



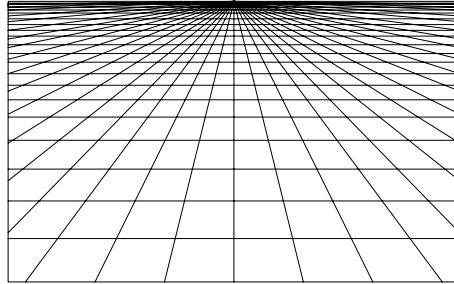
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## **Negotiations on a Profession - Acupuncture in Norway**

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2004 - 2005

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**Keywords: acupuncture, professions, science, medicine, expertise**

## **Abstract**

The thesis discusses professionalization processes of acupuncture in Norway, and the negotiations on acupuncture that these processes involve. The implicit perspective of the study is that of jurisdictional disputes within a system of professions. In order to understand professionalization of acupuncture the thesis analyses the historical and situational context for these disputes and negotiations. This includes a case-study of an acupuncturist and her work, the presentation of the establishment of schools and associations, and the relation to other health professions, the government and health policy. In the analysis of the jurisdictional disputes there is a main focus on the knowledge systems of acupuncture and biomedicine. What role does the knowledge systems of acupuncture play in the jurisdictional disputes, and what kind of definitions on acupuncture do these negotiations produce?

**Keywords:** acupuncture, professions, science, medicine, expertise

## **Preface**

I will first of all say that I have enjoyed working with this thesis. Although I have no acupuncture education, this subject has kept fascinating me through my work. One great source of inspiration has of course been acupuncturist Mona Nygaard. Thank you for helping me with my thesis and for letting me into your world of acupuncture! Working with a master thesis feels like a long journey. You do not necessarily end up exactly where you had planned. I had not planned to write a study of professionalization processes. However, I do not regret that this is what I ended up with. My supervisor Sissel Myklebust has been an excellent advisor on this field, and I would like to thank her for encouraging me throughout my work. I would also like to thank all the others that have helped me on my way: Kari Bente Sørli, the staff at NAFKAM, Bjørg Vada, Gry Sagli and Ingunn Moser. Finally I will also thank my boyfriend Andreas for helping out whenever needed, and most of all for being so comprehensive with me in this period. Now my work with this thesis is over, but I hope that someone else will find pleasure in reading it.

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## Introduction

This thesis is about negotiations on acupuncture in Norway. It analyzes professionalization processes of Norwegian acupuncture and the definition on acupuncture that these processes present. Acupuncture gained terrain in the 1970s when it was brought from China to Norway by enthusiastic physicians. But throughout its stay it has been placed in the centre of debates that concern professional jurisdiction, health politics, religion, science and modernity.

Acupuncture carried with it a foreign knowledge system on body and health, and by defining and practicing acupuncture as traditional Chinese medicine it has been vulnerable to attack from Norwegian biomedicine. It has though to some degree also managed to challenge both the jurisdiction and the knowledge system of the established health professions. The definitions on and the practice of acupuncture in Norway has gone through many negotiations. However the consequences of these negotiations are not restricted to acupuncture alone, but spreads throughout the system of professions. I have been eager to find out how these processes have been and the practices of and definitions on acupuncture that they have produced.

The thesis places itself within the field of Science, Technology and Society studies (STS) and one of the motivating factors for studying acupuncture as a profession was the possibility to investigate the role of science and expertise in political processes. I also wanted to study how acupuncture brought the possibility for new realities both within and outside of scientific practice. In the positivist tradition science is a neutral tool to obtain knowledge of the universal and objective truths. The persons making the science are not really persons, just mere witnesses to the external truth. However, it may be argued that in our individual world, such a non- personal witness may be hard to find. It may also be argued that for scientific truths to become reality they are dependent of the material and cultural surroundings that

created them. Just like the existence of hypoglycemia as a blood glucose level under 3, 5 mmol/l may be dependent on pricking a finger to get a blood sample, a measurement stick and clean conditions, (Mol and Law, 2004, p.46) the existence of heat in the lower burner may be dependent of long- time experience of pulse and tongue diagnostics and the ability of the patient to explain its feeling of drinking water. These realities are not universal; they are not independent of time and localization and they cannot be witnessed and told without a person. One of my aims is to show that a meeting between two knowledge systems not only shows qualities about the foreign or subjugated knowledge system, but also can help reveal qualities and politics within the dominating knowledge system. Such a meeting could help to open up black boxes, and create possibilities for renegotiating the distributed power within these boxes. My study will focus on acupuncture in a Norwegian context. What has happened with the health professions and health politics when the dominating Norwegian medicine met acupuncture? What have been the discussions and the contradictions? Whose knowledge systems have been challenged, and how has this influenced acupuncture's jurisdiction?

## **Theoretical foundation**

The underlying theoretical foundations of my thesis derive from the tradition of STS. The theories and studies within this field came up as a reaction to the very positivist understanding of science that dominated in the West in the first half of the twentieth century. Within the positivist perspective science was supposed to have an internal logic. The knowledge that derived from science would cumulate on its way towards the final and inner truth of reality. The belief in science reflected the belief in our own modernity. The possibilities of science meant that scientific expertise should also take over for politics, which with its focus on power and interests was considered needlessly pre-modern.(Myklebust, 1997, p.13) In *Profesjonsmakt: på Sporet av en Norsk Helsepolitisk Tradisjon* Vibeke Erichsen analyses



Norwegian health professions and their influencing power on health politics in the twentieth century. She shows how the physicians in the postwar period was considered expertise on medicine and thus became legitimate decision- makers on health policy. Their influencing power was so great on the health sector that she characterizes the Norwegian state as run by professions.

While scientific expertise entered the bureaucracy and was allowed to shape public policy on even more areas, the belief in science to solve our problems was soon to be questioned by the movements and individuals that have contributed to the field of STS. Many of these ideas have colored the work with this thesis. Bruno Latour introduced to the STS- field Actor-Network theory. He used the methods of anthropology to study laboratories; the working place for production of scientific facts, and by this he shows how scientific facts are constructed in the laboratory through material and cultural practices and that these facts are spread through networks of actors. He shows how the diffusion of the scientific facts in the society depends on the diffusion of the conditions in the laboratory that created the scientific facts. (1983, 1987 and 1993) The spreading of scientific facts creates politics just as much as it is shaped by it. Biologist and feminist Donna Haraway demonstrates how the positivist tradition presented to us a God-like scientist; seeing all, as if without time and location, but nevertheless unmistakably male. Haraway shows that scientific facts can never be independent of the persons creating or interpreting them, nor the time and place-specific conditions that influence the scientific researcher. (1992 and 1991) Although there are many of the contributors to the field of STS that have motivated my writing and influenced my way of thinking about science, I will mention one more person whose work has a special focus on science in political processes. Brian Wynne's studies of scientific controversies apply an aspect of a social construction of scientific facts, while he also keeps an eye to the institutional and political level of the construction of science. When scientific knowledge

becomes institutionalized it puts restrictions to our possibility to choose other perspectives on a political and scientific controversy. The scientific knowledge is constructed simultaneously as the political culture on the area, and the scientific knowledge becomes part of this political culture. He claims that the way to open up the political culture and the debate on scientific questions is by deconstructing the scientific knowledge. (2001)

The structure of my thesis is based on theory on professions. Professions often represent scientific expertise and the phenomenon of professions has often been studied with a focus on scientific knowledge. Classical theory on professions took at its starting point the existing professions of medicine and law, and made these ideal models for measuring degree of professionalization. Implicit was also the concept of professional work as applied science. Andrew Abbot develops a new theory on professions that is inspired by history and sociology in *The system of professions: an essay on the division of expert labor* from 1988.

Abbott starts to investigate the organizational context that the professions work within. He investigates the work itself. How do professions define the limits of their own work towards other professions, and what means do they use in order to create these borders. Not only the professions themselves define these limits, but other actors are equally important in this process, like clients and politicians. Abbot writes that:

The central phenomenon of professional life is the link between a profession and its work, a link I shall call jurisdiction. To analyze professional development is to analyze how this link is created in work, how it is anchored by formal and informal social structure, and how the interplay of jurisdictional links between professions determines the history of the individual professions themselves.”

(1988, p.19)

It is therefore necessary to describe professions through their relation to other professions, and important here will be the profession's jurisdiction. What kind of authority has the

profession? What kind of title has it and what kind of social position? The professions are created through political and institutional estimating mechanisms and differentiating processes in the working life. Abbot analyses relations between professions and between different levels of society, both macro (laws, regulations, education system) and micro (the workplace), His analysis takes account for changes in these relations and a professions jurisdiction will be historically defined. Abbot claims that the interrelations between professions are determined by their control of knowledge and skills, and the development of knowledge is therefore the key to define an occupation as a profession. (Abbot, 1988 and Halvorsen, 1995) He argues that an occupation uses abstraction of its knowledges and skills in order to exclude others. He explains that those occupations that manage to control their techniques, but not their knowledge, are commonly called crafts. The ability to control the knowledge and the abstraction of skills is the key to becoming a profession. He also emphasizes flexibility to face new problems and adapt to new situations without being outstripped by other groups. The core of this is the knowledge system. (1988, p.8-9) The focus on knowledge is also visible in the definition of profession that Abbott utilizes: “Professions are somewhat exclusive groups of individuals applying somewhat abstract knowledge to particular cases”. (p. 318) Abbott’s view on professions struggling to achieve jurisdiction to their work, has inspired me to investigate the material practices of acupuncture to the degree that the limited time of this work allowed me to. Abbot argues however that abstract knowledge serves to legitimate the professional work, but also that the characteristics of the knowledge must be culturally legitimate. Academic knowledge, he says, has these characteristics. “Academic knowledge legitimizes professional work by clarifying its foundations and tracing them to major cultural values. In most modern professions, these have been the values of rationality, logic and science”. (p. 54) The knowledge system of acupuncture has indeed abstraction as we shall see, but whether this abstraction can be said to

be reckoned as part of an academic field in Norway is still doubted. It is therefore a question if the acupuncturists' knowledge system serves the purpose of legitimating their work. By knowledge systems I mean the formalized knowledge of the skills that ties the profession to its work. The role of the acupuncture knowledge system and research on acupuncture has thus been one of the main topics that I have tried to investigate in this thesis.

## **Methods and empirical foundation**

In order to describe acupuncture at the workplace, to show an acupuncturist's work and realities and to give a picture of jurisdictional disputes at the micro-level, I had a qualitative interview with an acupuncturist, Mona Nygaard. The interview was carried out at the clinic where she works in the morning 16 June 2005. We also had some follow up correspondence afterwards. Nygaard later approved of my presentation as it is written in chapter 1.

With the intention of finding out more about the National Research Centre on Complementary and Alternative Medicine (NAFKAM), about research on acupuncture and about physicians and acupuncture I applied to NAFKAM to participate as an observer at one of their courses. The course was a one-day post-school course for physicians about alternative and complementary medicine. NAFKAM accepted my application and I attended the course that was held in at the Centre in Tromsø 27 May 2005. I prepared and handed out a survey to the 17 participants at the course, of whom 15 answered. I did not find all the results to be of relevance to this thesis and due to this only three of the findings are described in the thesis in connection with the courses that NAFKAM arranges. After participating at the course I got the opportunity to interview the acupuncturist, scientific employee and responsible for the China-Norway cooperation on Traditional Chinese Medicine, Terje Alræk. It was an informal interview about NAFKAM and research on acupuncture. Other information about NAFKAM, physicians and acupuncture and research comes from the sources mentioned under.

For to find out about political processes I have searched in the political documents from the Ministries at [www.odin.no](http://www.odin.no) and to some degree in the parliamentary documents at [www.stortinget.no](http://www.stortinget.no). My main focus has been on the Aarbakke-committee's evaluation report NOU 1998.21 Alternative Medicine, the Odelsting Proposition nr. 27(2002-2003) concerning the Act relating to the alternative treatment of disease, illness, etc. and the committee assessing the acupuncture education's report Evaluation of the Acupuncture and Homeopathy Education, Part 1: Acupuncture. For information about the laws and regulations I have also searched [www.lovdatab.no](http://www.lovdatab.no), which is an internet site established by the Ministry of Justice and the Police and the University of Oslo.

The information I have on the various associations and schools I have mentioned in this thesis, I have found at the associations' and the schools' web-pages. In addition I have had an interview 26 May 2005 with General Secretary of NAFO, Kari Bente Sørli and correspondence per mail in October 2005 with the professional and political responsible at NFMA, Bjørg Vada. I have also found relevant information in political documents and in two Norwegian dissertations about acupuncture in Norway. The first is sinologist Gry Sagli's dissertation from 2003 *Acupuncture recontextualized : the reception of Chinese medical concepts among practitioners of acupuncture in Norway*. Sagli makes an analysis of the integration of Chinese concepts on acupuncture in the Norwegian acupuncturists acupuncture practice and understanding of the body. The dissertation has given me much background information about acupuncture history in China and Norway and about the acupuncture concepts and the interpreted and practiced meaning of these. The other dissertation is the physician Arne Johan Norheim's *Acupuncture in health care: attitudes to, and experience with acupuncture in Norway* from 2005. Norheim presents an overview over existing research on acupuncture and the practice of acupuncture in health care. It also gives an analysis of

physicians', medical students', patients' and acupuncturists' attitudes towards acupuncture. I have taken advantage of many of his findings in my thesis.

For further background information on acupuncture I have had special benefit from the works of the historian Joseph Needham and Lu Gwei-Djen's in *Celestial lancets: a history and rationale of acupuncture and moxa* and in *Science and Civilisation in China* and Judith Farquhar's *Knowing practice: the clinical encounter of Chinese medicine*.

Finally I have also found information to many parts of my thesis in the *Journal of Norwegian Medical Association*, at NAFKAM's web pages and at a Norwegian internet page with relatively extensive information about alternative medicine; ALTERNATIV opplysningen. Other information, especially about public debate derives mainly from *Aftenposten* and from *Forskning.no*. *Forskning.no* is an internet information site on research which was established on the initiative of The National Research Council of Norway in 2002 and is owned by most of the large institutions on research and higher education in Norway.

For secondary literature on Norwegian health professions and health policy Vibeke Erichsen's *Profesjonsmakt : på sporet av en norsk helsepolitisk tradisjon* have been essential to me. *Studies in the History of Alternative Medicine* edited by Roger Cooter has also been inspiring to me. For professions generally I have among others found Andrew Abbot's *The system of professions: an essay on the division of expert labor*, Tor Halvorsen's *Sektorinteresser eller profesjonssystem?* and Sissel Myklebust's "Technocracy and the Art of Social Engineering – Obstacles to Politics?" most useful.

## **The chapters**

The first chapter of my thesis is a case study of the micro level of Norwegian acupuncture; namely an acupuncturist, her workplace and her work. The acupuncturist is a woman, but except for that she could represent the average Norwegian acupuncturist, being below the age

of 45, living in the Oslo area and having previous health-profession education. (Norheim, 2005, p.22) By presenting the realities of one Norwegian acupuncturist I am trying to show how it relates to the larger Norwegian context of laws, regulations, associations and schools and to individual factors like former professional background, personal interests and other things. However, the main emphasis is on the actual work of a Norwegian acupuncturist, and the knowledge system that she relates her work to. This includes her diagnosing tools, her treatment methods and the interaction between treatment and diagnosis. The case study shows how this acupuncturist's working realities defines acupuncture in Norway, and how the realities of acupuncture cannot be separated from the individual level as well as from the larger professional, political and social context.

