

The Acupuncture Turf War

Integration of Acupuncture into Chiropractic Practice in North America

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The wave of North American medical science interest in acupuncture began only 30 years ago, following U.S. President Nixon's visit to China.

Acupuncture and traditional Chinese medicine (TCM) have been well established in the Far East for centuries and are well documented in literature such as the *Huang Di Nei Jing* (the Yellow Emperor's Classic of Internal Medicine), which is considered the bible on acupuncture and TCM. With the movement of immigrants from Asia to North America, acupuncture and TCM were introduced to this continent but until recent times were limited to back rooms of herb shops and living room practices.

The major turning point in North America came in 1972 as a result of U.S. President Richard Nixon's historic visit to China. New York Times reporter James Reston, who accompanied the presidential party, suffered an acute case of appendicitis while there. He was successfully treated with acupuncture and on his return wrote about the peculiarities of the treatment he had received, which sparked a wave of scientific and medical interest in this ancient therapy.

Acupuncture and TCM grew to increased recognition over the next decade as a form of alternative medicine practised primarily by chiropractors, naturopaths, foreign MDs, alternative-minded MDs, and an emerging group of "acupuncturists." In some jurisdictions, such as the state of Missouri, chiropractors were so instrumental in bringing acupuncture to the forefront that the government decided to regulate it under its chiropractic act.

Most of the acupuncture introduced earlier in North America was heavily influenced by Taiwan and Japan since China was still enforcing its closed-door policy. Because of this, the term "oriental medicine" (OM) evolved in the United States to include the practices as they had evolved in Japan, Taiwan, Vietnam and Korea. Here

in Canada and in most of Europe the term “traditional Chinese medicine” (TCM) is used to describe the body of knowledge on which this form of health care is based.

FROM OUT OF THE EAST

It is generally accepted that TCM is the foundation upon which acupuncture is built, just as Western science (i.e., biology, chemistry, physiology) is the foundation which Western medicine is built. The image of the TCM tree is often used to illustrate the interrelationship of this holistic system. The trunk and roots of the system represent the theory of TCM. The branches of the system are acupuncture, herbal medicine, Asian bodywork (massage, shiatsu, etc.), Chinese dietary therapy, Qi Gong – which addresses the mental and emotional aspects of health – and martial arts such as tai chi that pertain to physical fitness.

TCM, a distinct body of knowledge that developed from the insight of Taoism, derives from the following key concepts:

1. Everything in the universe including human physiology is governed by the principle of yin and yang.
2. In the human body there are 12 major organs organized in six yin-yang pairs.
3. There exists a circulatory system, the meridian system that interconnects the major organs with the rest of the body.
4. Blood and a vital energy called *qi* (pronounced “chee” or “ki”) flows through the meridian system to nourish and sustain the body.

Typically, TCM doctors in China must study five years full-time and complete a one-year clinical rotation in a teaching hospital in order to qualify as a doctor of TCM.

By the mid-1970s, schools of acupuncture had been formed in the U.S. to train American students in this Asian art of healing. They evolved a more eclectic version of TCM that is now generally regarded by the public as oriental medicine. In 1981 the American profession established the Accreditation Commission for Colleges of Acupuncture and Oriental Medicine (ACAOM). In 1987, ACAOM was recognized by the U.S. Department of Education. Currently there are approximately 70 ACAOM-accredited schools of acupuncture in North America, which provide a curriculum of a minimum of 1,850 hours of education. In 1982 the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM) was formed to hold national board exams that every acupuncturist must pass to become a licensed acupuncturist (LAc) and in order to be qualified to perform acupuncture in most states.

In existence then were a group of Chinese doctors trained in TCM, and another group of licensed acupuncturists trained in oriental medicine against the backdrop of a scientific community that could not accept either TCM or OM. However, in 1975, endorphins – the morphine within – were discovered and eventually linked to pain control and acupuncture. This resulted in a third body of knowledge that supported acupuncture. The system is often referred to as modern, scientific, medical or anatomical acupuncture. Much of this early work was done at the University of Toronto by researchers such as Drs. Bruce Pomeranz, Joseph Wong and Richard Cheng.



