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Communicating a Healthier Tomorrow An Analysis of the Integrative Healthcare System in Bhutan and Patient Healthcare Seeking Patterns

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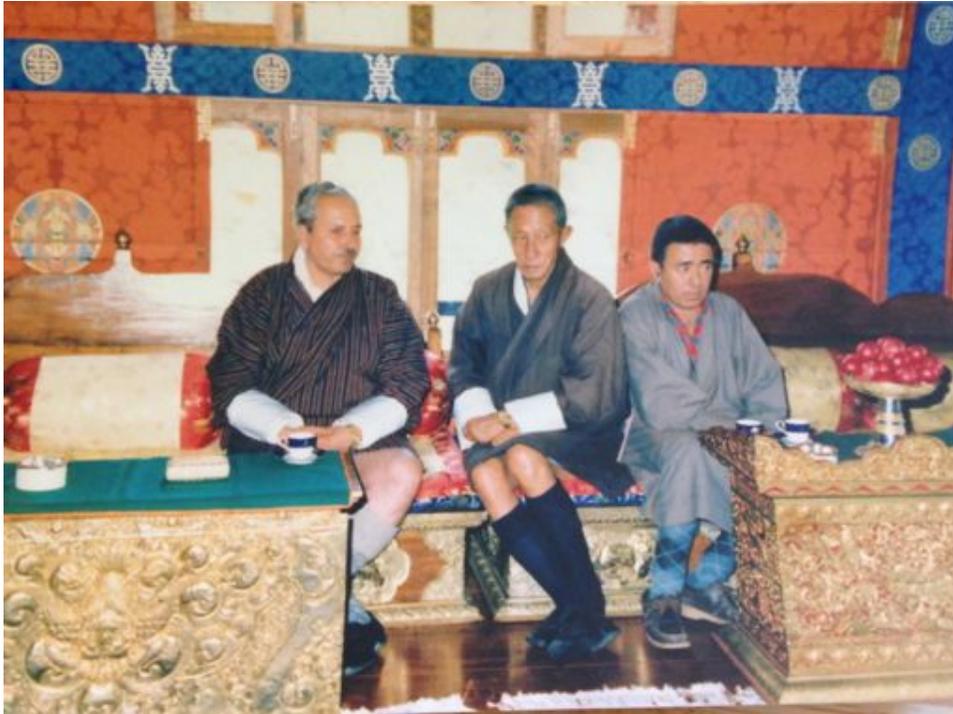
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Communicating a Healthier Tomorrow

**An Analysis of the Integrative Healthcare System in Bhutan
and Patient Healthcare Seeking Patterns**



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Abstract

Under Article 9 of the Bhutanese Constitution, all 20 districts of Bhutan have implemented the integration of both modern medicine (allopathic) with traditional medicine (sowa rigpa). They are required to provide both services to all patients, at their request, for free. This report will examine the medical structure that is in place in Bhutan. The intention is to study how Bhutan has implemented both Traditional Bhutanese Medicine with Primary Health Care series, and how this came about. This research will also examine how and why patients utilize the different health services available to them, and how they feel about the healthcare system in Bhutan. Through the use of a number of in depth interviews this research will present different opinions directly from the source of Bhutanese patients, and medical personnel. In addition, this report will examine how traditional medicine is being preserved as modern medicine continues to become more advanced. Ultimately, the hope is that this research can be useful to the country of Bhutan as they continue to improve their healthcare system.

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I cannot begin to express what an incredible and eye opening semester it has been in Nepal. My heart has truly been warmed by the people of Nepal and Bhutan, for filling my life with meaning and showing me how to see the world in such a different and beautiful way. I have never experienced such profound generosity from almost every person I have encounter and this is something I will carry with me forever. Incredible thanks are due to the NITM, RIHS and the Ministry of Health in Thimphu, Bhutan for the time they spent with me and the encouragement they gave. One person that needs to be specifically thanked is Abigail Adams, my Medical Anthropology professor at the College of Wooster, whose class in the Fall of 2012 changed my life and brought me to the topic of integrative medicine. Additionally, sincere thanks are due to Isabelle Onians my academic advisor for making me believe that anything was possible as long as I stayed positive and motivated; Tencho, Even, Rinzi, Nazneen, and Hubert for their ever willingness to help, and for their constant encouragement; to my wonderful host family for bringing me in and making me feel like I am a truly a member of their family; and to my fellow SIT students who through struggles and triumphs, laughter and tears, have given me the most incredible memories and who have become some of my best friends.

Introduction

It is well known that being healthy makes for a better quality of life, but the question is how do we go about being healthy? In this case, it is important to step away from the idea that there is a right approach and a wrong approach to health, but instead to focus on what is the most productive way of keeping people healthy. Integrative approaches which exist in many parts of the world bridge conventional medicine with complementary and alternative medicine (CAM). Integrative medicine approaches health care from multiple perspectives: from physical to emotional to spiritual well being. The main focus with integrative medicine is to look at overall quality of life as that is the most important goal. The evolution of medicine has impacted the way patients approach and receive care by creating more options for medical treatment. New forms and functions of medicine are frequently emerging and challenging the conventional healthcare systems already present. All approaches in medicine have the goal of treating illness and helping patients reach optimal health. Nado Drukpa, the Chief Planning Officer for the Ministry of Health in Bhutan shared this idea by saying “Of course the most important goal in any country is to bring about a healthy citizen and see that everybody is productive in achieving health.”¹ Yet, with a diverse array of options, the best option is not always clear. For this reason, further investigation into the components that make up an integrative healthcare system will hopefully illustrate its place in the overall healing process.

Integrative medicine aims to bridge conventional, modern medicine with complementary and alternative medicine (CAM).² Modern medicine can be identified as the bio-medical, scientific, approach to medicine with a predominant focus on the human organ and the physical dimensions of disease.³ CAM is the umbrella model for all holistic treatment styles and has gained momentum as patients desire for more control and medical options increase.⁴ The goal of IM is to

¹ Drukpa, Nado. Chief Planning Officer. Personal Interview. 28 April, 2014. Ministry of Health, Thimphu, Bhutan

² Boon, H.; Verhoef, O'Hara, D.; Findlay, B.; & Majid, N. 2004. Integrative health care: Arriving at a working definition. *Alternative Therapies in Health & Medicine*, 10(5). 48-56.

³ *ibid*

⁴ Malerba, Larry

create a “seamless system of care for patients” by effectively combining CAM and conventional medicine.⁵ This is achieved by taking mind, body, and emotions of the patient into consideration by accounting for the physical symptoms, emotional distress and aiming to improve overall functioning. The highly acclaimed M.D. of health and healing, Andrew Weil, describes the three main goals of IM, “refocus medicine on health and healing rather than on disease and treatment, to restore the doctor-patient relationship that was so eroded in the present era of for-profit medicine, and to insist that human beings are more than physical bodies.”⁶ Countries like The United States, Switzerland, and Germany are starting to catch on to the benefits of an integrated healthcare system but not all have found a way to successfully implement it in their existing healthcare systems. Bhutan seems to be an example of a country that has build a serucure system of integrative medicine, which has drawn the attention of scholars like Jonathan Tae and Robert Banks. My interest is in how Bhutan has build their healthcare system, how it is implemented and how it is regarded by citizens of Bhutan.

