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Some Characteristics and Services of Chinese Medical Practitioners in Malaysia

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THE EXTENSION OF cosmopolitan (Western-style) health care to increasingly more remote areas and traditional populations around the world has faced many of the same problems that its intensification is facing in the most industrialized and urbanized countries. These problems are especially those of high cost, inadequate skilled manpower, and acceptability to and trust by the population. One response in the United States has been an increased interest in paramedical services such as midwives and upgraded nurse training and responsibility, the models and experience of these services being largely sought abroad. Another response has been an increased awareness of the role that folk medicine has to play in health care. The problem, as Chen has noted, is to separate those traditional practices which are helpful or at least neutral from those which are demonstrably harmful, and to encourage the former as well as discouraging the latter in the interest of public health (Chen, 1973).

Malaysia offers what must surely be one of the most diverse set of options for health care in the world. People frequently consult several types of folk practitioners, pharmacists, and physicians at the same time. Traditional beliefs concerning diet, exercise, child birth, and folk medications are vital and continuing influences on the health of the public in Malaysia, and the traditional practitioner needs to be considered as he fits within the broader system of health care (Dunn, 1974). Yet, little is factually known about the status of non-cosmopolitan medicine, especially in the cities (Chen, 1971).

It is the object of this paper to summarize some basic statistics on the characteristics of Chinese practitioners *(sin-seh)* and the services that they offer in Malaysia.

General Information

There are twenty-six associations of traditional Chinese practitioners in Malaysia, gathered into the Federation of Chinese Physicians and Medicine Dealers Association of Malaya. The Federation estimates that there are a total of about 1,000 Chinese practitioners in Malaysia. Less than half of these are recognized by their fellows as fully qualified or are affiliated with an association. The remainder, largely trained by apprenticeship and self-study, are specialists in such things as the treatment of piles or setting of bones. Questionnaires were sent out to 370 affiliated practitioners nation-wide, and an unusually cooperative response for a mail questionnaire, sixty-two per cent, was received.

The continuing vigor of the Chinese medical tradition in Malaysia is indicated by the support of active medical schools in Kuala Lumpur, Penang and Ipoh. The school in Kuala Lumpur presently has eighty students taking a four-year course at night, and in recent years it has graduated several hundreds of practitioners. Students study traditional medical theory and diagnosis, and techniques of acupuncture, moxibustion, and herbal treatment. At the Tong Shin Hospital in Kuala Lumpur, an option of Chinese-style care is offered by the Central Chinese Physicians Association. In addition, the Association maintains a free public clinic which in 1975 treated 10,860 patients.

Characteristics of Chinese Practitioners and Their Practice

Chinese practitioners are more than 95 per cent male. A full third of them are over sixty years old, but the success of the schools is indicated by the fact that almost another third are under forty. Almost equal numbers of practitioners have now been educated in Malaysia as educated in China. There is a statistically significant association of medical school training with training in Malaysia, and apprenticeship with training in China. Nationally, only one-third of practitioners are school-trained; but, the proportion so trained rises to over two-thirds in states with medical schools. Of the responding practitioners, 53 per cent were Cantonese, 23 per cent Hakka, 16 per cent Hokkien, and 8 per cent of other dialect groups. The dialect group of the practitioner correlated only with the state of residence, however, and not with specialization, country of training, type of education, or size of practice. Half of the practitioners are in private practice and the other half are associated with a medical hall. A significantly larger proportion of cases involving pediatrics, gynecology, and treatment for injury are handled by the latter group than by those in private practice. The third who specialize in acupuncture are almost entirely graduates of a medical school and tend to be in private practice.

Table I
Specializations Among Chinese Practitioners in Malaysia, 1974

Specialization	Percentage of respondents indicating specialization[a]	Specialization as percentage of total specializations cited
Internal medicine	83.8	27.7
Gynecology	66.0	21.8
Pediatrics	61.8	20.4
External medicine	24.6	8.1
Injury	19.4	6.4
Piles	9.9	3.3
Acupuncture	37.2	12.3
Total numbers	19.1	57.8

[a]Indication of multiple specializations, to a maximum of three, was allowed.

Patients are male or female in almost equal proportions. Their dialect group composition corresponds closely with state distribution, but half of responding practitioners claimed that at least 10 per cent and up to 25 per cent of their patients were non-Chinese. The patients are of all ages, but about one-third are under twenty.

