

POLITICAL PROCESS AND THE INTEGRATION OF TRADITIONAL AND WESTERN MEDICINE IN THE PEOPLE'S REPUBLIC OF CHINA

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Abstract—One of the major health policies in the People's Republic of China since the Communist Revolution in 1949 has been an unique effort to integrate Chinese Traditional and Western-style medicine. Mao Tse-tung called for a 'United Front' of the two medical approaches for reasons of cultural pride, economic necessity and political obligation. An analyses of this policy is presented combining previous discussions of the issue with material collected in the PRC in 1979. Four possible modes of response to the policy are hypothesized and data analyzed to suggest which mode they fit. It is suggested that four modes of response could have been, and continue to be, Total Integration, Selective Integration, Assimilation or Rejection. Data collected include (1) personal statements on preference for Traditional or Western medicine, (2) examples of institutional approaches to integration, (3) lists of conditions being treated with one or combined approaches and (4) examples of the teaching of Traditional medicine. The current status of the original policy is described based on a briefing at the China Medical Association. With reference to the implementation of the Integration policy, the tentative conclusion is that throughout the PRC health care system, Traditional medicine is subordinate to a Western medical frame of reference and Western-style practitioners. Selective integration is the typical mode of response.

INTRODUCTION

On the second floor of China Medical University Hospital in Shenyang is a small room with unique medical decor. The decorations are for the edification of visiting foreign friends. Half of a wall is handsomely lettered with the titles of medical conditions the hospital treats with Traditional herbs. Beneath each title is a list of symptomatology, the herbal prescription, the number of cases treated with success rates. The conditions are essentially 'acute abdomines' and include appendicitis, intestinal obstructions, gastric perforation, pancreatitis and gall stones. There is a featured display of this latter disease to which the visitor's attention is directed: a long table covered with several dozen Petrie dishes. Each holds a small collection of gall stones that range in size from $\frac{1}{2}$ to 4 cm³. The attending doctor relates that various patients 'passed' these stones aided by herbal medicines that enlarged the ducts sufficiently for this to occur. Thus, in a number of cases, gall bladder removal was avoided saving the patient the risks of surgery and its debilitating recovery period. The display also reflects an economical utilization of resources in a country of limited means. It typifies the variety of ways the health care system of the People's Republic of China has responded to Chairman Mao's 1950 dictum to integrate Traditional Chinese Medicine with Western Medicine. The People's Republic of

China, he declared, would create a new medicine and make a significant contribution to world culture.

In August of 1979, I had the opportunity to lead a health care study tour of the People's Republic. We visited some 17 different health facilities and talked to several dozen health workers. These ranged from neighborhood Red Medical workers in Peking to Barefoot Doctors in the distant rural commune of KaiAn north of C'hang C'hun. We toured simple health stations as well as a teaching hospital doing advanced research. A subject of particular interest to us was the attempt to integrate Traditional Chinese and Western medicine.

Our attention to this subject had been stimulated by reports of earlier visitors and enthusiasts who described the integration in glowing terms and held it up as a model of appropriate and desirable utilization of cultural traditions [1]. Our extensive material reflects the wealth of information we were able to obtain on this as well as other characteristics of the health system. This information was not gathered under ideal research circumstances and one must be cautious about generalizability.* However, it is extensive enough to permit a contribution to the on-going discussion of this unique experiment in the Chinese system.

A UNIQUE EXPERIMENT IN MEDICAL HISTORY

In July 1950, shortly after the revolutionary success of the Chinese Communist Party, and the Liberation of 1949, the First National Health Conference on Public Health was being held in Peking. Chairman Mao addressed that conference and laid out the four principles that were to shape, and continue to shape, the health care system of the People's Republic of China [2]: (1) medicine must serve the masses; (2) put prevention first; (3) health work should utilize mass

* Like most material gathered during study tours to the People's Republic of China, this is based on translations by China International Travel Services guides. These hard-working people carry out their task most conscientiously but with technical subjects like health care, errors can easily occur. Other problems of distortion are possible as well. However, conscientiously taken notes as well as cassette recordings were carefully transcribed to create a 230-page group journal of all briefings and discussion sessions.

campaigns: (4) integrate Chinese Traditional and Western Medicine.

This was not the first time Chairman Mao had made a public pronouncement on the utilization of Chung-i (Traditional Chinese Medicine). Nor was this a new issue in modern Chinese society. The fate of the old tradition had been a social and intellectual issue for a number of decades, back actually to the Ch'ing dynasty, the last of the Emperors. At issue was the usefulness and status of a 2000-year-old medical tradition that encompassed a fully articulated theory, a complex approach to medical diagnosis and a repertoire of treatment techniques. For example, an important element in its theoretical superstructure is the concept of Yin and Yang, hypothesized polar-opposite forces in the body that have to remain in harmony for the maintenance of personal health. Among its diagnostic techniques is the recognition of 12 different bodily pulse systems which can be utilized in the recognition of disease and illness. And among its treatment techniques are acupuncture, herbal remedies, moxibustion, cupping, massage and unique approaches to bone fracture. It claims efficaciousness on the basis of hundreds of years of clinical experience. It is the longest-lived medical tradition in human history, a complex component of the old Confucian culture. By the turn of the century, it was on its way to historical oblivion and consignment to the museum of medical oddities, victim to the rising dominance of Western bio-medical science although it still had a pervasive rural following.

Mao Tse-tung's political and economic interest in preserving Chung-i raised an old issue to new heights. He cast its future into the political arena, both in terms of the on-going evolution of national health policy and in terms of the local, day-to-day delivery of health care in the People's Republic of China. Rescued from repeated attacks in the face of the modern embrace of science, Mao's directive launched a unique endeavor in world-wide health care delivery. What is its history? What has been the political fate of Mao's policy declaration in 1950? What does 'integration' look like in practical terms today? What can be said about the future of Chung-i, particularly in the face of China's current, renewed commitment to modernization?

A look at the literature and a description of what the writer saw and heard may provide some tentative answers to these questions. A review of previous analyses suggests that Croizier, more than any other American scholar, has examined the issue of Traditional Medicine in Chinese political and intellectual life in greatest depth [3].

PRE-LIBERATION CCP STANCE ON TRADITIONAL MEDICINE

Croizier points out that early Communist Party writing reflected considerable antipathy to Chung-i. In a 1915 issue of *Call to Youth*, this tradition was held up as the epitome of feudalism in old Chinese culture [4]. It was ridiculed as superstitious, irrational and backward—all that the Communists wanted to destroy in their commitment to rebuilding a modern, progressive China. Croizier describes this ridicule as common in party literature which also reflects the

party's dedication to modern science as the symbol of progress [5]. During Nanking government debates on the future of Traditional Medicine, Communist leaders argued that it was a primitive, unscientific stage of medical development. The one major voice of support came from right-wing Nationalists who argued for its preservation.

The Civil War, however, found the CCP dealing with the issue on more pragmatic terms. During the Kiangsi Soviet and the years in Yen-an, practical problems of health and medical care were confronted. Kiangsi, the first area of Communist domination, produced an attempt to utilize local herbs as a substitute for Western medicines made scarce because of the Nationalist blockade. However, modern medical approaches and public hygiene measures were instituted where possible. In Yen-an, primitive factories produced herbal and simple medicines and the 'less harmful' Traditional doctors were 'tolerated'. But at the same time the *Army Medical Journal* expressed considerable criticism of Traditional Medicine while recognizing the empirical value of selected herbs [6].

During the Civil War and the Japanese blockades, it is significant to note that one of the great revolutionary heroes to emerge was Dr Norman Bethune. He was a Canadian physician whose battlefield surgical feats became part of Communist lore [7]. He was also a physician very much in the Western mode.

The first official CCP pronouncement of what might be considered a prototypical on Traditional medicine came during the 1944 Border Area Conference on Culture and Education. Here Mao spoke about uniting the two medicines and 'improving' the Traditional with science. He is quoted as saying:

To surrender to the old style is wrong; to abolish or discard is wrong; our responsibility is to unite those of the old style that can be used and to help, stimulate and reform them [8].