Medicine can be loosely defined as the science or practice of the diagnosis, treatment and prevention of disease. Through the ages, continuous efforts have been made to prevent illnesses and find cures. Over time this has lead to the formation of medical sciences. Medical sciences can be described as the process of removing pain and saving lives, and is beneficial in guiding people on lifestyle and diet choices, with the goal to bring them to a place of sound health.⁷ In the keynote address of the National Seminar on Ayurveda and Tibetan Medicine it is explained that there are two therapeutic approaches for maintaining health and longevity of life- modern science and the traditional way. The address gives an interpretation of modern medical science as “a house constructed upon the foundation of traditional medical science, just like the source of a river water that can be traced back to

2010 Green Medicine Publisher: North Atlantic Books pages

⁵ Boon, Verhoef, O’Hara, Findlay, & Majid, 2004, p. 52

⁶ Weil, A. (2000). The significance of integrative medicine for the future of medical education. *American Journal of Medicine*, 108, 441-443.

⁷ Pabitrakumar, Roy. Sowarigpa and Ayurveda: Proceedings of the National Seminar on Sowarigpa and Ayurveda Held in October 2007, Noida, India: Gopsons Papers Ltd., (2007), 4-22

Snow Mountain.”⁸ By understanding both modern science and traditional science and the place each hold in the medical community, a comprehensive evaluation can be made of the field of IM in the context of Bhutan and its value in promoting optimal health.

⁸ *ibid.*

Sowa Rigpa

gSoba-rigpa, Sowa Rigpa (SR) is known as the *Science of Healing* and is one of the oldest surviving medical traditions in the world, taught by a medicine Buddha 2,000 years ago. It is based on Buddhist philosophy and psychology. The Buddha traced the root cause of all sufferings to the concept of *Ma.rigpa* (ignorance), which conceals the mind from understanding the Law of Causality and Reality.⁹ Sowa Rigpa originated in Tibet and mirrors Tibetan medicine in many ways. It has strong influences of Ayurveda, Chinese medicine and Unani systems of healing. **So** is a transitive verb and places action on the object itself, thus **So** is the body of disease. **Sowa** represents the treatment methodology or therapeutic measures at work when the body is in a state of transformation or imbalance, and **Rigpa** is the method for understanding or seeing the reality of a phenomenon.¹⁰ Drungtso Tendrel Wangdi, Dean of Research at the National Institute for Traditional Medicine (NITM) explained to me the importance of the three humors that cause all different diseases. They are things that cannot be seen through machines and instruments but must be felt and observed.¹¹ The three humors are: bile (mKhris-pa), phlegm (Bad-kan), and wind (rLung) and when the body is in balance between these three they are healthy.¹²

In the 17th century Tenzin Drukpa, the founder of Bhutan, started to spread of teaching in Sowa Rigpa in Bhutan. This practice was based on the corpus of medical texts essentially based in recipes for medicine and housed in monasteries only accessible to educated monks who took on the role of healer and spiritual lamas.¹³ When thinking of traditional medicine in Bhutan many people attribute this to be only Sowa Rigpa, but older traditions exist which constituted the work of spirit-mediums and faith-healers like bonesetters and poison suckers.¹⁴ In an

⁹ NITM Medical Pamphlet Welcome to the Faculty of Traditional Medicine accessed April 14th 2014

¹⁰ Sowarigpa and Ayurveda, Pabitrakumar Roy, 2008

¹¹ Drungtso Tendrel Wangdi Dean of Research NITM April 17th

¹² *ibid*

¹³ Tae, Jonathan

2010 Exploring Patient Healthcare Choice in Bhutan: Biomedical and Traditional Healing Practices. Ph.D. Social Anthropology Candidate, University of Cambridge

¹⁴ Pommare, Françoise. Lecture. March, 2014. Yeedzin Guest House, Thimphu Bhutan

interview with Francoise Pommare, she discussed that the idea of poison suckers and bonesetters is something many people would not accept or associate to being part of traditional medicine, but in practice has been around for longer than some of the traditional medicine (TM) most frequently used now. Traditional medicine was further introduced as part of the national healthcare system in 1968 under the command of His late Majesty Jigme Dorji Wangchuk, the third King of Bhutan. Because of his endorsement, traditional medicine is accepted as a vital facet of the healthcare system in Bhutan as a viable alternative choice of treatment.

Thimphu, the capital city of Bhutan, houses the main center for traditional medicine, housing three departments that are all under the Institute of Traditional Medicine Services (ITSM). These are: the National Traditional Medicine Hospital (NTMH), where medical care is developed and provided, the National Institute of Traditional Medicine (NITM), where future doctors (drugtsos) are trained, and the Pharmaceutical and Research Unit, where research and manufacturing of traditional medicines is done. I was privileged to spend time NITM and NTMH working with patients, students and faculty members. I was curious to know how different members of the traditional medicine community interpret Sowa Rigpa. In talking with individuals I found many different ways of interpretation. Damchoe Wangchuk a bachelors student in his fourth year at NITM said, “Sowa Rigpa is the holistic approach of healing that doesn’t heal the disease alone, it also heals the mind and is an overall kind of treatment.”¹⁵ To the President of the University of Medical Sciences, Sowa Rigpa was not only about use of indigenous medicine such as plants and herbs, but guided in religious perspective and spiritual belief. To use SR a patient cannot take without faith, but must understand the interconnection between the body and the mind.¹⁶

¹⁵ Wangchuk, Damchoe. Student. Personal Interview. 22 April, 2014. National Institute for Traditional Medicine, Thimphu, Bhutan.

¹⁶ Tshering, Kin Zang. Interim President. Personal Interview. 21 April, 2013. University of Medical Sciences, Thimphu. Bhutan.

Patient Preferences and Utilization of Sowa Rigpa

One of the main benefits of sowa rigpa is that it has no side effects and gets at the root of the disease, but to do this it takes much longer and is often a

drawback for people who want fast results. Sowa Rigpa contains more than one thousand herbal formulas and recipes all made at the dispensary on the campus of ITMS. An important approach SR takes in diagnosis is to consider the health of the entire person and not just the individual disease.¹⁷ The main things people use TM for are chronic illnesses, like headache, stomachache, body pains and arthritis. Drungtso Tendrel Wangdi explained from his experience at Ola Thang district hospital in Paro he

sees SR best treating joint pain, hypertension, asthma and arthritis among other chronic illnesses.¹⁸ Often

patients don't go first to TM clinics but after not having success at allopathic clinics they are either referred by allopathic doctors or they go of their own volition.¹⁹



Pill capsulation at the dispensary at the Institute for Traditional Medical Services

¹⁷ Lhamo, N., Nebel, S. (2011) Perceptions and attitudes of Bhutanese people on *Sowa Rigpa*, traditional Bhutanese medicine: a preliminary study from Thimphu 7:3

¹⁸ Wangyel, Dondrup. Assistant to traditional doctor. Personal Interview. 29 April, 2014. Ola Thang District Hospital, Paro, Bhutan.

¹⁹ Wangdi, Drungtso, Tendrel. Dean of Research. Personal Interview. 17 April, 2014. National Institute for Traditional Medicine, Thimphu, Bhutan.



