

Original Article

Perception of Traditional Medical Doctors on Policy Issues in Korea: Cooperation with Western Medicine, and the Demand and Supply of Practitioners

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Objectives: This study was conducted to explore the contemporary perception of traditional Korean medical doctors (TKMDs) on traditional Korean medicine (TKM) policies and issues.

Methods: A questionnaire that included traditional medicine policy- and treatment-related issues was sent to 130 TKM medical centers and 4,300 TKM local clinical offices in Korea, and received responses from total 648 TKMDs in 122 TKM medical centers and 465 TKM local clinical offices.

Results: Of the responding TKMDs, 40% believed that unification of Western and traditional medicines would benefit both modes of medical treatment, 67.6% were against allowing Chinese doctor certification to be effective in Korea through the Korea-China FTA (Free Trade Agreement), and 57.8% believed that the number of TKMDs should be reduced. We also found that 46.1% of TKMDs believed that more lectures on Western medicine would be needed in schools of TKM. Moreover, 87.5% of respondents regarded medical knowledge as necessary for treatment, and 49.4% believed National Certification Commission for Acupuncture and Traditional Medicine (NCCAOM) would be not necessary. TKMDs regarded governmental efforts as more vital than education in schools or individual efforts for enhancement of the traditional medical care market in Korea. To efficiently provide the advantages of complementary CAM, such as cost and safety, detailed research is required when policy is made.

Conclusions: The TKM industry must implement policies how the relationship with Western medicine can be better defined under the current dual medical system. On the issue of human resources, more research will be needed on the current policy, which serves to maintain the status quo by blocking the importation of Chinese practitioners and by reducing the number of new practitioners.

Key Words : Traditional Korean medicine, complementary and alternative medicine (CAM), policy, relationship with Western medicine, traditional medical doctors, cooperative medical System

Introduction

Due to rapid socioeconomic growth and aging of the population in advanced countries, a change in the current health and medical systems is required to resolve the increase in chronic degenerative diseases, the health issues of senior citizens, and rising medical costs¹⁾. In light of this issue, the importance

of traditional or alternative medicines has increased in the systems of national medicine as well as the economy²⁾. In the US, alternative medicines are woven into treatment with Western medicines by promoting the integration of CAM. This may be accomplished by governmental medical organizations, medical education research, and the insurance system³⁾. It is important that our TKM industry also

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participate in these epochal changes and secure its competitiveness. In order to do this, the proper TKM policies should be developed and carried forward by analyzing both domestic and foreign environment and changes.

The first issue to be resolved in the nation concerns the policy of establishing Korean traditional medicine's relationship with Western medicine. To date, the policy linking Korean traditional and Western medicine has embodied only awareness that practitioners in both fields must actively pursue cooperative diagnoses and treatments based on their mutual understanding and respect⁴⁾. However, it can be said that such efforts entailed some difficulties due to the sense of mutual exclusivity borne by the practitioners themselves and certain conflicts of interest, as well as the lukewarm reactions of the government and academia⁵⁾. These conflicts with Western medicine do not aid in any way the attempts to adapt to global changes, to improve the quality of the national healthcare system, and to protect the health of our citizens.

Beyond our country, specific plans must be made to globalize TKM. In particular, if the notion of globalizing its human resources is divided into two groups, one alternative would consist of an 'introverted' globalization where foreign practitioners would be accepted into their market, while the other would be an 'extroverted' one of exporting their practitioners abroad to expand into foreign markets⁶⁾. However, the TKM industry does not have any clear policy or a road map to the globalization of TKMD manpower, whether introverted or extroverted. The TKM world must regularly assess TKMDs' recognition and willingness to adapt to a cooperative system incorporating both Western and TKM as well as exploring policies for promoting the globalization of TKM and apply to policy formulation so that the policies can be optimized. Therefore, this

study was aimed to provide fundamental data needed to execute future policies by investigating the awareness of sensitive and important TKM policies.

