Strengths and weaknesses of traditional Chinese medicine and Western medicine in the eyes of some Hong Kong Chinese

T P Lam

Abstract
Objective—To explore the attitudes of Hong Kong Chinese towards the strengths and weaknesses of traditional Chinese medicine (TCM) and Western medicine.

Design—Qualitative study of subjects’ opinions using semi-structured focus group interviews.

Setting—Southern district of Hong Kong Island where many of the residents have a fisherman background.

Participants—Twenty nine participants took part in eight focus group interviews.

Measurements and main results—Participants’ attitudes towards TCM and Western medicine were explored in the interviews. Both TCM and Western medicine were used concurrently by many people in Hong Kong. Patients make decisions on which type of doctors they want to consult a health care professional. Lau explored this issue for Hong Kong Chinese patients. He pointed out that like most patients, it is often some “triggers” that bring the patients to their healers. Social and cultural factors may influence the pattern of symptomatology and phenomenology.

Conclusions—It is important for medical practitioners to be aware of the health attitudes of their patients from different ethnic backgrounds. It will lead to a better patient-doctor relationship and better compliance of treatment.

Background
Complementary medicine is gaining popularity in the Western world. In other societies, for example, China and India, traditional medical practices have been widely used by the local people for hundreds of years. The trend of international migration in recent decades means that medical practitioners in the Western countries are quite likely to see patients of different ethnic origins, who are also quite likely to be using traditional therapies of their countries of origin.

Despite the dominance of Western medicine in Hong Kong, which is considered a result of the favoured position enjoyed by Western medicine during the British rule, both Western and Chinese medicines have been used by the local population concurrently. The majority of the population probably explains and understands their illnesses in Chinese medical concepts rather than Western medical principles. For example, weakness may be explained as lack of “huet hei” (blood and energy).

TCM has been practised in China for over 2000 years. Both Western medicine and TCM are widely available in Hong Kong. Before the return of sovereignty to China in 1997, the British Hong Kong Government adopted a non-interventionist approach towards the practice of Chinese medicine in Hong Kong. Any adults of Chinese descent were allowed to be registered to practise any form of Chinese medicines but its developments otherwise received very little government attention, and certainly no support. On the other hand, Western medicine was the only form of medicine receiving formal government recognition and support. Hong Kong Medical College, which subsequently amalgamated with the University of Hong Kong, was established to provide Western medical training in Hong Kong over
been interviewed to compare my perspectives with that of the participants. This process again revealed no significant corrections of my interpretation.

Results

Both TCM and Western medicine are used concurrently by many people in Hong Kong. Patients do however make decisions on which type of doctors they want to see for the specific illnesses that they are suffering from.

TCM is considered to be good for some milder illnesses, for example, coughs and colds. It is also considered to be better for “clearing” the disease. It is often used as a supplement to Western medication—that is, after consulting the Western doctor for quick recovery (see below), Chinese medication is used to “clear the root of the disease”, “completely cure the disease” or “cut the tail of the illness”.

Table 1 Characteristics of subjects interviewed in the study

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>30–39</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>40–49</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>50–59</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>60–69</td>
<td>10</td>
<td>34</td>
</tr>
<tr>
<td>70–79</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>80–89</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

The entire tape recorded interviews were simultaneously translated and transcribed verbatim by the research assistant and were checked by the author who listened to the recording while checking the accuracy of the transcripts.

Analysis

Transcripts were analysed using NUD*IST software and a grounded theory approach. The complete texts of the interviews were entered onto the database and they were then coded into broad themes. The objective of the analysis was to identify provisional inferences from the texts. The software, NUD*IST, with its powerful cross linking capacities permitted consideration of all relevant texts and easy modification of the broad themes. The consistency and validity of analysis and interpretation was assessed by having four randomly selected interview transcripts independently coded by two experienced qualitative researchers. The results were compared and there were no significant inconsistencies. The interpretation of the data was also discussed with five randomly selected participants who had been interviewed to compare my perspectives with that of the participants. This process again revealed no significant corrections of my interpretation.

Methods

There are different forms of TCM such as acupuncture, herbal medicine and bone setting. For the purposes of this study, TCM refers to herbal medicine only and this is also the common practice of Hong Kong Chinese.

Subjects

Subjects were recruited verbally by the author or a research assistant from a primary care clinic where the author works or a hostel for the elderly, both of which are situated in the southern side of the Hong Kong Island where many of the residents have a fisherman background. Verbal invitation was given because many of the local people, especially the elderly ones, are illiterate and they might feel intimidated if a written note was given to them. Family members of the patients were also recruited to participate in the study. Purposive sampling was adopted to ensure a range of demographic variables and experiences. Only four refusals were encountered and they were mainly attributable to non-availability. The characteristics of the subjects are detailed in table 1.

Subject design

Eight group interviews with 29 participants were conducted between March 1997 and June 1997. Group interviews consisted of up to five participants. A trained research assistant conducted these interviews using the local language, Cantonese, at the author’s office or the hostel for the elderly where some of the participants were living. She was presented to the participants as an “assistant in research” for the author and was well received. The participants were also not noted to be more inhibited at either site. Each interview lasted one to one and a half hours. The participants were encouraged to tell their story and express their opinions but a checklist was used to ensure all relevant domains were covered. These included the participants’ decision on the type of doctors to attend, their views on the strengths and weaknesses of TCM and Western medicine.