A patient getting gold needle acupuncture treatment at the National Traditional Medical Hospital for joint pain in her left leg

In addition to the traditional medications that are prescribed by doctors, there are a number of services provided at traditional clinics. These include, acupuncture, herbal baths, and steam therapy.

During my time spent at NITM I made observations on three separate days, April 14th, April 22nd, and April 24th to observe patient foot traffic and the services they were receiving. The waiting rooms of NTMH are located in a cube shaped pavilion outside, and patients are given a wonderful environment to wait for their doctors. The number of patients varied each day I was there, but I would say they averaged to be 30-45 a day. Most were elderly women, middle-aged men and a scattering of younger patients.

After making these observations I was ready to start talking to patients and further understand their motives behind receiving traditional care. With the help of my student translators, Ugyen Tinley and Tashi Dema, both second year bachelors degree students, we began interviewing. The main questions I asked were: why they chose to take TM, how long they had been choosing it what was their level of satisfaction with traditional care. One woman I interviewed shared with me her

feeling that the decision to use TM all depends on the individual's own constitution, and has a lot to do with spirituality. She expressed that many patients make decisions based on their spiritual belief in SR.



I approached a 72 year-old woman who was sitting alone reciting mantras with her prayer beads. She has been taking TM since the age of 32 for a variety of illnesses and is a firm believer in the benefits it provides. Despite using allopathic services in the past it never worked for her and she expressed her dislike toward it. Her faith in Buddhism is a big reason she uses TM and this has strengthened her trust in the services provided. The last thing she expressed to me was how important she felt the preservation

of TM in Bhutan is, because it is a part of the culture and religion and generations to come need to know about it.²⁰ I then spoke with a 50 year old man named Ugen Pintso who had been using modern medicine for the better part of his life. It wasn't until recently that his doctor specifically advised him to receive treatment from NTMH. As a diabetic patient he was not having much success with allopathic care, but now with TM is feeling better than ever and is quite satisfied.²¹

²⁰ Sonam, Tinley. Patient. Personal Interview. 17 April, 2014. Jigme Dorji Wangchuk National Referral Hospital, Thimphu, Bhutan.

²¹ Pintso, Ugen. Patient. Personal Interview. 18 April, 2014. National Traditional Medical Hospital, Thimphu Bhutan.

Preservation of Sowa Rigpa

Sowa Rigpa has on numerous occasions been coined a cultural heritage worth preserving.²² As modern medicine makes its way further into the Bhutanese healthcare system the question is, will SR struggle to exist? The Vice Chancellor of the Royal University of Bhutan explained that Bhutan went through a romantic phase when modern medicine was first introduced, and during this time traditional practices were looked down upon. Since then Bhutan has created a strategic approach for developing balance between the two.²³ This being said I was still curious about the different perspectives people held on the importance of preservation.

In generations to come, it will be young people who have an impact on whether or not TM continues to exist. This can only be done if young students continue studying and becoming Mempoas and Drungsoas (Doctors) and if Bhutan continues educating patients on the importance of TM. During my time at NITM I spoke with four students, Ugen Tinley, Tashi Dema, Karma Yangsom, and Damchoe Wangchuk. In our interviews they all said that the importance of preserving was one of the main reasons they chose to study at NITM. “This is the only place where we can endeavor to preserve our own system of TM and this is the only center in all of Bhutan, we have to work hard from the center itself otherwise we won’t be able to preserve our very own tradition.”²⁴ The students spoke to the fact that in the advent of modern medicine becoming advanced, patients want to go for quick treatment so they choose allopathic (AP) services. For this reason they have to work harder to preserve and educate people on the importance of the traditional system. “We are educating people of the qualities of our medicines, we are telling them that our medicines don’t use chemicals and that one medicine can have so many advantages. For example we prescribe medicine for stomach ulcer and it doesn’t just heal the ulcer it will also heal the liver and other things.”²⁵

²² Lhamo, N., Nebel, S. (2011) Perceptions and attitudes of Bhutanese people on *Sowa Rigpa*, traditional Bhutanese medicine: a preliminary study from Thimphu 7:3

²³ Vice Chancellor of the Royal University of Bhutan March

²⁴ Wangchuk, Damchoe. Student. Personal Interview. 22 April, 2014. National Institute for Traditional Medicine, Thimphu, Bhutan.

²⁵ Thinley, Ugyen. Medical Student. Personal Interview. 17 April, 2013. National Traditional Medical School, Thimphu, Bhutan.

On April 29th I took a trip to Paro to visit the Ola Thang, the district hospital where, like all other district level hospitals, TM and AP are housed under the same roof. I wanted to see if the use of TM was different in an environment other than NTMH, the center. Upon entering the clinic, I was greeted by a receptionist ready to direct me either to allopathic or traditional services. To the left was allopathic and to the right traditional. The Assistant District Health officer told me that roughly 300-400 patients come in and out each day. It only took one glance to see where the majority of those patients were going. If you looked to the left, there was a long line of patients anxiously waiting to see the allopathic doctors and to the right, no one in sight. I spoke with a patient age 47 named Dawa Tsering. Tsering had never used TM himself, the reason being he felt it was very much generational, his parents always used TM but he never had. However when I asked him about the importance of preserving TM he said, “It is very important, we are in a GNH culture and there are 4 pillars in GNH, one is preserving Bhutanese culture so naturally preserving TM should be given attention.”²⁶

When speaking with President Kin Zang Tinley at the University of Medical Sciences he expressed that the only way to preserve TM is through education and training people who can keep it alive. Despite this continued education he fears that as time passes it is hard to say if generations to come will prefer to use traditional services. “They are being brought up in this system of modern medicine and are more likely to be exposed to this. So after many generations there could be a risk of decline in popularity.”²⁷ The Medical Superintendent at the Jigme Dorji Wangchuk National Referral Hospital shared a similar opinion. His feeling was, currently TM is serving its purpose, people are using it and it is good they have that choice; in this way it is serving a purpose. This being said, he felt that if it is not being used it will die down gradually, “if we are just preserving for the sake of

²⁶ Tshering, Dawa. Patient. Personal Interview. 29 April, 2014. Ola Thang, Paro, Bhutan.

²⁷ Tshering, Kin Zang. Interim President. Personal Interview. 21 April, 2013. University of Medical Sciences, Thimphu. Bhutan.

preserving, if no one uses its services then it is just going to die down no matter how much support, I think this is the issue.”²⁸

Despite differing opinions regarding the preservation of TM, an overwhelming majority of the people I spoke with, especially patients, are happy with traditional services. With Bhutanese being of Buddhist belief one of the main reasons patients have for using TM is the merit they believe to accumulate in the process.²⁹ With SR being a facet of Bhutanese culture and tradition, the preservation will always be a topic of discussion just as any piece of culture is, but the Director General, of ITMS, Dorji Wangchuk is confident that SR is making strides in the right direction. “Because of peoples belief in Buddhism I think TM will always be popular in Bhutan.”³⁰

²⁸ Pema, Dr. Gosar. Medical Superintendent. Personal Interview. 16 April, 2014. Jigme Dorji Wangchuk National Referral Hospital, Thimphu, Bhutan.

²⁹ Wangdi, Drungtso, Tendrel. Dean of Research. Personal Interview. 17 April, 2014. National Institute for Traditional Medicine, Thimphu, Bhutan.

