

A journal run by a professional association serves three main purposes: providing an outlet for reporting research, providing a forum for discussion of clinical practice, and guiding policy-making. These are also what we, at the AJACM, try to achieve.

Pulse diagnosis, though one of the four diagnostic techniques in Chinese medicine, is difficult to teach and to learn because one has to rely solely on one's sense of touch without the assistance of other senses. Unlike other senses, the sense of touch is not commonly used and we lose our 'inner touch'. Consequently the reliability and usefulness of pulse diagnosis is sometimes questioned. Researchers from the University of Technology, Sydney, have tried to solve the problem. In the study titled 'Investigating the Reliability of Contemporary Chinese Pulse Diagnosis', Bilton and colleagues introduced a system called Contemporary Chinese Pulse Diagnosis and found good to high agreement within and between practitioners on 70 to 80% of pulse types. The result is encouraging.

Most of us have had some experience in treating Workcover patients and dealing with the Workcover Authority in our own state. Some of us have mixed feeling about this system as Chinese medicine practitioners. And we are not alone in this. In the recently released 'Draft National Pain Strategies', promoting interdisciplinary practice and pain-management training of independent medical examiners of Workcover or Third Party patients is listed as a priority.¹ In this issue, Choy and colleagues reported the results of a survey of 500 Australian acupuncturists and Chinese medicine practitioners and identified a low referral of Workcover patients receiving Chinese medicine treatments and the perceived reasons for this. Despite the difficulties, a majority of us want to treat more, not less, Workcover patients. A survey like this provides essential data for any organisation that wants to address the issue of Workcover, and guides policy-making. I am sure that you have many stories to tell and I am interested to know your views on this issue through letters to the editor.

Another article related to policy is a case reported by Murray and Hall from Queensland. This paper, titled 'Acupuncture Point Injection in the Treatment of Midportion Achilles Tendinopathy: A Case Report', not only addresses the therapeutic effect of this modality, but will also generate new

interest in this practice and discussion of associated policy. For instance, point injection is not mentioned in the 'Guidelines on Infection Prevention and Control for Acupuncturists',² which includes the risk assessment of almost all other modalities of acupuncture. Furthermore, as mentioned by the authors, most professional indemnity does not automatically cover this practice as part of acupuncture. It is timely that this issue is raised and discussed, given the advent of national registration.

We continue to bring you debates on Chinese medicine practice in countries where Western medicine dominates the mainstream healthcare system. Integrative medicine has been a popular topic and is considered a way to incorporate our profession into the healthcare system. In the paper titled 'Integrative Medicine: Combining the Practice of Orthodox & Alternative Medicine', Edin urged us to consider this term carefully and differently. The author argued that the term implied enhanced health practice on the face of it, but in reality was a 'politico-economic entity'.

We continue to provide you with current research reports, snapshots, book reviews and a conference report. In this issue's report, Davenport offered his view as a rehabilitation physician on a systematic review of acupuncture on the function of patients with spinal cord injuries. Also reported is an analysis of newly published workforce data of registered Chinese medicine practitioners in Victoria.

We hope you enjoy reading this issue and again, we would like to learn your thoughts on the items discussed.

References

1. National Pain Summit Initiative. Draft National Pain Strategy. March 2010 [cited 18 April 2010]. Available from: <http://www.painsummit.org.au/strategy/Strategy-NPS.pdf/view>.
2. Chinese Medicine Registration Board of Victoria. Guidelines on Infection Prevention and Control for Acupuncturists. March 2009 [cited 18 April 2010]. <http://www.cmr.vic.gov.au/information/p&c/practiceconduct/gipca.html>.

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