He exhorts Western-trained physicians to improve Chung-i and to form a 'United Front' of the new and old style medicine. He calls for organizing, up-grading and utilizing Traditional doctors to 'meet critical needs'. Mao at this time publicly sanctions the use of the old medicine as part of a larger strategy to deal with the massive health problems of the nation. These ideas were echoed at the 1950 First National Conference on Public Health which took place a year after Liberation. Western-style doctors were urged to take major responsibility in bringing the old medicine into the modern medical mainstream.

Croizier is able to provide information about implementation of the policy after the 1950 Conference. One of the first steps was to break down the secrecy and private practice of the individual Traditional doctors. They were now encountered to join group practice clinics, formed primarily in rural areas. Short courses in modern medicine were established for these doctors to broaden their medical knowledge.

In 1954 and 1955, as prelude to the Great Leap, quite another approach developed. The Party became much more actively involved in the promotion of the integration as part of a larger effort to assert party control over the educated professionals of the country. As part of the 'Red versus Expert' battle, because of the 'unwillingness' of physicians to be

guided by party ideology and the accusation that they were clinging to bourgeois thinking, massive criticism of Western-trained doctors was carried out. This included the insistence that they engage in self-criticism of their conservative attitudes and their continuing skepticism and ridicule of Traditional medicine. It included a strong push for them to engage in their own systematic study of the Tradition.

There also developed an articulation of cultural pride in past accomplishments and a wave of publicity to upgrade the image of the Traditional doctors. The number of United Clinics in the countryside almost doubled, and the party now also insisted that Traditional doctors be included in Western hospital and clinic facilities. A major research institute was established in Peking (China Medicine Research Institute) that brought together both kinds of doctors. The China Medical Association, for the first time in 1959, began to include Traditional doctors in its membership (3000 were enrolled). New hospitals and colleges exclusively for Traditional doctors were established. It was decided to permit older approaches to Traditional medical education through a reinstatement of apprenticeship programs.

Crozier describes the continuing lack of enthusiasm of the Western doctors, who dropped out of classes whenever that was possible, ignored the Traditional doctors on staff in the modern hospitals or gave them hopeless cases. In the post-Great Leap period and the 1960's, general public discussion subsided but the practical reality of some forms of integration were firmly in place. Since the experience of the 1950's, the Chinese Communist Party has pushed for an on-going policy of 'combined treatment' of disease. Returning Overseas Chinese Traditional doctors have been welcomed back to the mainland with significant fanfare.

While one of the obstacles to the acceptance of Chung-i has been an inability to explain its theoretical framework in satisfactory scientific terms, Crozier suggests that the following have been the major impetus for the integration: a strong sense of pride that wants to 'creatively inherit' elements of the old national culture, the popularity of the old medicine among the rural masses, the low cost of Traditional treatments in a long period of scarce economic resources and its utilization as a counter-balance to "rectify the undesirable ideological tendencies of the Western-trained doctors".

This astute and comprehensive analysis of Chinese health policy with reference to integration provides considerable insight. It can also be seen within the context of an ongoing battle over who would dominate health policy—the conservative bureaucracy at the Ministry of Health or Mao, through the CCP apparatus.

INTEGRATION POLICY EVALUATION:

1949-1976

Lampton sketches out the most comprehensive picture of PRC general health policy evolution, since the Revolution, that is available [9]. Included in his larger analysis and history are details of how the integration directive fared during various periods of political and policy changes after 1949. One of Lampton's

major theses is that the Ministry of Health was dominated by Western-trained physicians who found it difficult to implement Mao's directives because they were seriously incompatible with their own training, orientation and view of how health care could and should be organized and delivered. These are two approaches with significant structural differences and natural built-in conflict.

The 27 years he describes in his book, *The Politics of Medicine in China*, were ones where power and influence alternated between an entrenched bureaucracy that wanted to proceed with administrative prudence and scientific caution, and the CCP moving with a revolutionary fervor to deal with health problems in openly political terms. The direct attention and energy of party activity emerges to implement a special approach or program; then events weaken that effort and the bureaucracy at the Ministry quietly regains influence and authority. The fluctuating patterns of dominance enhance understanding of Crozier's analysis and etch more deeply the background within which one can understand very current material. Lampton divides the three decades into the following periods as both health policy (normative policy) and implementation (action policy) unfold from Liberation to the Great Leap Forward to the aftermath of the Cultural Revolution.

- 1949-54 Mao's four principles in health work announced but professional dominance at the Ministry prevails temporarily.
- 1954-57 Chinese Communist Party pushes for dominance over professionals: Red vs Expert; collectivization pushed.
- 1958-59 Great Leap Forward: Collectivization intensified including establishment Commune Clinics with need to bolster image of Traditional doctors.
- 1960-65 Collapse of Great Leap; fragmentation of leadership; power drifts back to Ministry; tight budgets.
- 1965-69 Cultural Revolution; 23 June, 1965 blast at Ministry; Barefoot doctor program initiated: study of Traditional medicine part of training.
- 1969-77 Aftermath of Cultural Revolution; uncertainty and confusion.
- 1973-77 Drift of influence back to Ministry and professionalism.

During the period from 1949-54, Lampton finds great resistance on the part of the Ministry of Health to the idea of union with Traditional doctors and not much active implementation. Actually, it was not until 1954 that the Central Committee of the Chinese Communist Party moved aggressively on the issue. According to this source, the CCP recognized both the need to utilize all resources in the medical area where everything was in short supply and also wanted to assert more control over the medical profession. Mao reasserted the need to utilize Traditional doctors. During the Great Leap (1958-9) rural commune health clinics were promoted along with further collectivization. These were primarily staffed by Traditional doctors who were often the only medical per-

sonnel available. Lampton states that several national vice-ministers who supported extensive use of Traditional doctors, obtained office during this period based on the Traditional medicine dispute. The Ministry of Health was forced to help bolster the status of Traditional doctors so that "...rural populations would take treatment in the commune clinics and not flood urban facilities" [10].

It was during this period that the Ministry did articulate a detailed policy that tried to encourage the following: (1) Western-trained doctors were to study Traditional medicine; (2) Traditional doctors were to be placed in Western-style facilities; (3) construction of new Traditional medical schools; and (4) increased research into Traditional treatment. Lampton suggests this 4-pronged policy had a highly differential fate: Western doctors resisted the additional study of Traditional Medicine and only a relatively small number responded to the call; where Traditional doctors were given their own departments in Western facilities, they fared much better than when they were assigned to all departments because other physicians 'didn't co-operate much'; in 1957-8 17 new colleges of Traditional medicine were opened with 5-year programs.

In 1961, the Bureau of Traditional Medicine was shifted out of the Commerce Ministry into the Ministry of Health. A new director was appointed who was nationally respected Traditional doctor. Lampton describes the new director's position on various issues concerning integration. He wanted to emphasize research and establish more thorough medical education to upgrade Traditional medicine. He preferred a reduction in attempts to integrate with every aspect of Western medicine and discouraged Western doctors from studying Traditional medicine. He felt this would undercut the ability of Traditional doctors to preserve dominance in their own domain. And he wanted to reduce the popularization of Traditional medicine (e.g. wide-spread teaching of acupuncture) because he felt this 'degraded' the Tradition.

1960-65, the aftermath of the Great Leap agricultural failures, was a period of fragmented leadership and inability of the CCP to sustain its programs. The availability of Traditional herbs dropped with the agricultural problems in the countryside and this affected the ability of Traditional doctors to practice.

From the onset of the Cultural Revolution from 1965 to 1969, the Ministry of Health was under special scrutiny and attack. Mao accused it of neglecting the health needs of the rural population, of being the 'Ministry of Urban Health'. Top officials were replaced with party cadre who made policy. The Barefoot Doctor program was initiated and became pervasive around the country. Lampton states that there was no clear policy towards Traditional medicine and integration during this period and the time up to Mao's death in 1976. However, he suggests a drift of power back to the old line officials and original policies at the Ministry of Health in the aftermath of the Cultural Revolution. Certain suppositions may therefore be made. Barefoot doctor training courses and manuals include significant amounts of material from the Tradition. Cultural Revolution fervor would have been directed against Western physicians as part of the urban elites Mao attacked during this period.