The second chapter is about acupuncture in Norway at the professional level. I describe how acupuncture was introduced in Norway and how it spreads to different groups of practitioners. I present the growth of different schools and associations, and the practitioners' relation to other health professions.

The third chapter is about the government and political processes related to acupuncture. I show the government interaction with practitioners of acupuncture and other health profession and how the policy has consequences for the acupuncture associations.

The fourth chapter is about how acupuncture in Norway is constantly negotiated at many levels. The negotiations go on at the individual level, at the workplace, at the professional level, within the health policies and even within science. The debates create definitions of acupuncture that becomes part of the jurisdictional disputes.

## Chapter 1 An acupuncturist and her work

### The acupuncturist

Mona Nygaard works in a private clinic in Oslo. She is an acupuncturist, and she is also a physiotherapist and a specialist in orthopaedics. There are 14 therapists working in her clinic. Only her self and one other colleague are acupuncturists; the rest are physiotherapist. She first worked in the clinic as a physiotherapist with state funding, but in 1998 there were some drastic reductions in arrangements on public reimbursement. Nygaard therefore had to choose between moving her work to the other side of town or keep working in her clinic without funding. As a shareholder in the clinic, she chose the latter and she has managed well since then. She explains to me that today, as she is not restricted by the regulations that are incorporated in the arrangements on reimbursement, she is totally free to choose between physiotherapy and acupuncture when treating her patients. Nygaard's work is 100% at the clinic, but she has also participated as an acupuncturist at the Rikshospitalet University Hospital's birth clinic. Nygaard thinks that it would be good for a hospital to take more advantage of acupuncture; especially on the lunge and heart sections and in treatment of scars and the similar. Today there are in Norway mostly athletes that have started using acupuncture for the treatment of scars; to make the scar heal better.

Nygaard is a member of The Norwegian Acupuncture Association (NAFO). She used to be a member of The Norwegian Association for Classical Acupuncture (NFKA) before the merger,<sup>1</sup> and she is very interested in the work NAFO is doing for the acupuncturists as a profession. She thinks that it is important that acupuncturists achieve public authorization and

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<sup>1</sup> In 2005 NFKA and the Norwegian Acupuncturist's Main Association (NAHO) merged and became NAFO. For more information: see chapter 3.



a protected professional title, so that the professional standard must be at a certain level. She also likes to attend courses that NAFO arranges. This weekend she will take a course about acupuncture and psychiatry.

It was in 1999 that she first entered the Norwegian Acupuncture School (now the Norwegian Acupuncture University College) for to become an acupuncturist. There were many reasons why she chose to start studying again to become an acupuncturist.

First of all it was the fact that I started sending my patients away to acupuncturists because I noticed that it had good effect for example on tennis elbow; painful elbows. Then I understood that acupuncture might be a good idea. And second I started to realize that I wanted a different kind of patients, not only muscle and bone- patients. I wanted to have a broader professional repertoire. I am a person who likes to learn new things. I really enjoyed having the opportunity to learn this. It was just right. In addition I wanted to reduce my work load. As a physiotherapist I work very manually, and I wanted to maintain the joints on my thumbs a little longer. ... And I have also had a very positive personal experience with acupuncture; from suffering badly with asthma to having no symptoms at all.

Although there are a variety of acupuncture courses in Norway today Nygaard chose to do her acupuncture studies at the Norwegian Acupuncture School. Introductory or shorter courses were not an option to her.

I like to do things properly. It is much more interesting to look deep into things. ... Trigger point courses has never tempted me the least. I felt that you should treat [patients] differently. I felt so also with physiotherapy. It becomes too focused on symptoms. In physiotherapy they have psycho-motoric physiotherapy, but this has never been my tool. It has never been my thing. I am a specialist in orthopaedic medicine too and I send my patients off to take shots when needed. As a physiotherapist it is good to have that side of it, but I have found my way of working holistic with a person, which is how I like to work. That is why I didn't see the point

in going further with symptom- focused treatment within physiotherapy. ... One of my colleagues is attending it [NLAK] and I think it is too superficial. I haven't gone through that education, but at the time when I entered the Norwegian Acupuncture School, it was too narrow. This was in 1999.

## **Interprofessional dilemmas and knowledge systems**

Being an acupuncturist and a physiotherapist may be challenging at times; especially because these two professions have very different knowledge systems. Nygaard does not only have to choose between two different sets of treatment methods, she also has to deal with different explanatory models and diagnostic principles.

It is not easy. To put it like this; you should not let yourself be too influenced by physiotherapy in order to work with it. I am trying to be as much Chinese as a can, but when I get a patient with back-pains I cannot avoid telling them to do some exercises for the back. To not do so is impossible to me, as I am a physiotherapist. When people ask me to explain what is wrong with them, I tell them that I have two explanations; one western and one Chinese. I explain both to them if they wish. ... I am trying not to complicate it. In one period I thought that I would have to have some days as a physiotherapist and some days as an acupuncturist, but I can not divide my self like that; I am both. However, when I look at my patient- lists today, I see that almost all of them are acupuncture- patients. More and more patients are coming to see me as an acupuncturist. And from my colleagues I get patients that have had poor results with physiotherapy.

If I get a patient with a painful shoulder, it might be that there is a stagnation in the small- intestine meridian. It has nothing to do with the small intestine, but the small intestine channel is affected and there is stagnation. As a physiotherapist I have to admit that I think about the affected muscle and that it leads to the pain in the arm and around the shoulder. I can not avoid it. So, in a way, I am divided in two. If someone comes to me with allergies; I know nothing about this as a physiotherapist, except for some exercises for asthma. Then I become a Chinese medic. It is the same with sleeping problems and light depressions. Then I think as a

Chinese, because in these cases I have no western medical background. As you see I am both.

The knowledge system in acupuncture may, to a Norwegian patient, seem unfamiliar at first sight. Nygaard explains to me how she is thinking about the explanatory models and diagnostic principles in acupuncture.

I categorize within the five elements. Those are wood, fire, earth, metal and water. In addition we observe if this is an exterior problem. Very often I get pain- patients, (smertepasienter) and if the patient for example has pains in one arm, we talk about the exterior level of the body. It has not turned inwards. Very often it turns inwards, or it can go the opposite way. That means that the problem manifests itself outwards. And then we have to go to the bottom of it. For this reason I ask many questions. I try to find out how deep the problem goes and what it really is about. Which elements are involved? And then there is yinyang. We must also take that into account. Everything is yinyang in relation to something else. That cup of tea is yang in relation to a cup of water, but yin in relation to a cup of coffee. A person may be yang in relation to someone, but yin in relation to another. You are yin because you are a woman, but you must always put it in relation to something. ... There is a constant movement in everything. That is why there is a wave in the yin yang symbol. It is always in movement, nothing is absolute. That is why we must always observe the patient and talk together, even in consultation number two or number thirty. ... The organs are tied up to the different elements. When talking of organs we do not talk about the western organ, but about the energy. If you have an imbalance in the wood- element, then we are talking about an imbalance in the liver and gall bladder energy. Fire is tied up to the small intestine and heart energy, earth to stomach and milt, metal to lungs and large intestine and water to kidney and bladder. There is always one yin organ and one yang organ on each element. ... Everything is connected. The whole circle must also be seen in yin and yang. Water is maximum yin, and fire is maximum yang.

Most acu-points lie on channels. Some points lie outside of these; ashi- points or extra points. There are twelve main channels and eight extra channels. They are

connected in a network. There are superficial and deep channels. These are all connected to organs; 'ZangFu'. The naming of the channels is linked to the main organ on the channel, for example the lung channel or the small intestine channel. At some imbalances you have pain along one channel, like shoulder pain, in other situations you have organs that are imbalances, like for example at constipation and yet other times it might be the energy in several channels/ organs that are imbalanced.

One of the challenges that Nygaard faces when working within her two professions, concerns western medicine's tradition of dualism: the Cartesian dualism between the mind and the body. (Stacey, 1997, p.107) An expression of this is western medicine's division of physicians and psychologists. As the name indicates, the first professions work is mainly focused on the patient's body, and the latter on the patient's mind. In the Han dynasty, 206 BCE -220 CE, and the time of the *Yellow Emperors Inner Canon*<sup>2</sup> such a dualism did not exist. The ancient philosophies of Daoism had of course the mentioned dualism of yin and yang, but they were of no such kind as a separation of mind and body. The non-existence of a Cartesian type of dualism is still present in Traditional Chinese Medicine (TCM) (Needham, 2004, p.85-90) and for Nygaard this is one of the realities of her work.

To me, after having worked with patients for ten years, many things became clear when I started practicing acupuncture; with relation to seeing a person as a whole. I actually think that the mind can interfere in what kind of physical problems a person has. This is expressed in the teachings on the elements. On fire there is joy, on earth there is thoughts; brooding, [on metal] there is sorrow, [on water] there is fear and [on wood] there is anger. You must always think about the channels, the organs and you must think about the emotions. All belongs together.

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<sup>2</sup> See chapter 2

This way of seeing the emotions as part of a system that should be balanced, implies that also the emotions should balance each other.

You can actually have too much joy. You simply “take off”. You can see it in “heart-people”; people that get a heart-attack. They have always been happy. It doesn’t matter what happens around them, they keep being happy. It is simply too much joy. The important thing is to keep a balance. You have to be in touch with all the [emotions]. It is good to be happy; it is good to brood; it is good to be sad; it is good to be scared sometimes. ... but if you are scared about everything in this world, then I know that your water element is weak. And if you have much fear you will often have problems with your knees. However you must not exaggerate it. You can also get knee problems by loading your knees too much. Angry people that rage about everything when they are out driving, have an imbalance in their wood element, and for example women, that are awfully PMS and angry. Then I also know that they have an imbalance in the wood element. So I set some needles. Whether the needles are for the PMS pain or for the anger doesn’t matter. It is the same points that I set. That is the point. It took me a long time to understand this, but this is actually how it is. ... For example the happy person; the problem isn’t necessarily here [at the fire element], but it may be that your kidney is so weak that you have no water to put out the fire. Then you have [the example of] constipation. This lies on the [wood] element. And you have diarrhoea [at the earth element]. The people that vary between constipation and diarrhoea I know that have an imbalance between those two elements. I have to try to correct the imbalance. It is too often that they brood and brood and can never express their anger and then they keep their anger within. Or for example if you go around coughing and with asthma; it might be your stomach that is not working, or your kidney. It can also be your liver affecting your lunge. It should be the lunge that controls the liver, but it may turn around and over-control the lunge. If you go around angry, the liver may hit back on your lunge, and then you cough.

I once had a patient that had been victim of a rape. She came to me with a tongue looking like this. It was so narrow just here.

To illustrate, she draws a one-dimensional tongue that is extremely narrow in the middle opposite a 'normal' tongue.

After just two treatments the tongue was just like this [normal]. It was completely contracted at the heart. The heart had totally locked up due to fear. She also went to see a psychiatrist. These things you have to be careful about, when you start loosening up, if the patient has no one to talk to. So now the tongue is [normal]. It is fantastic! She has no more panic- attacks. She used to be all tied up. You can imagine if this is the tongue; the inner part is the lower part of the body, the middle part is the middle part of the body [the chest and heart], and the outer part is the upper part of the body: 'The three burner'.

Although the Chinese might not have had psychologists, Nygaard is very aware that she is practicing acupuncture within a different location and setting. It is important for her to respect the realities of the Norwegian patients.

We must relate to the world that we stay in. This is important, when you practice a treatment that is based on a different tradition. Then you have to be careful when it comes to psychic problems. You must pay people respect.

It is not uncommon that she refers her patients to psychologists or psychiatrists. She is somehow reluctant to treat patients that suffer from psychological problems who do not wish to search for more help.

Then I am very careful in my treatment and talk about it. If they do not open up for more treatment [psychological treatment] I have to tell them what I think. I try to be as honest as possible about it. If they wish to keep up with the treatment that I give them, but does not want other help, then I say to them that we must try to strengthen you so that you will be able to start with other treatments. Then I will not loosen up too much. You have to be careful!

## **Diagnosis, inference and treatment**

Nygaard's work as a practitioner of health services in a private clinic consists of direct and personal meetings with her patients in her consultation room. In her clinic the patients first enters the waiting room, where they can leave their coats and take off their shoes. There is no secretary at the clinic, so Nygaard organizes her patients and their consultations herself. In the consultation room she has a desk with a computer and a telephone, and working benches for the patients to lie on. A normal consultation takes approximately 1 hour, but the first meeting with a patient usually takes a little longer. In the first meeting Nygaard tries to get a complete picture of the patient and the problems for which she or he has come to seek help.

The first thing I do is to observe. That is the most important thing I do when the patient comes in. I look at the person and I observe the facial colour, the posture, how they talk. [I observe if] they talk inwards or if they are much stressed and "out there". I observe the whole person. Then we start talking and I focus on the symptoms first: What is the reason for the consultation? ... It is important for me to keep my focus on the patient's reason for coming to see me. However, in order to give a treatment within traditional Chinese medicine I must get a complete picture of the person. And then I work with the five elements. ...I do a complete observation of the patient and then I try to come underneath; what is this really about?

In a consultation Nygaard asks questions about things that she needs to know in order to set a proper diagnosis and treatment. As an example, one such question can be to ask about how the patient drinks water.

This question tells me that if you gulp the water; then there is very much heat and then you are very warm. If you just sip the water, it might be that you have a false heat, or that you might have very much damp. This makes it so that you can not swallow very

well. Then you do not drink very much because it feels uncomfortable to you. It gives me an indicator on what points I must choose for you. If you have very much heat in your body, I must pick points that will take away the heat. But if I know that you can also be very cold and that you vary between the two, I ask this question about how you drink. Then I know if it is a false or a real heat. There are many aspects to this and it is all about deciding the treatment.

There are also two other important tools that Nygaard uses to set the diagnosis. One of them is to feel the pulse.

When taking the pulse I feel among other things the energy level. I feel the energy of all the five elements. You have to know all the energies of the different elements, and therefore you have to practice so that you are good at it. It is just as if the body talks to you with its own language. It is difficult but I am trying to use the pulse even more. ... You have one yin and one yang side of your body. I start by feeling the yin and yang pulse. Is the yin pulse good? Is the yang pulse good? And then I feel with three fingers in three depths. And I feel all the organs. ... On exterior problems, like a painful arm or someone who has sprained their ankle, I do not focus on the pulse or the tongue. That is because I do not expect any special changes here. Then it is a local problem, an exterior problem. ... It is interesting to talk to intensive nurses because they say: Yes, when you mention it, all the pulses are very different. They do not have this as a tool, but they have observed it. We have learned it though. I have learned 18 different pulses on the arm. Some take the pulse at the ankle and some at the throat, but I have not learned that. There are many different things you can do.

After I have set the needles I go back to feeling the pulse, to check if I have achieved the desired effect. If a patient that comes to me is really stressed and I feel the pulse and it is so thin and tight. Then I want to soften it; to gain a better flow of the energy. If a patient comes to me and is all limp; he has no pulse and then we want to lift it. If someone is sad and everything feels terrible, then we use lift-the-spirit.

The other diagnostic tool that Nygaard uses is to look at the tongue.



