

What's In A Name?

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I was approached to write this article series based upon my experience with the current discourse and leadership within the field over the last two decades. Though truth be told, I was also chosen because of a willingness to take time to write about the "hot topics" that we all face. Areas of discussion will range from professional doctorates or integrated medicine, to new health care reform legislation and herbal regulations. Although the flashpoint topic of the "first professional doctorate" is on people's minds at the moment, I will table that discussion until my next article. It is first prudent for us to discuss, as a field, the name we use to identify ourselves and the reason I've named this column East Asian Currents.

The paper is about identity; the external forces that are bringing to the fore the issue of what it means to be a practitioner of this medicine and asking the field to define what it is, and to whom it is accountable. The discourse about identity begins with how the field is named and described. At present these names include: "acupuncture and Oriental medicine (AOM)," "acupuncture," "traditional Chinese medicine (TCM)," or "Oriental medicine."

What we call ourselves is changing. Various agents are moving the field away from the use of "Oriental medicine," a term politicians view as pejorative. "Acupuncture" is problematic because it is a tool and not inclusive to our entire scope of practice. East Asian medicine has clear boundaries, including the various schools of practice from China, Japan, and Korea as well as European schools of practice that have developed from those East Asian teachings. "Asian medicine" is more inclusive, but comes with issues because of that. It technically includes medical practices from India (Ayurveda) and Iran (Unani-Tibb). Practitioners of these modalities have different needs and licensing issues than practitioners of acupuncture and Oriental medicine. No name or identity is issue-free. However, the field must decide how to brand itself to further its acceptance into the wider medical marketplace.

It is my considered opinion that the term "East Asian medicine" (EAM) is a more appropriate descriptive term for the field that we currently call "acupuncture and Oriental medicine." I have come to this opinion for many reasons. However, the short of it is branding, while the more complex strata is defining our identity as practitioners. That said, I want to be clear from the outset that there are no simple answers to the questions related to identity and branding.

In May 2007, I published the article, "[Is Asian More Pejorative Than Oriental?](#)"¹ My recommendation at that time was to keep the name Oriental medicine since, "the contemporary American use of the term Oriental medicine is a positive, specific and historical usage that emerged when the discipline was constructed and professionally recognized in the U.S. during the late 1970s." Times change, and I have changed my thoughts on the matter.

In a stand toward political correctness and inclusiveness, Washington state led the way. We now have the Washington Acupuncture and Asian Medicine Association (WAAMA). Both Washington and California eliminated the term "Oriental" from official documents, instead referencing the profession as "East Asian medicine." These changes are indicative of national unease with the term

"Oriental." AAAOM efforts towards Medicare inclusion of acupuncture were fraught with concerns from legislators about the use of the term. The initiative did not succeed. While its use for branding the field since the early 1980s makes the term "Oriental medicine" useful, it is no longer politically correct.

There are other terms one might consider. In 2009, I published [an article](#) indicating the term "acupuncture" might be an option for future branding of the field.² Unfortunately, although this part of our practice is widely recognized by the public, it refers to a procedure that has been absorbed into other professions. While acupuncture is in all of our licensing, education, certification and branding, it is not a profession per se. Calling ourselves "acupuncturists" does nothing to set us apart in the marketplace and is not inclusive of our entire scope of practice. Using the term "TCM" is also problematic. The word "Chinese" presents issues related to advancing a nationalistic point of view in a global economy. Even though in Japan and Korea, the medicine is called *zhong guo* (Chinese medicine), that is not the case here in the West.

The problems with the term "Asian" are really not terribly different from those involved with the word "Oriental." They both refer to a direction - East. They are both embedded in hegemony. While I see both terms as problematic and historically tainted, the trend is towards Asian, not only in academia, but also in public policy forums. At this point, it is the term of choice, considered the least offensive by politicians and other public leaders.

I have added the descriptor "East" to the title of "Asian." I have done this to clarify precisely which type of medicine is being referred to in this column and by our profession. The term "East Asian medicine" specifically excludes the practices of Ayurveda and Iranian traditional medicine from our discourse. While these practices are distinctly Asian and have threads and philosophies that are related to our scope of practice, they are also distinctly dissimilar in important ways to the medical practices of the Far East and are not part of our licensure and training.

It seems only a matter of time before agencies in the field come to terms with the changes taking place with regard to the politically incorrect use of the term "Oriental." Only time will tell whether the term "Asian medicine" or "East Asian medicine" or some other as yet undisclosed term is chosen to represent the field. What is certain, however, is that it behooves us to have the discussion about this issue and come to a consensus. We must define our own destiny rather than having it handed to us.

I look forward to sharing this space with the professional community as a means of gaining consensus about issues that are currently stumbling blocks for the field. My hope is that together, we will move the field in ways that allow greater access to the care we provide to those in our communities. I also appreciate your input by e-mail at wmorris@aoma.edu, so that we can participate together in dialogue going forward.

References

1. Morris W. [Is Asian more pejorative than Oriental?](#) *Acupuncture Today* 2007;5(8).
2. Morris W. [The bright future of acupuncture.](#) *Acupuncture Today* 2010;11(1).

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