So Traditional doctors' status was probably strengthened and enhanced.

Lampton's final assessment is that in the aftermath of the Cultural Revolution, power gradually drifted back to the Ministry. Earlier professional leaders gradually resumed power reflecting their old emphasis on professionalism and research. However, by this time certain significant changes had already taken place. These included the co-operative medical services of the countryside, the Barefoot doctor program and the wide dispersal of Traditional doctors throughout the system.

HYPOTHETICAL 'MODES' OF RESPONSE

Mao's original call to integrate the two medical traditions was a general principle, not a pragmatic plan. Mao set policy but did not provide a blueprint for its implementation. That was left to be worked out by the Ministry of Health, party cadre and individual health facilities. What Croizier and Lampton report suggests that implementation produced a variegated pattern in actual practice. Apparently a variety of plans were attempted, reflecting the changing political situation, shifting definitions of need as well as pragmatic reality. Some plans, once put into effect, fell by the wayside. Others proved more practical and long-lived.

From a sociological point of view, it might be suggested that there were actually 4 functional modes of response to the policy on integration. These hypothetical modes represent the conceivable ways the policy could be implemented in health care facilities. One, the two medical approaches could be afforded equal status in diagnosis, treatment, medical education. This indeed has been suggested by enthusiastic visitors. Such a mode can be called 'Total Integration' and suggests a combination of parts into a whole (the meaning of integration in common parlance). Two, there could be a division of duties with clearcut responsibilities assigned to each modality: 'Selective Integration'. Third, the path followed could be one of absorption of aspects of Traditional Medicine into the practices of Western medicine, what could be seen as 'Assimilation' in the sociological sense of accepting a dominant culture and disappearing into it. Fourth, the directive could be ignored, delaying and foot-dragging techniques employed and efforts made to repudiate the policy: 'Rejection'. Thus, assigning Traditional doctors important hospital staff positions with equal status to Western physicians would be an example of 'Total Integration'. Deciding that Traditional doctors would treat a pre-determined group of medical problems would be 'Selective Integration'. The CCP post-1950's push for Western doctors to utilize both treatment modalities for a treatment of a wide range of illness would be 'Assimilation'. Western doctors dropping out of Traditional courses or giving Traditional doctors impossible cases to treat might be seen as 'Rejection'.

These modalities represent major differences in interpretation of Mao's directive and reflect on the health care system's pragmatic response to the creation of the 'New Chinese Medicine' he called for. They reflect pragmatic responses to the relative importance

of Traditional theory. Traditional diagnostic and treatment procedures and Traditional practitioners themselves in the grass roots of the health care system.

What of the current situation, the beginnings of the post-Mao period since 1976 with the Ministry of Health once more dominating health policy evolution? The study tour in August, 1979 may provide some clues. It began with a detailed discussion at the China Medical Association where normative policy was described and its problems discussed with considerable frankness.

THE INTEGRATION OF TRADITIONAL AND WESTERN MEDICINE: CURRENT NORMATIVE POLICY?

The China Medical Association whose major purpose is to provide an organizational voice for the medical profession, has a variety of tasks. These include internal exchange of medical knowledge, the international exchange of medical information and ideas and the publication of medical journals. It operates under the aegis of the Ministry of Health and acts as a conduit for professional medicines' opinions and positions on a wide variety of pertinent issues. In this capacity, it serves as an advisory arm of the Ministry in the formulation of health policy. Furthermore, it then has responsibility for seeing that the state health policy is promulgated among its members. Its functional relationship to the Ministry is delineated in a comprehensive organizational chart suggested by Lampton, although the role of the CMA has varied considerably over time [12].

A long afternoon briefing with Dr Liu, Vice-President of the China Medical Association in its Peking headquarters, touched on many aspects of the integration policy and program. A review of Dr Liu's statements and remarks appear to suggest aspects of current normative policy and some of its recent developments and problems.

The Vice-President of the CMA reiterated the four principles of medical and health work which Chairman Mao had proclaimed in 1950.

His statement of the fourth, to combine Traditional doctors with doctors of Western medicine, included reference to the fact that this is unique to China. It had a medical tradition with a long history and although Western medicine had been introduced about 100 years ago, the country badly needed the two schools because then... "the people can create the best medicine for the defense of their health".

It was explained that because of 'limited conditions' and the oppression of the Kuomintang, Chung-i experienced slow development in theory, in diagnostic approaches and in treatment procedures over the period of its long history. This was so particularly because it was not able to absorb the modern knowledge of Western medicine. Traditional medicine "... is still incomplete and... modern knowledge (will be used) to make it clear and to bring it up to date".

Training of medical manpower was the first issue he covered. In general, Traditional medicine composes 30% of the curricula in the various levels of Western medical schools. In the special colleges of

Traditional medicine, 30% of study is in Western techniques. Pilot studies are currently being conducted to see how best to teach both. Some 10,000 Western physicians now have additional training in the Traditional which usually takes 2 years of in-service work. They are considered the backbone of current medical education and research in Chung-i. But Dr Liu expressed some disappointment in how small this number is. The key to the success of integration, Dr Liu asserted, is acceptance by the Western-trained doctors and "it is difficult for them". He also emphasized that there are not very many really well-experienced doctors of Traditional medicine in the whole country at this time.

He spoke about the great wealth of herbs grown in China, particularly in the South and how this is a significant contribution to the low medical fees in the country. The economic advantages of Traditional medicine are considered of great importance. The question of how widely Traditional medicine is accepted among the urban and rural population was raised. The general assessment was that since city populations had been more exposed to Western medicine, they were more widely accepting of it particularly since Traditional medicine, he said, "wasn't developed before". It is in the countryside that the greatest utilization and acceptance of Traditional medicine and practitioners can be found.

Dr Liu often used anecdotal material to describe the success of particular Traditional treatment approaches. Traditional fracture treatment which combines mobilization and demobilization has reduced healing time in selected cases—one-third the time necessary with strictly Western approaches. As far as acupuncture is concerned, a skilled doctor can treat 60-70 varieties of the "common and recurring" diseases with success and these include "many that Western medicine can't deal with". Dr Liu included a story about his own personal success treating Vice-Chairman Teng for a case of arthritis... "I treated him with acupuncture and it took 1 month to cure it". When asked whether his contention that Traditional medicine is useful for some 60-70 varieties of disease is based on systematic research and controlled studies, his response was that he is referring primarily to the past 30 years of clinical practice and some controlled studies. One controlled study divided patients with tonsillitis into two groups, one treated with penicillin and the other with acupuncture treatment. The results, he said, "were the same". He reiterated that disbelief was often widespread among Western-trained physicians but after personally practicing Traditional medicine, he made the generalization that they are convinced that it actually works and even achieves better results in some cases.

Research on herbal medicines and on the mechanisms of acupuncture are currently carried out at various medical universities and academics by both Western and Traditional doctors although it was not clear whether they work together or in separate laboratories.

Perhaps one of the most revealing exchanges occurred when Dr Liu was asked if Traditional doctors belong to the China Medical Association. He answered that the Traditional doctors had their own association—the All China Association of Traditional

Chinese Medicine which was formed after a very recent (May, 1979) conference.

What was the purpose of establishing a separate organization, was the next question, if the goal is to unify the two approaches?

The response was that the two schools do not "speak the same languages and that the research interests are not the same".

The discussion concluded with a number of observations. Dr Liu pointed out that the interest in Traditional medicine has spread to many countries, some of whom are conducting their own research as the Japanese are doing with acupuncture. Many students and physicians from the Third World countries are coming to study Traditional therapies in China. But much work remains to be done in improving and developing Traditional medicine.

Dr Liu said he hoped medical workers in the U.S.A. and the PRC could learn from each other. Perhaps, he remarked, China could import American technology and export Traditional medicine.*

Commentary

The CMA visit provided the opportunity to hear a rendition of current policy concerning the integration and to begin an assessment of its realities as well. Many of the themes established in the Croizier and Lampton material are found reflected in this recent CMA discussion. One can see both a continued commitment to integration as well as the problems that were present at the initiation of the policy.

