

November 10, 2016

The Japan Liaison of Oriental Medicine (JLOM)
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Report on Traditional Medicine (TM) Side Session/WHO ICD-11 Revision Meeting

Dear all,

A TM side session/WHO ICD-11 revision meeting was held by JLOM. Details and outcomes are reported as follows.

Time and Venue: October 12, 2016 at Tokyo International Forum

1. Press Conference/Video Session (Conference Room G610)
12:30 pm-13:00 pm: Press Conference (Hiroshi SATO, Chair, and Shuji GOTO, Vice-chair)
13:00 pm-14:00 pm: Video Session (Kampo Medicine and Acupuncture and Moxibustion)
2. TM Side Session (Conference Room G610)
14:00 pm-17:00 pm: Opening Remark (Margaret Chan, WHO Director General)
Ten presentations
Participants: 25 persons from abroad, 60 persons from Japan
3. Cocktail Party (Conference Room G502)
17:00 pm-19:00 pm
Participants: 26 persons from abroad, 49 persons from Japan

Details

1. Press Conference/Video Session
Ten media outlets attended the press conference. Four questions were asked.
The video session showed videos from the Japan Society for Oriental Medicine, the Japan Society of Acupuncture and Moxibustion, and Moxafrica.
2. Side Session
The session was opened with opening remarks from Margaret Chan (director general, WHO). With regard to the proposal to add a new chapter on traditional medicine (TM) to ICD-11, this would be the first time in its history that a TM diagnostic category would be included and as such would be extremely significant. The fact that the era of the modernization of TM has arrived was discussed, as well as the need for data collection and confirmation of the utility of TM heading into the future. After the lecture, Chairman Sato presented a souvenir and a commemorative photograph was taken.
The chairpersons were Kenji Watanabe and Rosemary Roberts (Australia). Zhang Qi (WHO) provided commentary on the WHO TM strategy. Nenad Kostanjsek (WHO) presented the work and sequence of events concerning ICD-11 up until this point, and discussed what will be done going

forward. The difficulties encountered in the process of standardizing the terminology were explained.

Hiroshi Sato (JLOM) outlined the current state of affairs in Japan concerning the use of TM within Western medicine, and discussed how the introduction of the TM section could lead to its increased use among doctors and acupuncturists, progress in the development of integrative health care with Western medicine, and promotion of scientific research and international academic collaboration between Japan, China, and Korea.

Wang Xiaopin (China) reported on the state of the application of China's domestic diagnostic classification system, the GB 95/97, and Nam Jeomsoon (Korea) reported on the situation regarding Korea's TM code settings for disease classification. Peter Fisher (UK) reported on the implementation of TM in Europe. Samuel A. Collins (USA) discussed acupuncture in the United States of America. Thirty-five billion USD is spent on alternative treatments annually, with acupuncture and natural therapies accounting for more than half of that. Economization of medical costs is also expected. Rosemary Roberts (Australia) discussed the characteristic that the 250 disorders and 285 patterns of the TM section are diseases that are not causes of death, and noted that it is very revolutionary that these will be used in conjunction with other sections. Charlie Xue (Australia) discussed the current state of affairs of TM in Australia. P.N. Ranjit (India) discussed the state of progress regarding standardization of Ayurveda, Unani, and Siddha, which are terminology used in Indian traditional medicine, and presented the policy for complying with the WHO-ICD TM module 2.

3. Cocktail Party

The cocktail party was opened with an address by Chairman Hiroshi Sato. Hirokuni Okumi performed duties as the master of ceremonies. After congratulatory speeches from Ties Boerma (WHO), Kei Mori (ICD Office of the Ministry of Health, Labour and Welfare), Yoshitake Yokokura (president, Japan Medical Association) and Fumimaro Takaku (president, the Japanese Association of Medical Sciences), Zhang Qi (WHO) led a toast and traditional breaking of a sake cask. After congratulatory speeches from Wang Xiaopin (China), Nam Jeomsoon (Korea), and Charlie Xue (Australia), congratulatory speeches from Seiichi Eto (member of the Diet of Japan), Norihisa Tamura (member of the Japanese House of Representatives and former Minister of Health, Labour and Welfare), and Ichiro Kamoshita (member of the Japanese House of Representatives) were read. Subsequently, Hirokazu Nakano, chairman of the Japan Acupuncture and Moxibustion Association, and Takatoshi Kobayakawa, chairman of the Foundation for Training and Licensure Examination in Anma-Massage-Acupressure, Acupuncture and Moxibustion were introduced. Next, congratulatory speeches were given by Peter Fisher (UK), Rosemary Roberts (Australia), and Nenad Kostanjsek (WHO).

The event was formally closed after the commemorative photograph and an address from Vice-Chairman Shuji Goto.

At the ICD Revision Conference on October 14 (Friday) Kenji Watanabe (WHO-FIC) presented a summary of the side session.

4. Considerations and Conclusions

The creation of the International Classification of Traditional Medicine (ICTM) began in 2009 as a project of the WHO headquarters in Geneva and has been developed primarily by representatives of Japanese, Chinese, and Korean traditional medicine. If it is approved at the 2018 general assembly, a traditional medicine disease classification will be added to Section 27 of the ICD-11.

Until ICD-10, diagnostic classifications from Western medicine were listed for the objective of mortality statistics; but in ICD-11, under the policy of including clinical categories, double coding—which allows a single patient to be listed under both a Western diagnostic classification and a disease classification under traditional medicine—will be employed. This will mean that diagnoses from Western medicine and disease classifications from East Asian traditional medicine will stand side by side, hopefully leading to the diffusion of traditional medicine (Kampo medicine/acupuncture and moxibustion).

The outcomes of this meeting can be summarized in the following two points. First, East Asian traditional medicine (Kampo medicine/acupuncture and moxibustion, Chinese medicine, Korean medicine) was officially recognized by the WHO. Second, terminology from traditional medicine, which is based on ancient Chinese medicine (Kampo medicine, acupuncture and moxibustion), was harmonized into the greatest common denominator among the three medical disciplines (Kampo medicine, Chinese medicine, Korean medicine) and standardized by WHO.

In China and Korea institutions related to traditional medicine such as scientific bodies and industry organizations as well as official institutions of the state are currently involved in the protection, development, and integration into the national health system of the unique traditional medical practices of those countries. As such, recent developments could be viewed as an opportunity for Japan to establish a department for traditional medicine (Kampo medicine, acupuncture and moxibustion) within the Ministry of Health, Labour and Welfare, and support the creation of a basic legislation for the promotion of Japanese traditional medicine, which would be the key to the establishment of a cross-departmental structure for the support of traditional medicine.