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SOCIAL RESEARCH CENTRE

THE CHINESE UNIVERSITY OF HONG KONG

Suggested citation:

Lee, Rance P. L. 1974. *Problems of Integrating Chinese and Western Health Services in Hong Kong: Topia and Utopia*. Hong Kong: Occasional Paper No. 42, Social Research Centre, The Chinese University of Hong Kong.

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BY

Rance P.L. LEE

June 1974

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Over the last several thousand years, Chinese people have gradually built up their own tradition of medical care.[1] They have been whole-heartedly dependent upon it until the introduction of Western scientific medicine into China in the late nineteenth century. Since then, the efficacy of traditional medicine has been under critical challenge. Influenced by the scientific ideology and impressed by the remarkable advancement of Western technology, Chinese people have begun to abandon their traditional heritage in favour of Western medical science.[2] A major criticism against traditional medicine is that it is scientifically unverified and is therefore "backward", "superstitious", and "unreliable".

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* This report is a minor revision of the paper entitled "Toward the Utopia of Integrating Western and Chinese Medical Systems in Hong Kong," which was prepared for the Nineth International Congress of Anthropological and Ethnological Sciences, Chicago, September 1-8, 1973. It is now produced for the Kwun Tong Industrial Community Research Programme, which was financially supported by the Harvard-Yenching Institute and The Chinese University of Hong Kong and was under the auspices of the Social Research Centre, The Chinese University of Hong Kong. The Research Programme is currently coordinated by Dr. Ambrose Yeo-Chi King. I would like to acknowledge the valuable advice from S.L. Wong and Ambrose King of The Chinese University of Hong Kong, and L.K. Ding of the Chinese Medical Research Center in Hong Kong.

It cannot be denied that traditional medicine has no scientific basis. But its knowledge and skills are developed from and have been tested by, the empirical experience of billions of people over a very long history. As Croizier has claimed, although traditional Chinese medicine failed to establish a scientific method for observation of data and for verification of its theoretical principles, it has been naturalistic and rationalistic as opposed to magical and superstitious.[3] It would hence be erroneous to give up the entire heritage outright merely on the ground of scientism. There is abundant evidence from the recent development of medicine in contemporary China to support this assertion.

Responding to Chairman Mao's call for "maintaining independence and keeping the initiative in our own hands and relying on our own efforts", and to his assertion that "Chinese medicine and pharmacology are a great treasure-house; efforts should be made to explore them and raise them to a higher level", medical and health workers in China, since 1958, have been struggling to revive and refine their own medical tradition.[4] They constantly seek to improve its quality, to widen its utilization by citizens, and to integrate it with the modern Western approach. Their devoted and persistent hard work over the past 20 years has made remarkable contributions not only to the advancement of medical knowledge and skills, but also to the increase in the quantity of medical care.[5] A larger volume and a greater variety

of medical care services are now available for use by the eight hundred million dwellers in the mainland.

In view of the medical movements and successes in the People's Republic of China, let us ask: In what way is traditional Chinese medicine related to modern Western medical care in other Chinese societies, especially those which are not under the control of the Communist regime?

A small but prominent next-door neighbour to Communist China is the city of Hong Kong, which is located on the southern coast of the mainland. Its total area is about 400 square miles. As a British Colony, Hong Kong has been politically dominated by the British Government since the late 19th Century. Its residential population is largely Chinese. According to the population census in March, 1971, 98.3 per cent of the 3.9 million residents are Chinese in place of origin.[6]

The question arises: Since Hong Kong is populated by Chinese but politically dominated by British, to what extent is the Western culture integrated with, or separated from, the local Chinese way of life? We may also raise a related but value-loaded question: Should we and how do we foster the integration or separation between the two cultural systems? In this paper, I intend to shed light on these broad issues by concentrating on the area of health and medicine.[7] To be more specific, I have two questions in mind: (1) In what ways is the traditional

Chinese medical system related to the modern Western medical system? and (2) Should we and how do we push toward a unification of the two seemingly divergent medical traditions?
In other words, I shall examine the topias, i.e., the conventional patterns, in health and medicine for the purpose of suggesting a utopian model, i.e., a radical yet realizable approach, for developing and integrating traditional Chinese and modern Western medicine in Hong Kong. Apparently, it is not the intention of this paper to be value-free. As a social scientist and as an ordinary citizen, I intent to be critical about the existing order and to make suggestions for effecting changes.

THE TOPIAN ORDER

The medical care sector in Hong Kong can be featured as pluralistic and entrepreneurial. There exists a great variety of Chinese and Western, public and private, medical and health care services.[8] The emphasis of the entire sector is on "individual responsibility of medical care", "fee for services solo practice", and "free choice of physician". Although the Government has organized and subvented a number of health programs,[9] the center of gravity of medical care remains in private practice. Medical practitioners have considerable control over the technical as well as social-economic content of work.[10]

Within the sector, there coexist two systems with different orientations and approaches to medical care; they are traditional Chinese and modern Western medicine. These two systems are coexisting on an unequal basis. Because of its scientific base and its Western origin, Western medicine has been closely tied to the British-dominated power structure of Hong Kong. Being supported by the political power, the profession of Western medicine has been dominating the whole sector of health and medicine. On the contrary, the traditional Chinese medical practitioners whose services are generally regarded as "non-scientific" have failed to be associated with the power structure, and have been practicing in a subordinate and inferior status. Let me give some evidence.