The tongue is the easiest, because we can see it. I can see if the tongue is pale, if it is red, if it is swollen, if it is thin, if it has a lot of coating, or no coating; all the things that a tongue can show.

Nygaard explains that the tongue is also connected to the elements and the organs. In her office she has a book with examples of tongues and diagnostics. There are tongues with all kinds of colours, patterns and shapes. One of the tongues that she shows me has an indent.

She explains:

We notice that there is a deficiency in the essence. This one is physically and mentally worn out. In a way I can confirm many things when looking at a persons tongue. And then I also remember what it is that I have forgotten to ask about. If I had seen a tongue like this I would have asked if the person had problems with the reproductive organs. [It is] damp heat in lower burner. Maybe the person is bothered with Candida or secretion or something like it. Then the picture has to fit with the pulse. As this is damp heat it creates a swollen pulse. I will expect it when I look at the tongue.

In some cases the pulse does not fit her expectations. Then there is normally something more to it, and Nygaard asks the patient if there is something she has not been told.

Connection between diagnosis and treatment is decisive for the whole treatment.

Nygaard's choice of acu-points is based on the different functions of the specific points. Each point has one or more functions. The combination of points is also a matter of experience.

Nygaard explains that in the process of deciding the proper treatment she must consider her complete impression of the patient so that she will not give a treatment that is too tough for the patient. She also emphasizes that there is no simple recipe to the proper treatment because all treatment must be designed individually for each patient.

In Chinese medicine the foundations are that you treat the individual that comes to you. You should not treat the symptom that comes to you, like many others do, but you should treat the person that comes to you. On this point it is very different from western medicine. If two persons come to me with gastric ulcer, in western medicine they would give the same medicines, but an acupuncturist would set different points on the two. ... Everything is based on individual treatment. All persons are born with a different constitution; we are stressed by different reasons, we eat differently, we have different lives. We are all different. Then you have to give the treatment that is adjusted to that person.

As an acupuncturist Nygaard works mainly with her needles. However this is not the only treatment method she uses. She also uses moxa. It is a burning herb, Artemisia tinder, which she uses to warm up and increase the effect of the needle. It is a 'warming herb'. The drawback about it is that it smells almost like hashish and at the clinic they do not have an effective ventilation system. It is possible though to use non-smelly moxa, but instead Nygaard sometimes uses a moxa-cigar. The patient can take it home, and she shows them where they must apply it. Nygaard also uses cupping. This is small cups that can be placed on the body, and that creates a vacuum inside the cup. This way she can stimulate the blood circulation and she can place the cups on acu-points. Cupping can for example be used on patients that do not want the needles. In addition Nygaard has learned about ear-acupuncture, scalp-acupuncture and acupuncture 2000. These methods are not based on the same meridian system or the elements, and they are more focused on symptoms. For example if you have problems with your elbow there is a point in the ear for the elbow. Scalp-acupuncture is a system where you set points all over the scalp. These are for example often used for speech disorders and after a stroke, Nygaard explains. However she does not feel that she is good enough to use these techniques yet and have decided to become experienced on body-acupuncture first.

In body- acupuncture the work of setting the needles involves some required techniques.

I always set some distant points. If they have a local problem I also set some local points. And there are also some extra meridians that we can use to open up. Then you open the whole meridian.

Setting needles is also about watching a patient's reaction. If the treatment is too tough for the patient, she takes out the needle again.

I experience that some persons have rather strong reactions to the needles. It is important to know ones own limitations when it comes to opening up too much. In a way that is what we do. I want to achieve a better flow of energy by setting the needles. That is why I rarely set needles on the back of patients that come to me with problems in the small of the back, when they are lying on their stomach. It depends on the person. If I think there is something deeper that is the cause of the back problems, not just that they lifted something heavy yesterday, I usually treat them lying on the back so that I can have eye-contact, or lying on one side.

Nygaard explains that she usually sets parallel needles in the body. That means for example one needle on the right hand and one on the right foot, but the extra meridians are opened diagonally in the body.

Some acupuncturists chose to set [needles] only on one side because they treat a woman, or only on the other side because they treat a man. I have not learned that and I do not emphasize it. There are many ways to work with the needles. Some use maximum three needles in each treatment. It must be pleasant to go there. They get results from it, but then you have to be good at it. ...It depends on experience. As a physiotherapist you get many pain-patients. Then it is important to set several needles in order to take away the pain.

When the needles are set, Nygaard can also manipulate the needles to achieve more effect of it. She ‘works’ with the needles to ‘reduce’, for example to extract heat if there is stagnation. Or she will let the needle stay in for a longer time if she wants to give energy. It is the ‘needle- technique’. After setting the needles Nygaard may sit down at her desk to do some paperwork or attend another patient. After a little while she comes back to check if the patient is feeling all right. She can also check if there is any effect by feeling the pulse, and manipulate the needles if needed. The time the patient lies at the bench, varies between 20 minutes to 1 hour. It depends on the diagnosis and the choice of acu-points. Infants, for example, will only be treated with one needle that is withdrawn almost instantly. When the needles have stayed in long enough, Nygaard comes back to take out the needles, which she throws in a special disposal bucket. Then the treatment is over. The patient pays for the consultation and they set the date for the next consultation if needed. Nygaard will discuss the necessity of several treatments with the patient. Some needs only one consultation, while others may come regularly for years. It depends on the type of imbalance, but if there is no effect she will end the treatment. She can also reduce the regularity of the consultations just to check that there is a stable effect of the treatment. If there is effect, the symptoms should be gone or have changed in character before they stop the treatment. (Nygaard, interview, 2005 and Nygaard, correspondence, 2005)

## Chapter 2 Acupuncture in the system of professions

### Chinese origins, politics and the fascination for acupuncture analgesia

The foundations of acupuncture were laid in China during the Han-dynasty, 206 BCE -220 CE. A book dating from this period called the *Inner Canon of the Yellow Emperor*<sup>3</sup>, explains the central philosophy and treatment principles and methods in acupuncture. The importance of the book can easily be illustrated by the fact that it is still often referred to today.<sup>4</sup>

Acupuncture spread to other Asian countries throughout the first centuries CE, and many of these countries developed their own styles of acupuncture. In the sixteenth and the seventeenth centuries acupuncture also reached Europe. The first recordings of this in Europe came from Jesuit missionaries and European doctors that worked in the Far East that could tell about patients being cured by needles. Acupuncture never gained much popularity in Europe though. One theory on the reasons to this is that the concept of *Qi*<sup>5</sup> was translated with *spiritus*. *Spiritus* was associated with the scholastic medicine of the Middle Age and of little interest in the late seventeenth century Europe. (Sagli, 2003, p.137) Only isolated descriptions of the use of acupuncture can be found. In the nineteenth century acupuncture was taught at some French University Hospitals and in 1860-1870 acupuncture was used in the Norwegian National Hospital to treat eye diseases. The interest for acupuncture started to grow when the French diplomat Soulié de Morants, who had learned acupuncture from Chinese doctors, published his work *l'Acupuncture Chinoise* in 1929. This was a modified translation of the *Inner Canon of the Yellow Emperor* where he wanted to make acupuncture

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<sup>3</sup> The Chinese title is *Huangdi Neijing* (Sagli, 2003, p.31) or *Huang Ti Nei Ching* (Needham, 2000, p. 74)

<sup>4</sup> To illustrate this; the acupuncturist Nygaard reads this book.

<sup>5</sup> *Qi* is a Chinese concept with no simple translation to the English language. It is therefore today often not translated. (Sagli, 2003, p.85-89 and 226-256) In the example of the acupuncturist in the first chapter, it would be possible to say that when she talks about *energy* it is her translation of the concept of *Qi*.

available and acceptable to European physicians. Acupuncture thus emerged as a growing practice, especially in France and Germany.(NOU 1998:21, chap.6.3) However the practice of acupuncture in Europe was then complex and influenced by many varying sources.(Sagli, 2003, p.139)

In China, acupuncture had become institutionalized during the Maoist regime, and it was practiced in hospitals along with western medicine. The institutionalization resulted in special innovations in the practice of acupuncture, and it was the use of acupuncture anesthesia that would fascinate the west in the 1970s. (Farquhar, 1994 and Sagli, 2003)

Acupuncture's increase in popularity in the west began when the American president Richard Nixon visited China in 1971 during the Ping-Pong diplomacy. It is said that one of the Minister of Foreign Affairs Henry Kissinger's advisors got suddenly ill and had to be operated at a Chinese hospital. The use of acupuncture as only analgesia in the hospital made a great impression on the advisor and the Minister.(Frydenlund, 2005) This was the start of a sudden and increasing interest for acupuncture in the West in this period. (NOU 1998:21, chap. 6.3)

### **Norwegian physicians and acupuncture**

In 1973 also a Norwegian medical delegation led by the neurophysiologist Birger Kaada visited China, where among other things they could eyewitness the use of acupuncture anesthesia during surgery. (Norheim,2005:20,) Many of these physicians and those who followed them worked actively to promote the use of acupuncture in Norway. The Aarbakke-committee that evaluated alternative medicine in Norway in 1998 stated that it is probable that one of the reasons why acupuncture has gained such an attention among Norwegian physicians is that the Socialist Physicians Association arranged its visits to China in the 1970s. (NOU 1998:21) The physicians participating in the visits to China published a series

of articles in *Tidsskrift for den Norske Legeforening*. Many of them worked as pioneers on acupuncture in Norway. The neurophysiologist Birger Kaada continued his work on acupuncture and he started to do research in order to attain Western medical explanations to the principles and effects of acupuncture. His work led to the neurophysiologic explanations on the pain-relieving effects of acupuncture, and it was with connection to this that endorphins<sup>6</sup> were discovered. This and later neurophysiologic research and the theories on findings have since gained acceptance within biomedicine. (Norheim, 2005)

The physician Wilhelm Schjelderup was another pioneer on acupuncture in Norway, but he was inspired by ideas from the Central Europe. (2005, p. 20) He experienced though that the growing interest for acupuncture and other alternative medicine should create a lot of debate and strong opinions. He wrote the first Norwegian book on acupuncture which was published in 1974 with the title: *Legekunsten på nye veier*. The book discussed alternative medicine generally in Norway. It was however strongly criticized by other physicians and in an interview Schjelderup says that the Norwegian Medical Association consciously ignored to review it. 15 years later he published a new book that followed up the topics from the first book. This time it was reviewed in *Tidsskrift for Den Norske Legeforening*, but the review was far from positive. Schjelderup was called a heretic and a false prophet within Norwegian medicine and Schjelderup chose to quit his membership in the Norwegian Medical Association a year after. (Pettersen, 2005)

### **Classical acupuncture: first courses and association**

It was yet another physician that had caught his ideas in Central Europe; Georg Bentze, that took the initiative to the first acupuncture classes in Norway. These were held in Oslo in 1974

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<sup>6</sup> A substance in the brain that attaches to the same cell receptors that morphine does. Endorphins are released when severe injury occurs, often abolishing all sensation of pain. (Encarta Dictionary)

as a continuation of classes that were arranged in Sweden in 1973. (Pettersen, 2005) In 1972 an International College of Oriental medicine (ICOM) had been established in England. ICOM was a college that aimed at teaching acupuncture in a traditional way and without compromising with western medicine and philosophy (Sagli, 2003, p.141) In Norway, this approach towards acupuncture was followed up when Bentze in 1977 established the first Norwegian acupuncture school as a branch of ICOM: Norwegian International College of Oriental Medicine (NICOM). (Sagli, 2003, and ICOM, 2005) In the beginning the teachers at the school came from England and the students had to take their exams in England. As several persons took their full education at ICOM in England, up until 1980 most Norwegian acupuncturists were trained there.<sup>7</sup> (Norheim, 2005, p.20) ICOM's approach on teaching authentic traditional acupuncture has greatly influenced this acupuncture milieu in Norway. (Sørli, 2005,) This approach towards acupuncture has later been described as classical acupuncture. A government appointed committee assessing the Norwegian acupuncture education states that of two strands of acupuncture; the classical and the medical, the classical has been the dominating in Norway. (Utredning om Utd. Del I, 2004)

George Bentze was the headmaster of the Norwegian International School of Oriental Medicine, and in 1978 he established the first Norwegian acupuncture association; Norwegian Association for Classical Acupuncture (NFKA). This became the biggest Norwegian acupuncture association, in terms of members, and in 2004 it had 333 full members. (Utredning om Utd. Del I, 2004)

## **Medical acupuncture**

In 1980 the physician Vilhelm Schjelderup took the initiative to establish an acupuncture association for physicians only; The Norwegian Physicians' Association for Acupuncture,

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<sup>7</sup> Others had their training in Germany, France, Sweden and China. (Norheim, 2005)



which soon gained over 100 members. (Sagli, 2003 and Pettersen, 2005) Through this association there were arranged weekend -courses for physician in acupuncture. Two former members of NFKA; the physicians Oscar Heyerdahl and Nils Lystad followed this up and in 1986 they started their own autonomous course; the Norwegian Physicians' Acupuncture Course (NLAK). Heyerdahl and Lystad disagreed with NFKA about the teachings of acupuncture. They disagreed especially on how much education that should be necessary for to practice acupuncture. The principles for the teachings in this school are to “create an understanding of the traditional principles without the oversized memorizing of details that has characterized much of also the western teaching on traditional Chinese acupuncture.” (Historikk, Pedagogisk idé og kurssammendrag, 2005) They chose an approach towards acupuncture that was called ‘medical acupuncture’.

While The Norwegian Acupuncture School from the beginning of was open for all health personnel to attend, NLAK was originally a course for physicians only. In 1988 it opened up also for physiotherapists, nurses and dentist to attend. It has though kept a certain connection to The Norwegian Medical Association as physicians can attend these courses as a part of their specialist-training in general practice, physical medicine or anesthesiology. Being a specialization course for physicians it was also the only acupuncture course in Norway that was accepted by the Norwegian State Educational Loan Fund. In 2004 approximately 770 persons had completed the basic courses and 123 persons the advanced courses. (Historikk, Pedagogisk idé og Kurssammenheng, 2005)

The Norwegian Physicians' Association for Acupuncture was abolished in 2005 due to lack of activity in the association. In 1998 two students at the advanced courses at NLAK, Elisabeth Rindal and Laila Webø, took the initiative to fund the Norwegian Association for Medical Acupuncture (NFMA). (Vada, 2005) The new association emerged as a professional

and political acupuncture forum not only for physicians, but for authorized health personnel in general. NFMA took over the management of NLAK in 2002, and today they offer courses on basic level and on advanced level. Basic level constitutes 100 hours of instructions and advanced level constitutes 217 hours of instruction. Both levels must be completed in order to gain full training in medical acupuncture. NFMA are planning to extend their courses to include also 50 hours of guided practice on basic level and 100 hours on advanced level, in accordance with the agreements from 2003 on education standards for acupuncture. This is supposed to be initiated by 2006. (NFMA, 2005)

NFMA has today 200 members that are mostly physicians, physiotherapist and nurses. Some of the physiotherapists are organized also in the Norwegian Physiotherapists' Professional Forum for Acupuncture, (NFFA) which is organized under the Norwegian Physiotherapist Association (NFF) Some of NFMA's members are today also organized under NAFO.<sup>8</sup> (Vada, 2005) The Norwegian Medical Association has a link to the association through the subgroup of the Norwegian College of General Practitioners (NSAM)<sup>9</sup>. This group has a reference group on acupuncture working within the Norwegian Association for Medical Acupuncture. The reference group states that their work is focused on the development of acupuncture as a complementary treatment within general medicine and they want to make acupuncture an integrated part of physicians' general education. (NSAM Akupunktur, 2005)

NFMA's jurisdictional aim is that authorized health personnel should have the possibility to integrate acupuncture in the same way as other treatments methods in clinical practice. They also want some kind of recognition in order to secure the quality of the acupuncture practice. Also the principles behind NLAK are based on that acupuncture shall serve as complementary treatment. (NFMA,2005) Their jurisdictional claims are, as such,

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<sup>8</sup> There is more information on NAFO in chapter 3.