Despite 30 years of effort, Dr Liu's remarks are strewn with hints about the difficulties and doubts that not only remain but in some instances, may have grown stronger. The path to a 'United Front' of the two medicines appears to have been neither smooth nor enthusiastically travelled. Mao clearly indicated that the integration was to come about in terms of a map drawn in Western bio-medical style, hence it was the Western doctors who were to guide the venture. But three decades later, "it is (still) difficult for Western doctors to accept". The 10,000 who have now studied both styles are not considered enough. Problems of communication between the two groups persist and apparently, Traditional doctors are no longer accepted for membership in the CMA as was the policy in the late 1950's. And the new organization for Traditional doctors is a brand new creation. It appears, then, that there has been a very recent decision made that is a clear comment on the continuing differences between the two groups. Whether this is the outcome of decisions by Western doctors that Traditionals cannot function appropriately in the Western-style professional organization or whether Traditional doctors have acted out of a desire for autonomy as a base for strengthening their status is not known. However, there is here substantial evidence of the continuing doubts and resistance that 30 years of experience have not softened or lessened.

Much in the briefing also pointed to a strong need

for research in a number of areas. Despite the fact that research institutes have been established since the mid-1950's and scientific study is taking place in many medical schools, it is still clinical evidence and personal experience with Traditional treatment that are cited as the basis for utilization of Traditional methods. Convincing evidence is stronger in some areas than in others. For example, Traditional approaches to fractures seem well established as do treatments for acute abdomines. Controlled, double-blind studies were not mentioned but rather simple comparisons between two groups of patients where no information is available about how they were chosen and how the experimental comparison was conducted. Several times Dr Liu reiterated that not enough research had been carried out.

Research in a different topic was mentioned as well. Pilot studies on how to teach the two medicines together have recently been instituted. This suggests on-going concern with educational effectiveness in both Western and Traditional schools.

Other problems remain such as a continuing reluctance among the urban population to accept Traditional medicine, a dearth of "very many really well-trained Traditional doctors" across the country, and a continuing need to bring Traditional medicine up to date. Dr Liu's historical recollections have conveniently ignored the early Communist criticisms concerning the inadequacies of Chung-i, imputing them instead only to the Kuomintang.

Yet a commitment to integration was firmly and repeatedly stated throughout the briefing. Dr Liu said, "We badly need both schools (of medicine)". He enumerated many conditions that respond to Traditional treatment, mentioning individual cases where it worked, while also pointing out its economic advantages. He was proud of the fact that this aspect of the PRC system has received world-wide attention. And he reflected a continuing commitment to pursuing the integration policy.

We left the CMA briefing with a number of clear messages, the primary one being that although Western-trained doctors remain to be convinced and many original objections and questions persist, practical integration is a reality. Dr Liu ended the briefing by saying that with the new commitment to modernization, they have a great interest in obtaining modern medical technology yet he also made it clear that the inclusion of Traditional medicine would go on as well. The commitment to integration continues strong, albeit shot through with contradiction and ambivalence.

It was fortunate that the CMA briefing took place the first day of the study tour. With this as an introduction to possible current normative policy, it was then possible to view subsequent health facility visits as examples of that policy in action. While not approximating any sort of systematic research, a great deal of information on integration was gathered that reflect patterns of integration as well as perceptual attitudes about the uses of Traditional medicine. A review of this material will permit not only a comparison of action policy with normative policy as described by the CMA, but some insights into which of the 4 modes of integration can be found and under what circumstances.

*A complete transcript of this briefing is available from the *Journal of the UM-D/MSU Health Care Study Group to the PRC*, August, 1979 [13].

EXAMPLES OF INTEGRATION:
OBSERVATIONS AND INFORMATION
COLLECTED IN 1979

The study tour's August, 1979 material can be grouped and categorized in a number of distinct ways. It includes the following: (1) personal statements on preference for Traditional or Western medicine; (2) examples of institutional approaches to integration; (3) a list of conditions being treated with Traditional and/or combined approaches; and (4) descriptions of approaches to teaching the Tradition in a variety of medical schools and settings.

Personal statements

On some two dozen occasions, it was possible to ask people directly whether they preferred Western or Traditional medicine and gather responses from men and women, young and old in the variety of places we visited. While this can, by no stretch, be called a survey or be considered representative, the responses are revealing. The modal group did not use Traditional medicine at all. Well under half claim to utilize both kinds of medications and these were evenly divided between the sexes and age groupings. A very small number claim to use only Traditional medicine. Among all those engaged in conversation, however there was common agreement that Traditional Chinese medicine (i.e. herbs, acupuncture, and herbal mixtures) was useful for 'common' illnesses like colds, simple abdominal problems like stomach aches, headaches, chronic conditions and prevention. It was widely stated that Traditional medicine had fewer side effects.

Obversely, Western medicine is seen as best for serious illness like hypertension and problems requiring surgery. The common remark was that "Western medicine works more quickly". However, even in this small sample of personal statements, there were conflicting perceptions and experiences. Different people claimed opposite choices for treatment of headaches, appendicitis, fever and bad colds. Differences of opinion apparently exist in the same family as well. A mother of three grown children in the Peking Moon Temple Gate neighborhood remarked that while one daughter prefers Traditional medicine, the other chooses Western because "herbs are very bitter". Her son, on the other hand, takes Western medicines because "it works more quickly than herbs" and that is her own preference as well.

Another example of mixed choices is reflected in a conversation with a sophisticated Peking urbanite who discussed varying choices for herself, her husband and her infant son. For the infant, a Western medical approach is preferred and her husband makes this choice for himself as well. For her own back problem, she takes Traditional treatment, uses both for a cough but in a case of serious illness, Western medicine "is best because it is quicker".

In several instances, informants observed that Western medicine was more popular in the cities and among the young. Yet a contradiction to this came in a statement made by the Director of the Home for the Respected Elderly outside of Fushen. He stated, in response to a direct question, that the residents of the facility use acupuncture but prefer Western medicine

because they get quicker results. And that they keep Western medicine in their rooms such as pain killers and hypertensives.

One of the strongest personal statements made in support of Traditional medicine was from a young man of 29 who came from a rural peasant background. He is now living in a large metropolitan area and has received training as a teacher. He is employed in a factory 'after hours college' where he teaches English. This man expressed fervent loyalty to Chairman Mao and spoke of how the revolution had changed his life, providing opportunities unthought of by his rural parents. He also stated that the Chinese people are particularly attached to Traditional medicine since it is part of their national heritage. Adding an aside, he thought it might be necessary to use Western medicine for very serious illness.

In the same metropolitan area, an interview with an urban-bred young woman of about the same age, who had been brought up by well-educated parents, revealed a different point of view. She stated firmly that young people much prefer Western medicine, as did she. Going on to soften this declaration somewhat, she said that sometimes she did use Traditional medicine for colds and that on one occasion she went to see a Traditional doctor. She said she found it surprising that he was able to diagnose without asking any questions.

Comparing this minute, grab sample of peoples opinions and preferences with how our host at the China Medical Association described preferences in general among the population, rather remarkable agreement is found. Greatest doubts exist among urbanites, with under half of these 24 informants using both kinds of medicine and emphasizing Traditional for minor illness and Western for the more serious. They agree that there are fewer side effects with herbs but that quicker results are obtained with Western. The contradictory claims of usefulness for specific illnesses reflect the CMA statement that much research is needed to establish the clear cut efficacy of various herbs and traditional treatments. Utilization seems in many instances arbitrary and individualized.

This small sample suggests that individuals are practicing 'Selective' integration with urbanites making a variety of choices and utilizing Traditional medicine for more minor ailments. The most wholehearted enthusiasm for Traditional medicine was expressed by the individual with the most rural background although even here, there is recognition that Western is necessary for more serious illness. There is the suggestion that in the minds of some elderly citizens, who knew the old society well, that Western medicine is preferable.

