

Standards and Guidelines

Standardisation: A Prerequisite for Evidence-based Traditional Medicine Development and Internationalisation

A Report on the WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region

Charlie Changli Xue*¹ PhD

Seung-hoon Choi² PhD

David F Story³ PhD

1. Director, World Health Organization Collaborating Centre for Traditional Medicine, Division of Chinese Medicine, RMIT University, Australia.
2. Regional Adviser in Traditional Medicine, World Health Organization Western Pacific Regional Office, Manila, The Philippines.
3. Director, Institute for Health Innovations, RMIT University, Australia.

BACKGROUND

The history of medicine reveals surprisingly similar processes in the development of traditional medicine in the West over the last two to three decades and that of modern medicine in Asian countries approximately one and a half centuries ago. When modern medicine was initially introduced into countries such as China in the mid-eighteenth century, the acceptance of this new and foreign form of medicine was low and, for a substantial period of time, modern medicine was not considered the mainstay of health care. However, 150 years later, although traditional medicine continues to play a central role in health service delivery, western medicine has developed into the main form of health care. Many factors have contributed to the rapid development of modern medicine, including the standardisation of terminologies and diseases classification as well as the recent development of clinical guidelines that facilitate effective communication and health informatics.

Despite various forms of traditional medicine having long histories of

clinical practice and making significant contributions to affordable and equitable health care in the countries of their origin, communication between healthcare professionals concerning traditional medicine has proven difficult. This has become more apparent over the last three decades when various forms of traditional health care became increasingly popular in the western world and the consumer-driven development of traditional medicine in such developed countries generated significant interest amongst academics, governments and regulators.

To address the challenge of communication difficulties amongst stakeholders, the World Health Organization (WHO) has developed strategies to promote evidence-based development and internationalisation of traditional medicine. However, it is recognised that these will be difficult to implement without standardisation of the terminologies of traditional medicine. In addition, the diversity of traditional medicine has made such a task extremely difficult. Thus, the WHO's Western Pacific Regional Office initiated a process

to develop standard terminologies for the main forms of traditional medicine in its region with a common origin, that is, traditional Chinese medicine. The successful implementation of this initiative will provide invaluable experience for the future development of common terminologies for other forms of traditional medicine in the Western Pacific and in other WHO regions.

THE PROCESS OF THE DEVELOPMENT OF WHO INTERNATIONAL STANDARD TERMINOLOGIES (IST) FOR TRADITIONAL MEDICINE IN THE WESTERN PACIFIC REGION

Under the 'standardisation with evidence-based approaches' set by the WHO's Western Pacific Regional Office, a series of activities have been carried out, such as international disease classification, development of clinical guidelines and standardisation of acupuncture point locations and nomenclatures. However, the first step to achieve these outcomes was to develop international standard terminologies of traditional medicine

* Correspondent author; e-mail: charlie.xue@rmit.edu.au

with a specific focus on the most significant forms of traditional medicine in the region.

A systematic approach was taken to ensure that relevant countries/regions were willing to participate, that the standardised terms were acceptable in these countries/regions and that they were also appropriate and acceptable in the English-speaking world.

Over a period of three years (2004–2007), three expert consultations involving a large number of experts were held in China, Japan and the Republic of Korea. The first meeting was held to seek support from the three key member states, China, Japan and the Republic of Korea, and to identify the key resources available. A second meeting was then held to determine the process of selecting terms and to discuss the general principles of English translation and the overall structure of the terminologies. The final meeting involved experts from eight countries, including Australia, to determine the English translation and to further confirm the selection of the terms for inclusion and to refine the structure of the terminology.

In addition to the above meetings, two stages of consultation with international experts were undertaken to obtain broader input from a number of experts from English-speaking countries and thereby to ensure the accuracy and readability of the terminologies so that they could be implemented effectively. Such experts included representatives of traditional medicine education institutions, researchers, practitioners and health regulators.

THE IST

The final version of the IST, which consists of eight chapters of the key terminologies, was published in August

2007. It is available on WHO's Western Pacific Regional Office website: www.wpro.who.int/publications/PUB_9789290612487.htm

The eight chapters of the IST, with over 4000 terms, cover all major areas of the theory and practice of traditional medicine in the Western Pacific Region, namely, general terms, basic theories, diagnostics, diseases, therapeutics, acupuncture and moxibustion, medicinal treatment and classical texts.

The deliberation of the English translations was guided by a number of agreed principles, including a decision that no new English terms would be created, while the selected English terms should also accurately reflect the meaning of the original Chinese words. When more than one translation was suggested for one Chinese term, voting was introduced to facilitate the final decision making. If two English words were equally supported, then both were listed as alternatives, such as meridians/channels, and syndrome/pattern.

These terms are not meant to be exhaustive; instead, the IST represents a first attempt. Nevertheless, for some states, although addenda may be required to make it more relevant to everyday practice, the IST may be more than adequate. It is WHO's view that ongoing improvement will be required. However, timely implementation of the IST is also needed in order to test the practicality and user friendliness of this set of terminologies. The ultimate goal is to evaluate how these IST terms have improved communication of traditional medicine and health informatics by all relevant users throughout the world.