<sup>9</sup> A specialty branch within The Norwegian Medical Association

relatively vague. As we shall see, NFMA with their relatively close, but not close enough, connections to the large health professions also found themselves in the shadows of the growing classical acupuncturists.

### **Ambiguity within the Norwegian Medical Association**

Although it was physicians who first brought acupuncture to Norway, The Norwegian Medical Association did not fully embrace acupuncture by formally adopting these treatment methods and tasks. The enthusiastic physicians within Norwegian Physicians Acupuncture Association and NLAK did not affect the Norwegian Medical Association enough to more actively claim the jurisdiction to acupuncture. However, they maintained a certain ambiguity towards it. In 1995 the Norwegian Medical Association put down a committee to work out guidelines for the association's connection to alternative treatment. Among other things the committee concluded that the association had no grounds for establishing any formalized cooperation with alternative treatment organizations. The general expression is that Norwegian physicians reject any alternative medicine as long as the effects of the treatment cannot be documented scientifically. Alternative medicine is also understood so that if there is a documented effect of the treatment, the methods are no longer alternative, but become part of the physicians' repertoire. As such, some parts of acupuncture are accepted by the physicians. (Aarseth, 1997)

Despite of their shortcoming within the Norwegian Medical Association the medical acupuncturists had no aims of becoming an own acupuncture profession. Maybe the incentives of becoming a different professional group are too small for already authorized health personnel, and especially for the physicians. Today NLAK is no longer for physicians only and NFMA has taken over for The Norwegian Physicians Acupuncture Association. It might be claimed that the acupuncture reference group in the Norwegian College of General

Practitioners is working more actively towards securing the work of acupuncture as a treatment method for physicians, as they wish that acupuncture should be integrated in the physicians' general education. However their claims have not been heard in the Norwegian Medical Association. The disinterest from the Norwegian Medical Association made it difficult to prevent the spread of it to other professional groups and individuals. Finally there were other groups that had greater jurisdictional goals. The sinologist Gry Sagli states in her dissertation:

As a general rule acupuncture has, nevertheless, from the time of its introduction in Norway lacked substantial support from the biomedical establishment. The increased popularity of acupuncture in Norway has certainly not been applauded or encouraged by the biomedical establishment. Its growth is rather due to good response from patients, reports in the media and positive interest among some politicians. The physicians' indifference and skepticism to acupuncture have probably contributed to the fact that despite the health authorities' attempts to restrict the use of acupuncture to physicians, acupuncture has mainly been practiced and taught in institutions outside the official health care system in Norway. (2003, p. 142-143)

### **Growing popularity and new practitioners**

The public popularity of acupuncture has generally kept growing since its introduction in the 1970s. Today approximately 19% of the adult population has tried acupuncture, (Norheim, 2005, p.23) and even in hospitals there is an increasing use of acupuncture<sup>10</sup>. This applies especially to birth- clinics and pain-clinics, but also stroke patients have been offered acupuncture at one hospital. (Kjendahl et.al.1998) As Sagli, mentions media may have contributed to increasing the information about acupuncture and it is worth mentioning that

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<sup>10</sup> Acupuncture is practiced in 19% of the hospitals (Norheim, 2005, p.23)

Princess Märtha Louise got a lot of media attention when she chose acupuncture as a treatment during her first birth. Although earlier the possibility to choose acupuncture as a treatment during birth depended on the initiative of individual employees at the clinic, today there is an increasing demand and more hospitals have made this a standard offer at their birth- clinics. In 2004 175 midwives had attended acupuncture courses. (Utredning om Utd. Del I, 2004) The application of acupuncture, as well as other alternative treatment methods in the birth-clinics had been the initiative of the midwives. They have a relatively autonomous role in the hospitals and executive at NAFKAM Vinjar Fønnebø thinks that this is the reason why acupuncture is so much applied at the birth-clinics. (Sundar, 2003) The NOU report 1998: 21 indicates that the increasing use of acupuncture may have a connection to the increasing supply of acupuncture services: in total 1861 persons had completed acupuncturist training at Norwegian schools in 2004. (Utredning om Utd. Del I, 2004) In addition, as acupuncturist was no protected title, even self-learned practitioners may have called themselves acupuncturists and thus increased the number of practitioners of acupuncture in Norway. A lot of other and smaller acupuncture schools and courses opened in Norway, especially around Oslo. The government appointed committee evaluating the Norwegian acupuncture education found that in 2004 there were 14 Norwegian schools offering some kind of acupuncture education. Although the physicians are one of the dominating groups of practitioners of acupuncture the physiotherapists, the midwives, and the homeopaths were groups that were catching up in terms of number of practitioners.

The physiotherapists established their own acupuncture association; the Norwegian Physiotherapists Association's Professional Forum for Acupuncture It was first; in 1990, established as an interest- group under the Norwegian Physiotherapists Association. In 1993 it became a Professional Forum. The association also started to arrange courses for physiotherapists in acupuncture. Today, the physiotherapists are the group of health personnel

with most practicing acupuncturists. (NFFA, 2005) However, many physiotherapists were members of other acupuncture associations and the forum remained peripheral in the Norwegian acupuncture milieu. The Forum has though been requested to comment in the hearings to various Acts<sup>11</sup> concerning acupuncture, and the Forum's view is that physiotherapist's practicing acupuncture must have extensive training in this subject.

The Norwegian National Association of Practicing Homeopaths (NLH) has 218 members<sup>12</sup> that are also acupuncturists in 2004 (Utredning om Utd. Del I, 2004) The homeopaths could earlier attend the 3,5 year courses at The Norwegian Acupuncture School, but this was changed some years ago so that they now must attend the 5 years courses including basic medical training. (Utredning om Utd. Del I, 2004) As there are now a variety of acupuncture schools that accepts students without medical education, the homeopaths may also have their acupuncture education here. NLH has though no specific membership requirements concerning acupuncture.

A consequence of the growing interest in acupuncture was thus an increase in associations organizing acupuncturists. In addition to acupuncturist associations there were associations organizing practitioners of various types of alternative medicine. As more nurses practiced some kind of alternative medicine, in 1997 they organized themselves in an organization called Norwegian Nurses in Alternative Medicine. They have today 200 members and 30 of these have acupuncture education. The organization is independent of Norwegian Nurses Association, and their professional aims are generally to work towards increased interest for different types of alternative medicine and the establishment of professional standards for recognition of these. (SFA, 2005)

Another large organization is The Norwegian Main Organization for Traditional Medicine (NNH). It was first established as the Central Board of Norwegian Traditional

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<sup>11</sup> The Acts are described in chapter 3

<sup>12</sup> 106 of these are ear-acupuncturists. (Utredning om utdanning)

Therapists, but was reorganized and changed name in 1994. The organization has membership requirements that are specific for the different types of alternative medicine. 90 of its members are acupuncturists. This organization has as its main goal to be the largest and first consultative association on traditional medicine in Norway, and indeed they have been listed as one of few cooperation partners by the National Research Center on Complementary and Alternative Medicine (NAFKAM, 2005). By traditional medicine they mean acupuncture, aromatherapy, homeopathy, kinesiology, manual therapy, phototherapy, polarity therapy, zone therapy and ear acupuncture. (NNH, 2005)

## **Two dominating acupuncture schools and associations**

Georg Bentze's school had laid the foundations for The Norwegian Acupuncture School that opened in 1984 and it had formal connections to NFKA. This school soon became the most famous acupuncture school in Norway. Later it changed its name to The Norwegian Acupuncture University College. (AKHS, 2005) NFKA had greater jurisdictional goals than NFMA on behalf of acupuncture. They started to work towards professionalization of acupuncture and for public authorization. Their members consisted mainly of persons with background as authorized health personnel in addition to acupuncture training, but there were also some 'pure' acupuncturists. In 2004, 61 out of 333 members were not authorized health personnel. (Utredning om Utd. Del I, 2004) Their membership requirements were acupuncture training at the level of The Norwegian Acupuncture University College, but in 1998 they added a requirement on at least 90 study points of basic medical training. The Norwegian Acupuncture University College offers today part-time courses of 3 1/2 years duration and 5 years duration. The 3 1/2 year course requires previous medical education at a minimum level of nurse or physiotherapist, while the 5 years courses include basic medical studies that constitutes 90 study points. By 2004 394 students had finished a complete

acupuncturist training at this school and in addition 351 students had attended specialist courses, like for example courses for midwives. (Utredning om Utd. Del I, 2004) As mentioned, a relatively great number of midwives started to attend acupuncture courses and practice it at birth-clinics. Although NFKA decided to offer courses to the midwives, this was not an easy decision for the association. With the aim of professionalization the loss of control with this task was not an ideal situation, but as general secretary in NAFO and former member of NFKA Kari Bente Sørliie says; they realized that they could not prevent the spread of the practice of acupuncture.(2005) Instead the courses for midwives are specialized on acupuncture at birth and the midwives will not be able to practice acupuncture in other situations, partly because of their limited acupuncture training and partly because of a contract including this specification at the end of the course. (Sørliie, 2005)

In 1982 another school teaching classical acupuncture was opened by the acupuncturist, homeopath and osteopath James A Nystedt. (Utredning om Utd. Del I, 2004) It was called Nordic Acupuncture School but changed name in 1996 to the Nordic Acupuncture University College (NAHS). The same year it established itself as a branch of the China Beijing International Acupuncture Training Centre (CBIATC). CBIATC was the first school to give international courses in acupuncture in cooperation with the World Health Organization. (NAHS, 2005) The Nordic Acupuncture University College offers 3 ½ year part-time courses on basic level and seminars on advanced level. Basic education in western medicine is a requirement for admission. In 1993 a demand from students from this school resulted in an umbrella organization; Norwegian Main Association of Acupuncturists (NAHO). The school had mostly the same membership requirements as NFKA, but the requirements on basic medical education was on 60 instead of 90 study points. (Utredning om Utd. Del I, 2004) The Norwegian Physicians' Acupuncture Association was also organized under NAHS' umbrella. (Vada, 2005)



NFKA and NAHO both organized classical acupuncturists and both associations organized members that were authorized health personnel and some that were not. NFKA though had the greatest mass of members; 333 against 140 in NAHO in 2004, and NFKA also had the greatest percentage of authorized health personnel in their mass of members. Although they were both working towards the professionalization of acupuncture, General Secretary in NAFO; Kari Bente Sørliie describes the situation then as characterized by competition, distrust and conflicts. (2005) The two associations both offered their members the right to call themselves ‘acupuncturist NAHO’ or ‘acupuncturist NFKA’. The rush towards establishing themselves as the greatest acupuncture association prevented any cooperation.

## **Chapter 3 Acupuncture and the government**

### **Norwegian health policy, the government and the health professions**

Professionalization processes must be understood within a historical and spatial context. In Norway, central factors in this context include both health professions and the Norwegian government. The Norwegian welfare state has in its consolidating phases been characterized by strong connections between the social democratic government and professional expertise. The medical profession, that was an established profession long before the existence of the welfare state, has played an influential role in the shaping of Norwegian health policy. The belief in science and the legitimacy of medical expertise and the medical profession's decision making was in some periods so influencing that health policy practically was the jurisdiction of the health professions. (Erichsen 1996, p. 93). The health professions are intertwined in Norwegian bureaucracy and health policies, and professional changes must therefore be analyzed with the perspective of interaction with government.

### **Acupuncture enters the politics**

In the 1970s acupuncture was a relatively unknown and foreign practice, and there had been few significant groups of practitioners of this in Norway before.<sup>13</sup> Hence there were no specified laws on the practice of acupuncture, nor were there any articulated policy on the regulation of this in Norway. As acupuncture applied to the treatment of illness, it fell under the effective laws on this field, especially the Medical Quackery Act dating from 19 June 1936. This Act restricted any but physicians and dentists from treating specific conditions and

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<sup>13</sup> As mentioned there are accounts of the use of acupuncture to treat eye-diseases in the National Hospital in nineteenth century.

also from performing specific medical interventions. The Act did however not prohibit others from providing health services as long as they did not break with these conditions.

In 1982 The Norwegian Board of Health wanted to take a physiotherapist to court because he was practicing acupuncture. Erichsen show in her analysis of Norwegian health professions, the medical profession in the postwar period became extremely integrated at all institutional levels of Norwegian health governments.(1996) This also applies to The Norwegian Board of Health, who was the supervising authority on Norwegian health services. The board tended to interpret the Act in a way that acupuncture was defined a surgical intervention. The argument was that the acupuncture needles perforated the skin. With this interpretation acupuncture could not be performed by any but physicians and dentists. However the Norwegian prosecuting authorities did not accept the Board of Health's interpretation of the Act.(Sagli, 2003, p. 145)

Still, the practitioners of acupuncture including other health personnel like physiotherapists and midwives found themselves restricted by the Medical Quackery Act and the interpretations of this. NFKA began to put pressure on the politicians in order to achieve some changes in the existing laws and regulations. Especially active was the NFKA leader during 15 years; physician Bernt Rognlien (Sørli, 2005). As a result of the political activity from the acupuncturist as well as the homeopaths and other groups, the Storting made four Roman numerals resolution 7 June 1995. (NOU 1998:21) After almost 25 year of acupuncture in Norway, the debate finally entered the Storting and there was a political will to follow it up. Prime Minister Thorbjørn Jagland was one of the persons that worked eagerly to put alternative medicine on the political agenda. (Waler, 1997) The public debate on this topic was though loaded with strong opinions and accusations. The Prime Minister's interest for alternative medicine was to some extent due to positive personal experiences with homeopathy and acupuncture. In the public debate this was sometimes used to ridicule his

political commitment on this field. The centre of the conflict was the discussion on scientific proofs for alternative medicine. While some argued that alternative medicine was undocumented and even nonsense, and that alternative medicine finally would have to admit that any effect of their treatment was placebo, others faced this critique by questioning the scientific grounds of established medicine.

The Four Roman Numerals resolutions gave the Ministry of Health and Social Affairs the task of making a distinction between serious and non-serious practitioners of alternative medicine, assess which role alternative medicine should play in the public health services, assess whether there should be an authorization of the education for alternative medicine and intensify the research on effects of alternative medicine for to distinguish between serious and non-serious treatment methods. (Ot.prp.nr 27. (2002-2003), p.17)

Possibly to the acupuncturists' disappointment, the discussion did not concern acupuncture specifically, but became a general discussion on alternative medicine. It is still too early to say whether this has benefited the acupuncturists or if it has forced them to settle with a lesser jurisdiction than they wished for.