The Medical Council of Hong Kong plays the most crucial role in the legitimization of medical practice, and in the formation and implementation of social policies dealing with medical care. The Council consists of representatives from the armed forces, Government medical services, University Medical School, and medical associations in Hong Kong. However, all these representatives are Western-trained doctors; none of them represents the interest of traditional medical practice. Furthermore, only the Western-trained practitioners are registrable with the Council and are then recognized by law as qualified medical doctors. Contrarily, Chinese medical practitioners are not registrable with the Council and are not regarded by the legal authority as duly qualified doctors. Chinese practitioners, for instance, have no legitimate right to issue medical certificates of death, and are not entitled to practice surgery.

The Medical School of Hong Kong University, the only one of its kind in Hong Kong, concentrates only in Western medical science, giving no attention to traditional medicine. The Government provides and subvents a number of medical and health care programs, but none of them is Chinese medical-oriented. There are a total of 34 non-Government hospitals, but only one of them provides a very small outpatient clinic in Chinese medicine. Social workers in Government or voluntary welfare agencies do not refer their clients to traditional practitioners.

All these facts clearly indicate that the traditional Chinese medical system is subordinate to its Western counterpart. Western medical dominance, however, has by no means wiped out the widespread existence of traditional services in Hong Kong. It was estimated that there were a total of 2,317 Western-trained doctors in 1970.[11] But according to the survey in 1969 by the Hong Kong Medical Association in cooperation with the Census and Statistics Department of the Hong Kong Government, there were then 4,506 traditional Chinese medical practitioners of various kinds. There are thus considerably more traditional Chinese than Western-trained medical practitioners in Hong Kong. Why is it so?

The magnitude of medical demands is not the crucial reason. As will be reported later in this paper, most residents in Hong Kong consult Western-trained doctors rather than Chinese medical practitioners. It seems that a more important reason is the lack of legal control over the practice in Chinese medicine. The Medical Ordinance in Hong Kong regulates Western medical practice only. There are no standard examinations nor licencing procedures for qualifying the practitioners in traditional medicine. In fact, any person can practice Chinese medicine without interference. As a result, it is easy to have a situation where there exists a very large number of traditional Chinese medical men.

In view of the above general discussion about the widespread, though unequal, coexistence of Chinese and Western medical practice, let us investigate and compare the two systems in some detail with regard to four dimensions: (1) locational distributions, (2) inter-organizational connections, (3) evaluation of medical efficacy by medical practitioners themselves and by the public, and (4) patterns of utilization by local residents. In making these comparisons, I will utilize part of the empirical data I gathered in 1971-72 about medical organizations and health behavior in an industrial-urban community, named Kwun Tong, of Hong Kong.

Kwun Tong is a newly developed industrial satellite town. It is located on the east coast of the Kowloon peninsula of Hong Kong, covering about 32 hundred acres. Before the year 1956, the district was considered a remote region consisting of a few scattered villages. The total population of villagers was estimated at about one thousand. Since that year forward, the district has been rapidly developed into a large industrial and residential area. Its rates of population growth and industrial expansion are faster than any other districts in Hong Kong. Currently, there are more than two thousand industrial undertakings and about half a million Chinese residents in the community. Most people are residing in public housings of various kinds. About 14 per cent are living in private apartments and

tenement buildings. The residents are therefore largely in middle or lower income groups.[12]

I undertook three health surveys in Kwun Tong in 1971-72. The first one was an enumeration of the medical and health care units in various subdistricts of Kwun Tong. The second survey focused on the organizational structures of the Western general outpatient clinics as well as the Chinese herbalist services. Health-related attitudes of their medical practitioners were also assessed. In the third survey, I studied a random sample of 702 household heads for the purpose of understanding their health concepts and behavior. The data collected in these three surveys will be used in the following discussion about the relationships between Chinese and Western medical care in Hong Kong.[13]

Let us first investigate the pattern of locational distributions. There were a total of 174 Chinese health care units and 101 Western units in the entire district of Kwun Tong in 1971-72, but both of them were unequally distributed in various subdistricts. Relatively Western services were more unevenly distributed than Chinese services. Nonetheless, the locational distributions of Chinese and Western services are strongly associated. The larger the number of Chinese services in a particular area, the larger would be the number of Western units; or vice versa. Why? The data suggest that both are greatly

dependent upon two common factors: population size and socio-economic status (as measured by the quality of residential housing) of particular subdistricts. The larger the population size and the higher the socioeconomic status, the more would be the Western as well as Chinese medical services. Relatively, the availability of Chinese services is more dependent on population size, but less on socioeconomic status , than is that of Western services.