³⁰ Wangchuk, Dorji. Director General. Personal Interview. 10 April, 2014. National Traditional Medical School, Thimphu, Bhutan.

Allopathic Medicine

While many medical structures around the world started with modern medicine as the main system and are now starting to incorporate alternative practices; Bhutan's structure was the inverse. In the early 1960's assimilation of modern medicine began breaking new ground in Bhutan, initiated by the fourth King, His Majesty Jigme Singye Wangchuk. In order to create the modern system, a handful of Bhutanese were sent abroad for medical and nursing training. Upon their return a few medical facilities were built to house this new system. Progressively the number of health professionals and infrastructures grew. Now there are 157 medical doctors, 559 nurses and 2,451 other types of health workers, 178 primary health care centers and 30 hospitals serving patients. ³¹ The government of Bhutan also implemented a succession of 'Five Year Plans' that adopted the 'biomedical' or 'western' medical structure. Now, to support the modern medical system in Bhutan, the Department of Public Health and the Department of Medical Services operate a four-level network made up of national referral hospitals, regional referral hospitals, district hospitals and basic health units (BHU's). ³²

In the capital city of Thimphu exists the main hub for modern medical training. The modern medical university, Royal Institute of Health Sciences (RIHS) is housed in Thimphu, on the same grounds as the Jigme Dorji Wangchuk National Referral Hospital which is the main modern medical center in Bhutan. RIHS was earlier known as the health school and was established in 1974. At this time the only programs offered were a health assistance program and a basic health workers program. ³³

³¹ Dr. Chenchu Dorji

Bhutanese Health Care Reform: A Paradigm Shift in Health Care to Increase Gross National Happiness. Thimphu Bhutan.

³² Taae, Jonathan

2010 Exploring Patient Healthcare Choice in Bhutan: Biomedical and Traditional Healing Practices. Ph.D. Social Anthropology Candidate, University of Cambridge

³³ Wangmo, Diki. Dean of Academic Affairs. Personal Interview. 24 April, 2014. Royal Institute of Health Sciences, Thimphu Bhutan.

The university was very small at this time, and it wasn't until 1982 that RIHS had their first batch of diploma students, graduating in 1985.

One of my interviewees Diki Wangmo was in this first class and now serves as the Dean of Academic Affairs at RIHS. The university now consists of 400 students, and provides a physician degree, a nursing degree and 10 different technician categories students can enroll in. To expand on a more global level and increase awareness, RIHS also works in collaboration with La Trobe University in Australia where students can receive a bachelors degree. With the advancement and increasing popularity of modern medicine in Bhutan the school has recently undergone a number of renovations to fit the demand.

The future is looking bright for allopathic medicine in Bhutan. After earning a diploma, students either stay in Thimphu or are placed in district hospitals or BHU's around the country.

For the fact that modern medicine has only been part of the medical system in Bhutan since the early 1960's, it has come a long way and made a good name for itself. So much so that many Bhutanese prefer it to their own SR, but AP had to work hard for the reputation they have now. Diki Wangmo explained at first it was difficult because without the Internet or textual sources, their only resource was other people. Over the years the curriculum has been strengthened because RIHS has tried to take successful things from other countries, especially through collaboration with Australia, Thailand, and India.³⁴ Now it seems nobody struggles to understand what AP medicine is. The president of the University of Medical Sciences (UMS), the newly formed overseer of both NITM and RIHS explained modern medicine as, "The western



Diki Wangmo Holding the picture from of the first graduating batch at RIHS. She is in this picture on the far left

³⁴ibid

medicine that goes by clinical science by using technology of investigating the disease we can determine the diagnosis and all the side effects.”³⁵

Patient Preferences and Utilization of Allopathic Medicine

Just as there are patients who's preference lies with TM, an equal number of patients I spoke with had a preference for AP medicine. I was also curious to know if Bhutanese people observed there to be an overall bias for one or the other. As it turned out, when asked if people perceived there to be bias, not on a personal level, but on a societal level many answered for the side of AP. The main reason expressed was that AP is based on scientific proof, people are more trusting of it. When I asked this question to a medical student she explained that yes she felt there was a bias because as times are modernizing and people are becoming more advanced they prefer a medical system that is advanced as well. In her opinion people prefer allopathic because in TM they don't have all the machines and can only do pulse reading and urine analysis, so in this way people might not have as much faith in TM and thus prefer AP.³⁶

This preference doesn't just exist within personnel from the modern side. I interviewed another student at NITM and when I asked of his personal preference he said it was for allopathic. His reason was similar to others, that an AP diagnosis was backed by scientific evidence and equipment that patients can trust.³⁷ He did feel that if TM could adopt some of this modernization and incorporate equipment into their diagnosis then it could provide the same level of confidence as AP. Some patients I spoke with were adamantly opposed to TM and would never consider trying it. Sonam, a patient interviewed outside of (Jigme Dorji Wangchuk National Referral Hospital) JDWNRH said, “I don't like traditional medicine, I will never use it. We believe that if we take traditional medicine, doctors will advise us that we can't eat or do certain things, we have to avoid many things” Then, in response

³⁵ Tshering, Kin Zang. Interim President. Personal Interview. 21 April, 2013. University of Medical Sciences, Thimphu, Bhutan.

³⁶ Dema, Tashi. Medical Student. Personal Interview. 18 April, 2014. National Institute for Traditional Medicine, Thimphu, Bhutan.

³⁷ Thinley, Ugyen. Medical Student. Personal Interview. 17 April, 2013. National Traditional Medical School, Thimphu, Bhutan.

to the question of societal preference she felt it was about 50/50 with a good balance of both. It is hard to get an honest and definitive answer about the preference because everyone's opinions differ. Students and medical personal might see a different side of popularity than a patient who is not involved in the medical system in this same way. Nevertheless, it is easy to understand that as the country is advancing patients are also more partial to a modern structure.

Current Needs of Bhutan

While Bhutan is working in collaboration with other countries like Australia and Thailand; the thing of utmost importance is that they keep the needs of their own country as the number one priority. Diki Wangmo gave an example of the local needs, she said that in other countries nurses and midwives are separate and do two separate jobs, but in Bhutan they cannot afford to have the two separate because of a shortage in money and people, "We cannot afford to have separate because when they are posted in the district maybe there will be no deliveries and they need to utilize the role of a nurse as well, we look to the needs of our own country."³⁸

Modern times have not only had an impact on the medical system in Bhutan but also the type of diseases patients are getting. Due to the increase in cars, and desk jobs as opposed an agrarian lifestyle in the past, people are living more sedentary lifestyles and are faced with an increased amount of cardiovascular diseases. The World Health Organization has predicted that by 2020 cardiovascular diseases will rank among the top causes of shortened life expectancy.³⁹ Bhutan is aware of this and has begun educating students and patients on the ways of preventing cardiovascular diseases and improving quality of life. I took a class at RIHS and the lesson for the day was Pathology and the Cardiovascular System. The description of cardiovascular disorders given by the Director of RIHS during his lecture was "vascular disorders are responsible for

³⁸ Wangmo, Diki. Dean of Academic Affairs. Personal Interview. 24 April, 2014. Royal Institute of Health Sciences, Thimphu Bhutan.

