

DRAFT

Comments on the Consultation Paper Lifelong Investment in Health

1. This is an excellent consultation paper with a clear aim “to improve the state of health and quality of life”. I particularly applaud the emphasis on promoting and improving “health” (preventive) rather than dealing with sickness. The shortcomings of the existing system and the difficulties to come are well explained. These can be summarised as “too much to do, with too little money”.

The principle problems include:

- (a) Primary care not sufficiently holistic
- (b) Shortcomings in long term doctor patient relations.
- (c) An imbalance between preventive and curative
- (d) An aging population
- (e) An imbalance in use of public and private facilities
- (f) Rapidly advancing medical technology

The recommended actions in the paper are based on these problems.

However, the problems listed appear to be symptoms. Little or no attention is directed towards the cause, which is, I would suggest at least partially, failure to make the best use of the resources available and allowing big business to have too much emphasis on the system.

2. Primary Care. Hong Kong is the best place in the world to integrate different modalities of medicine. Conventional medicine here is as good as any in the world. Traditional Chinese Medicine is probably better than anywhere in the world outside the Mainland. More than a decade ago TCM practitioners were registered and now occupy nominally the same status as conventional practitioners. Surveys show that the public in general prefers to consult a TCM practitioner in the first instance. Yet the clinics are almost entirely separate, the only so called “integrated” clinics are placed obscurely in a few subvented hospitals. How many people know where they are? Furthermore, the conventional clinics are not arranged to foster long term doctor patient relationships (so often a patient is seen by the first available doctor) while in general in TCM clinics this is not the case. Worse still, all TCM clinics are private which separates them in both integration and referral from the conventional stream. All clinics in Hong Kong should be integrated, conventional and TCM, with fully open referral between the modalities. The saving by more efficient use of resources could be enormous. To illustrate this point

on a more manageable scale, how many referrals each year occur between doctors and chiropractors (also registered, but not encouraged by big business)?

3. Why is this not done? The Medical Council is the overriding body, even at times overriding government. By definition, members are of an older generation. This generation was brought up on the premise that all treatment had to be proved by experiment. TCM, on the other hand, is based on experience - thousands of years of it. Both words, “experiment” and “experience” are derived from the Latin word *experiri*, “to prove”. Modern thinking is that one is just as good as the other. It takes far too long to properly prove by experiment so that shortcuts have to be taken (viz Thalidomide and many others) while the experience employed in TCM has been passed on over centuries through physicians of equally high calibre as those of today. Furthermore, medical science is not sufficiently advanced to “prove” TCM techniques, as can be seen in the years of attempts to find out how acupuncture works, the effectiveness of which has been proved beyond any doubt by experience. The same is true of TCM herbs where the inactive ingredients frequently prevent the side effects experienced when the active ingredients are extracted as pharmaceuticals, (viz Tamiflu from Star Anise and many others). Indeed, some herbs achieve cures which conventional medicine cannot, (viz eczema and many others). Finally there is immense inconsistency (viz almost no surgical techniques are “evidence-based” but are proven by experience)

4. Why is TCM Preferred by Patients? Most probably because TCM patients can rely on seeing the practitioner of their choice. Furthermore, TCM favours that relationship because the techniques are far more personal. Gone are the days when conventional doctors always examined a patient themselves – took their pulse, looked at their tongue, listened to tapping on the chest and back, examined the iris and tested the acupressure points of the ear. These skills are lost. Not, however, with TCM. A skilled TCM practitioner can detect more than 20 internal conditions by different pressures of three fingers on the wrist and can usually achieve instant diagnosis without recourse to laboratory tests or medical technology. For example, a traditional practitioner can usually detect with a very high degree of accuracy weak blood flow in the vertebral arteries, for which a conventional doctor might require an expensive PET scan. If integrated clinics were established as suggested in para 2 above, patients would feel more at ease, a factor which in itself could be expected to achieve a faster cure, apart from the large saving in expensive tests.