Methods

1. Target

We randomly sent questionnaires to 130 TKM medical centers and 4,300 TKM local clinical offices, receiving responses from 1113 TKMDs in 122 TKM medical centers (648 TKMDs) and 465 TKM local clinical offices (465 TKMDs) throughout Korea.

2. Method of research and evaluation

1) The survey was carried out from September 15 through December 10, 2008. The questionnaire explored government policy on enhancement of traditional medicine, necessary factors in education of traditional medicine, and conditions required for traditional medical treatment.

2) Responses were compared using statistical analysis

3. Consideration about timely of the survey results

Since this survey was performed four years ago (in 2008), it could be seen as unsatisfactory as a policy paper. However, there has been no significant change in the policies and environment of TKM in the meantime. At the survey point in 2008, awareness of TKMDs about the policies was clarified. It will be of important to examine the changing progress through a survey of such items in the future.

Table 1. Demographic Characteristics of the Survey Respondents.

Total		Respondents (N)
		1,113
Age	21~30 years	381
	31~40 years	380
	41~50 years	247
	51~60 years	58
	Over 61 years	22
	No data	25
Gender	Male	814
	Female	254
	No data	45

Results

1. Social and demographic characteristics

When we assessed social and demographic characteristics of the targeted TKMDs, the highest number of respondents (n=381, 34.2%) was found between 21- and 30-years-old. In addition, 34.1% of TKMDs (n=380) were aged 31 to 40 years and 22.2% (n=247) were 41 to 50 years. The average age of all respondents was 36.4-years-old; the youngest and the oldest respondents were 24 and 84 years of age, respectively. Of the respondents, 73.1% (n=814) were male and 19.2% (n=214)

were female (Table 1).

2. TKMD perceptions of traditional medicine development

When we asked about the necessity of unification between Western and traditional Oriental medicine 14.0% (n=134) and 26.0% (n=249) of the respondents replied “strong yes” or “yes”, respectively, and 18.4% (n=176) expressed “neutral”. In contrast, only 19.6% of them (n=188) and 15.4% (n=148) replied “no” or “strong no”, respectively, and 6.6% (n=63) replied “not sure”.

Table 2. Traditional Medical Doctors' Perceptions on Development of Traditional Medicine

Policy Item	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	No opinion	Total
1. Need for unification of Western and traditional medicine.	134 (14.0%)	249 (26.0%)	176 (18.4%)	188 (19.6%)	148 (15.4%)	63 (6.6%)	958 (100.0%)
2. Need for modern medical knowledge in traditional medicine.	403 (36.4%)	566 (51.1%)	121 (10.9%)	11 (1.0%)	3 (0.3%)	4 (0.4%)	1,108 (100.0%)
3. Need for curricula of Western medicine in traditional medical school	140 (12.6%)	372 (33.5%)	384 (34.6%)	179 (16.1%)	28 (2.5%)	7 (0.6%)	1,110 (100.0%)
4. Need for opening traditional medicine market through the Korea-China FTA	25 (2.3%)	67 (6.1%)	200 (18.1%)	340 (30.9%)	404 (36.7%)	66 (6.0%)	1,102 (100.0%)
5. Need for NCCAOM examination procedures	43 (3.9%)	110 (10.1%)	288 (26.4%)	352 (32.3%)	186 (17.1%)	111 (10.2%)	1,090 (100.0%)
6. Need for reducing the number of newly licensed TKMDs	285 (25.7%)	356 (32.1%)	266 (24.0%)	123 (11.1%)	49 (4.4%)	29 (2.6%)	1,108 (100.0%)

Table 3. Survey Results on the Country that has the Best Traditional Medicine Model

South Korea	China	Japan	Taiwan	U.S.A.	Other	Total
568	305	85	14	7	86	1,065
(53.3%)	(28.6%)	(8.0%)	(1.3%)	(0.7%)	(8.1%)	(100.0%)

On the demand of modern medical knowledge for the treatment with traditional medicine, 87.5% (n=969) of TKMDs surveyed responded positively; 36.4% (n=403) with “strong yes” and 51.1% (n=566) “yes”. Only 1.3% (n=14) of them replied “no”, “strong no”, or “neutral”.

