Excellencies, honourable ministers, distinguished experts, ladies and gentlemen,

I welcome this opportunity to address the International forum on traditional medicine, especially as we inaugurate the WHO collaborating centre on traditional medicine in Macao.

Modern medicine and traditional medicine make unique contributions to health, but both also have their limits and shortcomings. Countries, especially in the developing world, are wise to use the best of these two approaches in a carefully integrated and regulated way.

Traditional medicine has much to offer, especially as a contribution to primary health care and universal coverage, and most especially at a time when chronic noncommunicable diseases have overtaken infectious diseases as the world’s biggest killer.

For many millions of people, often living in rural areas of developing countries, herbal medicines, traditional treatments, and traditional practitioners are the main, sometimes the only, source of health care.

This is care that is close to homes, accessible, and affordable. In some systems of traditional medicine, such as traditional Chinese medicine and the Ayurveda system historically rooted in India, traditional practices are supported by wisdom and experience acquired over centuries.

In these contexts where traditional medicine has strong historical and cultural roots, practitioners are usually well-known members of the community who command respect and are supported by public confidence in their abilities and remedies.

This form of care unquestionably soothes, treats many common ailments, reduces suffering, and relieves pain. It also keeps people with minor complaints and illnesses from flooding clinics and emergency wards.

However, these well-known advantages contribute to one of several criticisms of traditional medicine. The belief that traditional healers are the first and best line of defence against illness and disease can lead to potentially life-threatening medical emergencies, especially when this belief blocks or delays access to mainstream medicine.

In reality, this criticism does not align well with the situation on the ground. Many poor people with severe disease do not visit clinics or emergency wards precisely because none are available or accessible. Traditional medicine is the default, not the first choice. It is the only option available.

The danger comes not from the practice of traditional medicine per se, but from the failure of so many developing countries to provide universal access to essential health services.

Surveys undertaken by WHO show that essential medicines for the treatment of acute diseases are available in only slightly more than half of all public health facilities. For privately run facilities, the figure rises to 68%. This means that large numbers of people who manage to reach health facilities are leaving them empty-handed.

In other cases, traditional medicine is the default option simply because Western medicine has nothing to offer. We witnessed this situation most vividly during the Ebola outbreak in West Africa.

For the thousands of people infected and their doctors, modern medicine had nothing to offer, no vaccines and no treatments beyond supportive care. Patients and their families understandably preferred care in homes or by traditional healers to isolation in treatments centres where few left alive.

Other criticisms centre on the weak institutional frameworks for regulating the quality and safety of traditional medicine. This weakness is likewise pervasive throughout the developing world, for all medical products.

For medicines, only around 20% of WHO Member States have a well-functioning regulatory authority. Around 50% have variable regulatory capacity. And 30% have no or only very limited regulatory capacity.

Ladies and gentlemen,

Modern medicine also has some shortcomings, both real and perceived. Paradoxically, these shortcomings have created a situation where traditional medicine meets a perceived need, yet earns a bad name at the same time.

In wealthy countries, the public often reacts in a negative way to health care that is seen as over-medicalized and over-specialized, with the patient treated like a collection of specialized body-parts, and not as a whole person. People want more control over what is done to their bodies. They want to self-regulate their own health. As seen in the movement of vaccination refusal, science is often mistrusted, sometimes even vilified. Rumours spread via social media can carry more weight that hundreds of well-designed peer-reviewed research reports.

People are suspicious that powerful new drugs may have side effects that have either not yet been detected or were never honestly disclosed.

People may also mistrust their doctors. They want second and third opinions. They look for an expert with more expertise. These expectations were well illustrated by the practice of doctor shopping and hospital hopping that contributed to the rapid spread of MERS in the Republic of Korea.

Some analysts attribute this dissatisfaction and mistrust to the system, the infrastructure, the training, the incentives, and the orientation of modern medical care. In many countries, this system dictates that a doctor spend no more than around 20 minutes with each patient.

During these few minutes, the doctor is expected to act, not talk, to order medicines, tests, and other interventions. This practice contrasts sharply with the approach used by traditional practitioners.

Moreover, the number of doctors practicing family medicine continues to shirk dramatically in favour of more specialists and sub-specialists. Family physicians are a vanishing profession right at the time when the rise of NCDs makes their skills essential for prevention and the continuity of care.

On the R&D front, the miracles of modern medicine, which have had such a stunning impact on life expectancy, are slowing down. The discovery of truly novel molecular compounds is becoming rare.

Unlike antibiotics, many drugs for the treatment of chronic diseases and conditions, like high blood pressure, need to be taken long-term, if not life-long, raising concerns about cumulative toxic effects. Some newer drugs for treating cancer and diabetes have shown severe, sometimes life-threatening side effects.