In order to follow up the resolution the Ministry appointed an expert committee to evaluate the existing alternative medicine in Norway and suggest proper measures considering the different aspects of the resolutions. The committee was called the Aarbakke-committee, because of its chairman; the physician Jarle Aarbakke. The committee was compound of 17 persons from various professions. 5 of these were physicians, two were nurses and only four members represented as professionals the alternative medicine. One of these was an acupuncturist and homeopath. (NOU 1998:21)

The committee presented its report in December 1998: NOU 1998:21 Alternative Medicine. Their main conclusions and policy suggestions were that the Medical Quackery Act should be invalidated, and that regulations concerning alternative treatment should be

incorporated in a new Act on health personnel. They did not find it purposeful to establish a special type of authorization for alternative medicine, but if any new groups should be given authorization, they could, when the new Act on health personnel was made effective apply for this on the same criteria as the existing health professions. In addition the committee suggested an arrangement for registration of practitioners of alternative medicine. A majority fraction of the committee turned down a proposition on arrangements for reimbursement for alternative medicine. Generally the committee emphasized increased cooperation between alternative medicine and school medicine and also the need for research on and information about alternative medicine and the effects of it. The committee proposed that there should be set up an ‘information bank’ in connection with a research centre on alternative medicine.

### **NAFKAM and the China-Norway cooperation**

Some parts of the Aarbakke-committee’s proposals were followed up directly. Immediately after the Aarbakke-committee’s report, The Research Council of Norway<sup>14</sup> took the initiative to establish a new research centre at the University of Tromsø, The National Research Center in Complementary and Alternative Medicine (NAFKAM). The Research Council of Norway had since 1992 financed research on alternative medicine, but in 2001 this program was coupled with the research program “Pasientnær klinisk forskning og alternativ medisin”. This program now finances some of the research activity at NAFKAM. (Pasientnær, 2005)

NAFKAM should be responsible for the proposed ‘information bank’ and it should help both government and the public to attain the wanted overview over the field of alternative medicine. NAFKAM’s tasks were to do clinical research on alternative treatment, coordinate other research on this field and build networks for cooperation and research, also

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<sup>14</sup>The Research Council of Norway is a national and public institution that shall advise the government on research policy and work strategically to provide the Norwegian society with necessary and strategic knowledge and research. The executive committee is politically appointed.

internationally. The institution should also give education on alternative treatment and do informational and consultative work. The director of the centre became physician Vinjar Fønnebø who had long experience with Norwegian research on alternative medicine, and he was also a member of the Aarbakke-committee. Today the research centre has twelve scientific employees although only four of them are in a 100% employment. Of these twelve employees three have education in acupuncture and/or traditional Chinese medicine. Acupuncture is together with homeopathy, the most commonly used alternative treatment in Norway and there was a decision to put extra resources into research in these fields. The strong position that acupuncture has in alternative medicine in Norway was thus utterly expressed in this centre, and by way of comparison it can be mentioned that there are no educated homeopaths among the scientific staff at the centre. (NAFKAM, 2005)

With the political activity on alternative medicine as a background, there was in 1999 made an agreement on intentions of cooperation on health between China and Norway. Norway has today similar agreements on cooperation on health also only with France and Russia. (Nordbrenden, 2005) It was in Beijing, June 6, 1999, that the Norwegian Health and Social Affairs Minister Dagfinn Høybråten and the Chinese Health Minister Zhang Wenkang signed the Memorandum of understanding on the cooperation in the field of health between the Ministry of Health of the People's Republic of China and the Royal Norwegian Ministry of Health and Social Affairs. This was the start of cooperation between the countries on two principal areas; one on development, regulation and organization of hospitals, and one on traditional Chinese medicine (TCM). The cooperation involved exchange of information, exchange of personnel, institutional cooperation and study tours. In advance of the agreement on cooperation both the Aarbakke-committee and the Parliament Social Committee had as delegations visited China in order to study traditional Chinese medicine. (Faktaark, 2002a) After the agreement there were several other official study tours to China. In October 2004

this cooperation was extended two years, from 2006-2008, and in addition to extended cooperation on other fields like HIV, AIDS and preventive public health, there was also an agreement on cooperation on traditional Chinese medicine exclusively. (Pressemelding nr.62, 2004 ) The Ministry of Health and Care Services, Dagfinn Høybråten himself, played a special role in this cooperation. His great- grandparents lived in Yiyang, China, and founded a hospital there. As Dagfinn Høybråten came to China on official visit in the occasion of the agreement he was appointed President of Honor at the very same hospital. Dagfinn Høybråten was also personally enthusiastic about the cooperation on traditional Chinese Medicine. (Hafstad, 1999) His opinion was that there is much to learn from the Chinese and their long tradition and experience with alternative medicine. Acupuncturist Terje Alræk, responsible for the China-Norway cooperation on traditional Chinese medicine says that it is to a great degree due to Høybråten's work that we have this agreement on cooperation. (Alræk, lecture, 2005) The Directorate of Health and Social Affairs delegated to NAFKAM the responsibility to follow up the agreement with the Chinese Ministry of Health on cooperation on the field of Traditional Chinese Medicine. The responsible at NAFKAM became researcher and acupuncturist Terje Alræk, together with coordinator Brit J. Drageset and guest researcher Liu Jianping. (NAFKAM, 2005)

NAFKAM has since its opening in 1999 become the leading competence on alternative medicine in Norway. The centre sets up seminars on research within complementary and alternative medicine, and today the centre also arranges courses for physicians and other health personnel on alternative medicine. The courses are not aimed at teaching how to practice alternative medicine, but rather to enhance understanding of alternative medicine and present relevant information on regulations and existing research. Alræk's impression is that there are many physicians that are interested in the work on research that they are doing at NAFKAM. They are maybe even more interested than the

acupuncturists, he says. (Interview, 2005) After having attended one such course I found that 93% of the participating physicians were generally positive towards acupuncture. The same physicians did not think it created any problems for their own work as physicians if their patients received acupuncture treatment, but 53% thought that it was very important that the mechanisms within acupuncture should be documented scientifically before acupuncture could become a publicly authorized treatment method. One person did not think that this should be necessary at all. However, 93 % of the physicians answered to have been positive to acupuncture already before they attended the course.<sup>15</sup> It is thus difficult on the basis of my survey to predict whether NAFKAM through their courses has any influence on the perception and use of acupuncture among health personnel. The research that NAFKAM is performing is however often recited at *Forskning.no*, in *Tidsskrift for Den Norske Lægeforening* and generally in the media.

### **The new Act on health personnel and the question of authorization**

Many had seen the need of a modernization of the laws on health personnel, also before the Aarbakke- committee had presented its report. At this time there were individual laws for each profession that regulated the health professions. An evaluating government appointed committee had recommended that the individual laws were suspended and that a new and coherent law should be put into action. The recommendations were followed up by a hearing and an Odelsting's Proposition: Ot.prp.nr 13 (1998-99) Concerning the Health Personnel Act. In the presentation of the comments from the hearing it is mentioned that all actors responded positively to this recommendation except the Norwegian Medical Association, The Norwegian Association of Midwives and the Norwegian Dental Association. Taking Abbott's

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<sup>15</sup>The results are from a survey that I conducted at the course. There were 17 participants at the course, and of these 15 answered my survey.



view on professions as competing for jurisdiction this may not be surprising. As the Medical Quackery Act shows, the physicians and the dentists have traditionally been strong professions with strong jurisdictions in Norway, but also the midwives state in the hearing that they are contented with the then existing laws. Although the proposal for the new law had been on hearing in 1997, it was not made effective until after the Aarbakke- committee had presented their report. In the new Act on health personnel the jurisdiction of the Act was extended so that all professions that offer health services are covered by the Act, independently of whether the profession is authorized or not. One of the aims about this Act was to ease the interprofessional conflicts. (Od.prp.nr 13(1998-99) chap. 1) This places more responsibility on new groups such as the acupuncturists and other professions within alternative treatment. As all the health professions were covered by only one Act, the Medical Quackery Act would now apply to unauthorized health personnel only. (Sagli, 2003, p.145) The earlier latent conflict on physiotherapists and other authorized health personnel practicing acupuncture that came to expression when the Board of Health denounced the physiotherapist in 1982, was now avoided.

For NFKA and NAHO the important part of the new Act was the new regulations on recognition and authorization of health professions. The criteria for authorization should now be the same for all new professions. These concerned the content of the education, the role of the profession and international conditions. The content of the education should be so that the professional is trained in the subject of health and in contact with the patient. It is also a criterion that the content of the education should be based on research and that it is recognized by the authorities on education. Although some of the actors in the hearing, for example the Norwegian Association of Midwives, claimed that the education should be at a university college or university level, this was rejected in the proposition. The argument was that central professions within the existing health services have education at a lower academic level and

that the criterion served no purpose in this Act. The next criterion concerned the role of the profession, meaning the content and the art of its work. At this level the degree of independent work and the degree of contact with the patient should count in a positive direction concerning an authorization. The final criterion that concerned international conditions had the aim of harmonization with the Nordic and other neighboring countries. (Od.prp.nr 27(2002-2003) chap.13)

After the ratification of the new Act the NFKA applied for authorization for the acupuncturists. In addition also three other groups of health professions did the same. It was the homeopaths, the naphrapats and the osteopaths. The Ministry of Health and Social Affairs rejected the applications on the grounds that the new Act should be active during 2-3 years before new authorizations could be assessed. (Ot.prp.nr.27 (2002-2003), p.172) However the Parliament Social Committee did not agree with this decision nor did they accept their argumentation. In a finance bill they asked the Ministry to reassess the applications in the proposition following from the Aarbakke- committee's report. (B.innst. S.nr 11 (2001-2002))

### **The question of value added tax on alternative treatment**

In June 2001 the Ministry of Finance laid down new regulations on exception to value added tax in the health services; Regulations on the demarcation of the exceptions to value added tax in the trade of health services. In the regulations the exception to value added tax should also apply to acupuncture and homeopathy, even when practiced by unauthorized health personnel. This exception is noteworthy as it gives acupuncture and homeopathy a special position among unauthorized health personnel. The Financial committee in the parliament notices this and comments in a finance bill, in a general discussion on the drawing of the lines of the new system of value added tax, that this creates grey zones in the system. (B.innst. nr II (2000-2001) The argument for this exception, put forth by the Ministry of Health and Social

Affairs, was that acupuncture and homeopathy were the alternative treatments that most commonly were practiced by authorized health personnel. As predicted, in 2003 even eight new treatment methods were added to the list in the regulation and are given exception from paying value added tax. The newspaper *Aftenposten* wrote in December 2004 that as it has become difficult to draw any lines to this exception and that the Ministry of Finance will assess whether the exception from value added tax should be dependent on registration in the alternative treatment- register. (*Aftenposten*, 2004)

### **New vacancies in the system**

1st of January 2004 the the 68 years old Act of 19th June 1936 concerning the rights of persons who are not Norwegian physicians or dentists to undertake treatment of patients, was invalidated. In a press release from the Ministry of Health the new Act relating to the alternative treatment of disease, illness, etc. is explained to take two considerations; one of the patient's security and one of the patient's freedom of choice. As the press release puts it; the Act opens up for alternative treatment as a supplement to ordinary health services, even on grave sicknesses. (*Pressemelding nr.98*) Another way to put it is the way it was described in an earlier information sheet from the Ministry: It said that the new Act implies a certain impairment of the physician's monopoly on treating grave sicknesses and sufferings.

(*Faktaark. 2005b*) One of the central aspects of Andrew Abbotts theory on a system of profession, is that a new profession has the possibility to establish itself whenever there is a vacancy in the system. There may be various reasons to why new vacancies appear, like the creation of new technology, the loss of client groups, the redefinition of a problem, legal changes etc. In this case the vacancy was, if not created, so at least accentuated by the government and its health policy.

The new Act should regulate alternative treatment outside the public health services. It restricts alternative treatment that can represent a serious risk to a person's health and it also restricts alternative treatment of contagious and generally dangerous diseases; § 5-6. (These diseases are defined in the Act relating to control of communicable diseases § 1-3) However the Act opens up for that alternative treatment can be given to patients with severe illnesses as long as there is an understanding with the patient's physician, §7. Alternative treatment may also be given as a supplement to ordinary treatment, §6. §8 in the Act also concerned the marketing of alternative treatment. Only those that have the right to use a title as practitioner of alternative treatment can use this title in marketing, and the character of the marketing must be sober and businesslike. This part of the paragraph was followed up by a regulation on marketing; Regulations on the marketing of alternative treatment of disease, illness etc. The new regulations on the marketing of alternative treatment introduced rules on an area that had not been regulated explicitly before. The Consumer Ombudsman and The Market Council became the supervising authority on the area after the ratification.

The Act also introduced an aspect of protected titles for practitioners of alternative treatments. Only those that are registered at the Brønnøysund Register Centre<sup>16</sup>, as practitioners of alternative treatment shall have the right to use their respective title. This paragraph, also §8, was followed up by a regulation on the register; Regulations on voluntary registration of practitioners of alternative treatment. The regulation says that the registration will be voluntary, but the registered practitioner will have the right to put the prefix 'registered'<sup>17</sup> on her occupational title. To achieve registration the practitioner has to be a member of an occupational organization recognized by Directorate of Health and Social Affairs, fulfill certain formal requirements and pay registration fee and duties.

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16 An administrative agency under the Ministry of Trade and Industry

17 'offentlig registert'

In order to achieve recognition the occupational organizations must apply to Directorate of Health and Social Affairs and fulfill some criteria. These criteria are that they must have regulated occupational requirements for membership, rules for patient complaints and a special committee to handle these cases, ethical guidelines for their members with the possibility of expelling a member if she does not follow these and the organization must be registered in The Central Coordinating Register for Legal Entities. The organization must also have at least thirty members and its members must undertake to work securely, handle patient information properly and give their patients any necessary information.

### **The Ministry of Health's Odelsting Proposition**

The preparatory works to the new Act was presented in Ot.prp.nr 27(2002-2003) concerning the Act relating to the alternative treatment of disease, illness, etc. The proposition discusses several of the suggestions that the Aarbakke-committee had presented. These concerned various judicial regulations, registration or authorization of practitioners of alternative treatment, support from the National Insurance, economic and administrative consequences and other non-judicial policy instruments.

