

Globalization of Acupuncture: Interview with Visionary Paul Kadetz

Elizabeth Sommers, PhD, MPH, LAc; Kristen E. Porter, PhD, MS, MAC, LAc

Paul Kadetz is an acupuncturist and nurse practitioner who holds a master's degree in public health specializing in International Health and Development, as well as a master's degree in Medical Anthropology. He trained in TCM at Pacific College of Oriental Medicine, Beijing University of TCM, and Samra University of Oriental Medicine. He is completing a doctorate in the Department of International Development at The University of Oxford. He has served as a consultant for the Traditional Medicine Unit of the World Health Organization.

Kadetz has conducted healthcare research in the Philippines, Guatemala, China, and post-disaster New Orleans. His papers on the political economy of heterodox (alternative) healthcare, chronic malnutrition, and post-disaster studies, have been published in *Biosocieties*, *Disaster Medicine and Public Health*, and the *Yale Journal of Public Health*. He contributed a chapter to the recently published book by Scheid and McPherson (*Authenticity, Best Practice, and the Evidence Mosaic: Integrating East Asian Medicines into Contemporary Healthcare*). He is co-editor of the peer-reviewed journal *Asian Medicine: Tradition and Modernity*.

As a colleague in the Alternative and Complementary Health Practices (ACHP) group of the American Public Health Association, Kadetz's contributions to the November 2010 annual meeting included presentations on developing strategies in conjunction with the World Health Organization, and standardization of acupuncture training in the Philippines. He serves as a co-editor of the ACHP newsletter along with one of the authors of this column (Sommers).

Your professional career has been so rich. What inspires your research interests?

My research interests include social medicine and healthcare disparity and the impact of global health policy on developing communities and my work focuses on equity, health and human rights. The excellence of this work has been recognized by an impressive array of international institutions and groups such as Tulane University's School of Public Health, University of Oxford, the National Honor Society of Nursing, the American Public Health Association and Harvard University.

What steps did you take to create the opportunity to work in New Orleans following Hurricane Katrina? How did this experience further your research?

Following the tragedy in New Orleans related to Hurricane Katrina, I worked with the Common Ground Clinic as a volunteer acupuncturist and RN. Related to this experience, I conducted a variety of research projects related to race, class and vulnerability in post-Katrina New Orleans, and on the efficacy of progressive muscle relaxation for Katrina survivors.

You have been vocal about healthcare reform. Can you describe your concerns?

The Philippines provides a good case example of consequences of certain types of healthcare reform. (Paul trained physicians and healthcare workers in acupuncture through the Department of

Health of the Philippines. The goal was to establish a standardized acupuncture curriculum that could be sustainably led by Filipinos and thus facilitate healthcare coverage by the national health insurance). Healthcare has been completely decentralized to the local level since 1991. This has meant that the administration of healthcare is no longer the domain of the Department of Health, but has shifted to primarily the municipal and community levels. The consequence of this type of reform has been a dramatic reduction in accessibility to healthcare and healthcare resources in communities and a marked increase in health care disparity and inequity. One unintended consequence of this reform that is occurring among younger Filipinos who are part of lower income groups, is that they are turning to either local traditional/heterodox healthcare or acupuncture, as it is undeniably more cost-effective than pharmaceuticals in the Philippines.

If acupuncture is practiced in a sub-standard way, it will not be relevant to public health on a global scale, nor should it be. The problem I've observed at both local and international levels was that many of the key stakeholders usually aren't acupuncturists, but are physicians and scientists who approach acupuncture as an adjunctive therapy of biomedicine at best, or as a part of the same paradigm of the scientific method TCM is not a reductionist simple systems epistemology that can be reduced to binary either/or algorithms of biomedicine and nursing.

How does this impact overall health and healthcare costs?

I would like to say that acupuncture will definitely lower the cost of healthcare, improve access to healthcare, and improve population health in all contexts. But the reality is more complicated. If you think of a local healthcare system as an ecosystem, then introducing a new element into that system can change the balance of the system. Thereby, negative as well as positive unintended consequences may occur. This is why it is problematic to assume that there is a singular (global) way to integrate non-biomedical healthcare into a formal healthcare system, or that health care integration is beneficent for all contexts. We are told we are in a globalized world, but people really live and experience illness and healing in a localized world. Hence what policy makers decide in New York and Geneva may simply be ignored or really inappropriate at a municipal or community level. For example, WHO has assumed that the outcomes of health care integration are inherently beneficent. However, in my research I found that what is being called integration of traditional medicine, at least in some contexts in the Philippines, is a top-down replacement of local informal non-biomedical healthcare with acupuncture practiced by physicians who are charging fees comparable to office visits. In these contexts, integrating acupuncture into local health is actually compromising physical and financial access to local healthcare for lower-income patients. Hence, the answer to your question is it depends. It depends on how acupuncture is being integrated into a system. And it depends if it is being integrated by the community or is it being externally enforced top-down. It is important to examine who is controlling the integration and what is their belief/agenda or paradigm. There is a way to do integration through the employment of community engagement as well as through conducting pre-integration assessments may be the first step toward ensuring that acupuncture is a positive addition that increases healthcare access, reduces healthcare costs, and improves population health.

Does this have any implications for the United States?

Several major universities have integrative medicine departments that advocate research in TCM. Harvard School of Medicine, University of Virginia, and UC-SF are but a few. There are many hospitals, such as Sloan Kettering in New York that actively integrate acupuncture into their comprehensive treatment plans. I have seen the acceptance of acupuncture become commonplace in more conservative circles in the US that many of us might not have thought likely. So, yes, as acupuncture continues to be embraced by the medical establishment, as physicians continue to refer and insurance companies continue to cover, as the population ages and chronic pathology

continues to be prevalent, acupuncture will continue to grow in popularity. As long as US acupuncturists continue to treat the branch along with the root and continue to educate their patients on how to live well and be healthy, and as long as the practice and management of TCM does not fall into the trap of merely trying to mimic biomedicine, or a model of medicine for profit, then maybe we can continue to see acupuncture and TCM fill a much needed niche in healthcare that biomedicine as currently practiced does not always fill.

For readers who would like to discuss these issues further with Paul, his contact information is: paul.kadetz@oxford.ac.uk

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