A drug for treating dementia or managing obesity has yet to be discovered. Many expensive drugs for treating cancer prolong life for only a few months, and the quality of that added life is often miserable.

The phenomenal rise of the alternative medicine industry responds to some of these shortcomings in what modern medicine has to offer. In several North American and European countries, the production and sale of herbal medicines, dietary supplements, and other so-called “natural” products have become a huge and profitable industry. In the USA alone, this industry is a $32 billion a year business.

The industry fiercely defends its territory, its claims, and its profits. Aggressive marketing that makes unsubstantiated claims has antagonized many in the medical establishment. As medical professionals argue, most alternative medicines are introduced onto the market, via over-the-counter sales or the Internet, without any regulatory oversight.

In their view, the public risks self-medication with products that are potentially ineffective or toxic, or both. In this case, industry has hijacked traditional medicine, but without the skills of experienced practitioners.

The resulting hostility and indignation are readily apparent in the titles of recent books that expose and condemn the industry’s behaviours, like “Trick or treatment”, “Snake oil science”, or “Death, lies, and politics in the vitamin and herbal supplement industry.”

All of these publications share one fundamental conclusion: the efficacy of most traditional medicines and practices has not been confirmed in conventional clinical trials.

I would like to gently challenge that conclusion. The scientific method was not designed to accurately evaluate the full human experience that occurs when traditional medicine is delivered by skilled, experienced, and trusted practitioners in its cultural and historical home.

Controlled clinical trials can evaluate the intervention or the herbal product, but not the full experience. Moreover, complaints of pain, anxiety, and stress nearly always have a subjective dimension. The placebo effect is a well-documented scientific phenomenon.

As Nobel laureate Elizabeth Blackburn reminds both sides in the debate: “We tend to forget how powerful an organ the brain is in human biology.” Scientific research on the physiological effects of stress confirms the validity of that reminder.

Most medical infrastructures in wealthy countries were designed to manage infectious agents and did that job very well. They have done far less well with the prevention and treatment of NCDs, which rarely have a discrete cause like a single bacterium, virus, or parasite.

Evidence is mounting that diet, exercise, and stress reduction can do a better job of preventing or delaying the onset of heart disease than most drugs and surgical procedures.

Here, traditional medicine excels. Traditional medicine pioneered interventions like healthy diet, exercise, herbal remedies, and ways to reduce everyday stress.

Ladies and gentlemen,

The view that traditional medicine should be given a more legitimate place within the structure of formal health care systems continues to provoke considerable debate.

Countries aiming to integrate the best from traditional and modern medicine would do well to look not at the many differences between the two approaches. Instead, they should look at those areas where both converge to help tackle the unique health challenge of the 21st century.

Thank you.

Pros of western medicine

1. Ability to successfully treat many diseases and increase the life expectancy.
2. Infectious agents can be successfully managed through western medical practises.

Cons of western medicine

1. Clinics, emergency wards and most of the treatment options are inaccessible and unaffordable to poor people.
2. Essential western medicines for the treatment of acute diseases are unavailable in many public health facilities.
3. Western health care systems are over-medicalized and over-specialized, with the patient treated like a collection of specialized body-parts, and not as a whole person.
4. Drugs for diseases such as cancer and diabetes have severe, life-threatening side effects.
5. Doctors don’t spend enough time with one patient (20 minutes) to be making them comfortable prior to getting into ordering medicines and tests.
6. During these few minutes, the doctor is expected to act, not talk, to order medicines, tests, and other interventions.
7. The number of family practitioners whose skills are essential for the prevention of non-communicable diseases continues to decrease as more specialists and sub-specialists increase in number.
8. Long-term treatments for chronic diseases may have cumulative toxic effects.
9. Western medicine has not yet been able to successfully establish cures for non-communicable diseases.

Pros of traditional medicine

1. Close to home, accessible and affordable for a majority of the population in many countries
2. Traditional medicine practitioners being usually well-known, respected members of the community develops public confidence in their abilities and remedies and therefore, attracts and treats many people with common ailments.
3. Practitioners of traditional medicine spend plenty of time with their patients talking to them and making them comfortable as well as treating them.
4. Traditional medicine pioneered more effective interventions like healthy diet, exercise, herbal remedies to prevent and delay the onset of heart diseases than most drugs and surgical procedures.

Cons of traditional medicine

1. Belief that the traditional medicine is the best and first line of defence against illness and disease may lead to delays and block the access to mainstream medicine which can lead to life-threatening medical emergencies.
2. Quality and safety of traditional medicine are weakly regulated by the institutional frameworks.
3. Efficacy of most traditional medicines and practices has not been confirmed in conventional clinical trials.