The above analyses suggest that Western and Chinese medical services tend to concentrate in the same areas. But to what extent are they connected to each other? Let us examine the pattern of connections between health services in terms of three criteria: (1) patient-referrals, (2) membership in professional associations, and (3) friendship cohesion.

With regard to the referral of patients, I note that (1) Western-trained doctors are more likely to refer patients to colleagues of their own kind, while Chinese practitioners are less likely to do so, and (2) it is more likely for Chinese practitioners to refer patients to Western-trained doctors than the other way around. In terms of professional membership, Western-trained doctors are more likely than Chinese practitioners to be members of medical associations in Hong Kong. With respect to friendship pattern, both Western-trained and Chinese practitioners are more likely to maintain close friendship

with those who are practicing in the same, rather than different, medical tradition. All these data suggest two possible conclusions. First, there is little interaction between Western and Chinese medical care systems. Second, Western-trained doctors are more cohesive to each other than are Chinese practitioners. Then, the question arises, does it mean that Western-trained and Chinese practitioners distrust each other?

I find that most Western-trained doctors believe that their own colleagues are medically more competent than those in Chinese medicine, while most Chinese medical practitioners feel that there is no significant difference in competence between the two groups. Hence, Western-trained doctors are in fact more distrustful of their counterparts than are Chinese medical practitioners. The distrust in traditional practitioners by Western-trained doctors could be a barrier to the interaction between the two groups of practitioners.

A more specific question arises, which type of traditional practitioners do Western-trained doctors distrust the most? Chinese medical practitioners can be classified into three major types: (1) herbalists, specializing in the use of herbs for internal medical care, (2) acupuncturists, treating illness by inserting needles into certain points of the body, and (3) bone-setters, specializing in the treatment of sprains and contusion. A great majority of the traditional practitioners in Hong Kong

are herbalists (about 70%), followed by bone-setters (about 20%) and acupuncturists (about 10%).[14] The data in my health studies in Kwun Tong show that Western-trained doctors distrust acupuncturists the least, but are most distrustful of herbalists.

The focus of the above analysis is on the quality of traditional practitioners in Hong Kong. However, a distinction should be made between the competency of practitioners and the efficacy of medical knowledge itself. It could be that Western-trained doctors have trust in traditional medicine but not in the training and qualification of the existing Chinese practitioners in Hong Kong. There is some evidence to support this hypothesis. Most Western-trained doctors agree that hospitals should set up a Chinese medical division, and that a Government-recognized Chinese Medical College should be established for training qualified practitioners. Furthermore, both Chinese and Western-trained practitioners tend to believe that the convergence of Chinese and Western medical traditions could be realized.

I have presented some findings about the evaluation of medical quality by practitioners themselves. Let us now shift our attention to the evaluation by the lay population. The data show that Western-trained doctors are considered by local residents to be superior to traditional practitioners in terms of technical skills, but there is no difference with regard to professional ethics and service attitudes.

How do they compare the efficacy of Chinese and Western pharmacology? In general, they believe that Western medicines are more effective than Chinese medicinal herbs in terms of preventive care, but less effective with regard to tonic, i.e., the maintenance and promotion of health. In respect to curative care, they have in general more confidence in Western drugs than Chinese herbs. To be more specific, however, most of them suggest that in the treatment of most diseases, (1) Western-drugs work faster than Chinese herbs, but (2) Chinese medicines are less likely to produce side-effects and (3) Western medicines are good for the treatment of symptoms while Chinese herbs are more effective in curing the disease.

The sample of local residents under study were also given a list of specific types of disease to make comparison between the two medical traditions in curing diseases. The list includes coughing, sprains and fractures, tuberculosis, measles, stomachache, dysmenorrhea, skin disease,mental illness, heart disease, rheumatism, fever, throbbing and diarrhea, and anemia. They prefer Western to Chinese medical care with regard to the treatment of most diseases, especially tuberculosis and fever. Opinions are evenly split in respect to measles. Chinese medical care is regarded to be more effective than Western medicine in dealing with rheumatism, sprains and fractures.

All the above evidences suggest that in general the lay population is more trustful of Western medicine than of the traditional approach. Nevertheless Chinese medicine remains to be trusted in some specific ways such as tonic care, less likelihood of side-effects, curing of diseases rather than symptoms, and treatment of such illnesses as measles, rheumatism, sprains and fractures. In light of these findings, we could expect that Western medical services are more widely utilized by local residents than Chinese services. This in fact is the case. Most residents reported that they have consulted Western-trained doctors more often than Chinese practitioners. Moreover, Western-trained doctors reportedly have much more patient contacts per week (on the average, about 244 contacts) than Chinese practitioners (about 100 contacts).

Although Western services are more widely utilized, there exist combined uses of Chinese and Western medical care by the local population. A number of residents indicated that they have attempted to shift between Western-trained doctors and traditional practitioners for the treatment of the same illness. To investigate into the process of seeking medical help, I note that most residents would begin with self-medication. If it fails, then they would consult Western-trained doctors. When Western-trained doctors do not seem to be successful, they would shift to seeking help from traditional practitioners. The process

of seeking help suggests that most residents prefer to consult Western-trained doctors, but it does not mean that they would not contact Chinese practitioners.