Acupuncture program instructor at CMCC, Dr. John Lam, offers some hands-on advice.



In clinical consultation, CMCC faculty members Dr. Gary Pecora (left) and Dr. Kwong Chiu (right), with “patient” Dr. David Bereznick.



At the Chinese New Year celebration dinner in Toronto hosted by the Acupuncture Council of Ontario, selected guests were invited to participate in the dragon dance. Dr. Bob Haig (far left) receives some pointers, while Dr. Kwong Chiu (centre) shares performance tips with Dr. Paul Carey (second from right) and Dr. John Mrozek (far right).

Two other events that helped bring acupuncture into the forefront internationally and in North America were:

a. In 1979, the World Health Organization (WHO) publicly endorsed acupuncture and issued a list of 41 diseases amenable to acupuncture treatment. WHO also sponsored acupuncture programs worldwide.

b. In 1997 the National Institute of Health in the U.S. held a consensus forum on acupuncture and concluded: "There is sufficient evidence of acupuncture's value to expand its use into conventional medicine and to encourage further studies of its physiology and clinical value."

While Canada was quick to contribute research in scientific acupuncture, it has been slow to deal with regulation of the practice. In the U.S., 40 states and the District of Columbia possess licensing laws (i.e., require NCCAOM certification). In Canada only three provinces have laws to regulate the practice of acupuncture – British Columbia, Alberta and Quebec.

Ontario has been in the process of passing regulation of the practice of acupuncture for more than 15 years. Of the three provinces, B.C. and Quebec do not allow chiropractors to perform needle acupuncture. Alberta permits chiropractors trained in acupuncture to practise needle acupuncture but certain limitations are imposed.

STUMBLING BLOCK

As in other North American jurisdictions, the main stumbling block to regulation of acupuncture is the bickering between rival interest groups. In Ontario the major divide is between regulated health professionals who practise acupuncture (mainly MDs, DCs, NDs and PTs) and non-regulated health-care providers (including TCM doctors trained in Asia, foreign MDs not licensed in North America, and North American-trained acupuncturists). Interestingly, almost all North American jurisdictions with acupuncture laws are regulated by acupuncturists or TCM doctors. Though many members of the

acupuncture community in Ontario would like to see the same structure in Ontario, the province has a unique health-care regulating system that controls acts rather than licensing practitioners to perform acts.

Acupuncture as it exists now in Ontario represents an exemption to the controlled act of performing "an act below the dermis." The consumer must presently take responsibility for receiving this form of treatment. There has been talk at the Ministry of Health and Long-term Care of placing needle acupuncture within a new controlled act. But the big question is, which regulated health professionals should be included under any new controlled act of acupuncture?

Unfortunately for chiropractors, the most recent recommendation of the Health Professions Regulatory Advisory Committee (HPRAC) to the Ontario health minister was that a newly formed profession of "acupuncturist" medical doctors, dentists and nurses should get this new controlled act. If that were the

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case, physiotherapists and chiropractors would need to apply to the health ministry through their respective regulatory colleges for inclusion under the umbrella of the legislation. The rationale behind this recommendation was that the right to perform acupuncture should only be given to those professions allowed to perform an act below the dermis.

As a chiropractor, my concern relates to how much time and resources it might take for the health ministry to process applications for inclusion. Keep in mind that 15 years have already been spent discussing the regulation of acupuncture in Ontario.

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CHIROPRACTIC AND ACUPUNCTURE

In 1995 the Ontario Chiropractic Association (OCA) formed a committee on acupuncture. That committee recognized that chiropractors practising acupuncture needed a professional association to standardize the level of acupuncture education, and to lobby for chiropractors' right to continue to perform acupuncture.

