

of English fluency are accommodated in more limited or temporary ways, both through the registration process and in clinical practice. Across several jurisdictions, the question of regulatory language requirements has proven contentious, in some cases leading to practitioner protests and court cases. Advocates of 'English-only' policies argue that these are necessary to protect public safety and facilitate TEAA's integration into mainstream health care. Detractors emphasize Chinese languages' paradigmatic significance for TEAA and contest language-related safety concerns. They further characterize English-only policies as discriminating against highly-trained immigrant practitioners with limited English fluency, while compromising delivery of culturally-appropriate care within East Asian immigrant communities underserved by mainstream medicine.

**Conclusion:** This regulatory language tension speaks broadly to the multiple challenges faced within North American TEAA practitioner communities, which face overlapping sociocultural marginalities. Practitioners simultaneously seek increased legitimating within dominant health care frameworks while aiming to preserve their practices' cultural and therapeutic integrity: objectives difficult to reconcile within liberal democratic regulatory frameworks.

**Contact:** Nadine Ijaz, [nadine.ijaz@mail.utoronto.ca](mailto:nadine.ijaz@mail.utoronto.ca)

<http://dx.doi.org/10.1016/j.imr.2015.04.217>

P4.015

### Medical Pluralism in Three East-Asian Countries



Jae-Mahn Shim<sup>1</sup>, Eunjung Shin<sup>2</sup>

<sup>1</sup> University of Seoul

<sup>2</sup> Science and Technology Policy Institute (STePI)

**Purpose:** To investigate how different institutional settings shape individuals behaviors in health management under medical pluralism.

**Methods:** A quantitative analysis of a cross-national survey that is conducted in China, Korea, and Japan

**Results:** Users of Oriental Medicine (OM) in the three East-Asian countries use OM concurrently with biomedicine, unlike those in some Western countries. In addition, there are cross-national differences between the three countries. People in China and Korea are more likely to use OM concurrently with biomedicine, compared to those in Japan.

**Conclusion:** The result suggests that the different manners of institutionalizing OM in relation to biomedicine (i.e. unification in China, equalization in Korea, and subjugation in Japan) have impacts on the degrees to which people use OM concurrently with biomedicine.

**Contact:** Jae-Mahn Shim, [jaemahn.shim@gmail.com](mailto:jaemahn.shim@gmail.com)

<http://dx.doi.org/10.1016/j.imr.2015.04.218>

P4.016

### Interprofessional collaboration and decision making for integrative medicine: Insights into the role of the integrative medical specialist



Dal-Seok Oh<sup>1</sup>, Gunhyuk Park<sup>1</sup>, Songie Choi<sup>1</sup>, Hyunjung Park<sup>1</sup>, Jae Won Bae<sup>2</sup>

<sup>1</sup> Korea Institute of Oriental Medicine

<sup>2</sup> Medisky Integrative Medicine Clinic

**Purpose:** Complementary and alternative medicine has been incorporated into conventional medicine. This consilience seems to be related with integrative medicine (IM), and the presence of IM was spotlighted due to its potential to change medical paradigms. However, it is not clear whether overall fundamental including decision making have been introduced or not. We hypothesized that a role of key player, integrative medical specialist (IMS) has basic solutions regarding IM fundamental. The purpose of the present review is to propose the roles of IMS: the qualification (Who), the independent environment (Where), the job motive (Why), the job object (What), the appropriate time (When), and the platform (How).

**Methods:** We classified the domains of IMS's role according to five Ws and one H approach, then, divided the levels as three (theme, key word, pursuing value). And we had series of group interviews of double licensed doctors and filtered out their duplicates. We drafted the version of the theme, the key word, and the pursuing value according to five Ws and one H.

**Results:** The qualification was that IMS should be an intersection between each professional to perform efficient decision making. Independent environment implied the comprehensive communications to selectively adopt therapies. Why IMS plays was the motivation for convergence medicine. The mission was pursuing dialectic consilience of the merits of each medicine. The appropriate time should be a critical point for IMS to participate in decision making. The platform could be initiated based on protocols which would be developed as collaboration standard.

**Conclusion:** We firstly proposed the roles of IMS. That situation will provide conventional medical physician to have the more knowledge, the sensitive skill and the positive attitude towards IM. It will also optimize patients' parsimonious participation in IM services. Further validation studies are needed to elucidate the role of IMS.

**Contact:** Dal-Seok Oh, [dsoh@kiom.re.kr](mailto:dsoh@kiom.re.kr)

<http://dx.doi.org/10.1016/j.imr.2015.04.219>