Since most residents self-medicate in the initial stage of illness, what kinds of medicines do they use? I find that many of them use Chinese medical pills and ointments. The use of Chinese medicine, therefore, remains quite pervasive.

A UTOPIAN MODEL FOR INTEGRATION

In the above analyses, we have observed that in many ways the traditional medical system is indeed subordinate to the Western medical system, and that the two systems are rather separated. Let us in this section raise two broad questions: (1) Should we, and how do we, facilitate the development of Chinese medicine in Hong Kong? and (2) Should we, and how do we, integrate and coordinate traditional Chinese and modern Western medical practices into a cohesive whole?

It is my opinion that Chinese medical services should be developed and expanded. Why? As reported by the Government in 1970, the Western-trained doctors to population ratio in Hong Kong is about 1 to 1,720, while it is 1 to 870 in Britain and 1 to 670 in the United States.[15] Although Hong Kong has been rapidly industrialized in recent years, its doctor-population ratio is still considerably lower than that of Britain and of the United States. The inadequacy of the existing health services in meeting medical and health needs has also been demonstrated by the empirical findings in my health studies in Kwun Tong. Most of the medical practitioners (both Chinese and Western-trained) and local residents under study reported that, in their views, the existing medical facilities are not yet sufficient. Moreover, it is noted that on the average each Western-trained doctor has about 244 patient contacts per week, and that most of them spend

generally about five minutes or less for each consultation. In fact, many Western-trained doctors recognize that they are overloaded with patients. It is reminded that medical and health services are by no means equally distributed. As reported, the existing services, especially those provided by Western-trained doctors, tend to concentrate not only in more populated areas but also in economically wealthier areas. Although people living in affluent areas may have greater demands for medical care, they do not have more medical needs than those living in poverty areas.

In view of these deficiencies of the existing Western services, we should, of course, attempt to increase the supply of Western medical personnel and facilities. But meanwhile, the existing Chinese medical resources should also be mobilized and developed. As argued, Chinese medicine today is a historical product of several thousand years. Its potential values and contributions cannot be disregarded purely on the ground that its theoretical rationale and medical effects have no scientific basis. Instead of rejecting the entire tradition, we should draw on its rich fund of experience and resources so as to remedy the deficiencies of Western facilities and to make more services available for use by the local population.

So far my argument for the development of Chinese medicine is primarily a quantitative one. It should be underscored that its development will also contribute to the quality of medical

care in general. Many clinical practices in China have proved that for some medical purposes the traditional approach alone or its combination with modern Western techniques is more efficient than the Western approach alone. It is not only more effective, but is also safe, simpler, and more economical. The effect of acupuncture anesthesia for surgical operations is a well-known example.[16] Others include the notable successes in treating extensive burns covering over 80 percent of the body surface, in rejoining severed limbs even ten or eighteen hours after injury, and in dealing with chronic diseases like neuralgia, arthritis, neurasthenia, and sequela from infantile paralysis.[17] The successes in China clearly indicate that the efficacy of medical care will be improved if we push forward the growth of Chinese medicine and then systematically combine it with Western methods.

However, a major prerequisite to the utilization of Chinese medical resources in Hong Kong is the control and improvement of the technical quality of Chinese medical practice. Granted that the medical knowledge itself is sound, the most serious problem faced by traditional medicine in Hong Kong today is the lack of uniform control over the education and practice of its medical practitioners. Some practitioners are well qualified, while others are quacks. To overcome this deficiency, I suggest that a Government-recognized College of

Chinese Medicine (preferably to be affiliated with the University) and a Chinese Medical Council of Hong Kong should be established. These two institutions would take the responsibility of providing and maintaining minimum technical standards of Chinese medical services. They would have control over the training of students, registration and licencing of medical practitioners, and ethics of medical practice. Chinese medical practitioners who are trained by the College or are registrable with the Council should be recognized by law as duly qualified doctors. However, it is expected that the vested economic interest of Western-trained doctors will appear as a resistant force to the legitimization of Chinese medical practice. To legitimize their counterparts means an increase of "rivals" in the free market of medicine and health. Hence, it would be helpful if both the Government and the University could play an active role in the process of legitimizing and developing Chinese medical practice. With its political power the Government could enforce a legal recognition of Chinese medical care, while the University with its academic status could confer the technical competence of Chinese medical practice and thus contribute to its social legitimacy.

In addition to the control function the College and the Council should also aim at systematizing and upgrading the knowledge and skills of Chinese medicine. Since the scientific method has been proved to be the most effective approach to the

development of valid knowledge and to the betterment of social life, it should be introduced into the Chinese medical system for the purpose of testing and improving the medical effects of traditional herbs and techniques. New discoveries in Communist China should be reconfirmed and then made available for use by medical students and practitioners.