This study was approved by the Ethics Committee of the Faculty of Medicine of the University of Hong Kong.
Participant A: Herb medicines are better than Western medicines. Herb medicines are good for coughs, if a person can stand it [the taste]. (M/56)

Participant B: Herb medicines cure diseases slower. They are good in the sense that they “don’t leave a tail”. Chinese medicines are better in curing diseases completely, though they are slower. (M/62)

Sometimes, Chinese medicine is used only as an “alternative”. When Western medication fails, or when you are so desperate you want to try anything, Chinese medication will be used. It is also good in dealing with the side effects of taking Western medicines, like “the bitterness in the mouth”, “the sputum”, and the “wind”. Participant C: After I have taken Western medicines for a long time, I will see the Chinese doctor to clear the bitterness in my mouth. I always feel that the tongue is rough, a bit bitter. After I take a bowl of Chinese medicine, I don’t have that kind of feeling any more. Maybe it is good for “clearing the heat”. (F/40)

Chinese medicine is considered to be milder and does not have as strong side effects as Western medicine.

Interviewer: Under what conditions will you make [herbal] tea for yourself? What disease?

Participant D: When we cough, we make “gut beng” and “woo dau” for the “hot cough”. Usually the young people have “hot cough”. We boil “wan yee” and “woo dau” for them. If it doesn’t work, we will go to see a [Western] doctor... For us [the elderly], we are afraid of “cold cough”. When we have “cold cough”, we boil “gut beng” “woo dau” and “geong chin”. If it doesn’t work, I will go to see a [Western] doctor. (F/60)

TCM is however seen to have some specific weaknesses. It is less convenient than Western medicine because you have to boil the herbs to make the medicine, and very often, you have to see the Chinese doctor many times before the disease is really cured. The herbal medicine almost always tastes very bitter, which makes it unpopular with some patients. On taking Chinese medicine, the patient has to avoid certain food—that is, “gai hau”. Western medicine is also considered better for certain illnesses, for example, tuberculosis, because injection is available.

Western medicine is however considered to have some distinct weaknesses. It is considered to have significant side effects, leading to “fat tseng gwong” (feeling dull), bitterness in the mouth, sputum, weakness, and the “wind”.

Participant B: I think Chinese medicine is milder. After we take Western medicine, we feel dull. Chinese medicine is rarely like that. It is better. Say if you go to see Doctor X... his medicine is good, very strong. When you have a sore throat or a cold, he can really cure your coughing immediately. However, the body feels...

Participant A: Weak. It is as if you are going to rise to the heaven.

Furthermore, Western medicine is thought to be “ba” (too powerful). Taking pills too often is therefore not good for the body.

Participant G: After a person takes a pill, the pain goes away after a short while. Isn’t it that the Western medicine is “ba”? The medicine affects the body of the people very strongly. Thus the intestines are less painful. Don’t say that the pills are good. If you take them too often, it is not good to the health. (M/70)

Discussion

THE STUDY

This study aimed to explore a major area of health beliefs of a group of Hong Kong Chinese. Qualitative methods were used because they permitted an in depth exploration of the opinions of the people. The data obtained in this study would not have been possible if a questionnaire survey methodology were to be adopted. The fact that the author has practised in the community for five years allowed him to recruit subjects with diverse demographic background. Efforts were also made to recruit subjects from outside of the author’s clinic. This had helped to ensure as wide a recruitment population as possible. Because of the
Strengths and weaknesses of Chinese and Western medicine

They have had cases where parents had given their children anti-vomiting drugs that may have been prescribed for self-limiting causes, including gastroenteritis, to stop their vomiting. This is different from some other Hong Kong Chinese people. They may consider some Western medicines to have significant side effects that make them less compliant with the treatment regimen. It is important for medical practitioners in the Western countries to beware of the health concepts of their ethnic patients.

The doctor can show understanding while being proactive in discussing with their Chinese patients of their taking TCM medications. As shown by this study, not only do the Chinese patients take TCM medications for chronic health problems, they may also do so for some acute, though often, self-limiting problems. This is different from Westerners who tend to consult complementary practitioners for long-standing conditions for which conventional medicine has not provided a satisfactory solution. This study also shows that Chinese patients, irrespective of their social class and age, may be taking TCM medications. This is shown by the fact that our participants came from a predominantly lower socioeconomic area with a wide age range. This is again different from the Western populations where users of complementary medicine tend to be in higher socioeconomic groups within the age of 35–60 and have higher levels of education than users of conventional care.

The majority of the ethnic populations probably explains and understands their illnesses in their traditional medical concepts, rather than Western medical principles. Chinese consider both traditional Chinese medicine (TCM) and Western medicine to have strengths and weaknesses. They choose TCM or Western medicine for the specific types of illness.

The doctor can show understanding while being proactive in discussing with their Chinese patients of their taking TCM medications. As shown by this study, not only do the Chinese patients take TCM medications for chronic health problems, they may also do so for some acute, though often, self-limiting problems. This is different from Westerners who tend to consult complementary practitioners for long-standing conditions for which conventional medicine has not provided a satisfactory solution. This study also shows that Chinese patients, irrespective of their social class and age, may be taking TCM medications. This is shown by the fact that our participants came from a predominantly lower socioeconomic area with a wide age range. This is again different from the Western populations where users of complementary medicine tend to be in higher socioeconomic groups within the age of 35–60 and have higher levels of education than users of conventional care.

Funding: grant support for this study was received from the Conference and Research Grants Committee, the University of Hong Kong.

Conflicts of interest: none.

Strengths and weaknesses of traditional Chinese medicine and Western medicine in the eyes of some Hong Kong Chinese

T P Lam

*J Epidemiol Community Health* 2001 55: 762-765
doi: 10.1136/jech.55.10.762

Updated information and services can be found at:
http://jech.bmj.com/content/55/10/762

These include:

**References**
This article cites 3 articles, 2 of which you can access for free at:
http://jech.bmj.com/content/55/10/762#BIBL

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/