Formulation and consideration of World Health Organization international classification of traditional medicine

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Abstract

In the 11th revision of the International Classification of Diseases (ICD), the World Health Organization included traditional medicine disorders and patterns originated from ancient Chinese medicine that are commonly used in China, Japan, Korea and elsewhere around the world. For the first time, a chapter on traditional medicine was incorporated, which has completely changed the status quo on the lack of information on traditional medicine and health statistics in the ICD. In this study, we systematically analyzed the background, structure, content and characteristics of the Traditional Medicine chapter, with focus on its positive effects on promoting the development and utilization of Traditional Chinese Medicine worldwide.

Keywords: International classification of diseases; Medicine, traditional Chinese; World Health Organization

INTRODUCTION

During the 72nd World Health Assembly in May 2019, member states agreed to adopt the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11), and to come into effect on 1 January 2022. International Classification of Diseases (ICD) is the bedrock for health statistics released by the World Health Organization (WHO). Based on etiology, pathology, clinical manifestation and anatomical location, diseases are grouped into categories and represented by the code. ICD has been considered the international standard for disease classification by governments in healthcare, management, teaching, research and policy making for more than 100 years and for peer-to-peer exchange on the international platform in the field of healthcare. Moreover, ICD represents the core standard for WHO assessment of the global health service capacity and level as well as national and international health statistics. ICD facilitates the standardization and digitization of disease names, providing an important basis for medical care, administrative management and medical cost benefits in addition to widespread sharing of disease information, presenting not only a tool for medical research and teaching but also a reflection of the health care status in the country. Developed countries attach significant importance to the ICD and apply it widely in health statistics, administration, medical payments and scientific research. A number of international conferences, articles and journals require ICD codes. Even at the time of patient referral, the ICD code is required in the medical record summary.
The ICD is the foundation for identifying health trends and statistics worldwide, and contains around 55,000 unique codes for injuries, diseases and causes of death. It provides a common language that allows health professionals to share health information across the globe. At present, the most widely used global version is ICD-10. However, with the increasing demand for informatization in medical science, health services and insurance compensation, certain categories and contents of ICD-10 are no longer applicable. In 2007, WHO launched a revised version, ICD-11. The beta version was released in May 2012 and global peer review commenced in 2014. On June 18, 2018, WHO released a version of ICD-11 to allow member states the time to plan implementation with the aim of presentation to the 72nd World Health Assembly in May 2019. ICD-11 should become effective and be adopted by all Member States on January 1, 2022. In the future, promotion and implementation of ICD-11 will pose new challenges in the collection, processing, analysis and application of global health information. Our group has participated in the development of the ICD-11 Traditional Medicine chapter from the very beginning. Although millions of people use traditional medicine worldwide, it has never been classified in this system. In this article, we have systematically analyzed the development of the Traditional Medicine chapter and its far-reaching impact.

INTERNATIONAL CLASSIFICATION OF TRADITIONAL MEDICINE

Purpose

ICD has undergone ten revisions over the last century. In 2009, during the implementation of Traditional Medicine Strategy, WHO realized the requirement for a classification meeting the requirements in the ICD and therefore proposed inclusion of a Traditional Medicine chapter to ICD-11, resulting in initiation of the International Classification of Traditional Medicine (ICTM).

The State Administration of Traditional Chinese Medicine (SATCM) led, organized, implemented and promoted this project. China actively reached a consensus with Japan, Republic of Korea, the United States, Australia and other countries to establish an effective classification system for disorders and patterns based on Traditional Chinese Medicine (TCM) while giving consideration to the traditional medicine conditions used by Japan and Korea.

Joint promotion by the Chinese government and national experts

The Chinese national leaders highly value the ICTM project reported by the SATCM. In October 2010, with the approval of the Central Government, the Chinese government initially donated funds to the WHO ICTM project. This project is under the leadership and coordination of the SATCM and funded through research projects, guaranteeing its smooth progress.

To perform the project in an orderly manner in China, the SATCM entrusted the responsibility to the Shanghai Municipal Bureau of TCM and established the China Working Group. Under the leadership of the SATCM, the Shanghai Municipal Bureau of TCM has provided guidance for the group regarding working principles, direction, coordination and implementation, and provided comprehensive support for the establishment of the institution, research funding and personnel.

According to the content and scope of the project, the SATCM established a team of 36 national review experts led by the academician Zhang Boli of the Chinese Academy of Engineering and Professor Yan Shiyun of Shanghai University of TCM along with a team of 7 terminology experts and 36 assistants. Together with the professional sub-specialty experts, the project involved nearly 170 experts from 26 provinces in total. Shanghai University of TCM undertook the main operation with the support of Chinese national experts and dispatched 12 volunteers to the WHO headquarters in Geneva to promote progression of the project. The China Working Group has always adhered to the following principles: (a) to utilize the power of the whole country and gather the collective wisdom of national experts; (b) to insist on a working attitude of openness and inclusiveness seeking common ground while reserving differences and mutual benefits, with win-win results; (c) to ensure China’s discourse power and its appropriate position in the field of traditional medicine and safeguard the core interests of TCM.