Another issue was whether additional curricula on Western medicine would be necessary in schools of traditional medicine. The results revealed that 46.1% (n=512) of respondents affirmatively considered on the issue: 12.6% (n=140) “strong yes” and 33.5% (n=372) “yes”. In contrast, 34.6% (n=384) of them replied “neutral” and 18.6% (n=207) were opposed to the idea: 16.1% (n=179) “no” and 2.5% (n=28) “strong no”.

On questioning about the need for opening of the traditional Chinese medicine market through a Korea-China FTA, 2.3% (n=25) of respondents (2.3%) expressed “strong yes” and 6.1% (n=67) replied “yes”. In contrast, 30.9% (n=340) and 36.7% (n=404) of them responded “no” or “strong no”, indicating substantial number of TKMDs (67.6%, n=744) oppose the FTA. Of the respondents, 18.8% (n=200) replied “not sure”.

On the necessity of examination of NCCAOM, 49.4% (n=538) opposed the idea; 32.3% (n=352) “no”; and 17.1% (n=186) “strong no”, indicating that almost half of TKMDs are not interested in practicing medicine abroad such as the US, where the complementary and alternative medicine

(CAM) market is being raised. In contrast, 26.4% (n=288) of respondents said “neutral”, and 14.0% (n=153) agreed to the demand: 3.9% (n=43) “strong yes” and 10.1% (n=110) “yes”.

In terms of the number of newly licensed practitioners of TKM, 57.8% (n=641) of the respondents agreed with reducing the number of practitioners: 25.7% (n=285) “strong yes” and 32.1% (n=356) “yes”. In contrast, 11.1% (n=123) and 4.4% (n=49) of them said “no” or “strong no”, respectively, and 4.4% (n=49) replied “neutral”.

3. Research on other traditional medicine-related perceptions

The next survey questions were on the leading country of traditional medicine. Of the respondents, 53.5% (n=568) and 28.6% (n=305) believed it was “Korea” or “China”, respectively. Only 8.0% (n=85) and 1.3% (n=14) chose “Japan” or “Taiwan”, respectively (Table 3).

Additionally, the survey was asked which country has made the most contribution to developing traditional medicine, and 67.7% (n=728) and 26.0% (n=280) of the respondents said “China” and “Korea”. Only 1.4% (n=15) and 1.1% (n=12) answered “the US” or “Japan”, respectively (Table 4).

On the topic of the principal organization of TKM-related policy, 39.2% (n=48) answered “The Association of Korean Traditional Medicine” and

Table 4. Survey Results on the Leading Country to Develop Traditional Medicine.

China	South Korea	USA	Japan	Taiwan	Other	Total
728	280	15	12	0	40	1,075
(67.7%)	(26.0%)	(1.4%)	(1.1%)	(0.0%)	(3.7%)	(100.0%)

Table 5. Survey Results on the Principal Organization of TKM-related Policy

AKOM*	Government	COM**	KIOM***	CO****	Other	Total
480	249	181	32	10	121	1,073
(44.7%)	(23.2%)	(16.9%)	(3.0%)	(0.9%)	(11.3%)	(100.0%)

* AKOM: The Association of Korean Oriental Medicine

** COM: College of Oriental Medicine

*** KIOM: Korea Institute of Oriental Medicine

**** CO: Civic Organization

23.2% (n=249) said “the Korean Government”. “Schools of Traditional Medicine” (3.0%, n=32) and “Korea Institute of Oriental Medicine” (3.0%, n=32) were ranked equal in lower sequence (Table 5).

Discussion

This study consists of a survey of practitioners on several important and sensitive questions pertaining to policies on traditional Korean medicine (TKM). The six survey questions were simple and appeared to be independent of each other although they were closely related. Questions regarding the establishment of the relationship between traditional and Western medicine, the need for Western medical science in Korean traditional clinical offices, and the importance of providing education on Western medicine in schools of Korean traditional medicine, can be said to be related questions. Externally, questions regarding a free trade agreement (FTA) with China, the National Certification Commission for Acupuncture and Traditional Medicine (NCCAOM) examination in the US, and the reduction of the number of new practitioners in Korea are linked to each other. These issues are difficult to resolve given the complexity of the interplay between the government, medical industry organizations and consumer groups, as well as the fact that some of the policies would require the consent of the public at large.