³⁹ Dr. Chenchu Dorji
Bhutanese Health Care Reform: A Paradigm Shift in Health Care to Increase Gross National Happiness. Thimphu Bhutan.

more mortality and morbidity than any other categories of human disease.”⁴⁰ Medical professionals are aware of the rise in this type of disease pattern, and its cause and are working tirelessly to help combat it and educate patients. With an increase in the popularity of modern medicine in Bhutan, the future is looking bright but there are many things that need to be improved. The next section will describe how TM and AP are working together and where improvements can be made.

⁴⁰ Director, Sit in on class, 25 April, 2014. Royal Institute of Health Sciences, Thimphu, Bhutan.

Integrative Medicine in Bhutan

Using the two structures side by side, in a healthy and appropriate way is said to be the most successful way for people to be at their very best. By law, stated in Article 9 of the Bhutanese constitution, it is required that the Bhutanese government provide free healthcare to all citizens and that every clinic in all 20 districts provide both modern (allopathic) and traditional (sowa rigpa) medicine. Free healthcare is provided on a three-tiered level, primary, secondary, giving preventative, promotive, and curative services in 31 hospitals, 178 basic health units, and 654 outreach clinics throughout Bhutan.⁴¹ Bhutan has also made a point to maintain public healthcare, thus there are no private medical facilities, and if services are not available in Bhutan patients will be referred abroad for free to receive treatment. “One of the main goals of Bhutan is to provide free health that does not limit any services, we are sending around 1,000 people a year to India for services we cannot provide, this is around 200 million ngultrum we are spending.”

⁴² Integration is done on two levels, through the Ministry of Health, which handles both the allopathic and traditional systems, and through the University of Medical Sciences, with the goal of integration on the educational level.

The ultimate goal of the Ministry of Health is to “Build a healthy and happy nation through a dynamic professional health system, attainment of highest standards of people with the broader framework of overall national development in the spirit of social, justice, and equality.”⁴³

⁴¹ Tobgay, Tashi., Dophu, Ugen., Torres, Christina, E., Na-Bangchang, Kersara., 2011 Health and Gross National Happiness: review of current status in Bhutan. *In* Journal of Multidisciplinary Healthcare 4: 293-298. Electronic document, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3155859>, accessed April 10, 2014

⁴² Pema, Dr. Gosar. Medical Superintendent. Personal Interview. 16 April, 2014. Jigme Dorji Wangchuk National Referral Hospital, Thimphu, Bhutan.

⁴³ Bhutan Found Ministry of Health 2014 Government of Bhutan Date Accessed April 27

When visiting with the Chief Planning Officer at the Ministry of Health, he spoke a lot about the current goals that exist. The two most important things he spoke of were how to best support and advise traditional and allopathic medicine, and to bring about healthy citizens. His feeling was that in order to support those who are not well, they need to continue ensuring that their integrative healthcare system is as good as it can be.⁴⁴



Chief Planning Officer, Nado Drukpa, in his office at the Ministry of Health

The goals are similar on the education level, Kin Zan Tinley, President of UMS said, “Our universitie’s main purpose will be to promote the medical education of allopathic and traditional medicine and be a center of excellence within the country and meet the challenges of the health workforce requirement.”

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Outside the MOH and UMS others have expressed what they feel to be the most important current healthcare goals. In speaking with the Medical Superintendent at JDWNRH, he shared a number of the current goals Bhutan is working toward.

⁴⁴ Drukpa, Nado. Chief Planning Officer. Personal Interview. 28 April, 2014. Ministry of Health, Thimphu, Bhutan

⁴⁵ Tshering, Kin Zang. Interim President. Personal Interview. 21 April, 2013. University of Medical Sciences, Thimphu. Bhutan.

If you look at the government's priorities at the present moment they say as for the development plan, equitable distribution or access to healthcare of the integration to every citizen of Bhutan. The other is to provide a reasonable standard of care, and the next is we want to maintain the achievement of primary health goals like immunization, water sanitation, family planning, and mother and child health. All of these have been going on for the past two-three decades.⁴⁶

How Integration is Working

Many countries like the United States see the value in an integrative healthcare system and have tried to adopt their own models, but have not succeeded. After understanding what the government is presently working toward I was curious to know how integration is actually working. This question was one I asked to all 22 of my interviewees, consisting of patients, students, and medical personnel. The Ministry of Health continues to work tirelessly to fine tune the integration. Nado Drukpa, the Chief Planning Officer feels Bhutan is doing a good job.

Yes there could be some areas where we many need to do final touches here and there but by and large I think it is well integrated because it is under one ministry and the resources all come from the same government. Although now we have a new department being established it is not to disintegrate but basically to provide more focused organized management and that is why we have created an integrative system. For the purpose of seeing how best we can strengthen what we have in the department so it can become more focused and integrated. ⁴⁷

⁴⁶ Pema, Dr. Gosar Medical Superintendent 28 April, 2014

⁴⁷ Drukpa, Nado. Chief Planning Officer. Personal Interview. 28 April, 2014. Ministry of Health, Thimphu, Bhutan

In conversations with others working in the health sector such as Dean Drungtso Tendrel Wangdi at NITM, Dean Diki Wangmo at RIHS, Drungtso Dorji Nindup at NITM, the President of the University of Medical Sciences, and Director General Dorji Wangchuk at NITM, this feeling of satisfaction carried through. When asked how the Director General feels IM is operating he said, “Integration at the policy level is good. When we first introduced IM in 1968 as a part of the healthcare system, in terms of implementation, western doctors were skeptical because they had skepticism toward TM. Now western doctors are less skeptical so I think it is working.”⁴⁸ Diki Wangmo felt that Bhutan’s healthcare system has progressed a lot in the last few decades, especially since she was a student at RIHS in 1982. She attributes this to the fact that they didn’t have to reinvent the wheel, they were able to learn from other countries’ mistakes and take the advice from them to implement their own.

District Level Integration

When I visited Paro and went to Ola Thang hospital I was able to get a better understanding for how integration is handled. Thimphu is the main control center for the traditional and allopathic medicines and it is here that all the big decisions are made. But it is not in Thimphu that integration is at its finest, on the level of practice, “If you look in Thimphu you will see a different situation because the hospitals are in different places, but the system that is in the districts look much different there is a lot of integration.”⁴⁹ Paro is a good example of where the government’s work of integration at the district level is carried out. To better understand how integration is working visiting Ola Thang and seeing it in action was important. While at Ola Thang I spoke with Karma Chendup the Assistant District Health Officer. He explained that on the traditional side the clinic has three physicians and two assistant physicians, and on the allopathic side four doctors, and one chief medical officer. The hospital sees more than 300-400 outpatients each day and to keep up with this high demand, the hospital must

⁴⁸ Wangchuk, Dorji. Director General. Personal Interview. 10 April, 2014. National Traditional Medical School, Thimphu, Bhutan.

