

LITTLE HOOVER COMMISSION TESTIMONY

Gary Klapman, M.D., Lic.Ac

HISTORICAL PERSPECTIVE

The basis for a clear understanding of an individual and the medical problems for which they are seeking help is their history. When did their symptoms begin, what other issues were occurring at that time, what other medical problems have they had in the past and how did they deal with them all give a perspective that clarifies their present situation. The same is true for the acupuncture profession. To better understand where we are today and in which directions we are best to proceed, an understanding of the history is vital.

The acupuncture and Chinese Medicine that is largely practiced in this country and especially in California is known as Traditional Chinese Medicine or TCM. Many believe that TCM is acupuncture that has been practiced and taught for thousands of years. This is very far from the truth. The dynastic structure of government in China ended in 1911 when Sun Yat-sen came to power. At this time the West was influencing China and its new leaders, as was the whole world with the dramatic changes from the Industrial Revolution, science and medicine. The successor, Chiang Kai-shek, was more heavily influenced by Western ways and acupuncture was almost rendered illegal. With the arrival of Mao and the Communists in the '50's the practice and education of Oriental Medicine was heavily politicized. Anything having to do with the unscientific, especially relating to religion was forbidden. Prior to the Western and Communist influences acupuncture and Chinese Medicine attended not only to physical symptomatology but had significant impact with the intangible nature of life especially emotional and spiritual concerns, but this understanding was largely expressed in religious terms. The influence of Karl Marx that was strongly embraced by Mao and the Communists necessitated the elimination of all that had anything to do with religion as religion was recognized as the "opiate of the people." This marked the beginning of a new form of Chinese medicine that we know today as TCM, the origin of which is less than a century and more clearly 50 years old. The influence of restriction in China continues to this day where freedom of expression, religious, political, or otherwise is significantly constrained.

There have always been political influences in the mainstream paradigm of medical practices but this experience in China clearly represents a manifestation of Political Biology 101. This is the heritage that permeates the practice and education of Chinese Medicine in this country, clearly anathema to the tenets and values we as a people hold closely and certainly contradictory to our Constitution of these many States. Not only is this contradictory to our sentiments for open expression politically but also from a medical viewpoint we are using a medicine in a very diluted form. The potential that Chinese Medicine has in its roots for people today is little understood and vast. There has been a meager resurrection of some of the older approaches that used religious ideas as a basis; they are now being transformed into treatments using a psychological perspective rather than a religious one. Today there is a greater appreciation of how the emotional and spiritual aspects of life can influence the physical. There is great value

placed in the expression of feelings particularly among those who recognize that illness is often a somaticized expression of blocked emotions and spirit. To the Chinese emotional expression was and still remains politically incorrect. However, Chinese Medicine as expressed in the classical literature and as practiced years ago has the power to embrace and understand the interconnection of the emotional and spiritual with the physical. This difference in TCM and the American culture is providing a place of necessary and impending change. A problem in California is that most of the practitioners and teachers come from a TCM background and California is threatened with losing its leadership role in our profession in the not too distant future. The opportunity costs for patients suffering from many physical ailments is also large.

People in our country have been flocking to alternative approaches to medical care spending millions of dollars from their own pockets looking for an opportunity to express themselves and understand in a deeper manner how their style of living, their attitudes and beliefs that they hold closely can influence their physical well being or lack of it. People are hungry to become more involved in their health care not by just taking medicine, boiling herbs, or changing their diet. There is interest in exploring greater meaningfulness to our lives and Chinese Medicine, in its foundation, understands such implications and how the body expresses itself in such a multi-dimensional way.

How can a form of medicine that in theory promotes freedom and flexibility of not only body but mind and spirit as well but outlaws the practice and expression of such theory, be openly accepted in this country? There has been a significant divergence between the theory and practice of Chinese Medicine. Now can be the time when we in this country and we in California can politically influence Chinese Medicine to restore its natural and deeper practice and bring coherence with its beautifully expressed theory.

