

“There Is Always a Teacher Among Them”: Reflections From an American Medical Student on Time Spent With Medical Providers in the United States, China, and Vietnam

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Abstract

There is a famous Chinese saying by Confucius that goes “With three men walking, there is always a teacher among them.” In this narrative essay, I recount the story of how curiosity led me to find lessons about medicine from research on complementary and alternative medicine and medical service experiences in the “three men walking” of China, Vietnam, and the United States. As we visit the many teachers I had along the way, we will draw out various lessons from each experience and reflect on the value in experiencing cross-cultural medicine as a medical provider-in-training, with the hope that it will inspire other aspiring healers to cultivate their own curiosity. Travel with me from a bench outside a traditional Chinese medicine clinic in Beijing to orphanages in Vietnam and unearth what the “three men walking” of the United States, China, and Vietnam have to teach us.

Keywords

China, medical education, medical service, traditional Chinese medicine, Vietnam

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Introduction: Your Back Pain, Your Tongue, and You

In my junior year of college, I found myself traveling to China as part of a history class focused on national identity and ethnicity in China, experiencing the staggering spectrum of life there, from the towering skyscrapers of Beijing and Shanghai to the rural farming areas of Yunnan province in Southwestern China. At the time, I was considering a career in medicine but was also completing my Asian studies major and looking to challenge myself in more ways than just science by taking Mandarin and philosophy classes to satisfy my curiosity. Eventually, this ceaseless curiosity brought me all the way to a traditional Chinese medicine (TCM) clinic in China, accompanying another curious classmate who wished to be seen for her back pain. As I left the examination room to give her some privacy, I remember sitting down on the bench outside and thinking to myself: did that doctor just say it’s time to examine your tongue?

Years later, I am returning home from a summer excursion to Southeast Asia with seven of my medical

school classmates, having engaged in five weeks of medical volunteer work with local orphanages as well as in clinics and hospitals. Since that first time in China, I had completed a research project about the presence and practice of TCM in Minnesota, traveled back to China for a summer program at the Yunnan Provincial Traditional Chinese Medicine Hospital in Kunming, and made it to medical school where I participated in a student-led club in which nearly a third of my medical school classmates spend the summer abroad to serve on medical missions across the world. As I leaned back into my surprisingly comfortable seat on the long plane ride home (five weeks of rock-solid beds will do that to you), a thought came to me: how fortunate have we been to have been able to travel far and wide to gain perspective

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on the cross-cultural aspects of medicine, and how many others out there might be curious about what we learned?

And so that brings us to this narrative essay: I hope to share a few stories from my travels as well as hopefully provide some insight into the wonderfully complex world of cross-cultural medicine and medical service that may inspire others to find ways to engage with this challenging, yet ultimately very rewarding area. As a famous Chinese saying penned by Confucius goes: “三人行，必有我师”，roughly translated to “With three men walking together, there is always a teacher among them”¹—essentially that there is always something to learn from everyone. So let us visit with the “three men walking” of the United States, China, and Vietnam and see what lessons they have to teach us.

Exploring Medicine in the United States

One thing that struck me almost immediately in my early exploration of the Chinese and American medical systems is how much more visible TCM is in China than comparable traditions in America such as homeopathy. However, after reading Arthur Kleinman’s famous essay on medical anthropology,² I soon came to realize how this is a common perceptive fallacy committed by the human mind: the idea that others’ culture controls them while our own is reined in like a dog in a kennel, only ever so often released on days like Christmas and Halloween. Kleinman stresses the pervasiveness of our own biomedical culture in Western medicine, stretching back to its roots in the Judeo-Christian emphasis on a monolithic singular truth, most visible in religious views about God but more applicable to the medical arena in the way that we search for and often demand a singular diagnosis or a singular active ingredient. As Dr Ted Kaptchuk put it in *The Web That Has No Weaver*, “our medicine parallels our society.”³

What becomes very interesting is the way in which we encounter and absorb new cultural ideas into our own framework, for example, how complementary and alternative medicine (CAM) providers in the United States utilize TCM or Ayurvedic techniques and ideas while also finding room to include Christianity. I first experienced this when I met with acupuncturists in Minnesota and they spoke of both their original desire to become TCM providers as well as the true benefits TCM brings through a spiritual lens, often referencing Christian ideas such as a divine plan or heaven. It seemed that many people were seeking out CAM due to its willingness to address the spiritual and existential aspects of health and healing, something for which biomedicine struggles to find a biological counterpart.