This is an area for systematic research but indications are that some people, while using Traditional medicine, chose carefully and are ready to turn to modern approaches for serious problems. The continued skepticism in the cities that the CMA mentioned was reflected in this small sample of the population.

Approaches to integration in health facilities

Despite the short period of time actually spent in the People's Republic of China, the study group managed to visit small health clinics in factories, a

neighborhood lane and a commune, three Western style urban teaching hospitals two of which were advanced specialty and research hospitals, a college of Traditional medicine and attached hospital; a home for the elderly, a rural commune district hospital; a country hospital and nurses school, a workers' convalescent home, an urban street pharmacy and a municipal health bureau.

In these various contexts it was possible to observe some patterns of how Traditional medicine is structured within facilities and hence obtain clues about organizational responses to integration [14].

Every facility visited is utilizing some forms of Traditional treatment. Sometimes the same disease or illness entity is being treated differently (in one place with herbs; in another with acupuncture) but in each health unit from neighborhood lane health station to Harbin Teaching Hospital Number 2 where liver transplant experiments are taking place, mention was made of utilizing the Traditional methods. Separate out-patient departments of Traditional medicine existed in all of the hospitals and clinics visited. In-patient departments were found at 1 of the Western style hospitals but not at the other 2, although in-patient departments were in place at the 3 rural hospitals. The logic of how the departments of Traditional medicine are being utilized is not altogether clear.

On an in-patient basis, they appear to be equated with internal medicine and surgery and on an out-patient basis, with general medical clinics. There is a great deal of inconsistency here since many of the same conditions are being treated in a department of internal medicine and a department of Traditional medicine. The same might be said of surgery and traditional medicine, particularly with reference to 'acute abdomines' such as appendicitis, pancreatitis and gall bladder disease cases of which are to be found in all three departments. Apparently, this is not essentially a matter of patient preference. In these instances we were told that a patient might choose to present himself at a Traditional medicine out-patient clinic but once diagnosed, the doctors would have the final say as to the treatment procedures and the in-patient department assignment. More serious cases are treated with Western techniques but no consistent policy exists for cases in the 'grey' areas between mild and serious.

Scrutinizing more closely the one Traditional in-patient department which was visited in the Shenyang China Medical University, its department head is of particular interest. She was originally trained as a Western physician at CMU, practiced for some 9 years and then responded to Chairman Mao's call for Western doctors to study and become Traditional physicians as well. Her Traditional training was for 1 year. She is one of the 10,000 who is technically qualified to practice both. She stated that an integrated approach to treatment is practiced within her department although she tries to emphasize Traditional medicine.

The one other mention of an in-patient Traditional medicine department was at the Tong Ren Municipal General Hospital in Peking. Here the situation was dramatically different. This hospital is an important tertiary care facility that specializes in ophthalmology

and ENT and has two research institutes attached. In these areas it receives patients from all over the country. It also operates as an emergency center for all of Peking and functions as a referral center for local hospitals in a wide variety of illness categories. It has a number of out-patient clinics that see 3200 people a day and actually services a population of 1 million people. It was the most sophisticated of the facilities visited with 380 doctors, 350 nurses, 180 technicians and 150 medical students receiving clinical training as well as nursing students. A tour included the medical and surgical wards and an out-patient Traditional medicine room.

In this out-patient department which has been in the hospital since 1954, patients were being treated for post-partum problems, spasms of facial nerves, hypertension and bursitis. Apparently there had been no in-patient Traditional beds although the out-patient department had been in place for 25 years. In response to a question about the future of Traditional medicine in the Tong Ren hospital, the director said.

We have been asked to establish a new ward for the Traditional Medicine department... we've been required to give 30 beds... but haven't done so yet, so we give the patients combined treatment and put them in the internal medicine or surgery department.

Another subject was raised at Tong Ren, the question of what patients they referred to the Traditional hospital in Peking. When asked for several recent examples of the cases, they mentioned referral of patients with aplastic anemia and thrombocytopenia. Could this be an example of dumping difficult patients?

The distant rural countryside hospitals have both in- and out-patient Traditional departments as well as additional units reflecting closer commitment to integration. For example, the county hospital and the commune district hospital have extensive herbal gardens (the county growing 180 different herbs and the commune over 300 species). Both of these medicinal gardens were tended by elderly Traditional doctors or herbalists. Both locations also have facilities for drying and storing herbs and making their own pills and other medications.

Two other facilities merit special description: a convalescent hospital and a Traditional college and hospital. The Harbin Workers Convalescent Home is located on an island in the Songhua River, and surrounded by a formal garden equal to its English models, has no specific department of Traditional medicine but Traditional modalities are utilized extensively throughout and join both medical traditions in unique ways that will be discussed further on. Many Traditional doctors are on its staff.

At the Shenyang College of Traditional Medicine, integration proceeds within a distinctly different frame of reference. It appeared to be more full-blown integration, closer to equal status. Western bio-medical science is afforded a place of respect along side of Traditional theory. It will be important to see, over time, if it displaces the Traditional theory completely. The afternoon visit however, did not permit examination of all pertinent subjects and issues. This Institute includes both a Traditional hospital and medical school founded in 1958 but based on a former Tra-

ditional school and hospital. It currently has 400 in-patient beds, 1500 students and 1800 teachers and medical workers.

The hospital director who served as one of our hosts was a Western trained physician who later also took training in Traditional medicine. His introductory remarks included an historical analysis stating that past...

reactionary governments had moved to eliminate Traditional medicine ever since Western medicine had come to China... but Liberation and Mao had given Chung-i new life... ever since, there has been great development.

It was particularly interesting to hear him describe the 4 major functions of the hospital which were to (1) treat common diseases in combined theory, (2) provide clinical experiences for students, (3) conduct research in Traditional medicine, and (4) train Western doctors in Traditional medicine. Even more revealing was a recital of this Traditional hospital's department structure: internal medicine, surgery, ENT, obstetrics-gynecology, pediatrics and radiology. Surgery and radiology, of course, were never part of Traditional medicine and signifies a very modern addition.

We also visited an acupuncture out-patient clinic and witnessed demonstrations of tooth extraction with acupressure, cauterization of tonsils, acupuncture treatment with moxibustion for stroke victims and cupping with heated bamboo sections for bursitis.

An impressive and well-kept specimen room displayed some 1200 medicinal products from plants and animals. The Institute is carrying out research on both the theoretical and clinical aspects of Traditional medicine. They "emphasize (research into) what kinds of disease can be treated effectively with herbs and on the principal channels in acupuncture". Researchers are 'very, very experienced' Traditional doctors, newly-trained graduates and a small number of Western physicians with additional training in the Tradition.

The education program of the students, along with Traditional subjects includes physiological anatomy, pharmacological chemistry, X-ray diagnosis and 'part' of Western diagnosis. Furthermore, the statement was made that applicants to this school are expected to pass the same national entrance examination now required of all medical school applicants. According to reports this emphasizes chemistry, math, physics and foreign language requiring a senior middle school education.

The director of the Acupuncture Department discussed the current state and future of Traditional medicine. "So far we have realized that the Integration is better than treatment with Traditional medicine alone." He cited several examples: "with gallstones X-ray provides information as to where the stone is and whether it has been passed; in shoulder para-arthritis the use of Traditional massage, while effective, can cause sharp pain so Western pain-killers are useful". He also enumerated the benefits of acupuncture anesthesia: "the patient is conscious and can cooperate, there is less bleeding, no side effects and faster recovery". A 70-year-old Traditional doctor who had studied with a 19th century master described a puzzling case that repeated efforts by Western doc-

tors had failed to cure while Traditional medicine was highly effective.

When asked why there was not now an integration of professional organizations, the response was that "there are still too many problems to be solved and not enough doctors know both medicines equally well. If a Western doctor can practice Traditional Chinese medicine as well as he does Western medicine, then the integration of both will come about". But both the acupuncturist and the older Traditional doctor were optimistic about the Integration. The Chinese people, young and old, they both claimed, prefer their Chung-i and therefore it has a "bright future".