The Ministry of Health states that they have two problems to be addressed: The first was about what official requirements should be put on practitioners of alternative treatment outside of the public health services, and the second was about how and whether alternative treatment should be integrated in the public health services. As described over the draft bill generally concerned the first of the mentioned problems. The second was found to be covered by the new Act on health personnel and the consequence was thus that alternative treatment would have to proceed to the same requirements as those that apply to the authorized health professions. These were presented to be that treatment is based on science or systematized experience. On the discussions of knowledge and research activity the proposition presents an

evaluation that the Directorate of Health and Social Affairs made on the effect of various alternative treatments. They stated that acupuncture has effect on postoperative nausea at adults, on nausea and vomit after cytotoxic drug treatment, and as analgesia after dental surgery.<sup>18</sup> The Ministry regards these findings as decisive when they consider the integration of alternative medicine in the public health services. (Od.prp.nr 27, p. 49)

### **The discussion on a special recognition for alternative treatment**

In the Aarbakke –committee’s mandate one of their tasks was to recommend measures in order to separate serious from non-serious practitioners of alternative treatment. In this context the committee should evaluate if a suitable initiative would be to create a special public recognition of alternative treatment. The committee disagreed on this and suggested instead the mentioned arrangement with voluntary registration. The discussion, as presented in Ot.prp. nr 27 (2002-2003), came out with the same conclusion as the committee. The suggestion of establishing a special type of public recognition of alternative treatment was turned down because of difficulties of carrying it out due to the complexity of the alternative treatment methods and the groups of practitioners. But one other main reason why it was rejected was that there was a massive opposition in the hearing from the commenting bodies. In the comments from the hearing on a special type of authorization for practitioners of alternative treatment, as they are presented in the proposition, there are mostly corresponding views on the reasons why this is not an optional solution. It is though interesting to see that the acupuncturist bodies that have commented the inquiry, except the mentioned university above, all emphasize that instead of a special type of recognition the acupuncturist should be

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<sup>18</sup> It is the Directorate of Health and Social Affairs which is the supervising authority on groups of health personnel and this is also the institution that has the responsibility of assess such documentation of effect in the question of new authorizations. They base their assessment of effects on research at the database of the Cochrane Collaboration. The Cocharane collaboration is an international organization for cooperation on medical research.

assessed for the standard authorization as health personnel. They also state that such an authorization is necessary for ensuring a high quality on the treatment, and that there should be high requirements for practicing acupuncture. Although any authorization would be a step up it would for NFKA be unsatisfactory to settle with a special alternative treatment authorization and not the high- prestige health- personnel authorization. Also The Norwegian Physicians' Association for Acupuncture says that there should be an ordinary authorization of acupuncturists, but also that acupuncture should be organized as a specialty for physicians. Moreover The Norwegian Physicians' Association for Acupuncture comments was listed in the proposition as authorized health personnel. The opposite view was presented by the interdisciplinary organizations, like The Norwegian Main Organization for Traditional Medicine. They do not want an authorization of specific groups only, like the acupuncturists, as they fear that this may split the alternative treatment milieu. <sup>19</sup>(s.172)

As mentioned the suggestion for a special recognition for alternative treatment was turned down and the Ministry and the Parliament passed instead the arrangement with a special register, as described over. The debate in Ot.prp.nr.27 (2002-2003) had been concerned about gaining control and overview over the complex group of practitioners and methods. The ministry stated in the proposition that the aim with the register is to separate serious from non-serious practitioners. It is also mentioned that it might help to integrate and recognize alternative treatment and to establish contact between the government and practitioners of alternative treatment. The Ministry hopes that the register may encourage the different groups of practitioners to organize themselves better.

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<sup>19</sup> A rather humble statement comes from The Norwegian University of Chinese Traditional Medicine and Acuuncture “[We ] understand the committe’s rejections towards an arrangement on authorization, even though we and other serious practitioner of alternative medicine would have welcomed such and arrangement”( Od.prp.nr.27(2002-2003) chap.13.4) It would have been interesting to investigate whether practitioners of alternative treatment generally have humble jurisdictional goals.

## **The implications of an authorization**

In B.innst. S. nr 11 (2001-2002) the parliament social committee asked the Ministry to reassess an authorization of the acupuncturists, the homeopaths, the naphrapats and the osteopaths as health personnel. In Ot.prp.nr.27(2002-2003) the Ministry clarifies the implications of an authorization. What is stated is that a governmental arrangement for recognition of a profession is a source to management, control and influence on these groups. The purpose for such recognition will mainly be to secure a certain professional standard and that the practitioners have a certain qualitative level of knowledge. The focus lies at the patients' security. The Ministry argues that an authorization involves an acceptance and recognition of the methods used by the occupational group as secure. As a new group of health personnel will gain the same status, privileges and duties as the now existing health personnel, the new group of health personnel will meet the same expectations to their technical skills from patients and the society. (Ot.prp. nr. 27 (2002-2003) chap.13)

If any new groups should be given authorization there would have to an assessment of the practitioners' qualifications, like professional knowledge, the education and the content and extent of the education, practice, etc. The profession will also be imposed certain societal duties that will be directed in regulations or Acts. These duties are responsibility, professional secrecy, requirements for documentation and the obligation to submit report etc. The practitioners will also be under the control of supervising authorities, including the Norwegian Board of Health and the County Medical Officers. The Ministry argues that if practitioners of alternative treatment should be authorized these supervising organs would need to be supplemented with relevant competence for this task. Today there is no competence on these areas within the administrative system for supervision. Finally, an authorization will imply a protection of the professional title (p. 169). "An authorization thus becomes a guarantee for a certain level of knowledge and for that the professional has certain



personal qualifications do that the practitioner can have the confidence of the Health Authorities and the society.” (Ot.prp.nr.27 (2002-2003) p.170)

The acupuncturist bodies had argued that acupuncture should be compensated from the public for example through the National Insurance both as registered practitioners, but in particular if they were to become an authorized profession. However, the Ministry makes it clear that an authorization of a new group of health personnel does not necessarily imply that this group will be included in the arrangements of the National Insurance or receive any public financing.

### **The ministry rejects assessment for authorization**

Following the criteria from the new Act on health personnel, the ministry argues that if a group should become authorized as health personnel it is important that this group has the confidence of the society and of the patient. They give importance to documentation of effect of the treatment methods used and claims that there must therefore be a systematized assessment of research on effects. Besides this the ministry says that importance could also be attached to extent and systematized clinical experience. If the treatment involves the possibility of danger and health damage authorization would be a matter of judgment, more than if there is no danger involved in the treatment. The security of the patient must be said to be the decisive point here. Many practitioners of alternative treatment are independent of other health personnel and often work individually. According to the Ministry they should therefore be in less need of an authorization as their autonomy is already in place.

The ministry also gives importance to whether the specific treatment method is commonly used in Norway or not. (Od.prp.nr27 (2002-2003)p. 176-179)

In respect to the emphasis on education in the criteria for assessing authorization, the Ministry states that the different groups of practitioners of alternative treatments have

differing education when it comes to content, extent of the education and the entrance requirements. Also within one occupational group there are many different schools that offer differing education, and the ministry especially mentions acupuncture and homeopathy. On this ground the Ministry regards it as premature to assess an authorization of these groups.

As the Parliament requested an assessment of the four applications from the naphraths, the osteopaths, the acupuncturists and the homoeopaths, the Ministry approved the assessment of the naphraths and the osteopaths, but not of acupuncturists and homoeopaths. The reason for this is that naphrathy and osteopathy has many similarities with authorized treatment methods of physiotherapy and chiropractics, and that most of the practitioners are also educated physiotherapists. Both of the treatment methods require three year of education at a university college level and to varying degrees these treatment methods have authorizations in neighbor countries. An assessment of naphrathy and osteopathy should compare the methods, the documentation of effects and the content and extent of the education with chiropractics and physiotherapy. The education is a decisive element. It is written in the proposition: “A consequence of a prospective authorization is that the content and the extent of the education have to be approved.” (p.179) For the acupuncturists and the homeopaths it is emphasized that none of our neighbor countries have authorized these groups and also that there are no public schools in the Nordic countries that offers education on these treatment methods that leads to an occupational title. Still, the Ministry mentions that it has confirmed effect of acupuncture treatment on specific diseases. The Ministry proposes that there should be an evaluation of the existing education within acupuncture and homeopathy, but without mentioning authorization as a necessary outcome of this.

## **Assessing the acupuncture education**

The Directorate of Health and Social Affairs led the evaluation of the acupuncture education in Norway. They put down a committee on seven persons representing NAHO, NFKA, NFMA, NAFKAM, the Ministry of Education and Research, the Directorate of Health and Social Affairs and a chairman from the Directorate of Health and Social Affairs. In addition they had meetings with schools, patient-associations, other occupational associations and NNH. The conditions of their work concerned obtaining professional security for the patient, guided practice in the training, education in existing Acts and rules, education in relevant research and requirements of up-grading courses. The schools should apply for accreditation from the newly established Norwegian Agency for Quality Assurance in Education (NOKUT).

The committee members agreed on establishing two different standards for acupuncture education; one for authorized health personnel with a minimum education on a bachelor level and one for others. For those without a bachelor education within an authorized health profession the requirements to the education were set to four years; equaling 240 study points. This is one year more than the education for nurses and physiotherapists, and the representative from The Ministry of Education and Research in the committee disagreed on this point. With the possibility to set the standards of the education so high, the acupuncturists had the possibility to promote their jurisdictional goals by the high quality of their education. The acupuncture professional part of this education was decided to follow parts of the model that was taught at The Nordic Acupuncture University College and the Norwegian Acupuncture University College (AKHS). This was defined to be classical acupuncture. However it was also stated that it would be beneficial if both classical and medical acupuncture schools would teach their students about both the approaches. For those students with a bachelor degree within an authorized health profession the educational standards were

based on a model established by International Council of Medical Acupuncture and Related Techniques. As the name indicates the focus was put on medical acupuncture. There was made a differentiation of the education for the different health professions and NFMA's educational models made the foundation for these differentiations. An exception to this was the midwives education, which both AKHS already had established. The AKHS module was made the standard for the midwives acupuncture education. The committee also suggests that the acupuncture education for authorized health personnel should be recognized by the Norwegian Medical Profession or some other authority. (Utredning om Utd. Del I, 2004)

The recommendations from the committee were submitted to the Ministry of Health and Care and sent out on a hearing. At the web pages of the Directorate of Health and Social Affairs one could read 10 November 2004 that there was an agreement on the standards of the acupuncture and homeopathy education. (Sosial og Helsedirektoratet, 2004) However the dilemma was what to do with the standards. Vinjar Fønnebo, representative for NAFKAM in the committee said that there was no intention of a public recognition of these educations. His suggestion was to make a conference. (Fønnebo, 2005) Not surprisingly however, the standards were adopted by NFKA, NAHO and NFMA with the intention of implementation.

## **Professionalization of alternative treatment and the merger of NFKA and NAHO**

The political debate on alternative medicine had a focus on patient freedom of choice and patient security. This was the perspective of the Aarbakke-committee when they worked out their proposals for the policy on this field. The policy outcome of this demonstrated this ambiguity. On the one hand the government had gained control with the practitioners of alternative medicine as the new regulations demanded registration and compliance with certain criteria. On the other hand, the government avoided to enter the underlying

professional conflicts that a public recognition or authorization of all or any of these groups would bring forth. The patient perspective of freedom of choice was enhanced by the invalidation of the Medical Quackery Act, and the perspective of patient security was to some degree taken care of by the controlling mechanisms in the registration and the regulations on marketing. There were not even any great financial barriers in this policy, as the question on social security for these services was turned down.

In a chronicle in *Aftenposten* 2002 it was claimed that the Medical Quackery Act was in practice removed long time ago. (*Aftenposten*, 2002) Even though the policy on alternative medicine must be said to be mild, it has though forced the practitioners of alternative medicine to comply with standards that in classical theories on professions are linked with professionalization processes, such as the establishment of an association, establishment of education standards and schools, ethical guidelines and the possibility of expelling a member. It is no doubt that this has worried those that see the growth of alternative treatment as an unfavorable phenomenon, and the arrangements on registration of practitioners of alternative treatment has been met with concerns about that the clients may mistake this public registration with a public authorization. For the acupuncturists the policy gave important consequences. By rejecting to assess an authorization of the acupuncturists, the government at the same time presented the criteria that they considered essential for an authorization. Education was only one of these, but the agreement on education standards was a giant push from the government. Sørli explains that the government felt that the population of Norwegian acupuncturists was chaotic and too unorganized. As a result of the government pressure NFKA and NAHO finally settled their disputes and formed one association together. 1 January 2005 the two associations merged and became NAFO. Sørli describes how it was actually the government that pushed the two associations into cooperation and union. (2005) The government's opinion about acupuncture was that this was a chaotic field

and that they wanted a better organization of the field. The regulation on registration of practitioners of alternative treatment was a direct measurement from the Ministry of Health to make these practitioners organize themselves and thus to gain a certain control and overview over the field.

With the merger the acupuncturists strengthened their position towards the government. Sørliie says that it is obvious that they stand stronger if they stand together in their claims for authorization, and by joining together in one association they also signaled that they are willing to cooperate with the government. However there was also an economic motivation for the union, as the costs going out to management were diminished when they became more members to finance only one association. (Sørliie, 2005) The conflict that had existed between the two associations had its background in their competition about being the best acupuncture school and association. Although there were some differences between the NFKA and NAHO, they did not belong to different schools of thought, like The Norwegian Association for Medical Acupuncture did. With the union the two associations managed to reduce their conflicts and establish themselves as the biggest acupuncture organization in Norway. As such they have also gained reputation among patients and other practitioners. They were now the dominating association in the Norwegian acupuncturist milieu.

In order to achieve the merger NFKA quit their bonds to the Norwegian Acupuncture University College. The new association decided that their membership requirements should be acupuncture education consisting of 2500 hours, of which one third; 90 study points, has to be basic medical education. Sørliie explains that in order to reassure the quality standards of their members' education, they heightened the requirements after the merger and in coherence with the standards that there had been an agreement on. With the new requirements the two both of the two schools Norwegian Acupuncture University College and the Nordic

Acupuncture University College adjusted to these standards. These schools are now the only two on NAFO's list of recognized acupuncture schools. (NAFO, 2005)

## **The government and the health professions**

The Norwegian health professions relation to the government may seem awkward to anyone studying professions as pressure-groups and without taking into account the Norwegian welfare state model. In such a perspective too close connection with the government means loss of control and autonomy. Why would NAFO be so eager to get the government involved in their practice and professionalization? As it was expressed in *Aftenposten*: "The patients have already invalidated the Medical Quackery Act" (2002) In this sense the acupuncturists have already gained a certain jurisdiction. Individuals with or without former education in health professions have managed to organize themselves in a relatively large and dominating association, and they call themselves 'acupuncturist'. They have already filled a vacancy in the system, despite of the medical profession's resistance. Nevertheless we see that NAFO wants the government to be involved. The Norwegian welfare state is an important arena for interprofessional changes. The public health services are formed by the health professions and in the same way it also shapes the character of and the relations between the same professions. Outsiders are peripheral, as they do not have the same chance to interact with the other professions. In a pressure-group perspective it is often claimed that professions lose control and power when they become too integrated in the state. (Erichsen, 1996) Erichsen has however shown that the Medical profession has gained an especially strong position in Norwegian health sector exactly because they have had such close connections to the state and been integrated at all institutional levels of the bureaucracy. (1996) There has been many changes to this the last couple of decades, and the loosening up of the physicians' monopoly

by the new Act on health personnel and on alternative treatment may express this tendency. By politicizing the health politics, the acupuncturists and others have been given the opportunity to make their demands be heard. This may be the reason, but I will question whether the debate has been politicized or if it still is the politics of expertise. Maybe it is not a question of expertise versus politics, but of who or what is to be regarded as expertise.

### **Jurisdictional settlements**

Throughout the last decade the acupuncturists have managed to make their voices heard, and achieved together with many others to slightly loosen up regulations that restricted their practice and their control over their work. With the new Act on alternative treatment of disease, illness, etc. and the new Act on health personnel, NAFO and NFMA's members may now practice acupuncture. NFMA has however a shorter way to the dominating health profession; formally and by defining their work as medical acupuncture. The acupuncturists defining themselves as practitioners of traditional Chinese medicine have become stronger with the establishment of NAFO. This doesn't mean that all Norwegian acupuncturists had found their association. Nevertheless the Norwegian acupuncture milieu cannot be said to be a homogenous group. As mentioned there are approximately 14 Norwegian schools offering acupuncture training, and most of the students educated outside the Norwegian Acupuncture University College and the Nordic Acupuncture University College are not granted membership in NAFO. These organize themselves in other associations with lesser requirements on education. Together with the other practitioners of alternative treatment they have achieved much the last decade, but the companionship with the other practitioners of alternative treatment was exactly what NAFO wanted to step out of. They wanted to join the society of authorized health personnel.