The first survey question concerns the establishment of the relationship between TKM and Western medicine. The TKM system was established as a result of the 1951 National Medical Services Law. Since then, Western and TKM have enjoyed equal rights and duties and are maintained under a dual system⁷⁾. To replace the current structure, those on the Western side wish to adopt a unification policy, whereas those on the Korea Traditional side wish to establish a cooperative medical system.

Our survey asked the TKMDs (n=1,113) using the word “unification” a term associated with Western practitioners; 40.0% of the TKM practitioners responded “yes” to supporting “unification”; 18.4% expressed neutrality; and 35.0% were opposed to the idea. Another study built on the same policy theme using the term “cooperative medical system” (n=50) resulted in 96.0% responding “yes” to cooperative practice⁴⁾. This result is not surprising since the survey question wording matches the policy objectives of TKMDs.

The survey researched the respondents’ opinions as to whether practitioners would agree to the recognition of the independent practice of TKM together with the consolidation of licenses to practice medicine under a same licensing system (n=150), with 57.7% responding “yes”⁸⁾. To another survey (n=91), 58.3% replied “yes” while 41.7% said “no” to a question about the need to unify the two medical systems. A survey on cooperative systems yielded a 90.7% “yes”⁹⁾.

The results of these surveys show that more than 90% of TKMDs actively support the idea of collaborative practice with Western practitioners, and that 40.0%, 57.7%, and 58.3% of them are also ready to accept a unified system. However, the survey results showed that 90% of TKMDs agree to collaborative practice, and that 50% of them agreed to a unified system, indicating that the implementation of such policies in the future will not be easy due to huge conflicts within the TKM industry. The reason why the policy for establishing the relationship between the two industries (whether it be collaboration or unification) cannot be ignored is apparent from the following survey results. To the question as to whether knowledge of Western medicine is necessary in the diagnosis and treatment of their patients, 87.5% of TKMDs surveyed replied “yes”, while only 1.3% replied “no”. A related question asked whether courses in modern medicine should be added to the curriculum of schools of TKM, to which 46.1% replied with a “strong yes” while 34.6% commented that the need is an ordinary one. Data show that education in Western medicine in schools of TKM accounts for 32.6% of the total time of education and 22.3% of course credits, and that the weight given to Western medical training is gradually increasing in schools of TKM¹⁰⁾.

The research results show without objection that the practitioners of TKM do accept the idea that knowledge of Western medicine is necessary in the management of human health and the treatment of diseases. However, most of the research on TKM education performed by the industry deals with improving its pedagogy, while its research on Western medicine education is almost non-existent. The transformation of schools of TKM in this regard would appear to be very difficult if not impossible. However, such problems can be solved only by the industry and

no one else¹⁰⁾.

The next topic of policy discussion concerns the supply of and demand for TKMDs licensed in Korea, and comprises the following issues: an FTA with China, examination under the NCCAOM, and a reduction of the number of newly licensed practitioners. The results of past studies concerning the demand and supply of TKM practitioners all show that there is an over-supply of practitioners. However, the studies indicate different years for the beginning of the surfeit of practitioners, namely 2000, 2002, and 2009^{11,12,13)}. The most urgent policy for the TKM industry is maintaining an appropriate number of TKMDs. According to the results of this research, 57.8% of respondents strongly agreed with an opinion of reducing the number of newly licensed practitioners, while 24.0% moderately agreed with that opinion. The policy on the demand and supply of TKMDs in Korea would be affected by an FTA with China and an application for the US NCCAOM.

An FTA between Korea and China is currently in its preparatory stages, and there is no official opinion on the opening of the traditional Chinese medicine market or the trading of herbs between the two nations. The Association of TKM is already actively opposing the entry of traditional Chinese medical doctors. While no discussion has been made on the opening of the medical services market – one of the main negotiating points, the government is still conferring with research service groups and organizations. The TKM industry is quite concerned that the opening of the Korean market through the FTA will allow competition in the market even though there is already an excess of practitioners here in Korea¹⁴⁾.