The significant efforts of the Chinese government and dedication of national experts have laid a foundation for successful inclusion of the Traditional Medicine Chapter in ICD, which is established based on the principles of ICD, and it is according to TCM disorders and patterns, moreover, with a global consensus across different countries.

Characteristics of the traditional medicine chapter

The ICD-11 Traditional Medicine chapter is based on the WHO content model and TCM theory. The chapter combines the theoretical and clinical characteristics of TCM to classify disorders and patterns, and incorporates the relevant components of traditional medicine conditions from Japan and the Republic of Korea. The Traditional Medicine chapter of ICD-11 has been recognized by experts from Japan, Republic of Korea, Australia and the United States, and achieved the goal of maintaining the characteristics of TCM, meeting international needs and finally being adopted by WHO. Disorders and patterns have been classified as follows: Traditional medicine disorders include those involving the liver system, heart system, spleen system, lung sys-
tem, kidney system, skin and mucosa system, female re-
productive system (including childbirth), bone, joint
and muscle system, eye, nose and throat system, brain
system, Qi, blood, fluid, mental and emotional, exter-
nal contraction, childhood and adolescence.
Traditional medicine patterns have been subdivided in-
to principle-based, environmental factor, body constitu-
ents, organ system, meridian and collateral, six stage,
triple energizer stage, four phase, four constitution
medicine and formula patterns.
The ICD-11 Traditional Medicine chapter includes
more than 160 disorders and 200 patterns. This chap-
ter refers to disorders and patterns which originated in
ancient Chinese Medicine and are commonly used in
China, Japan, Korea, and elsewhere around the world.
It represents a union set of harmonized traditional med-
cine conditions of the Chinese, Japanese, and Korean
classifications. 1 Majority part of the disorders and pat-
terns are from Traditional Chinese Medicine, which ful-
ly meet the requirements of ICD-11 revision, reflecting
the Chinese national standards and clinical practice of
Chinese medicine, and the data basis of the National
TCM Medical Quality Monitoring Center for 10 years.

Significance of ICTM
Role and status of TCM in China’s health service: over
the long term, the service quantity of both TCM and
integrative medicine hospitals has been used as a pa-
rameter for evaluating TCM service status in China’s
health statistics. However, the biggest problem with us-
ning service quantity of institutions as statistical data is
that it does not accurately reflect the TCM service
quantity. Simultaneously, it is impossible to accurately
extract information fulfilling the requirements of
health statistics, such as morbidity of TCM disorders
and patterns and effectiveness of TCM intervention in
certain diseases. However, due to the administrative
model, general and specialized hospitals and grassroots
healthcare institutions lack unified statistics of diagno-
stic data in terms of TCM disorders and patterns and
the status of TCM services cannot be collected, which
fails to reflect the objective reality and importance of
TCM services in China’s healthcare system. Implemen-
tation of the Traditional Medicine chapter in ICD-11
should improve the current situation on inconsistent
information from TCM, integrative medicine, general
and specialized hospitals as well as grassroots healthcare
institutions. Simultaneously, sufficient data illustrating
the outstanding contribution and critical role of TCM
with Chinese characteristics in the medical and health
system should become available, which may be particu-
larly useful for exchange of health information with
other countries.
(a) Statistical completeness of TCM service. Although
TCM hospitals and TCM departments of general hos-
hitals and grassroots healthcare institutions in China
provide a large number of services, only the classification
systems and codes of western medicine can be ap-
piled to report information on medical and health sta-
tistics according to the current ICD system. Thus statis-
tical information related to TCM intervention cannot
be extracted and does not truly and objectively reflect
the TCM health service. Using the current system and
administrative model of TCM health service statistics,
the decision making role of statistical data cannot be
fully realized. Standardized, universal and comparable
data support is not available for formulating national
TCM development plans and policies.
(b) Scientific validity of statistical information on the
TCM health service. With inclusion of the ICD-11
Traditional Medicine chapter, China can make full use
of its powerful information collection and analysis abili-
ties to establish a statistical network linked to interna-
tional standards that accurately reflects the TCM
health services in the country. The functions of nation-
al health statistics could be fully utilized for TCM, en-
suring authenticity, timeliness and completeness of sta-
tistical data. Simultaneously, it is possible to systemati-
cally record, analyze, interpret and compare TCM diag-
nostic data collected from different regions at different
times, including analysis of general health status under
the TCM theory, monitoring of disease onset and prog-
ress and other health-related problems. Moreover, rely-
ing on the health statistics system of the ICD-11 Tradi-
tional Medicine chapter (currently based on Western
Medicine classification) should allow effective collec-
tion of statistical information on the TCM health ser-
vice from various medical institutions, providing a sol-
id foundation for scientific decision-making and evalu-
ation of China’s health industry, and consequently,
strong, scientific and detailed supporting data for glo-
alization of TCM.
(c) Universality of international exchange of TCM
health service statistical information. As an interna-
tional standard released by WHO, the ICD-11 Traditional
Medicine chapter should be adopted worldwide. This
step will include TCM services as part of the global
statistics on medical information and provide a stan-
ardized basis for the contribution of TCM to human
health, effectiveness evaluation as well as medical in-
surance. 13