⁴⁹ Pema, Dr. Gosar. Medical Superintendent. Personal Interview. 16 April, 2014. Jigme Dorji Wangchuk National Referral Hospital, Thimphu, Bhutan.

educate the doctors and health officers constantly on how to best serve the patients. Right now he feels they are managing pretty well.⁵⁰

When asked about how integration is going Chendup said, “As far as my experience in the district we are working very closely and all services have integrated well. Our inter-referral system between the two sides is good and patients seem to be happy. I think allopathic is more accessed, but senior citizens seem to prefer TM.”⁵¹ In the hospital there are monthly meetings where both sides come together and can discuss how things are going, problems they have encountered during the last month, and how to solve the problems between themselves. The main challenges at the present moment are with budget allocation and manpower. Because there is less of a demand for TM there is less money allocated to this side, this also means that less manpower is available, so it is a problem Ola Thang is currently working through.⁵² As far as integration goes it seems they have a strong handle. It was helpful to visit Paro and see integration on the district level, I only wish I would have visited more district hospitals.

Everyone in Bhutan seems to agree that the idea of integration is wonderful; but as a function, many things were addressed in my interviews that suggested a need for change. The main responses from patients regarding integration were overwhelmingly positive. Regardless of their personal leaning, whether I interviewed them in the waiting room of NTMH or JDWNRH, or on completely neutral ground at a coffee shop, all patients indicated their satisfaction with the integration in Bhutan. Patients felt that the government was working hard to ensure a quality health care system for the people of Bhutan. “The government is doing a lot to improve integration in Bhutan and to develop more facilities and I am quite satisfied with it.”⁵³ When I interviewed Karma Yangsom, a student at NITM and asked if she was satisfied with the healthcare system she said, “Of course, as a country and compared to other countries, everything is free from

⁵⁰ Chendup, Karma. Assistant District Health Officer. Personal Interview. 29 April, 2014. Ola Thang District Hospital, Paro, Bhutan.

⁵¹ *ibid*

⁵² *ibid*

⁵³ Thinley, Ugyen. Medical Student. Personal Interview. 17 April, 2013. National Traditional Medical School, Thimphu, Bhutan.

diagnosing until treatment, and on top the Bhutan government is giving more emphasis on improving the hospitals so most of the Bhutanese I would say are satisfied.”⁵⁴ It is difficult to have overall satisfaction with any system, so the fact that Bhutan has done so well is admirable. Regardless there will always be dissatisfaction, and this side was also given to me in interviews.

Problems Regarding Integration

Aside from the concern that allopathic medicine will continue to overshadow traditional to the point of extinction, other problems were expressed during my research. There is no question that working between two structures would be difficult at times, especially for the doctors who are trying to do what is best for patients. If a doctor feels their services cannot treat their patient they must direct them to other services that will work better, but sometimes this is not done appropriately. When I asked Drungtso Tendrel Wangdi of his opinion on integrative healthcare in Bhutan he said very frankly, “I worked on the district level, in the same building and same management with the allopathic system and so often there was a problem of ego. They didn’t want to refer patients sometimes because they don’t think traditional medicine is professional enough. Integration is equally recognized by the government of Bhutan but in practicality it cannot go well until the problem of the doctors ego is handled.”⁵⁵ This same problem with the ego was brought up in an interview with Damchoe Wangchuk, an NITM student. He explained that at the district level there are some conflicts because the ego gets in the way and modern doctors will say their system is the best and traditional doctors will also say theirs is the best and they cannot agree. “The main goal is to help the patient and I think we need not fight for that because the royal government is giving equal recognition so there is no need to fight. The integration itself is good, but we need to work hand in hand to serve the patients and if the ego

⁵⁴ Yangsom, Karma. Student. Personal Interview. 22 April, 2014. National Institute for Traditional Medicine, Thimphu, Bhutan.

⁵⁵ Wangdi, Drungtso, Tendrel. Dean of Research. Personal Interview. 17 April, 2014. National Institute for Traditional Medicine, Thimphu, Bhutan.

clash continues there is no scope of development.”⁵⁶ Both respondents said it was important to note that this is not the case with all doctors or practitioners it is just some. That is human nature and bound to happen when working between two separate systems, the end goal is to work toward what is best for the patient.

Another issue with the integration is something Dr. Gosar Pema, the Medical Superintendent at JDWNRH likes to call *Buffet Syndrome*. Being given so many options can often be overwhelming and trying to decide on the right treatment is a big decision. Rushing into anything without fully weighing the options may prevent a patient from choosing the best course, and nobody wants to be rushed when it comes to health. When in Thimphu, patients are more likely to stick to the treatment they are given by the facility they go to, because NITM and JDWNRH are farther apart from one another. Unless something really isn't working at the facility, either modern or traditional, patients are satisfied with what they received. The problem of the buffet syndrome occurs at the district level when two options are provided under one roof.

One day people will go to the traditional doctor and see what they have to offer, but some don't wait and let the effect of the drug take place they want today and tomorrow cure and if it is not working they will go to the other side too soon. This is because people don't have to pay out of their own pocket. If you pay for 5 to 7 day course of medicine from your own pocket you will take the whole thing, but if it is free patients say 'oh why wait for this to work, I will try the other one now'⁵⁷

⁵⁶ Wangchuk, Damchoe. Student. Personal Interview. 22 April, 2014. National Institute for Traditional Medicine, Thimphu, Bhutan.

⁵⁷ Pema, Dr. Gosar. Medical Superintendent. Personal Interview. 16 April, 2014. Jigme Dorji Wangchuk National Referral Hospital, Thimphu, Bhutan.

Doctor Patient Relationship

The relationship a patient has with their doctor and the trust they instill in them can greatly influence their treatment process and medical satisfaction. I was interested in understanding the doctor patient relationship in an integrated health care system and if it differs between traditional and alternative. Tashi Dema, a student at NITM explained that, as a patient the relationship she has with traditional doctors is much different than with allopathic. She is unhappy with the treatment she receives from allopathic doctors. “The clinics are always crowded and as soon as a patient gets the chance to go in they just sit in front of the doctor and the doctor, quickly without really checking will write the prescription and they are done.”⁵⁸ She is afraid that the diagnosis is not done properly and there is never enough time given. She explained that in traditional medicine it is not like this. As soon as the patient goes into the doctor’s office they start causally talking, because it is not good to do the pulse reading right away. The doctor waits until the patient is calm, and does nothing in haste. The doctor is calmly sitting there and casually talking to the patient and as he does this he is diagnosing simply by talking. They will ask, what did you eat, what did you do today, how is your behavior, then he will do the pulse reading and he will take each pulse for five minutes. After diagnosing he will give the patient a prescription and tells the patient to check back in a week to insure things are working.⁵⁹ Dema noted this is not the case for all allopathic doctors, some are doing a good job but maybe 80% are like this. The main reason is because of too many patients and not enough time. There are far fewer patients who go for traditional services each day than allopathic so the doctors have a lot of pressure to serve patients. Regardless, this complaint was presented by a good majority of the patients and students I interviewed.

One day I was rushing out of a cafe, trying to put on my kira for an interview I had with the President at UMS, and struggling to do so, when a very kind woman offered to help. After strapping on my kira, we started talking about the research I was doing and she offered some opinions of her own. She was a very eloquent and

⁵⁸ Dema, Tashi. Medical Student. Personal Interview. 18 April, 2014. National Institute for Traditional Medicine, Thimphu, Bhutan.