In 1996, the OCA's acupuncture committee became the Acupuncture Council of Ontario (ACO). Since then the ACO has grown to encompass more than 300 practitioners, the majority of them DCs, with a few MDs. Many insurance companies and the Workplace Safety and Insurance Board (WSIB) refer to the ACO members' list for qualified practitioners.

As the president of the ACO, I was invited to attend a meeting of the North American Council on Acupuncture and Oriental Medicine in 1997. Since then I have been a full member of that council's education committee, and the only chiropractor in the group, which is primarily comprised of LAcS and MDs.

In 1997 the ACO partnered with the Department of Continuing Education at the Canadian Memorial Chiropractic College (CMCC) to develop a post-

graduate certificate program in clinical acupuncture. This program exceeds the recommendations set by WHO for acupuncture education for physicians, and it features internationally recognized specialists in both TCM-based and medical acupuncture. Since 1997 the program has trained hundreds of chiropractors and some PTs and MDs in clinical acupuncture.

One of the goals of the ACO is to raise the status of chiropractors who provide acupuncture. There are many in the acupuncture community who feel that chiropractors have no business providing acupuncture, and they are conveying this message to the Minister

of Health and Long-term Care (MOHLTC). The ACO represents chiropractic on that ministry's acupuncture advisory committee, helping to ensure that chiropractors maintain the right to provide acupuncture to their patients.

The ACO and CMCC provide a high level of acupuncture training, and professional liability insurance to protect both patient and doctor through the Canadian Chiropractic Protective Association (CCPA). ACO members are self-regulated by the College of Chiropractors of Ontario (CCO) and thus do not require outside regulation when they are doing acupuncture. However, some TCM practitioners feel they should be the ones to examine and govern DCs who practise acupuncture. Professional associates in the ACO set educational standards, develop continuing education, and keep us up-to-date on safety and legislative issues.

Chiropractors who practise acupuncture seem to find themselves in the familiar position of having few supporters and many opponents. However, the efforts of the ACO have demonstrated to the Ontario acupuncture community that we are an organized, cohesive group. I urge all

chiropractors who are practising acupuncture or who plan to practise acupuncture, especially in Ontario, to support the efforts of the ACO, CMCC, CCPA and the OCA. •

Editor's Note:

At press time, there were some sudden actions surrounding acupuncture taken by Ontario's Minister of Health and Long-term Care George Smitherman.

On March 11, Dr. Kwong Chiu, president of the Acupuncture Council of Ontario, received notification that Smitherman had asked Tony Wong, MPP for Markham, to head a consultation group made up of Wong and three other members of provincial parliament. The group let it be known that it wanted to hear from interested stakeholders about their involvement with and views on both traditional Chinese medicine (TCM) and acupuncture. Consultation meetings, also open to the public, were quickly scheduled for four days over the following two weeks. Venues were in London, Markham, Mississauga, and Ottawa, all centres within the ridings held by the four consultation group members. Some stakeholders wishing to play a part in the Toronto area meetings, however, were apparently informed that the presentation schedule was already booked up.

Up until April 1, the consultation group was prepared to accept written comments in advance of preparing a submission to Smitherman. The report would focus on: the practice of TCM and the use of acupuncture by TCM practitioners, regulated health professionals, and others; the education and training undertaken by TCM and acupuncture practitioners; and Chinese herbal remedies.

Of greatest concern to chiropractors who practise acupuncture was the following question asked by the consultation group: "What is your opinion on allowing regulated health professionals that currently do not have the controlled act of performing a procedure on tissue under the dermis (e.g. chiropractors, physiotherapists, midwives, massage therapists) to use acupuncture?" The ACO president has reminded his council members that in its 2001 review the province's Health Professions Regulatory Advisory Council recommended that the right to practise acupuncture not be granted to chiropractors and physiotherapists.

See future issues for the unfolding story.