

Acupuncture Belongs in Primary Care

TCM, or Traditional Chinese Medicine, is a term used internationally to refer to various forms of ancient and modern Chinese or East Asian medicine. Graduates of acupuncture training programs in the USA are steeped in a particular and unique form of TCM not practiced elsewhere.^{1,2} This American TCM includes spirituality and metaphysical principles adopted from New Age thought prevalent in the late 20th century.³ The joining of New Age style with TCM principles, commonly subsumed under “French energetics”, comprises the core of American-style TCM training. Such an education does not promote a “highly practical and effective, yet simple and accessible” profile that would fit nicely within mainstream medicine (See Guild Position Paper titled “Toward a Post-Traditional Revision of Acupuncture”).

This paper discusses something that surprises most acupuncturists as well as mainstream medicine providers. The origins of California acupuncture had nothing to do with TCM as taught in US training programs. The California legislature intended that acupuncture find its role within primary care medicine. While it was not known in 1980 exactly how acupuncturists might work in primary care, it is clear the red carpet was rolled out for LAcS to work in primary care.

Acupuncture was legalized in California in 1975 over the objections of mainstream providers. These groups were appeased by placing acupuncturist certification under the California Medical Board. The solution was positive because it meant acupuncturists would be trained to function within mainstream medicine consistent with training standards common to other mainstream providers. However, there was also a downside. The Act required patients be referred by a physician for treatment by an acupuncturist. This *de facto* barrier to treatment was removed with passage of the 1980 California Acupuncture Licensure Act (ALA). This also had an upside and a downside: the physician referral was removed but regulation was taken away from the Medical board and placed under a new Acupuncture Committee. As a result, primary care training was replaced by TCM. The largest TCM schools quickly sprang up.

| California acupuncture programs | Year founded | Location |
|---|---------------------|-----------------|
| California Acupuncture College (became PCOM) | 1977 | Los Angeles |
| South Baylo University | 1977 | Los Angeles |
| Dongguk Royal University | 1979 | Los Angeles |
| SAMRA University of Oriental Medicine | 1979 | Los Angeles |
| American College of Traditional Chinese Medicine | 1980 | Berkeley |
| Emperors College of Traditional Oriental Medicine | 1983 | Los Angeles |
| Five Branches University | 1984 | Santa Cruz |

Acupuncturists are marginalized in the USA where they suffer high under- and unemployment (see Guild Position Paper on LAc Workforce). However, in Australia, where training focuses on conventional primary care, things are quite different. Australia has placed acupuncture training programs in public universities and standardized them to focus on primary care⁴. Australian acupuncturists enjoy the same legal protections as physicians, chiropractors and

doctors of naturopathy. Acupuncture enjoys strong government support because it is viewed as a “covert strategy for curtailing rising health costs” that are non-technological and comparatively inexpensive, as well as emphasizing individual responsibility for one’s own health⁵. In Australia acupuncturists are prepared and able to work within the national health system on integrative teams.

A similar strategy was intended for California. The defining document is a 1993 opinion (referred to as Legal Opinion 93-11) prepared at the request of the Acupuncture Board which requested precise clarification on the scope of practice.⁶ The Department of Consumer Affairs attorneys analyzed the ALA and determined the following. Acupuncture was specifically identified as a primary care profession with LAcS authorized to diagnose, prescribe and administer treatments limited to needling, moxibustion, cupping and electric stimulation of needles. Acupuncturists were authorized to use laboratory tests, blood work, and x-rays to make a diagnosis as would a mainstream physician. Primary care tests and conventional diagnoses have no place in TCM. In fact, the ALA specifically differentiated “Oriental medicine” as broader than acupuncture and outside the scope of the ALA.

The Guild supports upholding the intent of the ALA with the goal of preparing LAcS to work in primary care in mainstream medical practices and clinics. In order for acupuncturists to work in primary care they must be trained in primary care. It is particularly ironic that ancient Chinese medicine is wholly consistent with allopathic medicine based upon anatomy, physiology and scientific evidence.⁷ Acupuncturists should be trained in the same manner as other high prestige and high functioning allied health providers in primary care. Physician Assistants and Nurse Practitioners are the most prominent physician extenders who fulfill important functions as primary care providers in mainstream medicine. Not surprisingly, they are in high demand within a robust marketplace. By contrast, as many as half of all LAcS struggle to earn a basic living in their chosen profession.

There is an appropriate role and important work for LAcS in mainstream medicine. That role is delivering culturally appropriate primary care within the current scope of practice consistent with language and concepts central to mainstream medicine.

References

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