⁵⁹ *ibid*

outspoken Bhutanese woman, and was definitely not shy in voicing her opinions about the health care system. When I asked if she was happy with the healthcare system she responded ‘no not really.’ She elaborated by saying that all the hospital workers, especially doctors are overworked and overstressed. Initially things worked well, on the district level they are under the same roof and it was great, but then it started getting too busy and doctors started prescribing too quickly.⁶⁰ There is now too much demand in the healthcare system. Her feeling is that it’s all about trying to find balance, and the suggestion she offered for this is privatization. This is something she felt would be highly beneficial because those who can afford private care would go to the private clinics, and this would make room for others at the public clinics.⁶¹ Dawa Tsering, a patient at the Paro Ola Thang hospital echoed this idea. His complaint about the way things are currently run was the same as others. That there is a shortage of doctors, which means there is no time for thorough check ups, the treatment is very poor and the patients are losing trust in the care they are receiving. “I think we should privatize because if we do that, if you pay you get better treatment and if people are willing to pay I think they will get better services.”⁶²

Privatization

The idea to privatize is gaining momentum in Bhutan as a foreseeable option for the future of health care. An article was published in the local newspaper on April 25th titled Bhutan might have to reform healthcare in 5-10 years by Kinga Dema, and one of the main topics was privatization. The article said that, with people’s demand for sophisticated medical care bound to increase and health care services of the government not being responsive enough, patients might prefer to go to private providers where more personal attention is given.⁶³ Additionally, an online document titled *Need for Private Health Care in Bhutan*

⁶⁰ Kesang, Patient. Personal Interview. 21 April, 2014. Art Café, Thimphu, Bhutan.

⁶¹ ibid

⁶² Tshering, Dawa. Patient. Personal Interview. 29 April, 2014. Ola Thang, Paro, Bhutan.

⁶³ Dema, Kinga

2014 Bhutan might have to reform healthcare in 5-10 years. Kuensel That The People Shall Be Informed, April 25, 2014

written by Karma Pem Wangdi was posted on February 1, 2013. The author wrote, “In modern times it seems that money determines access to better healthcare services all over the world as people have started preferring private health services. In Bhutan too it’s no different.”⁶⁴ The wonderful thing about Bhutan is that they have been able to provide free healthcare to all their citizens for decades, but the question many are asking is how long can Bhutan continue to be a welfare state, providing free health services to its people.⁶⁵ Bhutan is facing a situation where as time goes on, their population will increase and the demand will be heavier. Despite some advantages to a privatized healthcare system such as relieving overworked doctors, and being able to provide more adequate medical facilities; a major concern is that it will create unequal access between rich and poor and the public health sector will then lose good doctors.

While patients seem to be latching on to the idea of privatization very quickly, medical personnel are wary. Director General Dorji Wangchuk explained that there is no private practice currently allowed in Bhutan because of limited resources and limited doctors. If Bhutan allows private practice all the doctors will leave the hospitals and this is a major concern.⁶⁶ The Chief Planning Officer at the Ministry of Health had a lot to say on the issue. He explained that people’s expectations are continuing to grow and the demand continues to grow as well, “this is not happening slowly but it is galloping, to an extent that if it becomes severe then of course the government has to think of alternatives.”⁶⁷ When I addressed the article in the newspaper he continued to explain that the most important thing is to carry out a sustainable healthcare plan and unless they come up with other options, privatization might be the only course of action. The Ministry of Health is not trying to stop privatization; it is merely a matter of time as

⁶⁴ Future Challenges

2013 The Need for Private Health Care in Bhutan In sickness and in health
<https://futurechallenges.org/local/a-need-for-private-health-care-in-bhutan>,
accessed April 19 2014.

⁶⁵ *ibid*

⁶⁶ Wangchuk, Dorji. Director General. Personal Interview. 10 April, 2014. National Traditional Medical School, Thimphu, Bhutan.

⁶⁷ Drukpa, Nado. Chief Planning Officer. Personal Interview. 28 April, 2014. Ministry of Health, Thimphu, Bhutan

he explained.⁶⁸ While deciding about whether or not to privatize they have examined how it works in other countries and he felt what they have seen is not encouraging. It often creates a gap between the 'haves and not haves' and this is something they are trying to carefully deter from happening.

What is most important is we have to think of the best interest of the larger group than the few, when you privatize you have to think of who will benefit, the ones who are capable of paying for private care are usually not the ones who are needing it the most. It is the poor people who really need medical services and they will not be able to afford privatized care. We also want to avoid creating a divide between the rich and the poor. Equality is something Bhutan prides ourselves on. We do not want to ruin this.⁶⁹

There are many decisions to be made by the Ministry of Health in the near future. The most important thing is that decisions are being made for the best interest of the citizens of Bhutan. At a recent conference on Advancing Universal Health Coverage in Paro on April 23, 2014, the main focus was on figuring out how to provide Bhutanese with the services they need in a way that doesn't push them into poverty.⁷⁰ Bhutan's head is definitely in the game and working toward the right goals. Forward thinking is something they should be applauded for because even with an already admirable healthcare system, they are always looking for ways to improve.

⁶⁸ *ibid*

⁶⁹ *ibid*

⁷⁰ Sero, World Health Organization

2014 Bhutan has brought health and well-being to center stage of development
http://www.searo.who.int/bhutan/universal_health_coverage/en, accessed April 25, 2014.

to center stage for development April 23 2014

Looking to the Future

“For the future I think we need to keep in mind that maybe one way of working is not going to be the answer for all times to come, so we have to keep an open mind and be aware of what is coming. At the same time when we design things we have to be realistic of what we have in the country and then plan for whatever resources are available to us.”⁷¹ In an interview with Diki Wangmo, she explained where she feels healthcare in Bhutan is headed, and what people should be looking out for. She also said that for the reasons given, this is why the integrative approach is good, because if Bhutan tried to have the different services in isolation it would create constraint. At the Ministry of Health the main things the Chief Planning Officer mentioned when looking to the future were the following priorities: whether through traditional or through allopathic medicine focus should be placed on providing education to the people; providing health messages about the good and healthy habits; and seeing to it that there is a positive change in the behavior and lifestyle. He felt this will have a direct bearing on the longevity of life. The life expectancy of Bhutan is about 66-67 and the Ministry of Health would like to see this raised in the future.⁷²

Lifestyle related illnesses and quality of life in general were two things brought up in a number of interviews. In the past life was much more simple. There were no cars so people walked wherever they needed to go, even if it was a two-day hike over a mountain. The main occupation for Bhutanese was farming, so people spent their days actively working. Now, people drive everywhere, spend hours at a desk job and come home later, leaving no time for exercise. In the last few decades Bhutan has seen a changing disease pattern. Diseases like high blood pressure and diabetes are seen often due to the more sedentary lifestyles. Diki Wangmo also spoke to the change in lifestyle of Bhutanese, and this having a direct bearing on the new diseases cropping up. The focus is now on trying to prevent conditions such as hypertension, and other illnesses more often seen in western

⁷¹ Wangmo, Diki. Dean of Academic Affairs. Personal Interview. 24 April, 2014. Royal Institute of Health Sciences, Thimphu Bhutan.

