Traditional Medicine for Medical Students – A Proposed Course for Perspective in Community Medicine

Prepared by: Nemuel S. Fajutagana, MD, MHPEd

Introduction

Perspective in Community and Family Medicine is a course that introduces first year medical students to the different fields of medicine. As a bi-weekly course offered during the second semester, it does not have a well defined program except that of inviting representatives of the different clinical and academic departments to present their program to the students, with the hope that it will help them as early as possible in deciding a career path in medicine. The intention is laudable, but we still see the need to expand some more the option available to students. We believe that areas like health education, community medicine, research, public health area fields still less traveled by students. Making a choice is also influenced by how students look at health and medical practice and it depend very much on the opportunities available in the learning institutions. It has been noted by physicians from the Community Medicine Development Foundation, for example, that physicians who have opted to work in rural communities are usually those who, in their student days, have been exposed to the socio-political and cultural dynamics of health. These exposures of course did not happen as a consequence of any school program but rather through their integration with people in the communities through opportunities provided by a non governmental organizations or NGOs. With this in mind, we see the need for the institutionalization of these alternative opportunities by including within the Perspective of Community and Family Medicine a program that provides an alternative framework in viewing and experiencing health work and this can be through a course like traditional medicine.

Traditional medicine as a curriculum project is long overdue. There have been some attempts earlier, but due to the absence of clear guidelines regarding its scope and content, discussions and trainings in traditional medicine were limited to traditional healing methods and technologies. Meanwhile, medical practitioner trained under a western biomedical framework continue to experience conflicts with popular culture as they practice medicine in both urban and rural communities (Contact, 1992), and these encounters with different culture were considered as difficult and frustrating. Schools of nursing and medicine have that responsibility of preparing physicians deal with cultural problems more effectively by providing in their curricula a course in traditional medicine. In a much broader perspective, a course in traditional medicine will make medical and nursing programs more relevant and people oriented training programs. Why do we say so? Because in this proposed traditional medicine course for example, we will not only deal with traditional medicine technologies and methods, but more importantly, we will go deeper into the people's lives, their definition of health, beliefs and practices and the different socio-cultural and political issues that shape them.

Chapter 1: Rationale

It is said that although health students are being trained to help “prolong” life, they start studying in the morgue where life ends and not in the nursery where life begins. This early exposure to cadavers reinforces the ideology of **objectification** (turning body into object for study) and **reductionism** (reducing body into small parts for study), and these are reflected in the way a health professional deal with individual patients, or to be more sarcastic about it, cases. First year medical students are idealists, and if asked why they decided to take up medicine, their immediate answer would be to 'serve humanity.' This positive attitude though starts to change as they are slowly exposed to their new role models and new mental frame – from communal to individualistic, from being health oriented to disease oriented, and from service oriented to business oriented. A counter current to this mindset has to be set forth. A new approach in health education and training should offer opportunities to study the non biomedical aspects of health. These would include the socio-cultural, psychological and political factors that play even bigger part than microbes and physiochemical changes in the issue of health.

Through this course, we hope to develop physicians who will look at health not just on its biomedical perspective but also in its socio-political, cultural, psychosocial and even spiritual dynamics. Physicians who can deal with

confidence and with much competence cultural conflicts that they will encounter in their practice of medicine, be it in urban or rural centers, and more importantly, physicians who will be part of and take part in the direction setting of the health system.

Traditional medicine will start with an introduction to culture and medicine. It will be a medical anthropologist approach to study of health. **Culture** as all of us know has two basic elements, they are the **cognitive** (beliefs) and the **expressive** (practices) elements. Examples of cognitive elements are values, norms, mores, religious beliefs and concepts of pain and illness. Expressive elements on the other hand is represented by music and arts, language, rituals and healing practices. Medicine is considered a subculture because it has its own cognitive and expressive elements. To explain this parallelism, we can use as examples our western concepts of microbes and antibiotics and our traditional concepts of spirits and healing rituals. Microbes and spirits represents two distinct beliefs of disease causation while antibiotics and healing rituals are two resulting healing practices related to the two respective beliefs. Understanding of these cultural dynamics help medical students understand why people behave in a particular way, given a disease or stressful situation. It will develop among students an attitude of respect and not superiority over people's beliefs and practices and a critical but not necessarily closed view of health.

