, and/or traditions do you regularly use in clinic? Check all that apply.
   8 Principles / Zang-Fu Organs / Qi and Blood / 5 Elements or Phases / 6 Divisions or Channels / 4 Levels / 3 Burners / 12 Main Meridians / 8 Extraordinary Vessels / Luo-Connecting Vessels / Divergent Channels / Sinew Channels / Motor or Trigger Points / Microsystems (e.g. ear, scalp, hand, abdomen) / Applied Channel Theory / Daoist Traditions / Korean Traditions / Japanese Traditions / Vietnamese Traditions / French Traditions / Orthopedic Assessment / Lab Work (e.g. blood work, X-rays, MRI) / Hara or Abdominal Palpation / Face Reading / Astrology (Stems and Branches) / Feng Shui / Qi Gong or Energy Work / Acutonics / Other (please specify)
5. In your opinion, to what extent does your approach to clinical practice belong within the framework of Traditional Chinese Medicine (TCM)?
   Not at all / To a small extent / To a moderate extent / To a great extent / Entirely
6. Please indicate to what extent you agree with the following statements about TCM.
   (Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree)
   - TCM is traditional.
   - TCM is thousands of years old.
   - TCM is standardized.
   - TCM is a hybrid of Chinese medicine and modern biomedicine.
   - TCM is a suitable title for our profession.
   - TCM is a suitable framework for education of acupuncture/herbology.
   - TCM is a suitable framework for regulation of acupuncture/herbology.
   - I use the term ‘TCM’ to describe what I do.
   - I use the terms ‘TCM’ and ‘Chinese medicine’ synonymously.
7. In your opinion, which definition better describes the term ‘Traditional Chinese Medicine’ (TCM)?
   - An umbrella term representing the medical theories and practices developed over thousands of years in China.
   - A product of academic standardization, revision, and hybridization with modern biomedicine during the mid-20th century in China.
   - Other (please specify)
8. Are you aware of any dispute surrounding the origins and/or identity of TCM?
   Yes (please explain) / No
9. Should TCM (rather than acupuncture alone) be regulated as a healthcare profession?
   Yes / No
10. In your opinion, which term best represents our profession?
    Chinese Medicine / Traditional Chinese Medicine / Classical Chinese Medicine / Oriental Medicine / East Asian Medicine / Traditional East Asian Medicine / Integrative Chinese Medicine / Other