The introduction of uniform standards and scientific procedures into the profession of Chinese medicine would generate several advantages. First, the Western-trained doctors who are presently dominating the medical care system in Hong Kong would be less skeptical of the competence of their Chinese medical "subordinates", and would then become less resistant to the development of Chinese medical services. Second, those Chinese people who prefer to consult Chinese medical practitioners would be able to receive adequate care, and would be protected from running into quacks. Third, the utilization of Chinese medical services by the local population would be increased. Let me elaborate on the last point.

It seems that many Chinese residents in Hong Kong have deep-rooted interest and belief in their own medical tradition. As I have found, most Chinese people normally keep certain Chinese medical drugs at home for possible self-medication; most of them also prefer Chinese to Western medical approach in respect to tonic care, minimum side-effects, and the treatment of disease

rather than symptoms. Another indicator of the public's interest in traditional approach is the fact that a number of Chinese newspapers and magazines in Hong Kong have special columns discussing and popularizing the nature and use of Chinese medicine. All these facts suggest that many Chinese in Hong Kong have not yet entirely given up their trust in and dependency on the traditional knowledge and skills of medicine. In fact, as I have found, although most residents more often consult Western-trained doctors, many of them make use of Chinese medical services at about the same time. Hence, given that the public is assured of the technical qualification of Chinese medical practitioners, the utilization of Chinese health resources would be increased.

In order to increase the utilization of qualified Chinese medical practice by the public, we should also consider two major obstacles: (1) the rising cost of Chinese medical care, and (2) the inconvenience in taking Chinese medicines. Many residents as well as Chinese medical practitioners have made complaints about the cost of Chinese medical herbs becoming increasingly expensive. For the treatment of most diseases, it has become more expensive to use Chinese than Western medical care. Up to now, the Government and a great majority of the voluntary agencies in Hong Kong have been providing and supporting only the Western medical and health services. In order to increase the availability of adequate medical care to the public,

especially to the poor, both the Government and the voluntary agencies should begin to offer or subvent accessible, low-cost, and qualified Chinese medical services to the people. Otherwise, the use of traditional medicine will gradually become a privilege of the well-to-do, unattainable for the people-in-the-middle or the poor.

Another obstacle to the use of Chinese medicine is the amount of time and effort required for preparing medicinal herbs for consumption. Most herbs are in the form of preserved roots and brews. It takes special effort to prepare them for medical treatment. A solution to this problem is transformation of medical herbs into patent medicines. In recent years, pharmaceutical workers in Communist China have already made a substantial contribution in this area. By means of scientific methods of extraction, they have succeeded in putting before the mass public a number of traditional medicines in the form of tablets, medicated liquor, or capsule and condensed pill. To name a few examples, these drugs include those used in treating schistosomiasis, tumour and fulminating epidemic cerebrospinal meningitis, and for curing septic shock resulting from toxic dysentery.[18] Many of the Chinese patent medicines are also available for purchase in the Hong Kong market. It is suggested that medical practitioners and local residents should be advised to make use of these medical products. I believe that the availability of

patent medicines, together with the accessibility of qualified low-cost services, would greatly increase the utilization of Chinese medical care by the local population.

Up to this point I have argued, and have also identified some possible ways, for increasing the utilization of Chinese medical resources in Hong Kong and for controlling and improving the technical quality of Chinese medical practice. I have also suggested that both Western and Chinese medicine should be combined and integrated into a cohesive whole. The integration, I believe, would upgrade the efficacy of medical care. However, in view of the Western medical dominance in Hong Kong, would the Western-trained doctors accept the idea of integration with Chinese medicine? My answer is positive. Let me spell it out.

First, as I have reported and argued, most Western-trained doctors distrust the quality of Chinese medical practitioners in Hong Kong rather than that of medical knowledge itself. If they were convinced that Chinese medical practice is under appropriate control and that its medical effects have been examined by scientific procedures, then they would become less resistant to Chinese medicine.

Second, under the impact of medical advancement in Communist China, there have recently appeared several movements within the Western medical profession in Hong Kong toward

learning and adopting the Chinese medical skills. Let me give a few examples. University medical students who receive formal training only in Western medicine have organized a public exhibition of Chinese medical herbs and techniques. Several articles have been published in the official newspaper of the University Student Union's Medical Society accusing the University Medical School for its exclusion of traditional medicine. Several renowned Western-trained doctors have been publicly advocating the unification of Chinese and Western medicine. More important is that they have taken the initiative to establish a small Chinese Medical Research Center as a beginning step toward integration. The Center currently places its focus on acupuncture and has already given training to about one hundred Western-trained doctors. The Hong Kong Medical Association is also planning to offer a series of lectures about acupuncture to its Western-trained members, while some faculty members in the Departments of Physiology and Anatomy at the Hong Kong University Medical School have been undertaking scientific research on the effects of acupuncture.

In light of the aforementioned two points, I tend to believe that when Chinese medicine is under appropriate control and is developed through the use of scientific method, Western-oriented doctors and students in Hong Kong will become increasingly receptive to the idea of integration. Now the question arises, how do we facilitate the integration?