This course will also present critiques of the Western Biomedical System as compiled from different sources and will try to answer the question “what's wrong with the present system?” With this the student will realize that there is a gap being created by the existing dominant western system and this can be filled up by integrating traditional medical concepts. This gap is a result of the western medical system's failure to fully recognize the importance of socio-cultural factors as determinants of health and disease. This course has no intention of supplanting or much more changing the biomedical orientation of existing medical curriculum but rather supplement it. But is it possible? To answer the question, we have to look around our Asian neighbors and see what their experiences are in this respect. We can easily identify two big Asian countries that have institutionalized their traditional health system, China and India. Acupuncture which is now used worldwide, started and was developed in China almost 5000 years ago, while India has its own Ayurvedic medicine. To provide students with concrete example of a well developed and researched traditional systems, study of Traditional Oriental Medicine or Traditional Chinese Medicine (TCM) will be included as part of the course. Why TCM? Because TCM is the closest to the Filipino traditional concepts and practices.

Traditional Oriental Medicine, offers a totally different way of looking at health. Firstly, it offers a different explanation (i.e. pathophysiology) for body changes and disease patterns, and secondly, it uses mostly needles in treating these disease patterns. The program will introduce the students to the theory of yin and yang, the basic concepts of TCM, and interpretation of patterns of disharmony. The course will also introduce the students to the different meridians and points and needling techniques that would help stimulate these points. Treating modality being offered by TCM will be helpful later as they work in the communities.

This course will only be offered as a first year[1], second semester program and as a unit of Perspectives in Medicine. The second semester has a total of 18 academic weeks, or a total of 36 hours for Perspectives in Medicine. Sharing of the different disciplines and departments will need only 12 hours (one hour per department) since these are just introductory sessions and therefore a total of 24 hours is left for traditional medicine, excluding the 1-2 weekend community exposure activities. This unit on traditional medicine will have a total of 8 sub units. The first three will deal with Culture and Health including Theories of Health and Illness in the Philippines. The last five units will discuss acupuncture, its principles and theories, patterns of disharmony, point location, and needling techniques.

1 The existing First Year Medical Program has four major subjects and two (2) minor subjects. The four major subjects are gross anatomy, histology, physiology and biochemistry. The two minor subjects are offered in the first and second semester respectively on a one hour, bi-weekly basis. Since the first year program is already loaded, these subjects are usually offered as late in the afternoon classes.

Central Questions

What is culture?
What is medicine? What is the relationship between culture and medicine?
What is lacking in our Medical system?
What is the difference between the western and oriental medicine?
What are the theories of illness and health in the Philippines?
What is acupuncture? What are its uses?
What is the theory of Yin and Yang?
How do you explain patterns of disharmony in acupuncture?
What is a meridian?
How do you locate a point?
How does needling of points produce treatment? How do you insert a needle?

Chapter 2: Stakeholder's Perspectives on Curriculum[2]

Students as Stakeholders

The Philippine Medical Students Association (PMSA), on many occasions, had organized student assemblies to discuss the Philippine medical curriculum. These meetings, designed as workshops tried to answer several issues such as relevance, opportunity for interaction with people in the community, integration of traditional medicine and student's participation in the development of medical curriculum. It was the general consensus of the students that the present curriculum has failed in answering the realities of the time. Although schools are trying their best to attain high academic standards, it is more to be competitive in the light of decreasing number of entrants and to cater to the need of students (both local and foreigners) who want to study in the Philippines but practice abroad. Although communicable diseases continue to be the leading causes of mortality and morbidity, they are not still being given enough emphasis. Because as mentioned earlier, schools have to attract foreign students whose respective countries happen to have different morbidity and mortality profile. This is probably a good example of what Elmore and Sykes (1992) would refer to as "curriculum as capital perspective." The hospital orientation of schools on the other hand, limited the exposure of students to communities, albeit ironic if one is to consider the fact that it is in the community where people spend most of their pre disease and post disease stage. This contextual bias affected the career choice of students in favor of hospital practice as against the much needed community practice. The dominance of clinicians in the direction setting of curricula, on the other hand, may have somewhat slowed down the integration of new courses like traditional medicine into the conventional curricula. These issues are clear to 'progressive' students and they have formulated several recommendations addressed to the Philippine Association of Medical Colleges and heads of their respective schools, but up to this point they have yet to see indications of change in favor of these recommendations. In summary, the students raised three points with regard to medical curriculum. *First*, the inclusion of traditional medicine as a unit; *second*, innovative learning experience (not just lectures) and *third*, more community exposures. These are the things we will address in this course.

