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Attitude toward traditional Chinese medicine among allopathic physicians in Hong Kong

Key Messages

1. Hong Kong western medicine doctors emphasise evidence-based practice over patient choice when considering traditional Chinese medicine (TCM).
2. The lack of opportunity to expose to the practice and scientific basis of TCM during western medical training should be redressed.
3. Better understanding of the regulations might promote collaboration between western medicine and TCM practitioners.
4. Establishing a TCM and allopathic medicine inter-professional collaboration platform may help the development of integrated pluralistic care, which could in turn be more responsive to the health behaviours of the Hong Kong population.

Introduction

Traditional Chinese medicine (TCM) is a part of Hong Kong culture. Nonetheless, western allopathic medicine (AM) is the accepted legitimate local medical system. Policy initiatives to develop TCM in line with that in mainland China increase TCM popularity among the public. Given the role of TCM in primary care and to foster collaboration between AM and TCM in line with government policy, we set out to investigate the attitude of Hong Kong western medicine doctors toward TCM and its integration with western medicine using both quantitative and qualitative methodologies.

Study design and methods

This study was conducted from October 2007 to December 2008. A total of 3320 western medicine doctors were randomly drawn from the full and limited registration lists of the Hong Kong Medical Council to undertake a three-phase, cross-sectional mail survey.

Their attitude toward TCM were assessed using (1) a locally adopted version of the Integrative Medicine Attitude Questionnaire (HKTCM-IMAQ-R), with domains of knowledge, evidence, and holism; and (2) questions related to the personal use of TCM, intention with respect to referral to TCM and actual referral to TCM, and open questions for qualitative comments.

Associations between characteristics of western medicine doctors and attitude toward TCM were assessed using multinomial logistic regressions. Group thematic analysis strategy was used for qualitative data analysis.

Results

The response rate was 34% (n=1130). The TCM modality most frequently considered for referral was acupuncture (23.3%), whereas 13.8% of respondents had actually referred their patients (Fig). Favourable attitude toward TCM knowledge and evidence, personal use of TCM, and prior education in TCM were the predictors for potential and actual referral of TCM. Working in the public sector was negatively associated with referrals to TCM. There was a mixed pattern of referral by practitioner age; respondents aged <31 or 41 to 50 years were less likely to refer to TCM, whereas those aged 31 to 40 years were more open to such referrals. In 52 of the respondents, qualitative comments were provided in the areas of (1) paradigm differences between AM and TCM, (2) facilitators for and barriers to collaboration and integration, and (3) the need for policy initiatives to promote integration.

Discussion

Hong Kong western medicine doctors have a diverse range of opinions about TCM. Over one third use TCM themselves, and one fifth have considered referral to TCM practitioners. Personal use of TCM and prior TCM education were

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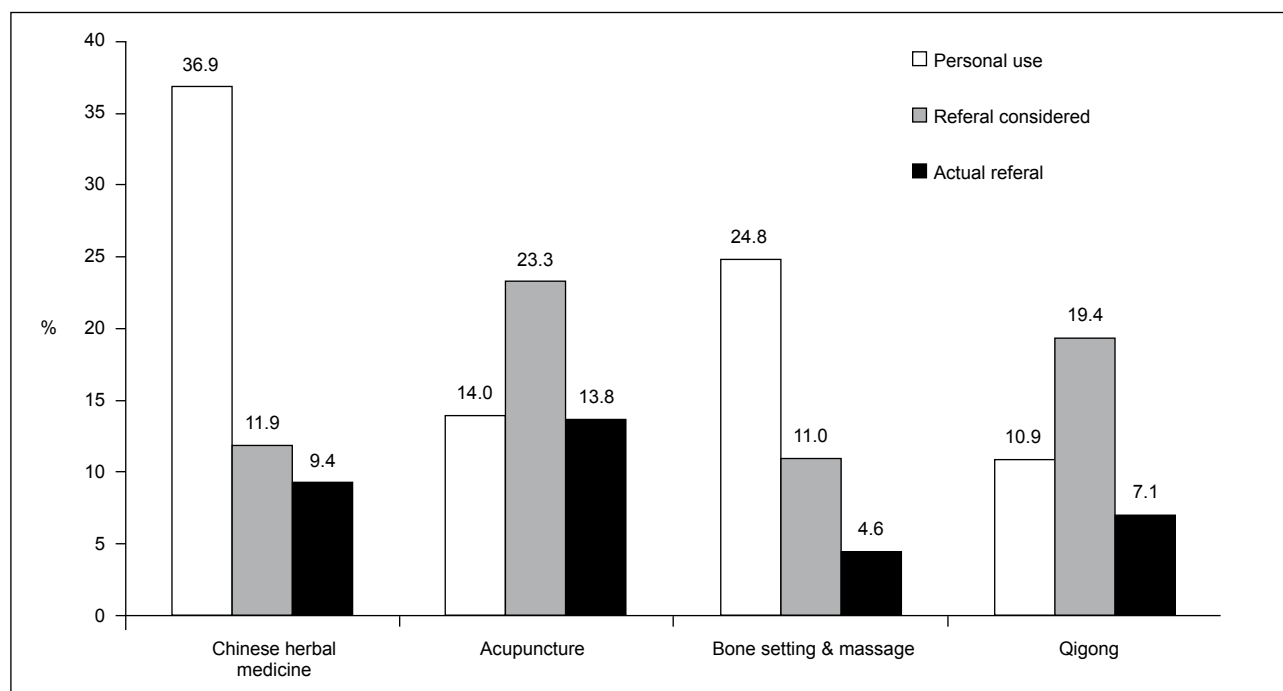


Fig. Western medicine doctors' attitude toward traditional Chinese medicine

associated with a favourable attitude toward integration of TCM and AM. This indicates the potential benefits of future TCM educational strategies for western medicine doctors. The western medicine doctors had concerns about the lack of, and inaccessibility of, the clinical evidence for TCM. Patients' choice of TCM seemed to be of secondary importance. Awareness among western medicine doctors about the TCM regulatory system should be raised. Policy makers may consider establishing an inter-professional collaboration platform to improve coordination between the two systems.

