

## More Than Just Needle-Pushers

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The question invariably arises of why our profession needs the title of doctor. It comes down to credibility. In America, Chinese medicine is still in its infancy. Not every state even recognizes or legislates it. Of those that do, less than six give us the title of "Doctor." Even then, that designation is inconsistent, taking such forms as "Doctor of Oriental Medicine (DOM)," "Oriental Medical Doctor (OMD)" or "Acupuncture Physician (AP)." Remember, titles are legislated by the state, not conferred simply by degree. Regardless of the verbiage, those particular states have accepted the importance of recognizing us as the professionals that we are.

The title "Licensed Acupuncturist" is outdated and fraught with problems. As healers fully trained and licensed in the model of Oriental medicine, we are entitled to be recognized as more than technicians. LAc is a descriptor of only one function of our scope of practice. When one looks at the definition of a "Doctor," what do we envision? Certainly, one reply may be the white-coated stethoscope-bearing professional who has attended Western medical school, residency and internship before practicing in a hospital or office. That vision is of course true, albeit very narrow. So we ask again, what is a doctor? In a broader context one may say that a doctor is a healer. One who has rigorously studied, learned and interned in an established medical model and has charge of patients. [Qi Bo](#), [Hua Tuo](#) or [Zhang Zhongjing](#) never attended Western medical school, but even those outside the field of Chinese medicine address them as doctors. Not all healers are doctors, but all doctors must be healers.

Although an argument may be made that we could benefit from more training, we certainly graduate with the skills necessary to effectively diagnose and safely treat patients within the model of Oriental medicine. One may argue that the level of education is too disparate between us and them (MDs/DOs, etc.). However, such disparity has no basis. Medical curricula, whether allopathic, osteopathic, chiropractic, naturopathic or Oriental are all demanding. Each discipline must provide the depth and breadth of education to prepare its students to successfully fulfill the requirements to practice safely. However, because they fundamentally represent different medical paradigms, comparing these curricula is to compare apples to oranges. Therefore, asserting that the course of study in OM doesn't measure up to others is a fallacious argument.

Finally, and most importantly, having the title of "Doctor" levels the playing field somewhat in terms of communication and perception. A title that defines our profession further subtly reaffirms that we practice a complete medical model, of which acupuncture is only one piece. The fact is that when people are talking to a "Doctor," their perception and position is much different than when talking to a "Mr./Ms." The expectation is that they are addressing a highly educated and trained professional. For the public, the title gives a certain credibility we otherwise don't share with our peers, including other medical professionals who already hold the title. This is evident in conversations with everyone from perspective or actual patients to professional contacts such as insurance adjusters, medical policy administrators or health network managers.

Even more pressing is the fact that when we have conversations with our Western medical peers, from their point of view, the conversation changes radically from a conversation with "some guy who does acupuncture" to another doctor. Regardless of the individual's feelings about Chinese medicine, the fact that one doctor is addressing another doctor, one professional to another, significantly changes the unsaid tone of the conversation.

At this time of health care reform, the face of medicine is changing in America. Chinese medicine is slowly but surely building acceptance as it builds credibility. As I stated in the opening paragraph, credibility is necessary for practitioners of Oriental medicine to remain viable options in health care. Credibility is conferred by several methods; among these are the competent delivery of service.

For any medical model to be seen as credible it must fulfill three criteria. It must be predictable, demonstratable and reproducible. Chinese medicine fulfills these criteria. We can predict, for example, that needling the point *Nei Guan* Pc-6 can ameliorate nausea. We can demonstrate this claim by doing it. Most importantly, the effect can be reproduced either by the practitioner needling a different patient and producing the same result, or by having another practitioner needle a patient and thereby produce the same results. However, all that this does is show that the model is credible. It speaks little to the practitioner.

I am reminded of an incident that occurred many years ago while I was working in an emergency room. I had just finished watching a surgeon perform a procedure on a child and, I commented, "Doctor, it looked like that procedure was pretty easy." He laughed and replied, "You know Steve, surgery actually is easy to do. Getting to do surgery is hard to do."

We spend on average four to five years in Chinese medical school and are trained as doctors. We spend hundreds of hours in clinic under the supervision of our teachers. We sit for boards before becoming licensed to practice as independent practitioners, and many of us have our own private practices. We are not technicians, and our title should reflect that we are more than needle-pushers.

In closing, if we want to be seen as professionals, we should accept our rightful title and mantle as Doctors of this most elegant and ancient medicine.

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