The future was articulated in quite another fashion by the Traditional hospital director who was asked about future acquisitions for the hospital. A hypothetical question was posed: if the State gave you 100,000 Yuan more next year for your budget, what would you want to get? His answer was swift and short: "a CAT scanner". This, of course, is one of the most sophisticated pieces of diagnostic technology available in Western medicine.

In all the other facilities visited, doctors of Traditional medicine are on staff working in out-patient settings that specialize in Traditional techniques, the most common of which are acupuncture, moxibustion and cupping. The Traditional hospital demonstrated acupressure tooth extraction but a factory hospital dental clinic said that was not in practice in their facility.

Across the patchwork quilt of approaches to the Integration that emerged during the trip, one repeated motif was apparent: that the utilization of Traditional medicine was economical. From the most advanced tertiary care hospital in Peking to the distant rural commune district hospital in KaiAn the statement was the same. It is always cheaper to use acupuncture and herbs. The director of Tong Ren Hospital, a sophisticated medical researcher at Harbin No. 2 Hospital, the vice-president of China Medical University, the director of the county hospital in Nong-An, the director of the commune hospital all emphasized the importance of Traditional treatments to their budgets. Some of the figures are worth noting.

At Harbin Teaching Hospital No. 2, treatment of appendicitis with herbs costs 20 Yuan while surgery costs 40-50 Yuan. (1979 exchange rate 1 Yuan = \$1.68). At Nong An County Hospital an appendicitis treated Traditionally costs 5 Yuan while surgery is 30 Yuan. These figures seem to reflect differences between a large metropolitan area and a rural town as well as the fact that Nong An had its own herb garden. Both are examples, however, of the savings accrued through the use of Traditional treatment. The rural facilities reported this with what seemed like pride. The urban statements seemed more in the context of a defense.

Are there hints that may be garnered from this anecdotal material as to the more general patterns of institutional integration?

Generalizations about this limited material suggest that Western biomedical frames of reference very much prevail. Outside of acupuncturists who were directors of acupuncture treatment clinics, all encounters with directors of Traditional medicine in-

patient facilities indicated they were first Western-trained doctors with some additional minimal training in the Tradition. This is particularly noteworthy at the Traditional hospital itself. Are Traditional doctors with final powers of decision-making in charge at any in-patient settings? The rural facilities, particularly in the more distant countryside exhibit more enthusiasm for the Integration and may permit more autonomy to practitioners but also are more obviously dependent on the economy utilization of herbal medicines permits in their budgets. One urban hospital in Peking has been able to resist establishing a separate in-patient ward for almost 30 years.

Nowhere were there examples of Traditional doctors having the authority to utilize Western treatment procedures although information from other sources suggest that Traditional doctors with some Western training are prescribing antibiotics. Everywhere Western-trained physicians combined both techniques for their patients. Finally, a Western bio-medical science frame of reference for disease diagnosis and treatment prevailed at each facility visited. Even the Traditional practitioners are in the throes of embracing it as a look at the list of the Traditional hospital's departments and their medical school program reveals.

Kleinman observations

Our material can be compared with observations reported by Kleinman based on a rural health tour taken in 1978 [15]. Kleinman, a physician and anthropologist who speaks Chinese, has written extensively on Traditional Chinese medicine and is perhaps better able to assess the nature of the Integration than any other recent visitor. He concluded that utilization of *Chung-i* is taking place almost exclusively within the framework of Western medical science and theory. He describes how Western medical concepts guide the empirical use of Traditional treatment procedures, Traditional diagnostic concepts are usually translated into Western medical idioms and when Traditional medical terminology is utilized, it is not in the original Traditional sense but as a translation of Western medical beliefs. He also mentions the isolation of Traditional doctors in separate departments.

One of the most interesting conversations he reports is with a physician who was Deputy Director of the Hsing Hui County Hospital of Traditional Chinese Medicine. Kleinman asked the director to respond to his impressions that "Western medical ideas (guided) the empirical use of Chinese medicines and (that) Traditional Chinese medical concepts (were being) translated in Western medical idiom". The director responded affirmatively and said that was indeed happening and it represented progress. He is quoted as saying:

What is important is effective treatment. Even in the past, the ideas changed. But now we have the opportunity to understand what we do scientifically and to use what is effective from both systems...

The 1979 study tour material reveals similar patterns and statements. However, many more instances of Western doctors utilizing mixed modalities were indicated in 1979 than what Kleinman reports from his information.

Is this integration or is it Western medicine assimilating selected treatment modalities and Traditional medicine grasping for a future by enmeshing itself in a structure of Western medical explanation? The overall pattern are a combination of Selective and Assimilative integration with Western doctors doing the 'assimilating'. The only institution approaching 'Total Integration' was the Traditional hospital and medical school.

Examples of assimilative integration in treatment

Over the span of the study tour some 40 different conditions were mentioned as being treated with Traditional techniques (almost always herbs and/or acupuncture) or with combined treatment [16]. These ranged from simple colds and sore throats to acute abdomines such as pancreatitis and gall stones to cerebral ambulation and cardiovascular disease. A complete list of all conditions mentioned as well as cases presented to the study group can be found in the Journal. It is difficult to make even superficial generalizations about this list since information is incomplete. The problems mentioned are a conglomeration of highly disparate situations where questions of direct and indirect effects of various medications would have to be addressed as well as issues having to do with self-limiting illness and natural remission. Presumably, the Chinese are currently conducting research to sort out these issues and establish objective evidence.

The overall approach however, seems to be combining Western drugs and other treatment modalities with herbal prescriptions and acupuncture both at the same time or differentially throughout the course of illness. For specific examples, the reader is referred to the Journal. Here the extensive list is divided into Simple Diseases, Chronic Illness, Acute Abdomines and a disparate grouping: Other.

The wide-ranging quality of this list, which was gathered in a 16-day period of time, reflects some of the same diversity found among the personal statements. It should be noted that many of the serious illnesses were mentioned in the more rural settings where there may be greater shortages of Western drugs, technology and Western-trained personnel. It is also possible that the diagnoses themselves are less reliable in rural areas [17]. One overall assessment, however, is that the range of the list reflects lack of scientific validation and conclusive evidence, broad clinical experimentation and different clinical experience. How much shortages are a factor cannot be ascertained. What is clear is extensive mixed use by Western doctors. For whichever reasons, and these no doubt include clinical efficacy, Western doctors are assimilating Traditional practices.

Another order of integration can be seen in the innovative joining of science and Traditional technologically. Examples of this were seen in many locations but the fullest panoply in one health facility was at the Harbin Workers Convalescent Home which specialized in the treatment of chronic diseases. Here one can witness the electrical heating of glass globes for cupping treatment, the electrical heating of herb packets which were seen placed on legs for the treatment of chronic pain, heads for chronic headaches and chests for patients with heart problems. It

was not possible to ascertain how effective these techniques were.

Electrical twirling of acupuncture needles was demonstrated as well as a unique technique that was not witnessed elsewhere. This involved the use of a weak laser light beamed at an acupuncture point in the throat of a patient suffering from chronic bronchitis. The idea seemed to be that the light would penetrate the point just as an acupuncture needle and moxibustion (the burning of a herb over an acupuncture point) do. This treatment was described as experimental but is a vivid example of the 'technical' level of integration that is also going on. Electrical twirling of acupuncture needles is found everywhere. Laser lights on acupuncture points is a recent experiment indicating a commitment to continuing the search for how treatments can be combined.

The teaching of Traditional medicine in various settings

Every teaching facility visited engaged in teaching students at least some aspects of Traditional medicine although only general information was obtainable [18]. At the China Medical University in Shenyang, it was pointed out that foreign students attend the University in a steady stream, particularly to study the Traditional techniques like acupuncture. Chinese students of course rotate through the in-patient Traditional Medicine Department as part of their overall clinical training. Training also takes place in the out-patient room for electrical acupuncture therapy. It was impossible to ascertain, from brief observation, how highly the staff regards the Traditional techniques and what attitudes they convey to students. Research in the U.S.A. indicates that faculty attitudes are an important influence on students. This would be an important area for research in the PRC.