Evidence-based practice over patients' choice

The lack of clinical evidence for TCM hinders referrals to it, especially in the management of conditions for which AM has little to offer. In Hong Kong, TCM as an adjunct to AM is a long-established practice.¹ Western medicine doctors may be inclined to collaborate with TCM practitioners once evidence and patient choice are concordant. However, their awareness of the availability of systematic reviews and randomised controlled trials on the efficacy and safety of TCM remains unknown. The tension between patients' choice and lack of high-quality TCM evidence suggests that allopathic physicians prefer a conservative approach and put more weight on evidence than on patient demand.

In the United Kingdom, randomised controlled trials and evidence of safety of complementary and alternative medicine are considered to be very important in the clinical decision making process among general practitioners and directors of public health, whereas patient demand is viewed as less important.² The relevance of scientific evidence in

allocation of resources within Primary Care Trusts in the United Kingdom is reflected by their budgetary and clinical integration policies.³ Based on these observations, in Hong Kong, the lack of, or inaccessibility of, TCM evidence may partly explain the low TCM referral rate among western medicine doctors. In addition, the availability of scientific evidence may also explain the relatively higher referral rates for acupuncture (as oppose to herbal medicine) in Hong Kong.⁴

Traditional Chinese medicine education strategies for allopathic physicians

In this study, knowledge of TCM, prior education, and physicians' self use of TCM were positively related to consideration of referrals and actual referrals. Western medicine doctors were unwilling to refer to TCM until they were properly trained in TCM. They expressed a preference for initiatives to promote integration led by those trained with both western medicine and TCM. This resembles findings from the west and east.^{5,6} Although the interaction between TCM knowledge acquisition and self use remained unclear, positive results from a randomised controlled trial testing the effect of complementary and alternative medicine experiential learning for western medicine doctors shed light on their potential synergistic effect. Thus an experiential component could be a critical element in the design of successful TCM education for western medicine doctors in Hong Kong.

In this study, younger physicians (<31 years old) were less likely to refer to TCM. This is consistent with finding that Hong Kong medical students become more negative

toward TCM as they progress from pre-clinical to clinical years.⁷ Medical students consider that there is a need to enhance TCM education in the undergraduate curriculum so that future western medicine doctors become competent to serve a population that tends to be pluralistic in choosing health care.⁸ In the same vein, middle-aged (41-50 years old) physicians' reluctance to refer to TCM could be due to a lack of TCM education during the colonial period. Continuing professional education about TCM may be a solution to fill this knowledge gap, but how it should be tailored warrants further investigation.

The need for establishing an inter-professional collaboration platform

Structural and organisational constraints within the health system can be an obstacle to integration of TCM and AM. Despite governmental support for developing TCM and the establishment of a statutory regulation system for TCM practitioners, some western medicine doctors remained sceptical about the competency of TCM practitioners or were unaware of relevant regulatory systems. Our study suggested that regulation alone would not lead to inter-professional collaboration between TCM and western medicine. Cross-disciplinary familiarisation and shared education between western medicine and TCM students may foster mutual trust. Nonetheless, mutual trust may not be sufficient, and development of a comprehensive inter-professional collaboration platform is a longer-term solution. Such an initiative may improve the quality of continuity and coordination in primary care. Nonetheless, development of such a platform requires complex, local-context, relevant policy solutions.⁹ For Hong Kong, development of such a platform may be strategically linked to the private-public partnership initiative, and the wider health care organisation and financing reform agenda of the government. Nevertheless, proposals to deal with these issues were absent in the two recent health care reform consultative documents in Hong Kong.^{10,11}

Implications

For health care policy makers, the lack of evidence for the efficacy and safety of TCM is the major obstacle to collaboration between western medicine and TCM practitioners. Long-term policy initiatives to foster collaboration between the two professions may involve collating, appraising, and disseminating existing clinical evidence on TCM on a dedicated platform targeting western medicine doctors.

For health services managers, inter-professional collaboration platforms can be developed to promote awareness of existing evidence for TCM.

For TCM regulator (Chinese Medicine Council of Hong Kong), awareness of the existing TCM regulatory system should be raised among allopathic physicians. Partnerships with the Medical Council of Hong Kong

in the development of inter-professional collaboration platform would facilitate a greater understanding between these modalities.

For TCM and western medicine educators, strategic partnerships between TCM and western medicine schools could be established to design curricula and to promote greater understanding. Early contact and professional familiarisation between TCM and western medicine students should be facilitated, so as to enable informed patient choice between different medical modalities. The possibility of establishing special programmes for developing dual-trained allopathic physicians and TCM practitioners should be explored.

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