Lesson number one had been imparted from our first “man walking”: our culture plays a significant role

in our understanding of our world and medicine in particular, and something spiritual seemed to be missing from our dominant biomedical model.

Exploring Medicine in China

Following graduation, I completed my medical school applications and, with a day or two to spare, I boarded a plane bound for China for a second time—this time with a distinctly medical focus. I was to participate in a program sponsored by the Yunnan Provincial Traditional Chinese Medicine Hospital in Kunming, attending lectures on TCM and the Chinese health-care system, shadowing doctors at the hospital, and exploring the rural parts of Yunnan province on a 10-day excursion. While in the small city of Shaaxi, I learned another valuable lesson about the importance of culture in medicine while speaking to a doctor at the local hospital. I was asking him about TCM and he spoke highly of it, as most in China will do since it carries a tremendous cultural legacy there, and he mentioned they had a TCM department there at the hospital. However, when we walked over to it, it was what can only be described as a “ghost town”—not one person was there! As it turns out, most of the local population elects to see their traditional Bai ethnic herbalist, who utilizes TCM as well as the traditional herbs of the local Bai minority population. Now why would this be, I thought?

In the most recent World Health Organization global initiative on traditional medicines, Director Dr Margaret Chan noted that traditional medicines boast of popularity and often success worldwide largely due to being “culturally acceptable and trusted.”⁴ At first, this point seemed obvious to me, but as I reflected more on the Bai herbalist—and learned about the struggles of poor doctor–patient relationships through experiencing our own medical system—I began to realize just how important being able to build trust in medicine was, and how much of a role culture had to play in it.

Lesson number five had presented itself: not only is culture important in our understandings of health and healing, but it also plays a large role in the trust between the healer and the to-be-healed, and this is something we need to practice.

Exploring Medicine in Vietnam

My first year of medical school came and went, flying by through a flurry of anatomy and molecular biology gradually filling my brain in many long nights at my desk, pushing out memories of Chinese history and philosophical principles gained from reading Dostoevsky in college. I found myself looking to the future to my planned adventure to Southeast Asia with seven of my

classmates and kept myself inspired through a smattering of volunteer activities, the occasional visit to the hospital or clinic, or powerful presentations from patients afflicted by a rare disease or cancer that helped ground me and my classmates in the humanity of medicine. In preparation for our trips, my classmates and I spent a number of lunch periods engaging in reflection and discussion on the value of medical service work abroad. As mere first-year medical students, we realized that there was not much we could really “do” in the medical context for the communities we were to be serving past vision screenings and delivering medical supplies, but there was still something more there beyond the obvious experience in cross-cultural medicine and the modest gains by the community. The answers that seemed to be given by many who had gone on similar experiences was a mutual deepening of our sense of empathy through building what is termed by some as “solidarity.”

At first, I had a hard time wrapping my mind around what this meant, and in retrospect, now I realize I could not ever truly obtain a good understanding of this until after our trip. In his 2010 book *Tattoos on the Heart*, Greg Boyle, a Jesuit who works in gang rehabilitation in the Los Angeles area, describes the idea behind solidarity as “not serving the other, but being one with the other.”⁵ Through engaging in activities and spending time with those who speak a different language from you or come from a radically different cultural background, you just might come to a mutual realization of our shared humanity—the realization that “hey, you and I, we ain’t so different.” There’s something about building friendships with children from impoverished families in Vietnam to where you are called “brother” to give you a feeling as if you are truly part of a big human family.

And so the third “walking man” imparted the third lesson: not only is it important to encounter and study other cultures for reasons mentioned above, but it is also critical to build relationships with those who live these cultures out to best come to an understanding of our shared humanity.

Conclusion

My hope is that with these stories, readers can come to recognize the value of studying culture in the medical context and encouraging curiosity among our providers-in-training. Cultural traditions often carry many burdens but let those not block out our appreciation for the value that lies within an understanding of culture in medicine, the trust between provider and patient, and the lifelong impact of building relationships with those from radically different walks of life in solidarity. Perhaps someday, we will see culturally aware

and passionate people with a knack for empathy become the norm for the world’s healers—in my mind, it starts with inspiring the curiosity to explore the world as well as allowing us time to build solidarity between those we perceive so different from ourselves.

The popular Bai herbalist from rural China left me with the following words which I will now pass on: “what the world needs is not more doctor robots, but doctors with creative spirits.” Let us hope we can continue to be brave enough to encourage cultivation of these spirits, so that when we are confronted with the urge to gawk at the seeming absurdity of examining the tongue in the context of back pain, we instead will think: perhaps there is a teacher for me among them.

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