Harbin Medical Institute No. 2 Hospital is part of a large medical complex that includes a medical university and a sophisticated research center. It was mentioned that a current item of study was the mechanisms of acupuncture as an anesthesia. It was clear from all the cases presented to the study group that selected herbal and acupuncture treatments were widely used by the Western-trained physicians in the hospital. There were Traditional practitioners on the staff but one got the impression that they played minor roles. There were no direct indications that Traditional medicine is widely taught in this setting other than what clinical students would see in the forms of combined treatments utilized in the wards.

There was also an opportunity to obtain information about the teaching of Traditional medicine at Tsing Tao Medical College from a professor of pharmacology on the faculty who spoke to the group privately. A department of Traditional medicine exists in the college and some 300 out of 2000 enrolled at the school study in this department every year. The modern textbooks used at Tsing Tao contain material on "selected Traditional medicines which have been scientifically analyzed". More research is going on at the college to analyze, verify and prove the advantages of certain herbal medicines. It was clear, however, that the teaching and research activities of the Department of Traditional Medicine and the Department of Pharmacology were both overlapping yet distinctly separate.

The Learning Institute of Traditional Medicine in Harbin has already been discussed. Here, of course, Traditional Medicine is dominant in the curriculum but with a strong infusion of Western studies such as anatomy, X-ray diagnostics, pharmacological chemistry, and other Western diagnostic techniques. One got the impression that the Traditional and Western Departments were quite separate domains. For example, the herbal display room, a large well-kept and impressive facility with examples of some 1200 plant and animal specimens teaches students where the specimens are found and which part is medicinally useful. Pharmacological chemistry is a completely separate enterprise although a well-integrated education program might have combined them for teaching purposes.

One additional teaching program was described at facilities in more remote, rural areas. Nong An County Hospital has a School of Nursing as well as a Barefoot Doctors training program. Its Department of Traditional Medicine appears to have extensive support. One of the first statements in a briefing by the hospital's director was that they "take very seriously" their work in integrating Western and Traditional medicine and that "special study" programs have been instituted for this purpose. Furthermore, all staff and students assist in maintaining their one hectare herb garden. This facility claimed use of herbs and acupuncture in combined treatment of disease in the most extensive list of conditions described anywhere. So nursing and Barefoot Doctor students would get more clinical exposure than students in other Western-style hospitals, clinics and medical schools.

Superficial material indicates, then, that Traditional treatment techniques are taught everywhere but usually through separate departments. The more urban facilities and the most sophisticated maintain the most separation and do the least teaching. The rural setting evinces the most extensive teaching program. However, everywhere normative policy is described as being in effect. This is an area where detailed research will be needed to reveal the extent to which Traditional medicine is taught, what specifically is taught, and how enthusiastically it is taught.

Nothing in any of the material collected provides any clues as to why the 'pilot studies' in integrated teaching mentioned at the CMA are needed or what form they may be taking. It may be assumed that teaching approaches were left to the individual units, that the results have not been satisfactory and that there is now a desire for more uniform and productive approaches.

NORMATIVE POLICY AND ACTION POLICY: AN OVERVIEW

China Medical Association officials described normative policy on the integration of Traditional and Western medicine in a highly dichotomous fashion. While beginning and ending with a firm, clear acceptance of Mao Tse-tung's early enunciation of this basic principle to guide health workers in the New China, the briefing also reflected continued skepticism. While emphasizing that Traditional medicine was economical and found clinically useful for a variety of com-

mon and chronic illnesses, the research to date apparently has not convinced Western-trained physicians to embrace the Integration whole-heartedly. Traditional and Western physicians remain separated professionally after 30 years, and still do not share a common idiom. The 10,000 Western doctors who have studied Traditional medicine are not enough yet to bridge the gap between the two worlds of medicine. And it is Western medicine that has to be convinced in order for the new Chinese Medicine that Mao hoped to be created. Normative policy then, was projected as a mixture of commitment and question, reflecting the continued dominance of a Western frame of reference.

A summary of the study material corroborates that a great deal, but not all, of normative policy is reflected as action policy. Recalling the earlier discussion of what forms integration might take in practice, a review of the personal statements, functional relationships in institutions, clinical examples and approaches to teaching provide the following pattern of actual integration.

Personal interest in and stated utilization of medicine and practitioners reflects *selective* integration on the part of less than half the consumers of health care who were interviewed. That is, among those who use both modalities, a clear division of application emerges. Young, old, male, female reflect almost unanimous agreement that Western treatment should be sought for serious illness and that Traditional approaches are useful for 'common' illness and prevention. Many city people, however, do not use Traditional medicine at all. Statements of skepticism and rejection were expressed by urban citizens while greatest enthusiasm came from rural settings.

The one noteworthy contradiction is the information from the Home for the Respected Elderly. Here a combination of age and chronic illness should have Traditional medicine more highly regarded and broadly utilized. Can one speculate that in keeping with a commitment to provide these elderly with 'the best', Western treatment is emphasized? Thirty years of integration, and Traditional medicine has not been fully embraced.

Functioning institutional and clinical integration, with one notable exception, can most accurately be described as *Selective* and *Assimilative*. Separate departments exist throughout the system suggesting a division of duties with Traditional doctors treating common and chronic illness. However, Western practitioners widely utilize Traditional treatments along with the Western in an approach that assimilates herbal remedies and acupuncture to Western theory, diagnosis and treatment just as the recent (1954) discovery of the analgesic effects of acupuncture have been *Selectively* utilized in certain surgical procedures.

Complete division of duties, however, does not exist. Blurring of cases is found everywhere with similar problems being treated in out-patient clinics and in-patient medical/surgery wards and in-patient Traditional medicine wards.

Traditional medicine and practitioners are found everywhere but dominated by a Western medical science frame of reference and dominated by Western-trained physicians. From The Worker, Peasant, Soldier Hospital (Tong-Ren) in Peking where there is still

successful resistance to establishing Traditional in-patient beds, to the China Medical University where the director of the Traditional In-Patient Ward is originally trained in the Western style, to Nong An County where 50% of the Barefoot Doctors were formerly Traditional doctors (seeking stable legitimization by changing their health worker designation?), institutional arrangements leave the Western doctors in control, utilizing combined treatment extensively but on their own terms. And everywhere explaining this as economically desirable as well as clinically efficacious.

There is however, one excellent example of *Total* integration and equal status for both medicines: The Traditional College and hospital. Here, it is declared, combining Western medicine improves care. Here Western diagnostic approaches are both taught and utilized. A surgery department has been instituted and here, Traditional theory, diagnosis and treatment are in high esteem, studied, researched and utilized throughout. Yet even here, the director of the hospital was first trained as a Western-style doctor.

Much of normative policy reflecting the continued skepticism of the Western doctors and their continued dominance in practice consistently appeared in all facilities visited.

Ranging over the extensive list of disease, illness and health problems mentioned throughout, one finds simple or common illness, chronic problems and a wide-ranging list of others some of which would have to be classed as serious. The picture is a confusing one. It is more complex than the normative policy that suggested a division of labor between common and serious health problems. A great deal more information would be needed on a case-by-case basis. Where this is available, it is clear Traditional herbs and acupuncture have been *Assimilated* and combined with Western treatment. In the convalescent home this was more extensive than anywhere else, reflecting the normative claims for Traditional medicine's usefulness in chronic illness.

The possibilities for research are great, posing difficult questions of proven efficacy, self-limiting and placebo effects and natural remission. However, Western medicine addresses similar questions often without being certain of how to design reliable, controlled studies.

Normative policy does not actually capture the practice realities here. Traditional approaches are used much more broadly than just for simple and chronic illness as the CMA briefing claimed. Perhaps this reflects individual clinical experience, lack of persuasive research and lack of Western medicines and equipment, particularly in the countryside. Most likely, it reflects the paucity of concrete and widely influential research with definitive results.

Opinions on advantages and disadvantages of Traditional medicine reflect agreement everywhere with statement made at the CMA. However, no-one raised two interesting points made at the CMA: that some herbs are too expensive and that there are not enough "well-experienced doctors of Traditional medicine" in the country. What these statements might hint at is not clear.