The long-term goal should be the integration of both Chinese and Western medical knowledge and skills into a single, cohesive system. The most fundamental approach to achieve this goal is joint research. The central question to be tackled is, which method is the best for dealing with what disease? Both Chinese and Western-trained medical and health workers should research together and evaluate in a scientific manner the relative efficacy of Chinese medicine, Western medicine, and a combination of both, for dealing with various kinds of medical and health problems. Preferably, these research workers would maintain close contact and frequent exchange with those doing similar research in Communist China. It is also suggested that local hospitals in coordination with medical schools should play a crucial role. They normally have a rich amount of financial, intellectual, and technological resources for medical research. No less important is that in hospitals we can find a great variety of patients and disease-patterns.

Concomitant to the undertaking of joint research, we should encourage and assist students and practitioners in learning the other tradition. Intercommunication and mutual understandings will reduce the skepticism between the two groups, and will subsequently contribute to the confluence of Western and Chinese traditions. Many measures can be employed to facilitate the communication flow. For instance, medical

school and professional associations should regularly offer lectures and training programs about the other medical approach; joint conferences and seminars should be held so that medical workers of both traditions can exchange their theoretical insights, research results, and clinical experiences; journals and brochures about the similarities, differences, or relationships between the two medical approaches should be published and then widely disseminated to students and practitioners.

The third approach to achieve the goal of integrating medical knowledge is the coordination of existing Western and Chinese services. As I have reported, many residents in Hong Kong have attempted to make use of both Western and Chinese methods in the treatment of disease. These medical recipients are the ones who currently attempt to "coordinate" and "integrate" the two medical approaches. If we accept the proposition that laymen are technically incompetent in making the coordination, then these recipients are indeed running a great risk. I hence suggest that medical practitioners should take the initiative to coordinate with each other. It will protect the local population from mis-combining the two approaches. An added virtue is that the experience of practicing in coordination with each other will subsequently contribute to the integration of knowledge and skills. The question is, how do we make the coordination possible?

At least two conditions have to be met. Medical practitioners of both traditions must be (1) willing and, also, (2) able to coordinate in medical practice. As I have argued, if intercommunication and mutual understanding were facilitated, practitioners of one medical tradition would be increasingly willing to cooperate with their counterparts. Willingness is necessary, but it is not sufficient. They must have the ability to work together, which depends on whether they know the conditions under which they should or should not coordinate. As I have suggested, a major contribution of joint medical research is the discovery of which method is the best for dealing with what disease. Hence if joint studies are in progress, I believe that a medical practitioner will be increasingly able to work with those of the other medical tradition. He can easily find the right answer to the crucial question: Whom should he consult with or refer patients to in dealing with what disease?

When medical practitioners become increasingly willing and able to cooperate in medical practice, there will gradually emerge a colleague network between Western-trained and Chinese practitioners for mutual consultation and for patient referrals. Although such a network may appear and function in an informal and voluntary basis among some practitioners, it would be desirable if hospitals and community health centers could foster the coordination by purposefully designing and formulating medical

teams composed of practitioners from both traditions. In this paper, I do not intend to engage in a detailed discussion about the structure of the medical team. Nevertheless, let me suggest a few rudiments of a possible scheme.

I think that the key member of the medical team ought to be a "generalist" who has received basic training in both Western and Chinese tradition, while other members would be specialists in some areas of Chinese or Western medicine. The generalist would make the initial diagnosis. He may then either refer the patient to the appropriate specialists in the team or provide treatment in consultation with some specialists. In either case, he should be responsible for coordinating the team members in the process of diagnosis and treatment. Whenever appropriate, the patient should be allowed to choose between Chinese and Western-trained specialists. From such a medical team, the patient will be able to receive specialized yet comprehensive and coordinated care of both Chinese and Western medicine. It is reminded that the distinction between Chinese and Western practice in the informal colleague-network or medical team will steadily decline as Chinese and Western medical knowledge and skills are increasingly integrated into a unity.

In short, I have suggested three possible approaches to achieve the long-term goal of integrating both Chinese and Western medical traditions into a cohesive whole; they are

joint research, intercommunication, and coordination of medical practices. If the integrated whole continues to be developed by incorporating the major medical traditions in other societies such as those in India, the Middle East and African countries, then the ideal of forming "World medicine" will be gradually realized.

SUMMARY AND DISCUSSION

The objective of this paper was to examine the existing pattern of relationships between traditional Chinese and modern Western medical services in the British Colony of Hong Kong, for the purpose of identifying some realizable ways for unifying the two traditions.