COMMENTS

Much has been learnt from the process of developing the IST over the three-year

period. Firstly, the long-term practice of traditional medicine in the Western Pacific Region provides the necessary literature and expertise as the base for such development. The willingness and co-operation from the three key member states (China, Japan and Republic of Korea) has been exemplary for future international development in traditional medicine. Secondly, the rapid development of traditional medicine in the developed world has provided abundant literature in English for the selection of sources of translation and expertise to determine the appropriateness of translations. The collaboration between experts from traditional medicine-originating countries and those in the English-speaking countries has been outstanding. Thirdly, the resources provided by the Ministry of Health, Republic of Korea, have been a critical contribution to enabling such an endeavour, while other support has been provided by China and Japan. Furthermore, the invaluable contributions from experts worldwide for the development, revision and commentary of the draft IST have made this development truly international. Lastly but most importantly, the leadership provided by the WHO's Western Pacific Regional Office has been instrumental to such an initiative in following through in a most efficient and effective manner.

The IST has led to the development of an international classification of traditional medicine in the Western Pacific Region and has been proposed for inclusion in WHO's Family of International Classification of Diseases. The effective implementation of the IST, and hopefully the international classification of traditional medicine within the Western Pacific Region in the near future, will definitely contribute to the internationalisation and evidence-based development of traditional medicine both in the region and globally.

Forum for the Development of an International Standard of Sterile Acupuncture Needles for Single Use

Christopher Zaslowski* PhD

University of Technology, Sydney, Australia

From 12 to 13 June 2007, a 'Forum for the Development of an International Standard of Sterile Acupuncture Needles for Single Use' was held in Daejeon, South Korea. Hosted by the Korean Institute of Oriental Medicine (KIOM), twelve participants from five countries (China, Korea, Japan, Vietnam and Australia) met to discuss the possibility of establishing an International Standard (ISO) for disposable acupuncture needles.

The welcoming speech was given by Dr Seung-Hoon Choi (Regional Adviser in Traditional Medicine for the World Health Organization, Western Pacific Regional Office), who outlined the current WHO projects associated with standardisation (e.g. acupoint location, Chinese medicine terminology). Following the opening assembly, Dr Tan Yuansheng (Director of the Standardisation Committee of the World Federation of Acupuncture–Moxibustion Societies, WFAS) presented on the status of a number of standardisation projects WFAS was undertaking or had completed, including the China needle standard (*Guobiao* (GB) the Chinese National Standards). This was followed by the Japanese representatives, Professor Hitoshi Yamashita of Morinomiya University of Medical Sciences and Professor Katai of Tsukuba University of Technology, who relayed their experiences of sitting on a committee for the development of a Japanese Industrial Standard (JIS) for needles. The diversity of Japanese needle manufacturers, from small family businesses to the large manufacturing companies, and the need for inclusiveness, were some of the difficulties they encountered

when developing the Japanese standard. Dr Chris Zaslowski (University of Technology, Sydney) then presented some previous research on needle usage in the Sydney region, highlighting the rapid increase in disposable needle usage in the mid 1980s following the public awareness campaign associated with HIV and AIDS. Dr Nguyen Thi Van Anh (National Hospital of Traditional Medicine, Vietnam) outlined the current status of needle usage in Vietnam and the scope of needle manufacture in her home country. Dr Sung-Tae Koo (KIOM) then presented a draft document that had been previously circulated as a basis for discussion and gave a brief summary of the process required for the development of an ISO.

The second day commenced with a presentation on the specific metallurgic requirements for the acupuncture needle and issues of biocompatibility. This was given by Professor Minh Lee from Chunbuk National University, who worked in the Dentistry school and had extensive research experience in the area. Following was an interesting review of the research on the microstructure of the tip of acupuncture needles by Professor Jang Insoo from Woosuk University, Korea. His presentation consisted of various electron microscope slides showing needle-tip anomalies and defects. The afternoon session involved working through a draft document, noting areas of consensus and disagreement among participants. Areas of discussion included needle component terminology, quality measures, packaging and labelling.

At the completion of the forum, the participants thanked Dr Sun-Mi Choi

(Director, KIOM) and Dr Sung-Tae Koo (Senior researcher, KIOM) for coordinating the event and Professor Kang Sung-Keel (Kyunghee University) for acting as chair. An outcome statement was agreed upon and future plans for initiating and developing an ISO were devised (listed below).

FORUM OUTCOME STATEMENT

- Discussion occurred concerning the procedure of developing an international standard (ISO) of sterile acupuncture needles for single use.
- There was general agreement regarding the need for an international standard (ISO) of sterile acupuncture needles for single use.
- A draft document of the international standard of sterile acupuncture needles for single use was reviewed and revised.
- Discussion should be maintained regarding an international standard (ISO) of sterile acupuncture needles for single use.
- Participants agreed to return to their country with the draft document and consult with relevant authorities.

FUTURE PLAN

- Participants should consult with relevant standards organisations in their countries.
- For the next meeting, future funding should be sought from various sources. It is suggested that the next meeting will be held in April or May 2008.
- The aims and objectives of the next meeting should be circulated and reviewed by each participating country prior to the meeting.

* E-mail: chris.zaslowski@uts.edu.au