⁷² Drukpa, Nado. Chief Planning Officer. Personal Interview. 28 April, 2014. Ministry of Health, Thimphu, Bhutan

countries. On both the ministry and education levels, Bhutan is working to provide free services to people whose job is such that they are not able to go in for routine checkups where they do body-mass-index (BMI) tests and heart rate monitoring. For these busy people the Royal Institute of Health Science (RIHS) students also go to offices, the farmers market and to the clock tower located in the center of Thimphu, and monitor peoples' blood pressure and keep tabs on their weight.⁷³ Additionally RIHS specifically is promoting exercise and is going to start providing and promoting things like yoga classes, chi gong, and organized walks, to get people in Thimphu out and exercising. Diki Wangmo did note that she could only speak for Thimphu, as she has no control of what is done on the district level. At least it is a start and hopefully the good model will make its way through Bhutan. ⁷⁴

For how recently the allopathic system of medicine was introduced to Bhutan, it has come a long way and done a number of positive things for the healthcare system. Aside from a few patients I spoke with who had never used allopathic medicine, the responses I got from people regarding their opinion of allopathic medicine were positive. The diagnosis process is something that patients feel they can trust because of the technology involved and the fact that the machines can show the whole body, and patients appreciate this.⁷⁵ Looking to the future the main improvement that needs to be made is in interactions with doctors and time spent with doctors. Many of the concerns have already been addressed, but an additional factor mentioned by two patients was some corruption perpetrated on the allopathic side. The patients shared with me that sometimes a person could wait 1-2 hours and not be treated, but if you are a friend or relative of the doctor you are seen right away. "There is a difference with traditional and allopathic doctors. In allopathic, if you are a friend or family of the doctor you are given priority and if you are poor you are not treated quickly and have to wait

⁷³ Wangmo, Diki. Dean of Academic Affairs. Personal Interview. 24 April, 2014. Royal Institute of Health Sciences, Thimphu Bhutan.

⁷⁴ *ibid*

⁷⁵ Dema, Tashi. Medical Student. Personal Interview. 18 April, 2014. National Institute for Traditional Medicine, Thimphu, Bhutan.

awhile.”⁷⁶ There were no other pressing matters raised by patients, students, or medical personal, when looking to the future of the allopathic side. Tight time frames and doctor attentiveness seem to be the main concerns and are key areas of concern which the Ministry of Health is working to improve.

While the main problem seen on the allopathic side was the amount of time available for each patient and the increasing number of patients, the traditional medicine sector has nothing but time. On the other hand, technology and modernization are areas currently lacking in TM. Many people feel that if TM could work toward modernizing more this would be in their best interest and could help increase trust and popularity amongst the Bhutanese. Tashi Dema, a student at NITM offered a suggestion to TM.

With the advancement of the time traditional medicine should step into modernization and not remain like it was in older days without any machines. I think it will be better if we get along with the allopathic side and all the diagnosis should be done from allopathic and the medicines should be taken from traditional medicine.⁷⁷

⁷⁶ Leki. Patient. Personal Interview. 22 April, 2014. National Traditional Medical Hospital, Thimphu, Bhutan.

⁷⁷ Tashi Dema NITM Student April 18th

The new facility for the National Traditional Medical Hospital



Modernizing traditional medicine to keep up with allopathic medicine is something a number of people agree with, and the Institute of Traditional Medical Services is currently building a beautiful new hospital to fit the growing request. The hope is that this building can incorporate technology like blood pressure monitors and other smaller scale machines that will still fit into their personal mission and framework.⁷⁸

⁷⁸ Wangdi, Drungtso, Tendrel. Dean of Research. Personal Interview. 17 April, 2014. National Institute for Traditional Medicine, Thimphu, Bhutan.

One last thing student Damchoe Wangchuk mentioned as a major improvement on the traditional side was that instead of just learning theory from texts he would like to see more hands on learning that actually incorporates the anatomy of the human body. An anatomical course would provide students at NITM with an understanding of practical use, so even if they don't perform operations they still know what is inside the human body, instead of just learning about the human body from theory based studies.



Damchoe Wangchuk, NITM Bachelors Student

Conclusion

As soon as a system is put in place, people will begin to find problems with it, and things that need to be improved. The integrative healthcare system in Bhutan is just like any other system around the world, constantly under a microscope and in the process of critiquing and fine-tuning. After a month of non-stop research I have come to know the healthcare system of Bhutan enough to know that regardless of the improvements that need to be made, I am thoroughly impressed. Fitting to the Bhutanese culture, every time I spoke with someone, especially those higher up in the medical community, they apologized for their poor quality of healthcare in Bhutan, saying that they were sure the United States must be better. It was all I could do to stifle my laughter as I tried to explain just how wonderful their own system was. Being able to provide two strong options to all citizens of a country, for free, is admirable. Bhutan should be nothing but pleased with the system they have in place, and it is all thanks to the fourth king, His Majesty Jigme Singye Wangchuk and the citizens of Bhutan, who work tirelessly to make it run the way it does.

Methodology

The research for this project was conducted over a period of four weeks beginning April 6th, 2007 and concluding on May 5th in the community of Thimphu, Bhutan. The majority of my research was conducted through 22 formal and informal interviews with patients, students, doctors, and medical personal at various medical facilities and other locations around Thimphu and Paro. The main topics I set out to research were how the integrative healthcare system came about in Bhutan, how it is working now, and how and why people use it; related to and benefit from the integrated public healthcare that endorses the two types of medicine in Bhutan. I spent time studying at the National Institute for Traditional Medicine and the Royal Institute of Health Sciences, where I sat in on classes and observed appointments at the traditional hospital. I also took a day trip to Paro where I spent time at Ola Thang, the district hospital. My findings were significant, and produced more opinions and helpful information than I ever thought I would find.

Additional Comments

Before setting out on my ISP I was under the impression that most people in the country of Bhutan were fairly satisfied with the healthcare system in place. Although, my findings suggested that many are satisfied, many complaints were also presented to me, with things like lack of time and attention, corruption and inadequate services. I was thankful that patients were so honest and open with me about their feelings, and I feel that if used properly, my study can act as a guide for productively improving their healthcare system in the future. I was nothing but impressed with the work the Ministry of Health, the University of Health Sciences, and others are doing to secure the best system of care for their citizens. It is my hope that one day I could work with them again, and through the connections I made while on ISP, I think this might be possible.

Appendices

Appendix A- Glossary of Terms and Acronyms

AP- Allopathic Medicine

CAM- Complimentary and Alternative Medicine

IM- Integrative Medicine

ITSM- Institute of Traditional Medicine Services

NITM- National Institute for Traditional Medicine

NTMH- National Traditional Medical Hospital

RIHS- Royal Institute of Health Sciences

SR- Sowa Rigpa

TM- Traditional Medicine

UMS- University of Medical Sciences

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Suggestions for Future Research

The Ministry of Health has many big decisions to make in the near future relating to whether they should privatize or not. As time passes it will be interesting to see how things progress, especially regarding how traditional medicine will fare as allopathic medicine continues to advance in Bhutan. For the future I think for the future it seems that Bhutan needs to keep looking out for the best interesting of their patients, and letting their voices be heard. For the purpose of this research I think a more in depth study project needs to be done on patient perspectives, preferences and utilization of the healthcare system. I was only able to do my study in Thimphu, and a brief stint in Paro, but I think visiting more of the district hospitals and basic health unities to see how patients and doctors feel there would be important. There is always more that can be done, but given the amount of time for this research project I feel the amount of information gathered was wonderful.



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