I do apologize for taking such a lengthy time to express the above but my other responses below are influenced by the importance to which I hold the historical imperatives as I have expressed.

SCOPE OF PRACTICE

The controversy regarding the scope of practice does not involve the various treatment options available to the acupuncturist such as needles, herbs, bodywork such as *Tuina*, moxibustion, or dietary advice, but rather the diagnosis and treatment of diseases as defined by Western medicine.

Some practitioners in the field would like to believe that the acupuncturist, in being given the status as a primary care practitioner, is necessarily also given the ability to diagnose and treat diseases as defined by Western medicine. This issue was discussed by the Acupuncture Board with its legal counsel, Don Chang, a year and a half ago as well as by the Task Force on Competencies and Outcomes and the conclusion that legal counsel gave was that the primary care status refers only to the ability of an acupuncturist to treat a patient without having them first see a Western practitioner. They are not given, within

their scope, the responsibility to diagnose and treat diseases from a Western medical framework. This remains a contentious issue and I have strong feelings regarding this having a deep foot in both the Western and Eastern camps.

There is enough mediocrity in the practice of Western medicine by primary care practitioners today. The escalating number of malpractice cases, the ten minutes allotted per patient in the HMO waiting rooms, and the increased demand for alternative approaches all reflect the lack of excellence in the physicians' treatment rooms. The complexity of medical cases has accelerated as well: fewer people are seeking medical care in a timely manner because of insurance and cost concerns; multiple medications and their potential deleterious interactions are paid little attention; and thorough medical evaluations are limited by cost constraints often dictated by HMO mandates. For an acupuncturist who is given a cursory course in Western clinical medicine the expectation of providing good care for any myriad of medical problems is unrealistic. Today supervised clinical training with Western diagnosis and treatment for the acupuncturist is virtually non-existent. Most instructors in a Chinese medical program are often unqualified to mentor inexperienced practitioners with Western medical tools. This is not true for musculo-skeletal problems regarding back, neck, and extremity problems where training programs are available and there is understanding of when imaging studies such as CT or MR are appropriate and when referral should be made. Presently there are some doctoral programs in some acupuncture schools that give the option of increased education in Western medical education with physician proctors but these programs have yet to begin. Doctoral programs that have been approved by ACAOM seem to be specializing programs within the Chinese Medical domain regarding such areas as oncology, women's medicine and pain. These programs do not attempt to increase the scope of practice for the profession as a whole, however.

Those practitioners that espouse greater responsibility in diagnosing and treating Western diseases, I believe, are misdirecting their energies. As I have expressed in the first part of this paper the embracing of Chinese medicine in greater depth and scope within its own domain is what people are wanting and for which they are hoping. Exploring the manner in which Chinese Medicine can understand and treat illness not only from the physical level but also on levels which deal with the intangible is what is lacking in the health care consortium in this country.

CURRICULA STANDARDS

The standards for curricula study in the acupuncture schools have followed a steadily rising curve. For perceived and/or real necessity the practitioners have been petitioning for raising the required hours of education in the training programs while the schools have been voluntarily increasing these hours well beyond the state requirements of 1750 hours. Most schools were requiring of their students approximately 2800 hours. Many practitioners were hoping for a 3200 hour requirement. The California Acupuncture Board established a task force to explore this issue and consensus was reached and a recommendation to the Board was made for 3000 hours. This seems quite adequate, now

requiring in excess of three years of study to qualify to sit for the California exam. A significant complaint from the schools was that the quantity of hours was less an issue than changing the curricula to expand the quality. I support their concerns about this issue and believe the task force obtained a compromised solution although there was certainly no mandate. The controversy continues because there are many practitioners who support a 4000 hour entry-level requirement in the realm of a doctoral program. I believe that increasing the requirements for an entry-level practitioner to 4000 hours is both detrimental to the profession as well as the public.

Firstly, even before the curricula standards were recently increased safety in the field was not a large concern. Some surveys among recent acupuncture graduates have indicated the lack of preparedness on a variety of fronts, one reason to push the hours to 3000. Of course increasing education is always encouraged but to limit the number of practitioners because the present level of education is not adequate is ill founded.