The fourth possible reaction to the call for integration, *Rejection* was observed in one hospital that has

resisted an in-patient Traditional department for years. There are also innuendoes that Traditional theory is not of interest to non-Traditional practitioners. Research is being conducted on Western scientific terms so that it is hypothesized that acupuncture changes bio-medical actions of the body or has neuro-physiological impact, and that herbs have a natural, chemically potent ingredient that can be isolated and identified. Traditional theory itself is not used as an explanatory model.

The realities of integration may be systematically diagrammed in Fig. 1.

No Western-trained doctor expressed interest in Traditional medicine theory. The interest was in establishing the scientific basis of selected Traditional treatment practices. There were examples of Traditional doctors using Western diagnostic techniques but no examples of the obverse. Research appears to proceed utilizing scientific criteria although 'clinical experience' was the favorite reference for establishing efficacy of Traditional treatments. Traditional doctors presumably continue to use Traditional diagnosis but are moving to strengthen it with Western diagnostic approaches. Western medicine clearly dominates and controls the character of the mandated Integration. And what it has mandated to date is the *Assimilation* of selected treatment modalities for selected illnesses and the control of Traditional practitioners in health facilities either through isolation or putting previously trained Western doctors in charge. Further, there is *Selection* taking place in assigning Traditional medicine a role in primary care, chronic illness, pain management and other areas. By hypothesizing 4 modes of integration, one is able to get below the surface, look at the implementation of normative policy and see what is happening in actual, practice settings.

The larger action picture, quite closely reflective of normative policy which gets beyond the simple, surface acceptance of the directive to integrate, reveals active and extensive *Assimilation* and *Selection* of certain traditional treatment modalities and *Rejection* of theory and diagnosis. Only in a Traditional setting did we see any signs of *Total* integration.

Chairman Mao would not have been altogether unhappy with the results of that political directive to the People's Republic of China health workers at their First National Conference in 1950. He laid out

the principle and left the pragmatics to be worked out. But he wanted Chung-i to be brought into the modern world, to be made scientific. It has indeed experienced an impressive revitalization in contemporary times, being utilized by men and women of science who continue to search for its scientific basis. However, the 'United Front' Mao called for has not materialized.

CONCLUDING ANALYSIS

It is clear that from the beginning, the Western-trained physicians resisted Chairman Mao's insistence that Traditional doctors and practices be integrated into the health care system. A variety of strategies were utilized by the Party to accomplish their end, and these strategies varied, depending on other programs the party was pushing. So, during the Great Leap Forward when rural health clinics were established as part of the agricultural collectivization process, Traditional doctors were almost the only practitioners available to staff them. Their status had to be enhanced. At the same time, the Party sought to assert its dominance over Western physicians as part of its Red versus Expert drive.

Building more Traditional medical schools, training Traditional doctors in some Western medical science, establishing research institutes were all part of the Great Leap period. Insisting Traditional doctors be hired in Western style hospitals and that Western doctors receive Traditional education can be seen as part of the Red versus Expert campaign. The latest strategy of the Party is to promote combined treatment.

A number of these action strategies lost sight of some of Mao's original comments on Integration. While he called for a 'United Front' of the two schools, he also said that Western doctors should 'take responsibility' for improving Traditional medicine with modern science; that they should 'help, stimulate and reform' it, that they should organize, upgrade and utilize those of the old school that 'can be used'.

Little in the study tour material indicates the emergence of a 'United Front'. Observations suggest Traditional medicine and practitioners play a subordinate role today in the PRC health care system. Statements by Western physicians reflect commitment to

ASPECTS OF TRADITIONAL MEDICINE					
THEORY					
DIAGNOSIS					
TREATMENT					
POSSIBLE MODES OF RESPONSE TO POLICY		REJECTION	ASSIMILATION	SELECTION	TOTAL INTEGRATION

Fig. 1. Actual response to integration policy.

Integration or at least, use of selected Traditional medicine but on their own terms and in a context of limited Western pharmaceuticals.

Western medicine. Western bio-medical science and Western trained physicians continue to dominate the unique health care system of the People's Republic of China. But they have been forced to share their policy-making and implementation power to the extent that a medical tradition, which had not been able to hold up to scientific scrutiny in theoretical and diagnostic terms, is being absorbed into medical treatment. Individual citizens, Western physicians and medical educators, hospital administrators, Barefoot Doctors and other health practitioners all have accepted the utilization of myriad Traditional treatments for an unusually wide variety of illness and disease conditions.

Despite enormous political pressure over a 30-year period for greater enthusiasm and broader utilization of Traditional medicine, Western doctors resisted in the name of the world culture of modern bio-medical science to which the medical profession everywhere owes strong allegiance and loyalty. Neither the widely accepted realities of economic necessity nor the political obligations of an enormously powerful leader of a rural revolution nor the power struggle of a successful Communist Party to gain dominance over recalcitrant elites could shake the hold of Western bio-medical science. Ironically, it could well be scientific research itself that finally secures a future place for a very old medicine which not too many years ago seemed a medical curiosity.

Some Americans, rightfully dissatisfied with aspects of the American health care system, have romanticized the PRC health care system including Traditional medicine and in the process, lost some perspectives on realities. There is very much to be admired about the system, its remarkable innovations and remarkable accomplishments, without blurring its actual nature. Suggestions that Traditional medicine is or should be practiced in its entirety [19] or that the Chinese are now backing away from the exciting model of health care delivery they originally gave the world [20] ignores certain realities including the original policy motivations. It ignores the pragmatic realities of practicing medicine on a day-to-day basis. And it ignores the persistence of that ubiquitous characteristic of all social institutions: change. It also fails to make the important distinction between stated policy and its actual implementation.

Mao wanted Traditional medicine 'made scientific'. Efforts proceed in this direction. Mao called for Western physicians to bring Traditional medicine into the 20th century. They now work in the same institutions albeit not as a 'Unified Front'. And the two groups remain apart organizationally. What this will mean is unclear. Nonetheless, Mao's political and economic needs and strategies have given Chung-i new life. And if it makes meaningful and substantiated contributions to common and chronic illness, to the treatment of acute abdomines and to prevention, then Mao's new Chinese Medicine will be, as he hoped, a significant contribution to world medical culture. The PRC is certainly commanding world-wide attention because of the Integration.

Economic necessity may continue to be a strong

motivation as some knowledgeable observers [21] suggest that the improvement of the health care system will not be a high priority in the next decade or two. Early rural political obligations may have now been satisfied as well as the desire to enhance cultural pride. In fact, cultural pride may now insist, in a new scientific age when kindergarten children are taught to sing songs entitled 'We Love Science' that Traditional medicine be more rigorously legitimized with scientific research. As for the Red versus Expert battle, it appears to be the Experts' turn for resurgence and active participation in the modernization process.

What has politics wrought? A remarkable accomplishment: Traditional medicine, preserved in part, and actively utilized as it is assimilated into Western medical practice; Mao Tse-tung very much vindicated in his astute politics, astute economics and astute understanding of power in medical settings.

For political reasons, Mao forced a most peculiar policy onto the health care system of the People's Republic of China. This should force us to reflect, anew, on the essentially political nature of health policy and all health care systems. PRC, facing problems of personnel shortages and maldistribution (both found in Western industrialized health care systems as well) met the resistance, dominance and power of the medical profession with a dramatic political counterforce such as no other national group of physicians has faced. It took such a force both to push a typically resistant dominant profession, and to circumvent them. The goal, to preserve and modernize a scientifically rejected medical tradition, was an incredible one given modern scientific values, but by 1981 it seems at least partially in process. By the same token, the ability of a powerful, high status profession to both bend to great pressure yet remain resilient enough to survive repeated attacks and stay in command is equally incredible.

This deserves special attention in examination of the larger issue of the intrinsically political character of all health care systems and the continuing ability of physicians as a group to maintain power and protect their interests in a variety of systems: unplanned, nationalized, socialized, or rationalized.

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