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How to identify our profession is without question one of the challenges and limitations we currently face. The challenge to identify a word to describe our medical practice, philosophy and the value to the patient is without question - complicated. Even more so - is it fair? Medical doctors are simply known as MD's or doctor or physician. Chiropractors, Nurses, physical therapist, with the exception of massage therapist - none are identified by a modality of their medicine, rather than by the general acceptance and respect of their right as a medical practitioner.

I may be of the minority opinion, but I believe the failure is ours and not the system of medicine. We have pigeon-holed ourselves into identifying ourselves as practitioners of a modality to encompass our identity versus our position as medical experts and well for lack of a better term, "Doctors and physicians."

We practice acupuncture and it is powerful, but it alone does not identify who we are. Some of us offer diet therapy, energetics, breathing exercises, herbals, supplements and more. We are a mosaic of medical expertise, for some of us we are as general as general family doctor, for others we are specialized as a neurosurgeon.

This medicine is based in the origins of asian medicine philosophy without question which has a rich history of using what works, accepting and driving new advancements in application and results and is the true integration of other cultures and ideologies. This medicine accepts that not all phenomena can be explained, not all results can be double blind and placebo controlled, but this does not make our medicine less science-based than conventional medicine. We seek to answer questions, we seek to explain the unknown or unexplainable, we seek to recover from injury, from disease, from illness and we seek to promote that which fosters vitality, vibrancy and life. We are a flesh and bones, blood and physiology medicine. Our terms might differ but we are as modern as advanced, nano-pharmacology.

I believe our challenge is to educate the public. The burden of being recognized and respected in the public, the medical communities, and the legislative environment rests on us.

With that I suggest using the term Acupuncture Integrative Medicine Association because the term Acupuncture has been established in the public, medical and legislative communities and there is a level of acceptance and respect that this term holds. I have added the term Integrative not because of some "fad" or catch phrase, but because it truly encompasses our ability to treat beyond a single modality. It also honors the philosophical and cultural variations of which this medicine may be approached and practiced.

In my opinion I believe we should use the term Acupuncture Physician - similar to what Florida uses to identify their practitioners and yes I understand that means we should be primary healthcare practitioners, but that's a different conversation altogether.

I do believe the timing of the name change is appropriate as we are about to review our RCW. As we do this I believe a thorough review of scope of practice from several other key states such as; New York State, Florida, Alabama, Colorado, New Mexico, California and more should be reviewed and used as the template for which to draft our Rules and Regulations. We should seek to being the standard to which other states look to.

I respect the past decisions of the Board to change the name in the past. I personally do not use the term EAMP, but have relied on the term Acupuncturist to identify myself, simply because this term has already been established as a brand identity and I choose to promote and market myself more on how I help my patients feel that simply on my modalities.

In response to the question of can I accept another term being offered for consideration I will say, I can accept the term Washington Acupuncture Medicine Association as the identity of our association as I do believe we get back to what's important and focus on the medicine and what the public and legislature already know and understand about what it is we do.

And lastly, regarding the term, "East Asian Medicine Practitioner" I am empathetic to the concerns voiced from the Chinese Community that this phrase carries with it a term of offense. I do not feel those who do not wish to be identified under this term should have to accept it. It should be removed. For those practitioners that do wish to remain identified as EAMP, I believe it should be written into our scope that those that wish may continue to use that term in identifying themselves.