Do people benefit from an acupuncturist's expertise? Surely. Will more people benefit from fewer practitioners who have more education? I do not believe so.

Personally, I believe more people will benefit by altering the curricula to include a greater emphasis on the multi-dimensionality that acupuncture has to offer especially regarding mental, emotional, and spiritual aspects of care rather than increasing the total number of hours that are required or spending more time learning about Western medicine. There is thought among many that much physical illness today such as stress related disorders, cancer, drug abuse, depression, etc. has at a foundational level the lack of spiritual direction. This does not mean religion. This refers to relationship concerns and passion in our lives. A unique aspect of Chinese medicine is its understanding of how one organ system relates to another, how one part of ourselves relates to another part, how, for example, our fear or grief might interact with our depressed immune response. Relationships we have with one another bring forth considerations of ecology, management of human organizations, sustainable communities and other macroeconomic considerations involving social systems.

Passion is a word that expresses a spirit of involvement that includes not just our physical selves but also our more intangible parts that can light us up with inspiration, enthusiasm, creativity, caring and compassion. This is a characteristic that expresses an aspect of wellness, which is a new world in the pantheon of health care that will be finding a comfortable place next to illness care in our near futures.

NATIONAL EXAMINATION

The National vs. the State examination has been an emotionally charged concern in the acupuncture world in California. Many of the schools would like to encourage the Acupuncture Board to accept the National exam as criteria for licensure in this State, promoting reciprocity among the states as well as increasing the number of practitioners as well as students. As you might expect the practitioners want nothing of the kind.

Control, higher standards, and restriction of licensure dominate their stated or obvious concerns. At this time I would side with the practitioners on this issue. Whereas I would like to affect change in the curricula as I have mentioned above and although I believe the influence of TCM is all too great, I would vote to maintain control and be able to affect the standards which can be done largely by controlling the exam. Although issues of psychometric standardization among the various exams given in multiple languages is also before your consideration, I believe moving towards an English only exam is a better change, at first, than eliminating the exam entirely. An English only exam may come to be in the future but I believe California is not ready for that now either. Plurality of expression and controlling the quality of education in California are paramount; reciprocity and lowered standards will not benefit the people of this State.

APPROVAL PROCESS

While on the Acupuncture Board this issue came before us during a retreat. Various facets were discussed and the Board decided in an informal manner and with which I concurred, to explore giving a larger role to ACAOM in approving schools for California with the final approval being made by the Board. It has been the Board's responsibility to sponsor site evaluations and make thorough reviews that take an unusual amount of time and money. This can be done more efficiently and with quality by ACAOM. The Acupuncture Board, having final approval, will still be able to maintain control.

TASK FORCE ON COMPETENCY AND OUTCOMES

As chair of this Task Force authorized by the Acupuncture Board I had the opportunity to learn from the major stakeholders in the profession, particularly the schools and the practitioners. They each had an agenda to support and espouse and at times one might have doubted they were involved in furthering the same profession. The amount of energy, time, labor, and expense arguing with one another even after agreement was reached has been exemplary of the rift that exists in this profession. The lack of cooperation and the lack of understanding of how intimately important the schools are to the practitioners and how important the practitioners are to the schools has necessitated this very gathering of the Little Hoover Commission.

The issues that the Commission is considering such as curricula, scope, approval, and examination are just some of the issues that I would consider symptomatic of more substantive issues that might seem to some as less tangible. Fear, anger and control are issues which prevent this profession from having a greater understanding of itself and thus, the ability to move the profession in a more creative, progressive fashion. Few are looking at these issues at all because we are not trained to pay attention to such things. As a computer engineer who has been trained to excel intellectually may have little understanding of why his body is falling apart because his attention to what occurs below their neck is so poor, we in this profession seem to pay little attention to the parts that are