NAFO and NMFA have kept their distance even after the new laws and the agreements on education. I have been surprised to discover that NAFO and NFMA have relatively little communication with each other. NAFO acupuncturists seem to think that the NFMA acupuncturists realize their very limited competence on acupuncture as they have lesser education. Professional and political responsible in NFMA, Bjørg Vada explains that the classical acupuncturists have showed little interest for medical acupuncture. She thinks also that it is due to this that their courses that are aimed at teaching acupuncture as a complementary treatment for authorized health personnel, have achieved little recognition. To NFMA it was a breakthrough that the negotiations in the committee evaluating the acupuncture education lead to consensus. (Vada, 2005) While NAFO persistently works towards authorization, NFMA works towards an integration of acupuncture for already authorized health personnel. While the Norwegian Physicians' Association for Acupuncture had their greatest challenge within the medical profession, as their aims were to establish acupuncture as a specialty for physicians,(Od.prp.nr.27) NFMA have adopted much broader, but less ambitious jurisdictional goals on behalf of various health professions. In an article published in *Tidsskrift for Den Norske Legeforening* the authors had conducted a survey among physicians of whom the majority (around 90%) had their education in acupuncture at NLAK. The survey found that lack of time, limited knowledge and limited experience were the dominating factors that restricted the physicians from practicing more acupuncture. Despite of this, 60% still thought that acupuncture should be practiced by authorized health personnel and 2/3 thought that it should be more integrated in the public health services. This may indicate that despite their awareness of limited knowledge the physicians practicing acupuncture with education from NLAK still wants acupuncture to be integrated in the works of authorized health personnel and not to become an own profession. (Aanjesen et.al. 2002) With NFMA and NAFO having so different jurisdictional aims it is possible that only one of

them may attain their goals. Despite the progress on alternative treatment and on the education it is therefore difficult to predict whether NAFO also in the future must accept to settle with their newly achieved but limited jurisdiction, or if they will be granted assessment for possible authorization.

## **Chapter 4 Negotiating acupuncture**

### **Premises for discussion**

The political and public discussions on acupuncture have been ruled by certain underlying premises. The premises may have their explanation in historical conditions, in institutional conditions, in power relations, in the influence of individuals or in knowledge systems. These discussions become part of the negotiations on acupuncture at the professional level, and the premises that steer the discussions may be decisive for the jurisdictional disputes that acupuncture is involved in. This chapter is about the negotiating acupuncture by changing the underlying premises of the discussions.

### **Acupuncture as alternative treatment**

The terms ‘alternative treatment’ and ‘alternative medicine’ are often randomly used in the public and even throughout this thesis. The NOU 1998:21 was called ‘alternative medicine’ and they chose to use this definition as it was commonly used, but in Od.prp.nr. 27 (2002-2003), which is the follow up of the NOU 1998:21 the Ministry of Health changes the sound of the definition to ‘alternative treatment’. The ministry states that ‘medicine’ and ‘school medicine’ should be understood as the knowledge and the professional practice that is based on the biomedical model of understanding, which is the basis of authorized health personnel’s professional knowledge. The term ‘alternative treatment’ should be the term that defines the group of health services that was not included in the first definition. In so doing they chose a different definition than the Aarbakke- committee and the much more commonly used ‘alternative medicine’. In the discussion concerning the choice of definition the proposition presents the official definitions used by other countries and organizations. Complementary

and Alternative Medicine, Alternative Medicine, Unconventional Medicine and Traditional, Complementary and Alternative Medicine were the official definitions in respectively Great Britain and the USA, Sweden, EU and WHO. Only in Denmark was ‘Alternative Treatment’ the official definition. (Od.prp.nr. 27(2002-2003) p.22-23) In the hearing the use of definitions was only rarely commented, but the proposition mentions the comments from The Norwegian Medical Association, The Norwegian Nurses Association and The Norwegian Board of Health. All of these three prefer ‘treatment’ to ‘medicine’. The Norwegian Medical Association are concerned that one can mistake alternative medicine to represent science based treatment with documented effect. The Norwegian Board of Health are concerned that the consumers may confuse alternative medicine with ordinary medicine. The Norwegian Nurses Association also rejects the term ‘medicine’, but emphasize that the term ‘complementary’ could give a focus on cooperation rather than division. (p.21-22) All of these institutions or organizations are well established within the core of public health services. As we see the ministry chose not to follow the international trend and chose a different definition than what was commonly used in the Norwegian language. Their arguments were that this definition was fit for legal matters and that the definition was more neutral than the definition ‘alternative medicine’. It is argued that the definition will not give associations to scientific documentation and systematized experience (p. 20-24). The perceived neutrality of a definition surely depends on where you stand. In an international setting it is not especially neutral as the Ministry chooses not to follow either the EU or the WHO. Also the government initiated research centre NAFKAM uses the term ‘alternative medicine’ in their title. The proposition refers to the Aarbakke-committee’s report where it is claimed that skeptics to alternative treatment prefer ‘treatment’ to ‘medicine’, while supporters prefer ‘medicine’. As an illustrating example the Norwegian Medical Association has consequently used ‘alternative treatment’. It is though noted that some supporters of

alternative treatment also prefer ‘treatment’ to medicine, as they don’t wish the association with medication.

Acupuncture is today officially defined as alternative treatment. As we have seen the Medical Quackery Act from 1936 that was recently replaced defined any person, that was not a Norwegian physician or a dentist and who treat to cure a sick or ill person, as a quack. In more recent years alternative treatment or alternative medicine has become the assembly term for all health services that are most commonly performed by publicly unauthorized practitioners and whose methods differ from those practiced within the public health services. As the Ministry of Health writes about the Ministry’s responsibilities: “Alternative treatment, like acupuncture and homeopathy, are not part of the public health services.” (HOD, 2005) However the borders are sometimes vague. The methods and the knowledge within the two spheres are sometimes overlapping. The knowledge that is the basis for the professions within the public health services is mostly connected to the theories of biomedicine. (NOU 1998: 21) In Abbott’s perspective the knowledge system is a key factor in linking jurisdiction to the profession’s work. Alternative medicine or treatment is to some extent defined to work outside of the biomedical knowledge system. This definition can therefore be a term that allows the unauthorized professions to work more freely as their work cannot be reduced by the authorized professions’ knowledge system. But it can also turn against them. By reduction Abbott means that one profession manages to gain jurisdiction to another profession’s work by defining this work through the winning profession’s knowledge system. He gives the example of medicine that reduced children with behavioral problems to be hyperactive. As such they have a disease, which of course medicine has the jurisdiction to. (1988, p.62) As the public professions are more dominant in the total Norwegian health services they often dominate the discourse on health. Their knowledge system “wins” over the unauthorized professions’ knowledge system which in turn loses jurisdiction. When Erik Tunstad, editor

of Forskning.no writes that NAFKAM does not perform “real medical research” and that alternative medicine is not science, but a lifestyle or a religion and thus that research on this phenomenon is not within the natural sciences, (2003) it illustrates both the status of academic knowledge, especially that of the natural sciences, and also how a lack of an academic knowledge system makes it possible for others to reduce a profession’s work. Former Health Minister Dagfinn Høybråten, who was active in the work of replacing the old Medical Quackery Act, stated after a visit to China that he is interested in giving alternative medicine a legal place in the treatment of patients in Norway. (Aftenposten, 2002) Editor of the journal Humanist, Arnfinn Pettersen, questioned Høybråten’s judgmental abilities, and argued that it is not strange that a person that believes that you can be cured by prayers may be positive to acupuncture (Pettersen, 2002).

To avoid such reductions NAFO wants to step out of the categorization as alternative treatment. After Od.prop.nr 27 the Ministry of Health took the initiative to arrange the establishment of an umbrella organization for the practitioners of alternative treatment: SABORG. SABORG was meant to be an arena for cooperation on the development of organization, standardization, research, education and professional aspects of alternative treatment, and also to enhance communication between the health- governments and practitioners of alternative treatment. SABORG has thus connections to NAFKAM and especially to the government, but still NAFO chose not to be a member. Sørliie says that NAFO has consciously chosen to stay out of the association, as they do not want to be defined as alternative medicine or alternative treatment. (2005)

## **Vacant tasks**

The jurisdiction to the actual work of the acupuncturists is today a topic for constant negotiation. As with the acupuncturist Nygaard that negotiated between her two professions,

this debate goes on within and between the professions and in the public. In *Tidsskrift for Den Norske Lægeforening* it is common to see articles with the headings: “Acupuncture for knee osteoarthritis?”, “Acupuncture for tension headache?”, “Acupuncture for fibrositis?”, “Acupuncture for postoperative nausea?”, “Acupuncture for dyspnoea?”, “Acupuncture for allergic rhinitis?”. (2005. nr. 18, 17,11 and 6 ) At NAFO’s web- page there is a list from the WHO over diagnoses where acupuncture is found to be effective. These articles and lists are all based on effect of treatment found through research. When jurisdiction is to be decided by effect, negotiations on definitions on diagnosis plays a central role in the interprofessional relations. When I asked Sørliie if this list is put there to set the borders for acupuncturists work, she said that “No; that would be delimiting.” (2005) The negotiation on defining the work of the acupuncturists is not only a tug of war on diagnosis and effect. It is also about defining the problem and the border of an acupuncturists work. Acupuncturist Nygaard’s patient may have a painful shoulder, or they may have stagnation in the small-intestine meridian. To Nygaard it might be a little bit of both, but she must still balance her two professions to decide the proper treatment.

Norheim explains in his dissertation that lack of effect of conventional medicine is the most common reason to try acupuncture in Norway, and the problems the patients are suffering of are most often muscular-skeletal pain.<sup>20</sup> (2005, p. 42,) The Aarbakke-committee presented in the report the results from a survey from 1997. The survey had investigated 4000 consultations with physicians and found that in only 43% of these consultations the physicians managed to diagnose the patient. The NOU report further argues that some may claim that the medical profession is loosing patients due to the character of their work. When the physician cannot find what is wrong and diagnose the patient, the patient may feel

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<sup>20</sup> Could it be that these results are due to that muscular-skeletal problems are a common physiotherapist task and the physiotherapists are the largest group of practitioners of acupuncture? (NFFA, 2005)

relieved to receive a diagnosis elsewhere. In addition patients feel a strong disappointment when being diagnosed to have mortal disease and the physician cannot offer any effective treatment, or of they have a chronic disease and are told that they must learn to live with it. Some patients have also had bad experiences with seeing a physician and avoid further contact. Some may have been discouraged by the idea of having to take medicines continuously for years, and some may feel that they are not respected and been taken care of by the physician when they are diagnosed to suffer from psychosomatic diseases. Some few also feel offended by the physician. Some of the characteristics that make the physicians loose their patients, alternative medicine can offer. Generally practitioners of alternative medicine spend much time with each patient, and there is a dialogue between the patient and the practitioner. The patient feels that she is taken seriously and is respected by the practitioner. The practitioner tries to find the cause of the disease and sees the patient in a holistic manner where also the social aspect of the patient's life is taken account of. (NOU 1998:21, chap.7.2.6 and 7.2.7) The argumentation is thus that alternative medicine is filling a vacant task in the system of professions. It would be speculative to say that these vacant tasks are all the same for acupuncture as for alternative medicine in general, but some similarities are there as we see from Norheim's findings.(at the top of the paragraph) The discussions on these vacancies often concerns the explanatory models and the effect of the alternative medicine. Is the vacant task simply to care for the patient and spend time to dialogue, or is the vacant task the treatment of the diseases that the physicians fail to treat? While some are eager to emphasize that the effect of the treatment is due to caring for the patient, this may also be used to reduce the acupuncturists work from the explanatory models of treatment and effect within acupuncture and to the lesser esoteric knowledge of caring. The acupuncturist Nygaard explains that she used to send her patients away for acupuncture treatment when she as a physiotherapist did not succeed just as well when treating painful elbows. (Interview, 2005)



By this she argues that acupuncture has occupied a vacant task in the system of professions. For NAFO the discussion on vacant tasks does not only concern whether there is a vacant task, but also how to achieve the jurisdiction to it. Their dilemma arises with the increase in shorter courses for acupuncture training and in addition that these courses often treat a kind of ‘cookbook’ acupuncture. Within ‘cookbook’ acupuncture or ‘symptom’ acupuncture there is lesser need for professional or esoteric knowledge as the way between diagnosis and treatment is short and simple. This middle stage between diagnosis and treatment is what Abbott calls inference. He claims that both too little and too much inference can make a profession vulnerable. Too little inference is characterised by a routine connection between diagnosis and treatment. Too much inference is when the profession is purely esoteric. Abbott provides the example of American psychiatrists in the twenties that lost their jurisdiction to Freudians. The first psychiatrists argued that each case had an individual logic, while Freudianism gave routine answers to many problems. Although the first being effective in their work, to an outsider it seemed that this was due to individual skills only and the efficacy was hence not scientifically legitimate. (Abbott, 1988, p.52) Georg Bentze, founder of NFKA, expresses in *Akupunktur: en annen måte å tenke på*, published in 1984, his worries about tendencies in the practice and teaching of acupuncture. He claims that there is a degradation of the original Chinese acupuncture as more people wishes to acquire this knowledge through only short courses or self- study. He also refers to what is called ‘symptom’ acupuncture or ‘cookbook’ acupuncture, and says that the differences between such practitioners and an acupuncturist are bigger than between a nurse and a physician. While many classical acupuncturists claim that diagnosis and treatment must be set individually, this becomes contradictory to the wish to utilize the randomized blinded trials that is a common standard for research on effect within biomedicine. The wish within NAFO to keep the knowledge system within classical acupuncture and at the same time achieve documentation of effect

within the accepted scientific standards, can be seen in the ambiguous reactions towards research on acupuncture. The negotiations on jurisdiction thus proceed into the scientific activity.

### **Medical or classical acupuncture?**

NFMA has chosen an approach towards acupuncture that is called ‘medical acupuncture’, and by so doing defining their work as acupuncturists through the established medical vocabulary.

Within the Norwegian Medical Association this undoubtedly gives resonance, and NSAM defines medical acupuncture like this: “Importance is attached to western-diagnostic conceptual frames as the background for treatment strategy within acupuncture.

Degree of evidence should decide the choice of treatment.” (NSAM. Akupunktur, 2005)

When these conditions are made the foundations for building these acupuncturists’ jurisdiction it is easier to understand why NFMA has chosen more modest jurisdictional aims than NAFO on behalf of acupuncture. As work should be so strictly defined by evidence on these specific conditions, the jurisdictional claims will have to wait for the finding of these evidences. However NFMA seems to emphasize the relation to health personnel rather than strict evidence when they write that medical acupuncture is when “acupuncture is practiced as an integrated part of the medical work that is performed by authorized health personnel within the public health services.” (NFMA, 2005) Saggi found that the students attending NLAK are influenced by the traditional Chinese concepts that they learn at the course, (2003) and NFMA also takes advantage of classical acupuncturists as lecturers on seminars that they arrange. (Vada, 2005) As such the western diagnostic conceptual frames play a less clear role in defining medical acupuncturist’s work.