The existing pattern of relationships between Chinese and Western services in Hong Kong's pluralistic health care sector can be characterized as "non-interactive" and "unequal". Although the locational distributions of Western and Chinese services are strongly associated and are both dependent on population size and socioeconomic status, there exists very little interaction and exchange between medical practitioners of the two traditions. Moreover, because of its ties to political power and scientific ideology, Western medicine has been dominating the entire sector of health and medicine. There are more traditional practitioners than Western-trained doctors in Hong Kong, but these traditional practitioners are held in low esteem. Western medicine is legally recognized, but Chinese medicine is not. Most local residents are generally in favor of Western medical care rather than Chinese medicine, although they are dependent upon traditional methods in some specific ways. Western-trained doctors are mainly skeptical of the

technical competency of traditional practitioners, although they seem to have trust in the efficacy of Chinese medical knowledge itself. It is suggested that the major problem faced by Chinese medicine in Hong Kong today is the lack of uniform control over the training and practice of traditional practitioners.

I have proposed that Chinese medical resources in Hong Kong be revived and developed on the basis of two considerations. First, the existing Western medical facilities are inadequate in meeting the health needs of local residents. Second, the efficacy of traditional medicine cannot be rejected outright merely on the ground of scientism, as demonstrated by medical progress in China. In order to push toward an increase of utilization and an improvement of medical efficacy, we should introduce uniform standards and scientific methods into the profession of Chinese medicine. We should also increase the availability of Chinese patent medicines and of low-cost Chinese medical care. Furthermore, the medical knowledge and skills of both traditions should be systematically combined into an integrated whole through the undertaking of joint medical research, exchange of information, and coordination of medical practice. The creation of a new medical science which would incorporate the best of both Chinese and Western approaches would upgrade the quality of medical care and make greater contributions to humanity.

On the basis of the above analyses, some general statements may be suggested. Nowadays, modernity has become an important goal of most nations throughout the world. For most developing nations, however, modernization in effect means Westernization. It is the process of change towards those types of institutional and technological systems that have been developed in advanced Western societies such as the United States, England, and Germany. A typical example is the dominance of Western medicine in the health sector of most developing societies. Because of its Western origin and scientific technology, Western medicine has been stressed to the exclusion of traditional medicine. Is the policy of Western medical dominance an appropriate strategy for the development of medical and health care services?

The goal of a health care system is to provide the best care to most people. This goal implies two basic elements, i.e., the quality as well as the quantity of medical care. Because of their low levels of economic development, developing societies usually have extensive needs for medical care; but they do not possess the necessary resources for providing sufficient and high-quality Western medical services. As a result, the limited number of high-quality Western medical facilities favours the relatively rich minority at the expense of the mass of people in poverty status. To foster the development of both quantitatively and qualitatively adequate medical care to the people,

we may follow Mao Tsetung's calling for "walking on two legs". In other words, concomitant to the development of Western medicine, medical and health workers in developing societies should also mobilize and refine, rather than exclude, their traditional medical resources.

Some traditional medical techniques may be magical and superstitious, but many of them have been used on empirical basis. They must be functional in some ways, otherwise they could not have survived the test of centuries. Furthermore, it has been demonstrated by this paper and many other studies that even if Western services were abundantly available, a number of people would remain dependent upon traditional methods in one way or another.[19] Hence, if the rich fund of empirical experience in traditional medicine were mobilized and refined, it would not only increase the quantity of qualified medical care, but also protect the people from using unqualified traditional practice. In addition, as demonstrated by the notable successes in China, the incorporation of traditional skills into Western medical science would contribute to the advancement of medical theory and practice. The question is, how should traditional medicine be developed?

What is the most important is to modernize both the technical and the organizational content of traditional medical practice. The technical efficacy of traditional medicine should

be modernized through the application of scientific methods. In other words, traditional techniques should be systematically classified, and their medical effects should be tested and modified on the basis of logical reasoning and objective data. When appropriate, traditional medicines should be put into the form of medicated liquor, pill or inoculation.

To modernize the organization of work, the most important task is to introduce into the traditional medical profession minimum technical and ethical standards for training and practice. Traditional knowledge and skills should be taught in University classrooms with standard textbooks, instead of being passed on through apprenticeship. Professional coordination in the form of mutual consultation or patient-referrals should be encouraged. Traditional practice should be incorporated into hospitals and health centers. Voluntary agencies and the Government should provide accessible, low cost, high quality traditional services to the public.

To conclude the discussion, let me restate the central proposition of this paper. In order to provide the best medical care to the greatest number of people, medical and health workers should attempt to re-examine the knowledge and practice of traditional medicine, to modernize the technical as well as organizational content of work, and to selectively incorporate the traditional approach into modern Western medicine. To discard outright

the traditional medicine which has been accumulated for centuries is in fact "unscientific" behavior. Let us look forward to the creation of a single modern medical science which is built on the best of all medical traditions throughout the world.

FOOTNOTES

[1] For a comprehensive description of the historical evolution of Chinese medicine, see Pierre Huard and Ming Wong, Chinese Medicine, N.Y.: McGraw-Hill Book Co., 1968.

[2] This is not the occasion to describe in depth how Western medicine has come to replace Chinese traditional methods and what kinds of tensions or issues were involved. For a comprehensive and useful orientation to this subject, see Ralph C. Croizier, Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change, Harvard University Press, 1968.

[3] Ralph C. Croizier, op. cit., pp. 14 - 19.