not so easily seen. The acupuncture model, however, lends itself, not only to a deeper understanding of individual health matters but also to health matters relating to a group. Each stakeholder is afraid to compromise, fearing to give up more of their agenda rendering them impotent. The microscopic lens is on oil immersion where only a localized view is well seen. To move the lens to high dry to afford an overview of the gross picture is contrary to the dug in heels of the players. The impotence is really in having a restricted view and speaks of the difficulty that the dominating TCM paradigm has for the profession. It is not that TCM is not effective and does not work. It does, but only in a limited way compared to what is possible. Exploring Chinese Medicine to its depth, which means embracing the roots of acupuncture theory that has existed for thousands of years prior to TCM, is not only important to the people receiving treatment from our practitioners but is necessary for the profession. Only then will the profession be able to offer a complete health care system that includes and transcends the physical considerations. Frustration and anger often motivate intransigent positions, provoking war like response, the resolution of which is sought by such groups as this Commission or legislative bodies. The real resolution cannot be legislated alone.

An analogous situation occurs in the body with connective tissue disorders that have an immune response origin such as lupus or rheumatoid arthritis. One part of the body opposes another part and medications as steroids or immunosuppressive agents can alter the inflammatory response but offer no cure.

Control in this profession cannot occur until one can hold a vision that encompasses all of the parts, that can see behind as well as in front, that can lead with wisdom and joy as well as making room for fear, frustration, grief, and sadness, where the acupuncturist becomes the healer and the patient becomes an eager participant in their own health care. In our body such a position is held by the heart, acknowledged in Chinese medicine as the controller of all the organs because it leads with the endorsement of heaven which is the intrinsic nature of the individual or in this case the intrinsic nature of our profession. When the energy in our selves couples harmoniously with the essential substance of our organ systems, the spirit can move freely within the heart to manifest our greatest potential.

TREATMENT OP CONDITIONS WITH ACUPUNCTURE AND WESTERN MEDICINE

The consideration of treatment options with acupuncture and Western medicine presents a conundrum. This dilemma might first be distinguished by considering the question from the standpoint of illness, on one hand, and that of wellness, on the other. Western medicine looks at the body and focuses on eliminating illness by focusing on the illness. TCM does some of the same by maintaining focus on physical parameters such as hot/cold, interior/exterior, and physical symptoms that comprise patterns of disharmony within an organ system. Chinese medicine, in theory, attends to all parts recognizing the origin of the illness whether it is in the physical, mental or spiritual realm. The physical symptoms are treated but the origin of the illness and the entirety of the individual are

treated and the relationship of the intangible to the physical is understood encompassing what is recognized as treating the branches as well as the roots. The theory is taught but seldom practiced with much practical consideration. With this in mind the practitioner can recognize what the individual can be like in a state of wellness and can thus influence change using various techniques to further the state of wellness, watching the physical symptoms disappear.

Looking at this issue of treatment from a pathological view, one common to a Westerner, some generalizations can be made. Western medicine treats acute illness quite well. Infectious diseases, vascular compromise in the form of 'heart attack,' stroke, interruption of blood supply to organs or extremities, emergent problems with almost any body part such as endocrine, eye, pulmonary, cardiac, etc. are best treated by those having expertise with the physical functioning of these organ systems. Chronic recurring problems have a relatively poor track record using Western medical techniques. This is where Chinese medicine has the opportunity to shine. Whereas someone having an episode of acute cystitis is best treated with antibiotics one having recurrent episodes may find an answer to affect a cure using Chinese medicine. Someone with a fractured hip is best attended by an orthopedist where someone with recurrent back or neck pain may do better in visiting the acupuncturist. Problems during pregnancy such as recurrent vomiting or pain syndromes are not amenable to pharmaceuticals and acupuncture can have a strong influence.

As wellness becomes a more integral portion of our health care system one might look at a person and their illness and ask not how that illness can be treated as much as how can that person be treated? As barriers to the door of wellness disappear, illness, itself, becomes a doorway and an opportunity rather than something that needs eliminating for its own sake. Symptoms can become allies and health can mean more than an absence of illness. The future is here today.

Gary Klapman, M.D., Lic. Ac.
Santa Cruz, Ca.
August, 2003