



HEALTH CARE / PUBLIC HEALTH

Understanding the Challenges of U.S. Acupuncture Practice (Pt. 6)

THE MESOSYSTEM - LACK OF CONSISTENT PROFESSIONAL COMPETENCIES AND INFLUENCE OF CAPITALISM

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WHAT YOU NEED TO KNOW

- Without consistent, profession-driven KSAs (knowledge, abilities and skills) in education and practice and the insufficient Western medicine training, integrating the acupuncture profession into mainstream medicine is proving difficult.
- Research funding into complementary therapies, including acupuncture, is also far less than that in mainstream medical and pharmaceutical research.
- Capitalism-driven medicine may prevent acupuncture from sharing the health care market, which might be the underlying factor that influences acupuncture's integration into mainstream medicine in the U.S.

Lack of Consistent Professional Competencies

According to Starr, at the turn of the 20th century, Western medicine had set up three critical things for their profession: educational accreditation, national certification, and licensing examination.¹ Meanwhile, the consistent professional competencies were built up among the profession, including knowledge, skills, and abilities (KSAs).

The chiropractic profession did not establish their KSAs until 1981 because the chiropractic profession began at the end of the 19th century.² Stumpf, et al., pointed out that the acupuncture profession does not have its own profession-driven required KSAs considering its short history in the U.S.² According to Starr and Stumpf, et al., other health professions have established their

KSAs, but the acupuncture profession has not (see Table 1).¹⁻²

Table 1: Comparison of Health Professions Standards²

Profession	KSAs	Educational Conformity	National Practice Definition	National Scope of Practice
Medicine	1880s	1896	1920s	1920s
Physician assistant	2006	1986-1996	1965	1965
Physical therapy	1920s	1950s-1977	1986	1986
Nursing	1917	1912-1952, 1969	1955	1972
Chiropractic	1981	1960s	No	No
Naturopathy	1910-1930	1980s-1990s	No	No
Acupuncture	No	1982-1985	No	No

Additionally, the acupuncture profession does not have a uniform national licensing exam. There are currently two licensing exams that include an independent California acupuncture licensing exam for California only and NCCAOM licensing exam for all states except California, Alabama, South Dakota, and Oklahoma, which means the profession does not have a unified national licensing exam.

Furthermore, the acupuncture profession does not have consistent professional practice styles. The 2013 NCCAOM *Job Analysis* indicated that the practice styles of acupuncture among different states vary.³ Although all forms are called acupuncture, there are different styles. As a result, acupuncture practice in the United States today is not standardized.

As discussed previously, the Western medical profession did not have consistent practice in the 19th century; the current acupuncture profession faces a similar dilemma. The varied medical education in the 19th century was also described in the book by Rothstein wherein he described that medical schools provided not only medical courses, but also other types of medicine, including chiropractic, homeopathic, botanical, and Thomsonian.⁴ As a result, the levels of physicians varied, and even the attitudes of physicians on the diseases varied because of varied training at that time.⁵⁻⁶

Stumpf, et al., stated, "Educational consistency is driven by the practice, which in turn is tied to the professional competencies" (p. 219).²

Western medicine was not always the powerful and authoritative profession that it is today. A century ago, Western medical practitioners had much less influence and power and were not mainstream. Starr argued that the power of the professions primarily originated in dependence upon their knowledge and competence.¹ Therefore, without profession-driven KSAs in education and practice and the insufficient Western medicine training, integrating the acupuncture profession into mainstream medicine is proving difficult.

The Influence of Capitalism

Capitalism might impact the process of mainstreaming acupuncture in the United States. Mainstream medicine is based on the results of numerous diagnostic tests, branded pharmaceuticals, and surgical and nonsurgical procedures, which are often expensive.⁷ In contrast, the cost of acupuncture, which is considered non-pharmaceutical therapy, is relatively cost-effective.⁷

Many studies indicate that acupuncture therapy saves from a few dollars per patient per day to thousands of dollars per patient per year compared to mainstream medical therapy.⁸⁻¹³ Jabbour, et al., further concluded that acupuncture is an economical substitute for some medical services and pharmaceuticals, and might be offset by reductions in other medical costs.⁷

However, the pharmaceutical industry has retained the top profitable position in the industry chain for years and continues to provide extensive research funding to shape drug trials and the political landscape.¹⁴⁻¹⁵ A Cochrane systematic review revealed that pharmaceutical sponsored trials are 30% more likely to benefit the sponsor, which can be done by selective outcomes assessed and the report's results.¹⁶⁻¹⁷

Research funding into complementary therapies, including acupuncture, is far less than that in mainstream medical and pharmaceutical research. According to the National Institutes of Health, medical research receives nearly \$41.7 billion in funding annually, which is 275 times more than complementary and integrative health research funding (\$151.9 million in 2020).¹⁸⁻¹⁹

The extensive mainstream medical and pharmaceutical research sponsored by enormous capital leads to more extensive and robust evidence for mainstream therapies and pharmaceutical trials. The substantial evidence of efficacy, in turn, bring more profits to mainstream medicine, and further intrigues health insurance companies, mainstream medical industries, and drug manufacturing industry lobbyists to continue keeping people to accept mainstream medical therapies and take medicines instead of complementary and alternative or non-pharmaceutical therapy such as acupuncture.

Therefore, capitalism-driven medicine may prevent acupuncture from sharing the health care market, which might be the underlying factor that influences acupuncture's integration into mainstream medicine in the U.S.

Take-Home Points

Parts five and six discussed the key factors impacting U.S. acupuncture practice, including a lack of evidence-based medicine, insufficient awareness of reliable CAM treatments by mainstream professionals, inconsistent professional competencies, and influence of capitalism. The lack of evidence for acupuncture efficacy leads to the inadequate knowledge of mainstream medical professionals toward acupuncture.⁹ Similarly, inconsistent knowledge or skills of acupuncture might confuse mainstream medicine because mainstream medical practitioners might be unaware of how to integrate the different styles of acupuncture into their practice.

However, there is little research to demonstrate how inconsistent professional competencies impact the awareness of mainstream medical professionals towards acupuncture. In addition, capitalism might resist the process of mainstreaming acupuncture in the United States.

Author's Note: Part 7 [December issue] discusses the microsystem that includes varied acupuncture training and ineffective representation of the profession.

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