5. The Aging Population. I feel I can speak with some authority here as I am over 80 and healthy. I have a well paid job, in engineering administration, and medical ghost writing. I play golf, ride a motor bike and maintain an extensive garden. I have been professionally taught how to relax (in my early 20s), I do a few minutes exercises every morning, concentrating specifically on flexibility of the spine and focussing my eyes (I don't wear glasses), I look after my own internal health-giving power carefully by sensible diet and lifestyle and ensuring that all systems of the body are properly exercised, even my immune system (I drink a lot of tap water). I seldom visit a doctor of any modality and I am not on any medication. Most of all I don't worry about myself. I suspect there are lessons here for most people growing older. What does the government

do to encourage people to stay healthy into their 80s? Very little. Indeed. In many cases government actually discourages the elderly from staying healthy (viz Director AFCD recently effectively banned the elderly from accessing Tai Po Kau Forest and other family walks, where I have been walking for over 30 years. (I am, however, privileged as a member of the Hong Kong Golf Club to be able to exercise at Fanling. Not so most other elderly who like walking.) I focus on humour and happiness (I have been married for 54 years, requiring tolerance and understanding). In short, since passing “retirement age” of 60 I have for 20 years contributed continuously to the economy of Hong Kong with almost no drain on the health service. Surely this is a blue print for the solution of an aging population. Why is it not used?

The answer dates back to the colonial era. In the days of no air-conditioning it was regarded as too much of a strain on expatriates to expect them to work here beyond the age of 55. Unfortunately, the Hongkong Government has elected to retain these conditions with only slight extension, as have many of the big Hongs. The argument often used to defend this colonial hangover, is that if staff were allowed to continue beyond 60 it would block the promotion of younger staff. This shows total lack of imagination and an adherence to the colonial principle of promotion by seniority and could easily be overcome by properly implementing promotion by merit, including demotion by low merit, and instigation of a new lower paid class of advisors for volunteers over 60. In short a whole new culture needs to be worked out to allow people so desiring to continue working for as long as they are capable.

6. Medical Technology. I find it surprising that “keeping up with medical technology” is actually quoted in the consultation paper as a difficulty. Surely technology is something we fall back on when traditional methods fail. It should never be allowed to dominate the profession. This goes for pharmaceuticals too.

7. The Way Ahead. Many of the above views are derived from a book I sent you during the last consultation “The Integrated Health Bible” by Dr (conventional) Mosaraf Ali, which you graciously acknowledged. This became a best seller in UK and the Commonwealth, having now sold over 100,000 copies. I recognised much of the philosophy of this book in your consultation paper. This encourages me to make the following proposals:

- (a) Integrate primary care clinics all over Hong Kong, Conventional/TCM. Encourage more intimate/personal examination and techniques along the lines of TCM to promote better doctor/ patient relationships.
- (b) Diversify representation of different modalities of medicine on the Medical Council. Take an example from the Hong Kong Institution of Engineers who have representation of around 20 widely different disciplines of engineering on their Council and Registration Board.
- (c) Pay much much more attention to preventive medicine in both clinics and schools. From an early age teach total relaxation, care of the spine,

adaptation, moderation, variety and pursuit of happiness (rather than kicks), noting that the present emphasis on extreme hygiene has its place, but can cause the immune system to atrophy. Encourage sports and walking on uneven ground (which activates reflex action on the involuntary intrinsic muscles of the spine).

- (d) Persuade the Director AFCD to make family walks more accessible to the elderly and mildly disabled. (You might have to wait for the next Director to achieve this).
- (e) Encourage sharing the concept of “life” with other people, animals and plants.
- (f) Keep medical technology and pharmaceuticals in their place and drastically reduce the business-derived influence of these companies on the professionalism of doctors.
- (g) Introduce the concept of the power of the mind on health into the practice of medicine in Hong Kong. As far as I know this is not included significantly in the undergraduate curriculum of conventional medicine except in Russia.
- (h) Have a thorough re-examination of promotion in the civil service and provide an outlet for the over sixties, who volunteer, to continue to serve off the promotion ladder.

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