Promotion of TCM development
On January 18, 2017, President Xi Jinping and the
WHO Director-General, Margaret Chen, witnessed
the signing of the Memorandum of Understanding on the
"One Belt, One Road" cooperation in the field of
healthcare between the Chinese government and
WHO and attended a ceremony to donate a bronze
statue featuring traditional acupuncture points to
WHO, which attracted worldwide attention. In his cer-
emonial speech, President Xi Jinping stated that "We
must inherit, develop, and make good use of tradition-
ational medicine, and promote an integration of traditional
medicine and modern medicine with an open and in-
inclusive attitude. China expects WHO to play a greater
role in promoting the revitalization of traditional medicine, making greater contributions to promoting human health and improving global health governance, and achieving Universal Health Coverage (UTC)."

Prior to the release of ICD-11, traditional medicine was excluded from the ICD system. The lack of international statistical standards not only hindered the global promotion of traditional medicine, particularly TCM, but also led to lack of statistical information regarding traditional medicine in the ICD. The "Information Island" phenomenon in traditional medicine has existed for a long time, making it impossible to validate the important role of this sector in healthcare and maintenance of human health with standardized and WHO-compliant statistical data. The Traditional Medicine chapter is established based on TCM theory, which maintains TCM disorder and pattern conditions and at the same time fully utilizes the concept and content of ICD, serving multiple purposes of full utilization of the advantages of traditional medicine, safeguarding human health and promoting the TCM industry.

Integration of traditional medicine into the medical insurance system of developed countries

Traditional medicine (represented by TCM) has progressed rapidly in recent years. Many countries contain TCM as a part of the complementary medicine structure and some have included TCM in the national or commercial medical insurance system. China is also constantly striving to promote TCM globally, with the aim of inclusion in the national healthcare or commercial insurance systems of other countries and ultimately enabling true integration into healthcare systems on a global scale. The medical insurance compensation of developed countries is widely based on ICD criteria. Therefore, development of the Traditional Medicine chapter has laid the foundation for traditional medicine to be included within the medical insurance system of developed countries. At the same time, increasing numbers of foreigners are receiving TCM services in China as the standard for overseas commercial insurance compensation, and with inclusion of domestic TCM services in outbound commercial insurance, the ICD-11 Traditional Medicine Chapter is expected to further promote the development of TCM services worldwide.

Milestones in traditional medicine globalization

In April 2018, “The 3rd WHO Editorial Working Group Meeting on ICD-11 Traditional Medicine Chapter” was held in Shanghai. The main structure and content were finalized through full discussion and negotiation by the participants in combination with comments from global peer reviewers. On June 18, 2018, WHO released a version of ICD-11 including the Traditional Medicine chapter, which will be used for implementation and marking the landing stage of ICD-11 after more than 9 years of revision. WHO anticipates that the member states can trial the traditional medicine coding system with consideration of the actual conditions of the respective countries and conduct data mapping as well as comparison studies to provide supporting data for the next step and ensure the final approval of ICD-11 in the 72nd World Health Assembly in 2019. 

TCM is an integral part of China’s medical and healthcare system. As a major region where Chinese and Western medicine coexist in the national medical and healthcare system, China has the ability and responsibility to implement trial activities of the Traditional Medicine chapter, including early data collection, reporting and analysis, providing solutions for effective implementation by WHO and other member states. This should facilitate promotion and strengthening of TCM in China, demonstrate the important contribution of TCM in safeguarding public health and provide strong support for continuous consolidation of the position of TCM in the field of traditional medicine. Inclusion of traditional medicine into the world medical and health information system represented by the ICD not only marks substantial progress in TCM standardization and globalization but also lays the foundation for the formal entry of TCM into the healthcare systems of various countries. This step advocates the expansion of TCM theory and clinical practice worldwide and promotes the transformation of TCM resources advantages into culture promotion, boosting industrial and economic development and strengthening the proper position of TCM in the field of traditional medicine worldwide. The efforts to date provide support for the “One Belt and One Road Initiative” aimed at promoting international medical cooperation and maximizing the contribution of TCM to maintenance of human health.

REFERENCES