NAFO’s approach towards acupuncture is often referred to as classical acupuncture.

Contrary to the articulated policy at NFMA, NAFO wants to conserve acupuncture and

traditional Chinese medicine within the frames of its own medical system. While NFMA emphasizes their use of western diagnostic conceptual frames, NAFO attaches their work almost exclusively to the conceptual frames of traditional Chinese medicine. However also for the NAFO acupuncturists, the education is adapted to western realities and western concepts, and even 90 study points of basic biomedical education is required at the recognised schools and for to attain membership. As a consequence a diagnosis may be heat in lower burner, but as we see from the first chapter the diagnosis can at the same time be excessive secretion or Candida.

Despite the use of the different knowledge systems of medical and classical acupuncture to define the professional tasks, the borders are in practice sometimes vague both for NAFO acupuncturists and NFMA acupuncturists. It is when it comes to research and scientific knowledge that the differences and disputes, also towards the other health professions, are highlighted. The research centre NAFKAM was the government's initiative to make alternative medicine, including acupuncture, more scientific and more academic. Acupuncture as traditional Chinese medicine is in China an academic subject and has been so in earlier centuries. According to the historian Needham, it is to a great degree also an experience-based treatment method.(Needham, 2000, p. 60-64) Nevertheless, its knowledge system with its pulse and tongue diagnostics, its system of inference involving Qi, five elements, organs; ZangFu, meridians and more, is epistemologically and perhaps ontologically different from that of biomedicine. When research is to be done on acupuncture it is therefore a negotiation on the conditions of the research. The possibility to use randomized double blinded trials for finding effect of treatment on acupuncture has though been questioned, especially within classical acupuncture. As classical acupuncture emphasizes individual treatment, and not symptom treatment, it is often claimed that the research conditions will disturb the outcome. Within medical acupuncture there is a broader use of

‘cookbook’ acupuncture, or ‘symptom’ acupuncture that gives standard prescriptions on treatment for specific symptoms or conditions. The discussion on research thus becomes a discussion on medical versus classical acupuncture.

For to make it possible to perform blinded trials, there has been developed special techniques and inventions. One example is sham-acupuncture. This is needles that are only slightly inserted in the skin before the actual needle disappears into the holster. To the patient it will look like that needle is inserted all the way, and like this it is hoped to find out how much of the effect of acupuncture that is due to placebo. Double blinded trials have however been found to be impossible to perform as the acupuncturist giving the treatment inevitably will know what the treatment is.

Acupuncturist and scientific employee at NAFKAM, Terje Alræk did research on the effect of acupuncture on a group of women. The biomedical diagnosis that these women had been given was recurrent cystitis. However, this was not the diagnosis that Alræk wanted to measure effect of treatment on. He used classical acupuncture in order to set diagnosis and treatment for the women, which he organized in three different groups of diagnosis and treatment, plus one control group. In the presentation of his research and findings the category that turned out to have best effect of the treatment was described to be the one with nervous and worried women.(Alræk, lecture, 2005) Today there is another research project on women with menopause problems like cystitis, but instead of using traditional Chinese medicine for finding acu-points on the meridians; they will set the needles on nerves that are assumed to stimulate the symptoms.<sup>21</sup> Research influences the legitimacy of the acupuncturists to claim the jurisdiction to different tasks, but the negotiations on defining acupuncture goes on also at the research level. Alræk explains that before 1990 the quality of the research on acupuncture was poor. In the publications of the research there were no descriptions of diagnosis,

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<sup>21</sup> Arne Norheim summarizes the accepted biomedical theories on mechanism within acupuncture in his dissertation “Acupuncture in health care – Attitudes to, and experience with acupuncture in Norway.”

treatment methods, expectations or type of acupuncture that was used. For example could it be that the research was done with Japanese acupuncture, but this was not described in the publication. In addition it was often that the researchers were good at the methodological aspects of doing research, but they were poor acupuncturists. So what is really research on acupuncture? In order to control the research and gain consensus on the methodological aspects, there has been established guiding lines for research on acupuncture; STRICTA. Also the WHO has established similar guiding lines, but various magazines publishing this kind of research have adopted the STRICTA guiding lines. (STRICA recommendations, 2005) Scientific facts are thus dependent on a certain consensus on methods and procedures, but these procedure and methods are not objectively given. They are standards and categories that must be experienced and negotiated on.

### **A dangerous practice - scientific policy or political science?**

Is acupuncture a safe or a dangerous treatment method? While it is common to hear reports about serious adverse effects of for example medical drugs, alternative treatment has in general been perceived to be relatively harmful. Alternative treatment has been associated with something natural, as a contradiction to drugs, which are artificial. At NAHS web-pages it also says: “Acupuncture: A natural way to improved health” (NAHS, 2005) Alræk says that his impression is that the acupuncturist patients generally are a little worried about adverse effects of western medicine. (lecture, 2005) The focus on risk connected to a treatment method may affect the public popularity of this method. When the HIV virus was discovered the fright for contagion through the acupuncture needles led to a temporary decrease in the popularity of acupuncture. Physician, acupuncturist and scientific employee at NAFKAM Arne Norheim has carried out research on adverse effects of acupuncture. His first work on this topic was presented in 1996 and has since led to increased research on this field.

(Norheim, p.96) Norheim shows in his studies that acupuncture may have various adverse effects, whereas the most serious is pneumothorax, which means puncturing of the lung. In 2003 one could read in *Aftenposten* that a woman the year before had suffered pneumothorax when her acupuncturist inserted a needle too deep and on the wrong point. The man was accused for violating the Medical Quackery Act. (Aftenposten, 2003) In 1994 there was in Norway one person who died of an acupuncture needle that by mistake was being inserted in his heart due to a defect in his breastbone. (NAFO, 2005) The question of how dangerous acupuncture is may turn out to have consequences for the possibility of authorization for acupuncturists. In Od.prp.nr. 27 the Ministry of Health presents the criteria that they will focus on when assessing an authorization of a new health group of personnel. It is stated that there will be more grounds for authorization of a new group if a treatment method that is considered to have effect, also can be dangerous or have adverse effects if practiced by someone unlearned. (chap. 13.5.2) NAFO presents its view on this aspect by explaining at their web-page that:

Acupuncture is a potentially dangerous treatment that requires thorough detail knowledge about anatomy and hygiene in order to avoid risks in practice. However, injuries occur very seldom when considering the great amount of patients that are treated with this method. International professional literature considers acupuncture to be a very safe treatment. ... A thorough education in acupuncture, including an understanding of the difference between dangerous and safe inserts, and good basic medical knowledge are effective tools for avoiding most complications of acupuncture. (NAFO,2005)

With an ongoing political process like that of authorization of acupuncture, research on adverse effects of the treatment becomes direct arguments in the political debate. At NAFKAM's course it was explained that the occurrences of pneumothorax are not fewer when practiced by a physician. (Alræk, lecture) Although research may have been initiated

without connection to any political discussion on the topic, the results are soon made part of these discussions and further research cannot avoid being a part of the political process.

Research that shows that the rate of adverse effect diminishes considerably in accordance with increased acupuncture training, deliberately or not, becomes an argument in favor of the extensive training that NAFO requires for their members, and for authorization. (Norheim, 2005, p.69)

In 2002 the Minister of Health Dagfinn Høybråten stated that there was a need for a new and modern Act on alternative medicine as the public popularity of alternative medicine already had invalidated the Medical Quackery Act. The editor of *Forskning.no* Erik Tunstad asks then if scientific right or wrong is to be decided by popular vote. (Tunstad, 2003) This may illustrate how the dominance of scientific expertise on health politics in the postwar period (Erichsen, 1996) has created the expectations of health politics to be an expertise task. However it also illustrates the positivist understanding of science as something radically different from politics. I will instead argue that if jurisdictional disputes between professions are politics, research and science is also a political arena.

## Summing up

This has been a thesis about professionalization of acupuncture in Norway. It has also been a discussion on knowledge systems and the negotiations of these when they are taken into jurisdictional disputes. We have seen how the debates on acupuncture become discussions on health policy, professional jurisdiction, religion and science. We have also seen how the Norwegian conditions like laws and regulations, health professions' working conditions, individual enthusiasts, and science all contribute to shape acupuncture's professionalization process. The debates on knowledge systems soon become debates on science and the scientific facts of acupuncture. By following these debates I have also followed the negotiations on what science is, or should be. My findings in this thesis may not only tell the story of acupuncture in Norway. Hopefully my thesis can also serve as a contribution to studies of expertise in politics. When modernity and the positivist belief in science cannot longer serve as the model for politics, we start opening up for different kind of knowledge systems. However, as we see in my thesis, the researchers' meeting with acupuncture resulted in the production of new scientific activity and scientific facts. Is it then acupuncture that has changed or is it our understanding of science that has been reconstructed?

While working on my thesis, there have been topics that I have not had the time to investigate further. One of these is the division of tasks within acupuncture. While most acupuncture practice in Norway today is in private clinics, the work of setting the diagnosis and the work of deciding and giving the treatment is performed by the same person. However, when acupuncture increasingly enters the hospitals where division of work is more common, a division of tasks could emerge within acupuncture in Norway too. It is reasonable to assume that if this happens or has happened, and how this happens, it will influence the work and the jurisdiction of the acupuncturists. The other is the role of gender within professionalization



processes of acupuncture and alternative medicine generally. Does gender play a role when the borders between alternative medicine and authorized health personnel are made? These questions I have not had the time to investigate, but maybe someone else has.

In this thesis there is no single definition of acupuncture. That is because my work with this thesis has been to investigate the different definitions that are created at the workplace, in the public debates, in the politics and at the research centre. My thesis is thus a contribution to the negotiations on defining acupuncture.

## Abbreviations

AKHS	The Norwegian Acupuncture University College
CBIATC	China Beijing International Acupuncture Training Centre
ICOM	The International College of Oriental medicine
NAFKAM	The National Research Center in Complementary and Alternative Medicine
NAFO	The Norwegian Acupuncture Association
NAHO	The Norwegian Acupuncturist's Main Association
NAHS	The Nordic Acupuncture University College
NFF	The Norwegian Physiotherapist Association
NFFA	The Norwegian Physiotherapists' Professional Forum for Acupuncture
NFKA	The Norwegian Association for Classical Acupuncture
NFMA	The Norwegian Association for Medical Acupuncture
NICOM	The Norwegian International College of Oriental Medicine
NLAK	The Norwegian Physicians' Acupuncture Course
NLH	The Norwegian National Association of Practicing Homeopaths
NNH	The Norwegian Main Organization for Traditional Medicine
NSAM	Norwegian College of General Practitioners
SABORG	The Union of Alternative Treatment Organizations
STRICTA	Standards for Reporting Interventions in Controlled Trials of Acupuncture
STS	Science, Technology and Society studies
SFA	Norwegian Nurses in Alternative Medicine
TCM	Traditional Chinese Medicine

## Norwegian titles

### Associations, schools and institutions:

The Brønnøysund Register Center

*Brønnøysundregisterne*

The Central Board of Norwegian Traditional Therapists

*Sentralrådet for Norske Naturterapeuter*

The Central Coordinating Register for Legal Entities

*Enhetsregisteret*

The Consumer Ombudsman

*Forbrukerombudet*

The Directorate of Health and Social Affairs

*Sosial- og Helsedirektoratet*

The Market Council

*Markedsrådet*

National Insurance

*Folketrygden*

The National Research Center in Complementary and Alternative Medicine

*Nasjonal Senter for Forskning på Komplementær og Alternativ Medisin*

The Nordic Acupuncture School/ The Nordic Acupuncture University College

*Nordisk Akupunkturskole/ Nordisk Akupunkturhøgskole*

The Norwegian Acupuncture Association

*Norsk Akupunkturforening*

The Norwegian Acupuncture School/ The Norwegian Acupuncture University College

*Norsk Akupunkturskole/ Norsk Akupunkturhøgskole*

The Norwegian Acupuncturist's Main Association

*Norske Akupunktørers Hovedorganisasjon*

Norwegian Agency for Quality Assurance in Education

*Nasjonal organ for kvaliteten i utdanningen*

The Norwegian Association for Classical Acupuncture

*Norsk Forening for Klassisk Akupunktur*

The Norwegian Association for Medical Acupuncture

*Norsk Forening for Medisinsk Akupunktur*

The Norwegian Association of Midwives

*Den Norske Jordmorforening*

Norwegian Board of Health

*Statens Helsetilsyn*

The Norwegian College of General Practitioners

*Norsk Selskap for AllmennMedisin*

The Norwegian Dental Association

*Den Norske Tannlegeforeningen*

The Norwegian Main Organization for Traditional Medicine

*Norske Naturterapeuters Hovedorganisasjon*

The Norwegian Medical Association

*Den Norske Legeforeningen*

The Norwegian National Association of Practicing Homeopaths

*Norsk Landsforbund av Homøopraktikere*

The Norwegian Nurses Association

*Norsk Sykepleierforbund*

Norwegian Nurses in Alternative Medicine

*Sykepleiernes Faggruppe i Alternativ Medisin*

The Norwegian Physicians' Acupuncture Course

*Norske Legers Akupunktur Kurs*

The Norwegian Physicians' Association for Acupuncture

*Norske Legers Forening for Akupunktur*

The Norwegian Physiotherapist Association

*Norsk Fysioterapeutforbund*

The Norwegian Physiotherapists' Professional Forum for Acupuncture

*Norsk Fysioterapeutforbunds Fagforum for Akupunktur*

The Norwegian State Educational Loan Fund

*Statens Lånekasse for utdanning*

The Norwegian University of Chinese Traditional Medicine and Acupuncture

*Norsk Universitet for Kinesisk Naturmedisin og Akupunktur*

The Research Council of Norway

*Forskningsrådet*

The Union of Alternative Treatment Organizations

*Sammenslutningen av Alternative Behandlerorganisasjoner*

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NOU 1998:21 Alternative Medicine

*NOU 1998:21 Alternativ Medisin*

Odelsting Proposition nr. 27(2002-2003) concerning alternative treatment of disease, illness etc. *Od.prp.nr 27(2002-2003) Om alternativ behandling av sykdom mv.*

Odelsting's Proposition: Ot.prp.nr 13 (1998-99) Concerning the Health Personnel Act

*Ot. prp. nr. 13(1998-99) Om lov om helsepersonell m.v. (helsepersonelloven)*

## **Acts and regulations:**

The Medical Quackery Act of 19 June 1936.

*Lov av 19.juni 1936 om innskrenkning I adgangen for den som ikke er norsk læge eller tannlæge, til å ta syke i kur. (Kvakksalverloven)*

Act of 2 July 1999 No. 64 relating to Health Personnel etc.(The Health Personnel Act)

*Lov 1999-07-02 nr. 64: Lov om Helsepersonell m.v. (Helsepersonelloven)*

Act No. 64 of 27 June 2003 relating to the alternative treatment of disease, illness, etc.

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Regulations on the demarcation of the exceptions to value added tax in the trade of health services

*For 2001-06-15 nr. 119: Forskrift om avgrensning av merverdiavgiftsunntaket for omsetning av helsetjenester*

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*For 2003-12-11 nr 1500: Forskrift om frivilling registerordning for utøvere av alternativ behandling*

Regulations on the marketing of alternative treatment of disease, illness etc

*For 2003-12-11 nr. 1501: Forskrift om markedsføring av alternativ behandling av sykdom*

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