

# HARMONIZATION OF TRADITIONAL AND MODERN MEDICINE: AN AUSTRALIAN PERSPECTIVE

Charlie Chang and Xue David F. Story



**T**raditional medicine is practiced in most countries all over the world. Many developing countries are depending heavily on their indigenous form of traditional medicine for the treatment and prevention of diseases. However, most western countries practise “modern” or “western” medicine. In the last few decades, there has been a dramatic increase in the popularity of various forms of traditional medicine, particularly traditional Chinese medicine. Rather than being based on multi-generational empirical evidence, the effectiveness of the treatments of modern medicine treatments are required to be demonstrated in accord with rigorous scientific criteria. Not surprisingly, many countries practise both traditional medicine and modern medicine. They are poorly integrated, with little understanding by practitioners and patients. There is also little understanding of the possible benefits and shortcomings. The term “harmonization” has been used to characterize the ideal in which modern medicine and tradition-based medicine are practiced in concert with optimal patient outcomes being the primary determinant of treatment.

The effective harmonization of modern and traditional forms of medicine will require major changes in training and training curricula, for both the traditional medicine practitioners and western medicine practitioners. For traditional medicine, training standards and the quality of graduates must be assured. In addition, being able to stand alongside modern medicine, particularly in western countries, it is essential that the efficacy and safety of traditional remedies are to be established in accord with the same scientific criteria required of modern medicine. At the initial stage, this process will need to take the traditional use and relevant literature into consideration.

Over the last three decades, there have been significant changes in the training of western medical practitioners. These include the introduction of competency- and capability-based curricula and the implementation of outcome-focused educational program quality assurance procedures. In addition, the educational emphasis has shifted from a teacher-delivered knowledge approach to student-centered learning involving discipline integration and problem-based learning. In order to promote ongoing evidence-based professional practice and ongoing learning, there has also been much greater emphasis on the evidence underpinning knowledge. These developments in medical education have occurred at a time of rapid advances in biotechnology and medical research. The extent and scope of the new knowledge generated by research has necessitated alignment of research and educational programs in academic institutions. A more recent trend in many schools of modern medicine has been the incorporation of the basic elements of the theory, principles and practices of traditional medicine into educational curricula. These developments in western medical education have occurred or are occurring in many countries.

In general, traditional medicine has not embraced the developments in western/modern medical education and research outlined above. Moreover, the quality of traditional medicine practitioner training is highly variable, and in most countries educational programs are not at the degree level; China, Hong Kong SAR, Korea and Australia (such as RMIT University in Melbourne) being exceptions, with recent introduction of degree level training in Singapore. The most obvious consequences of inadequate training and lack of appropriate continuing education are that practitioners are poorly equipped to meet the needs and expectations of the community. Indeed, poorly trained traditional medicine practitioners represent a potential risk to the welfare of their patients and also erode public confidence in traditional medicine. Inadequate research activity and research training in traditional medicine has additional negative impacts, including constraint of ongoing traditional medicine development. Compounding these negatives is the inevitable lack of confidence in traditional medicine by the western medical professionals. Under these circumstances the prospects for effective harmonization of traditional and western medicine are minimal.

Government policies which foster appropriate the development of traditional medicine and the effective professional and/or government regulatory measures are also essential prerequisites to harmonization of traditional and modern medicine practice. In 2000, the State of Victoria became the first state outside mainland China to introduce statutory regulations to manage the clinical practice

of traditional Chinese medicine. The State implemented the Chinese Medicine Registration Act, which, through the statutory Chinese Medicine Registration Board, provided for registration of Chinese medicine practitioners, the regulation of Chinese medicine practice and the accreditation of practitioner training programs. This brought Chinese medicine into line with other health-care professions, including modern medicine. RMIT University had been a strong advocate of such government regulation. It has a significant contribution to its introduction. Both New South Wales and Western Australia are currently developing statutory regulation of Chinese medicine.

Another important development in which Australia is leading the western world is the country's response to the increasing use of complementary therapies. This has been implemented by the Australian Government's Therapeutic Goods Administration of comprehensive processes for the regulation of herbal and other complementary therapies. Essentially, in Australia, listed and registered complementary medicines are subjected to equally stringent regulatory requirements to ensure their quality, safety and efficacy. This is so for both modern and complementary listed medicines; upfront proof of efficacy are not required.

These initiatives put Australia in the forefront of developing a model of harmonization between traditional and modern medicine, which is consistent with the World Health Organization's strategy for the promotion of appropriate and effective use of traditional medicine. 🌐

*Contact Details:*

Charlie Changli Xue and David F. Story,  
RMIT University, Australia  
Email: [charlie.xue@rmit.edu.au](mailto:charlie.xue@rmit.edu.au)