In our research likewise, 67.6% of the respondents were opposed to the passing of the FTA with China. The flipside of this coin is that Korea’s traditional medicine practitioners are not

interested in emigrating out of their small national market and going abroad into China's traditional medical services market under the FTA. Likewise, 49.4% said they have no intention of taking the NCCAOM examination, which would allow them to practice in most of the states in the US. (10.2% never even provided an answer to this survey question.) Another survey (n=150) resulted in 72.3% of the respondents answering negatively to the question about the examination(8). The statistics show that a mere 25 practitioners in 2003, 60 in 2004, 95 in 2005, and 105 in 2006 took the NCCAOM examination¹⁵⁾. It follows that Korean practitioners are not interested in expanding overseas via this route, namely, that of taking an examination that would allow them to enter the supplementary-alternative medicine market in the US.

Thus, it can be said that the TKM industry is pursuing policies where entrance of traditional Chinese medicine practitioners will be blocked by preventing the opening of the medical market through a FTA with China and where the number of newly licensed practitioners in Korea will be reduced so that the current status quo in the Korean market can be maintained. The globalization of TKM will not take place with the maintaining of such a limited and passive set of policies on the part of the industry, but will rather be brought about by external forces. Of the practitioners surveyed, 44.7% were of the opinion that the Association of TKM had the ability to lead, and was in fact taking leadership of, the setting of the relevant policies. They think that the Association of TKM is the most powerful body, followed by the government at 23.2%, and the schools of TKM at 16.9%. Opinions such as these show that the practitioners trust the Association more than they do the government, and that they expect the Association to set and pursue clearer, more objective goals. This expectation exerts more

pressure on the Association. Of the respondents 67.7% believe that the global traditional dispensary market is led by China, followed by Korea at 26.0%. The two nations combined amount to 93.7%, and are thought to be the world leaders in terms of setting the policies and systems for the traditional dispensary. Also, 53.3% surveyed asserted that Korea is the only nation to have in place the most appropriate traditional dispensary system and policies, showing their strong level of pride in the structure of the TKM industry.

In conclusion, the results of the survey on important policies concerning TKM address the two main streams of policy: "Western medicine" and "human resources". The TKM industry must implement policies where the relationship with Western medicine is better defined than under the current dual medical system. On the issue of human resources, more research will be needed on the current policy, which serves to maintain the status quo by blocking the importation of Chinese practitioners and by reducing the number of new practitioners.

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Appendix 1.

Survey of Traditional Medical doctors on the role of government.

1. What is your Birth year _____
2. What is your gender ? ① Male ② Female
3. That need to activate traditional medicine (choose ○ expression from items below)

Policy Item	Strongly Agree	Agree	Neutral	disagree	Strongly disagree	No opinion
Need for unification of western and traditional medicine.	①	②	③	④	⑤	⑥
Need for medical knowledge when treating patients with traditional medicine.	①	②	③	④	⑤	⑥
Need for additional education of western medicine in traditional medicine school curriculum.	①	②	③	④	⑤	⑥
Need for NCCAOM test procedures.	①	②	③	④	⑤	⑥
Need for traditional medicine market trade opening through Korea-China FTA.	①	②	③	④	⑤	⑥
Need to reduce production of traditional medical doctors.	①	②	③	④	⑤	⑥
Which country do you think is the most appropriate traditional medicine model?	China	South Korea	USA	Japan	Taiwan	other (____)
Which country do you think will lead the development of traditional medicine?	China	South Korea	USA	Japan	Taiwan	other (____)
Which organization do you think is leading traditional medicine related policy and development in Korea now?	AKOM*	Government	COM**	KIOM***	CO****	other (____)

* AKOM: The Association of Oriental Medicine

** COM: College of Oriental Medicine

*** KIOM: Korea Institute of Oriental Medicine

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THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!