Social scientists as partners in shaping medical curriculum

Traditional medicine is actually more than medicine. It touches the inner aspects of people, their philosophy, their way of life. Course development will therefore require the participation of medical anthropologists, social and political scientists, psychologists, and traditional medicine practitioners, to name a few. Curriculum should make people the primary focus of concern, with or without disease. This suggest a reconceptualist (Goodland and Su, 1992) attitude, but the key word here is relevance and multi-disciplinary. In the first place, health is too crucial and too multifaceted an issue to be left to the hands of health professionals alone. The participation of social scientists will not end in the development of the course, for they will also be involved in the actual implementation of the course as facilitators or resource persons.

2 The contents of this chapter were not based on actual interviews but from personal notes and documentations of series of consultations and for a which the author had the chance to participate from 1989-1992. The consultations and for a were sponsored on different occasions by the Philippine Medical Student Association, Community Medicine Development Foundation, Colloquium of Community Based Medical Practitioners, and the Inter-Institutional Coordinating Body for Community and Family Medicine.

Colloquium of Community Based Health Practitioners (CCBHP)
Although not officially a professional group, physicians affiliated to this ad hoc body are very active in calling for a review of medical curricula. They offer almost the same criticisms to the medical curriculum as the students such as irrelevance, too hospital oriented and too curative in approach (NCCBMP proceedings, 1989). What made their observations important is that they carry with them their actual experiences in the field, especially in the area of culture, health and medicine. The product of the group's consultations and workshops have actually served as working papers to other groups working for possible curricular changes in medical education and has been used as reference by the traditional medicine unit of the Department of Health. It was stressed in their papers that the content of the present medical education does not equip physicians to handle culture conflicts related to practice of medicine. In the whole four year training program for example, the 1-2 months devoted to community work, hardly had an input on culture and health. Members of CCBHP are one in strongly recommending the inclusion of traditional medicine as soon as possible. Although it may be too much to assume, these doctors who have spent their life in the remotest of areas in the Philippines, bring with them also the sentiments of the underprivileged and under served sector of the Philippine society for they have lived and worked with them. This proposed course carries with it the sentiments of the community based medical practitioners.

Faculty Members
One obvious problem that will come up if ever traditional medicine will be integrated as a course will be the question of "who will teach?" As of the moment, we have very limited number of people and mostly from non-governmental organizations (NGOs), who have experienced teaching the course. Besides, it is a reality that faculty members who are also mostly clinicians, barely have time to introduce innovations even in their own topics, what more on the whole curriculum? The situation is far better in basic sciences where majority of the teaching staff are full time and who are also in one way or another taking time out to get additional education units and by nature more open to innovations. In the absence of clear governmental guidelines in the implementation of traditional medicine, doctors and other faculty who "control" curriculum will surely criticize its scientificity and place in the present programs. The best approach would be to solicit the help of the Department of Community and Family Medicine as sponsoring department, since they are also mainly responsible for the Perspective in Medicine program.