The major conditions treated are listed in Table II. Their relative importance was remarkably constant from state to state. Bronchitis-emphysema was especially low in Pahang and high in Kedah, and heart disease was only mentioned in Selangor, Sabah and Sarawak.

Table II
Relative Importance of Illnesses Treated by Chinese Practitioners in Malaysia, 1974

Illness	Points[a]	Percentage of total points
1. Rheumatism	725	19.9
2. Gastric complaints	596	16.3
3. Gynecological complaints	545	14.9
4. Bronchitis and emphysema	478	13.1
5. Colds or influenza	293	8.0
6. Nerve complaints	224	6.1
7. High blood pressure	185	5.1
8. Kidney and urinary complaints	159	4.3
9. Heart disease	122	3.3
10. Diabetes	98	2.7
... Other complaints[b]	232	6.3

[a]The questionnaire asked practitioners to list and rank the five most common illnesses that they treated and to mention others commonly seen. The answers were weighted by multiplying the first rank listings by six, second by five, down to unranked complaints which were weighted by one.

[b]Commonly mentioned other complaints included bone fractures, skin diseases, piles, paralysis, and venereal disease.

There are concentrations of practitioners in the major cities of each state, but practitioners are also widely dispersed in small towns throughout the country. With regards to their distribution, the states of Selangor, Pahang and further north may be distinguished from states to the south and in Sabah and Sarawak. There are between 16 and 20 association member practitioners per 100,000 Chinese population in Selangor, Pahang, Perak, Penang, and Kedah, but between 37 and 43 in Negri Sembilan, Melaka, Johore, Sabah and Sarawak. This distributional pattern holds when practitioners per 100,000 total population is considered, there being under 15 in the northern states and over 20 in the southern states. The states of Perlis, Trengganu and Kelantan have only one or two practitioners each. Within the capital city of Kuala Lumpur, there are an estimated 200 practitioners of all background, 68 being affiliated with the Chinese practitioners' association. They are highly concentrated in the old Chinese downtown, where they reach a density of 93 per 100,000 Chinese (70 per 100,000) population, and in Pudu district (59/100,000 Chinese) (Meade and Wegelin, 1975).

The average responding practitioner sees between 280 and 570 patients a month. Forty per cent of practitioners see under three hundred

patients a month, but fourteen per cent see over 600, and four per cent, over 1000. Generalizing to include practitioners who did not respond, it is estimated that between 100,000 and 200,000 people a month consult a Chinese practitioner. The proportion of these patients who are chronically ill and seen repeatedly varies greatly from one practitioner to another according to specialization. The median is between 70 and 75 per cent, which accords with the importance of complaints treated (Table II).

Comment and Conclusion

It is obvious from the data collected that Chinese medicine in Malaysia remains a vital tradition providing medical treatment to substantial numbers of people throughout the country. Some of these people, of course, are seeing other doctors as well and are taking advantage of the diverse types of health care available in Malaysia. Experienced practitioners frequently noted that for the last twenty years, cosmopolitan medicine has been preferred for cases of acute infection and for obstetrical care. It is generally after the hospitals and private doctors have failed to provide relief that the patients turn to traditional medicine, it is said, which they find helps them. Some support for this view can be found in the importance of such conditions as rheumatism, emphysema, "nerve complaints" (including back pain and paralysis) and high blood pressure in present practice. It is noteworthy, however, that children are also well represented in traditional practice, and that cases of menstrual irregularity, influenza, malaria, ear and nose diseases, leukemia and dengue fever are also treated. Those practitioners interviewed consistently said that whenever a condition failed to respond to treatment, they referred the patient to a physician. For some conditions, however – such as nasopharyngeal cancer within the general nose complaints – detection may be seriously delayed. In the People's Republic of China, the appropriate usage of different treatments and approaches apparently has been advanced by mutual study, but in Malaysia there is little basis today upon which the Chinese practitioner can differentiate those cases for which his treatment is beneficial from those before which it is impotent and therefore, by delaying other treatment, dangerous. Given the opportunity to develop the knowledge for such discrimination, the service performed by the Chinese practitioner might be upgraded to constitute a continuing contribution to health care in Malaysia's plural society.

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