

Interview with Professor Alan Bensoussan, WFAS Sydney 2013 Keynote Speaker

Suzanne Cochrane* PhD
University of Western Sydney (UWS)

Introduction

Professor Alan Bensoussan is a Professor of Chinese Medicine, and Director of Australia's National Institute of Complementary Medicine. He is one of Australia's prominent researchers in complementary medicine and was instrumental in establishing both the Centre for Complementary Medicine Research (CompleMED) – of which he is the Director – and the National Institute of Complementary Medicine (NICM), where he is the Executive Director. Under Alan's leadership, CompleMED has forged a broad network of links with other national and international organisations within government and industry, and is currently involved in collaborative projects with institutions in China, Hong Kong, United States and the United Kingdom.

Professor Bensoussan has been in clinical practice for 25 years and is an active researcher, attracting funds from the US National Institutes of Health, the Australian National Health & Medical Research Council, AusIndustry, Department of Education, Employment and Workplace Relations (DEST), State governments and industry. He sits on a number of government committees both nationally and internationally, and has frequently served as consultant to the World Health Organisation. He is Chair of the Australian Therapeutic Goods Administration's Advisory Committee on Complementary Medicines, and served for the inaugural term of Australia's National Medicines Policy Committee. He has published two books, including a review of acupuncture research and a substantial government report on the practice of traditional Chinese medicine in Australia, which contributed to the national registration of Chinese medicine practitioners throughout Australia in 2012. Professor Bensoussan's research contributions, particularly his clinical trials and public health research in Chinese medicine, have been widely reported and recognised.

The Questions

SC: What do you see as the key tasks for new practitioners of Chinese medicine? What matters most in a TCM practice?

AB: Based on my own experience as a practitioner there are three major components of becoming a successful TCM practitioner:

1. The first and most important is compassion – being open and present enough to listen to the patient and understand what they are saying and their experience is so important. The other aspect of this is to be able to change and adjust your response to the patient as they change.

When I first graduated from Acupuncture Colleges Australia my first practice was in York in the UK for 18 months. I started work and within a short time I realised that my training had not equipped me enough. I needed to really start by listening to my patients. The advantage for me in being in York was that I knew no-one and there was nobody who expected me to be anyone other than a TCM practitioner. This really assisted me to change my own perception of myself and grow in my self-perception as a practitioner. From York I went to China for six months and then returned to set up my North Sydney practice. These early years of practice and study reinforced that being with the patient was central to TCM – not some idea of the patient or a TCM theory – the actual living patient has primacy.

2. Taking the time to study and learn from your cases. TCM opens up a different perspective of (and for) the patient and their illness. They mostly come to TCM clinics already defined by biomedicine in a particular way. The TCM perspective – and it may emerge from a chance connection between a symptom and timing or season or a colour or taste – offers a way of refiguring the process of illness and therefore opens new possibilities for treatment.

* Correspondent author; e-mail: s.cochrane@uws.edu.au

When one graduates presume you know nothing. During the early years of practice take the time to study each case exhaustively. It is only through this path that I began to get any skill or confidence in diagnosing and then prescribing acupuncture or herbs for my patients. I spent hours each day reviewing and studying each case. Continue to read and understand and allow yourself time to concentrate on this task.

3. The other important issue is this one of generalising versus specialising. I remained a generalist, although developing some strengths in gastrointestinal tracts (GIT), and I now see this as perhaps a mistake. I think now that after around 10 years of generalist practice it is the appropriate time to choose a speciality – gynaecology, skin disease, paediatrics, GIT, musculoskeletal disorders for example – these are all valuable areas of TCM in which we have a lot to offer. To successfully practise as a specialist in these fields requires a great depth of knowledge of the complexity of diagnostic and treatment methods. It is hard to sustain such knowledge as a generalist. We perhaps fear the consequences of restricting our practices to a specialty but as practitioners and to progress TCM as a profession we need to specialise.

When I am asked to make a referral I don't know who the TCM specialists are, and with practitioner regulation in place I think this opens the possibility for more specialisation in TCM.

SC: Do you miss practice?

AB: Yes I do miss practice. I moved out of my practice five years ago because of the burden of work here at the University, but I loved it and I miss that focus and being present and, for a while, sheltered from the administrative demands of my position. I was working in clinic eight hours per week but could not sustain this. Perhaps when I resign from my university post I will return to practice.

SC: What do you consider the major achievements of your work?

AB: I gain most pleasure from making new paths and working with other 'bush bashers' – people who can also see another way to go and are prepared to put the time and energy into carving new paths.

At an international level the TCM achievements that I have been part of are:

1. Practitioner recognition by government has been a major step forward and a dramatic policy change that has been led by Australia. From this we can build issues such as professional competence.

2. The TCM research agenda has also been advanced in Australia. NICM/CompleMED represents the largest concentration of TCM research in Australia which has been ranked by the Commonwealth Government Excellence in Research for Australia scheme as performing 'well above world standard', the top rank of 5. The clinical trials we have undertaken are often the first of their kind and our preclinical studies are also pioneering.

3. The policy area of product regulation has taken a lot of my time (15 years) at the Therapeutic Goods Authority. Now all TCM products in Australia must be Good Manufacturing Practice (GMP) and now traditional claims are recognised.

SC: What do see as the challenges facing TCM?

AB: The major political challenge is that complementary medicine (CM) is still the poor relation despite the high level of public use of CM modalities, and it still draws the scorn of some scientists.

The scientific challenge is if we continue to talk about TCM's central tenets then we will need to defend these with evidence or we will continue to be vulnerable to scientific criticism. My research priorities (and if I had the resources I would devote the rest of my career to these) are:

- To develop practical approaches to evaluating the synergistic nature of multiple component Chinese herbal medicines
- To better demonstrate the electro-physiological nature of acupuncture points, and
- To better understand the physiological mechanisms behind the long term cumulative effect of acupuncture.

The science in these areas is not yet compelling and these are important parts of the scientific plausibility of TCM. The other development that would change TCM's future internationally would be the production of a few vanguard products that have high level product-specific evidence to back them.

SC: You have been a vital player in the development of TCM. Do you see succession on your retirement as a problem?

AB: As a 'baby boomer' I recognise that most of our generation leave minor vacuums in various fields – simply a case of changing demographics. I do, however, have great confidence in TCM. New TCMers have access to a richer set of resources than we had in our training and they have the strength of greater awareness of evidence-based practice issues. My one question is do they have the 'fire in the belly' or the enthusiasm to make the sacrifices required? They are amply qualified but are they 'hungry' enough?