

## The transmission of efficacy: shifts in the structures, expectations, and meanings of Tibetan medical education

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This paper is based on ethnographic fieldwork I have been conducting in Nepal and the Tibet Autonomous Region, China. My work is an inquiry into the political, economic, and social components of medical efficacy, particularly as they play out in relationships between master-apprentice educational structures on the one hand, and institutions of Tibetan medicine on the other. I have been working with the Himalayan Amchi Association (HAA), a consortium of Tibetan medical practitioners from remote Nepal who formed their own NGO in 1998, and who are directly engaged in the establishment of small schools and clinics of Tibetan medicine in Nepal. Much of the material for this paper draws from my work with this association, as well as from interviews and field experience gained by visiting HAA members in their home communities. I have also done comparative research at several small schools of Tibetan medicine in the TAR, and have conducted interviews with Tibetan doctors as well as representatives of government agencies and international funding organizations who have been key in the establishment and operation of these small medical schools.

This paper focuses on issues of curriculum within formal and informal structures of *amchi* education, as well as attendant conceptions of efficacy and what has been dubbed a 'crisis of confidence' in *amchi* and Tibetan medicine. Each of these themes involves examinations into the concept and currency of lineage: how lineage functions within networks of *amchi*, as well as between *amchi*, the nation-states in which they exist, and their foreign interlocutors. Each of these themes also addresses, perforce, the impacts that biomedicine and biomedical epistemologies are having on *amchi* medical practice. These themes create a web of meaning about contemporary Tibetan medical practice that is both grounded in specific nation-state circumstances and extend beyond these borders. The issue of curriculum – what and how to teach, whether or not to introduce biomedicine into Tibetan medical courses, what the relationship is and should be between institutional and lineage-based master-apprentice pedagogy – plays out at the level of large, state-supported (or state-in-exile supported) institutes for Tibetan medicine in China and India. But these issues are also having crucial impacts on the future of smaller schools and clinics, and therefore the future of health care practices, beliefs, and structures at a local level.

In this paper, I discuss the challenges posed by attempts to integrate medical epistemologies, particularly as this plays out in the education of novice *amchi*, as well as the professionalizing efforts of more experienced Tibetan medical practitioners, many of whom are the head teachers at these small schools and clinics. I examine how the establishment of small institutes, often expressed by donors and *amchi* alike as a desire to “preserve

tradition” on the one hand and “modernize” Tibetan medicine on the other, alter *amchi* practices. What of the diversity of Tibetan medical practice is kept and what is lost through this push to institutionalize, even at a community level? How is this revealed through choices being made about curriculum? What is it about the creation of a physical space, outside the realm of a home or monastery, for medical education, as well as the more intangible boundaries of power, authority, and knowledge implied by the founding of institutes, that is perceived to imbue this practice with a new kind of efficacy? How is this different from the balance of belief and honed skill that produces another kind of efficacy – the more intimate healing encounter between doctor and patient?

Debates over the inclusion or exclusion of biomedical training in otherwise Tibetan medical curricula also relate directly to questions of confidence and efficacy. Schools of Tibetan medicine are experiencing pressure from local communities, as well as state and international agencies, to include biomedical techniques and practices in their curricula, and to supplement Tibetan medical practice with biomedical training. Part of this pressure is attributed to the geographic circumstances in which most *amchi* work and the lack of other health care service in these remote areas. The issue of maternal and child health care, as well as emergency medicine, are key fulcrums around which these debates turn. Reactions among *amchi* to these calls for “integrated” curricula have been mixed. Some agree with this strategy and say that *amchi* should be trained in biomedical techniques, to better serve their communities. Others suggest instead that biomedical and Tibetan medical practitioners should work in collaboration, and that these epistemologies of healing should be encouraged in two practitioners who practice side-by-side. Opponents of such curricula say that these approaches, although seemingly practical and well intentioned, embody a naturalized arrogance implicit in biomedically-driven aid agendas. They also directly undermine Tibetan medical training before this medical epistemology has had a chance to live in the minds and hands of novice practitioners.

States and international agencies extol the cultural capital of Tibetan medicine as both a “traditional art” and a “healing science”. Yet for the sake of – and with the moral force of – “saving lives” biomedical practices continue to be instituted in ways that systematically trump Tibetan medicine. Many villagers still implicitly trust an *amchi* who is well practiced and, usually, old and male; they will send their children to attend these new schools of Tibetan medicine. And yet, they also have a love affair with IV antibiotics. Biomedicine, even in its most rough forms, is perceived as more “modern” and, in that sense, more efficacious than Tibetan medicine at a local level. This crisis of confidence in Tibetan medicine, then, is institutional and cultural, state-sanctioned and organic. And it is clearly illustrated in the new structures of and demands on Tibetan medical education.