[4] Hou Chin-wen, "Mao Tsetung Thought Lights up The Way for the Advance of China's Medical Science", Peking Review, Vol. 13, No. 25 (June 1970), pp. 23-27. For an elaborated social-scientific analysis of the role of political ideology in the development of China's health care system, see Geoffrey Gieson, " Chinese Medical Practice and The Thoughts of Chairman Mao", Social Science and Medicine, 1971: 1-25. Gieson argues that the thoughts of Mao serve as guide to treatment priorities, basis for diagnosis and therapy, explanation of health care failures, rationale for health delivery systems, channel for patient gratitude, justification for health, sensitivity training for health workers, basis for health enthnocentrism, and also as motivational devices for health workers and patients. Robert Chin in his unpublished paper "Changing Health Conduct of the New Man in China" (prepared for a conference sponsored by the University of Michigan School of Public Health and the Macy Foundation, May 14-17, 1972) has also explicitly pointed out that health behavior in China is more accurately described as health "conduct", because it is moral and political.

[5] It is not the intention of this paper to engage in a comprehensive description of the dynamics in China's health care system. Nevertheless, let me suggest a few concise and relevant literature as follows. Chien Hsin-Chung, "Chinese Medicine: Progress and Achievements", Peking Review, February 1964, pp. 16-19. "China: Revolution and Health" in The Health-PAC Bulletin (No. 47, December 1972) published by the Health Policy Advisory Center, New York. Susan B. Rifkin and Raphael Kaplinsky, "Health Strategy and Development Planning: Lessons From the People's Republic of China", The Journal of Developmental Studies, Vol. 9, No. 2 (January 1973), pp. 213-32.

[6] Census and Statistics Department, Hong Kong Population and Housing Census in 1971: Basic Tables, published by Hong Kong Government, June 1972.

[7] Harold A. Gould, "The Implications of Technological Change for Folk and Scientific Medicine", American Anthropologist, Vol. 59, No. 3 (1957), pp. 507-16. On the basis of the data from a North Indian village, Gould has given a penetrating analysis of the interaction between folk medical practice developed in the indigenous culture and scientific medicine borrowed from the West.

[8] Harry S.Y. Fang, ed., Medical Directory of Hong Kong, The Federation of Medical Societies of Hong Kong, 1970. Also see "Medical Services" in Hong Kong Year Book, published by Wah Kiu Yat Po, Hong Kong, 1973.

[9] G.H. Choa, Hong Kong Annual Departmental Report of Medical and Health Services for the Financial Year 1971-72, published by Hong Kong Government, 1972.

[10] For an excellent discussion on the mechanisms for, and pitfalls of, professional autonomy in medicine and health, see Eliot Freidson, Profession of Medicine, N.Y.: Dodd, Mead and Company, 1972.

[11] See "Hong Kong's Medical & Health Services", issued by Government Information Services, Hong Kong, in July 1970. This total includes 1,844 doctors registered with the Medical Council of Hong Kong, and 473 unregistrable but permitted doctors who were mostly trained in China and a few in other countries such as Germany and France.

[12] For a more comprehensive description of the Kwun Tong community, see "A Preliminary Ecological Analysis of the Development of Kwun Tong, 1954-70", by Sidney Wong, The Social Research Centre, The Chinese University of Hong Kong, December 1970.

[13] For a comprehensive description of the research procedures and statistical findings of the three health surveys, see my research reports and papers published by the Social Research Center, The Chinese University of Hong Kong in 1972; they are "Population, Housing, and the Availability of Medical and Health Services in An Industrializing Chinese Community", "Spatial Distributions of Modern Western and Traditional Chinese Medical Practitioners in An Industrializing Chinese Town", "Study of Health Systems in Kwun Tong: Health Attitudes and Behavior of Chinese Residents", and "Study of Health Systems in Kwun Tong: Organizations and Attitudes of the Western-trained and the Traditional Chinese Personnel in an Industrial Community of Hong Kong".

[14] Percentages are roughly estimated on the basis of the survey results obtained by the Hong Kong Medical Association in 1969.

[15] "Hong Kong's Medical & Health Services", published by the Government Information Services, Hong Kong, 1970.

[16] See the bulletin Acupuncture Anaesthesia, published by Foreign Languages Press, Peking, 1972.

[17] The Revolutionary Committee of the Chinese Academy of Medical Science, "Developing China's Medical Science Independently and Self-Reliantly", Peking Review, Vol. 13, No. 1 (January, 1970), pp. 24-30.

[18] For a detailed list of the products and a description of their medical functions, see the bulletin Chinese Patent Medicine published by Chinese Patent Medicine and Medicated Liquor Exhibition in Hong Kong, June 1972. For a brief report of the development of pharmaceutical industry in China, see The Revolutionary Committee of the Chinese Academy of Medical Science, op. cit., pp. 24-30.

[19] For a good example, see Harold A. Gould, op. cit., pp. 507-15. Gould reported that in a North Indian Village, folk medicine tends to serve the chronic non-incapacitating dysfunctions while scientific mode of healing serves critical incapacitating dysfunctions.