Government as source of policy
One of the very first act of Dr. Juan Flavier, when appointed as secretary of the Department of Health in 1992, was the creation of the traditional medicine unit which was made directly under the control of the Chief Undersecretary, Dr. Jaime Galvez Tan. The traditional medicine unit was task to undertake research and multi-agency consultations on the status of traditional medicine and prepare possible policy guidelines for the same. It was the first ever concrete action of the Department of Health that answers the issue of traditional medicine head on. Policies that are coming of this unit will have far ranging implications to the present medical and nursing curricula. Although several nursing and medical schools are already starting to include traditional medicine in their respective programs, they are still limited partly because of the limited funds and people who can do the job and partly also because of the absence of clear governmental guidelines for implementation. The Department of Health's initiative will surely put into focus the development of a comprehensive course for traditional medicine but it should not end there. Government involvement in curriculum, as in many other areas of public life, is not a simple matter of making and implementing rules. Government actions take a variety of direct and indirect forms, and it involves both the exercise of rule-making authority and the mobilization of authority from other sources (Elmore and Sykes, 1992). The students, community medicine practitioners, social scientists, and teachers have made their moves, but without any government policy support, redirection of medical program would require a long and difficult struggle.

The course and its content is definitely biased in favor of community medicine or community practice. This is intentional if only to add more relevance and meaning to the present medical education program. It will only be actually a very small part of the whole medical curriculum, but as small as it maybe, it can also help refocus the attention of the students toward the direction of

community practice. This program is also designed in such a way that it can also be used outside the traditional medical school by non-governmental organizations involved in alternative trainings of physicians and other health professionals.

Chapter 3: Analyzing Curriculum Effects: Meeting the needs of the stakeholders

This course offers an alternative perspective of health and health work, and in so being, expect to face difficulties especially in putting across some of the theoretical constructs that will be introduced. The expected difficulties are based on the fact that traditional medicine offers a totally different world view of health which may come into conflict with what students believe (even before their pre medical education) to be scientific, the attitude of "give me proof." It must be emphasized that traditional medicine does not rely very much on scientificity (because tools for social science research is not that developed) as students expect it to be, but its evolution is rather based on the real experiences of people from generation to generation. Acupuncture, for example, has 3000 years of unrecorded and 2000 years of recorded history and is recognized by the WHO, and in the local context, traditional birth attendants have been with us for hundred of years. Also, we cannot hope to explain oriental theoretical constructs on a purely western scientific framework. To quote Mintzberg (1989), "how can we allow 'rational' argument to prove or disprove the inferiority of thought process that itself is beyond such rationality? That would be like using black and white photography to study the colors of the rainbow." But although this maybe the case, it is still possible to explain some traditional theoretical concepts using as parallels the closest western concepts possible. Example of these are the meridians and the substances of TCM and, the nervous systems, blood vessels and blood and lymph in western medicine. In teaching points, one will be referring very much to the student's knowledge of surface anatomy for easier and more accurate point location.

Competence is primarily not fostered by teaching knowledge, but through teaching to engender specific kinds of cognitive activity (Gijselaers and Schmidt, 1990). This is basically what we hope to do in this course, stimulate cognitive activity. One limitation of this course is time. Perspectives in Medicine, where this course will be introduced is alloted only 2 hours per week, since the first year program is already loaded with basic sciences such as physiology, anatomy, history, and biochemistry. Expect students not to probably discuss TCM anymore after the class for they will again concentrate on the major subjects and they will only go back to TCM during the actual sessions. The course has two major parts, the theoretical and the skills part. For the theoretical part of the course, problem-based is being proposed for traditional medicine is more than just memorizing (surface approach), it demands integration of new ideas and in relating concepts to experiences or the deep approach (Ramsden, 1988). So, although students may not be studying anymore after class, the elaborations and discussions in the PBL sessions would facilitate the storing and recall of information.

In terms of subject matter, students are expected to specifically face some difficulty when they cover traditional medicine system like the traditional oriental medicine or TCM. This will be given, as mentioned earlier, as concrete example of existing popular traditional medicine practice. The theoretical constructs of Yin and Yang will surely generate a lot of interest and of course question. Discussions on essential substances and patterns of disharmony will also probably invite some questions but this area is also very similar to our own health beliefs and practices, be it in rural or urban, so it will not really be a problem.

One of the expressed sentiments of our stakeholders is the classroom orientation of the medical curriculum. In response to this, the traditional medicine course will incorporate actual interaction with people and traditional healers, focusing on their health beliefs and practices, by arranging area visits and focus group discussions. A team approach will be encourage so that students will appreciate the role of social scientists in the development of a more relevant and people oriented health care delivery system.

Chapter 4: The Course Plan