MARKETING STRATEGY FOR A TRADITIONAL CHINESE MEDICINE (TCM) CLINIC IN VANCOUVER

by

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ABSTRACT

Complementary and Alternative Medicine (CAM) has gained worldwide acceptance in the recent past. Apart from all other modalities of CAM, Traditional Chinese Medicine (TCM) has gained enormous interest globally. TCM has become a mainstream medicine in several underdeveloped countries and is rapidly gaining recognition in developed countries such as in the U.S and especially Canada. British Columbia is the only jurisdiction in North America that officially recognizes TCM. Consequently, the local industry is not only experiencing remarkable growth but is facing serious challenges.

This paper analyzes global and local trends in CAM and TCM, derives insights into consumer behaviour from a literature review and develops an effective marketing strategy for the TCM clinic in Vancouver. The paper concludes that in a saturated market it is possible to grow by employing a differentiated marketing strategy.

KEYWORDS: Traditional Chinese Medicine; Complementary and Alternative Medicine; the TCM Clinic; industry; consumers; marketing strategy

EXECUTIVE SUMMARY

Although Traditional Chinese Medicine (TCM) industry is enjoying growth in B.C, it is also facing serious challenges. Lenient licensing requirements, increased immigration from China, low start-up costs, and a surge in TCM institutions have attracted a large number of players. This has resulted in saturation resulting in lack of product/ service differentiation. TCM associations are fragmented and lack proper support for practitioners, retailers, and vendors. TCM practitioners and suppliers also face problems getting and maintaining professional insurance and their ability to import herbal medicines has been hampered by increasingly strict legislation. In addition, lack of health insurance for Complementary and Alternative Medicine (CAM), increased choice of suppliers, and increased awareness have led people to become more choosy and sceptical about TCM products and services. TCM medications are not only threatened by rapid advancement in Western medications and upcoming 'Integrative Medicine' but its practices are also threatened by the growing popularity of chiropractors and massage therapists. This intense rivalry and market saturation are posing serious problems for the survival and growth of a TCM Clinic in Vancouver. Therefore, this paper recommends an effective marketing strategy for this particular TCM Clinic by assessing global and local TCM industry, by analyzing organizational strengths and weaknesses, and by understanding consumer behaviour in relation to CAM.

The theme of the recommended marketing strategy is to build reputation by highlighting professional acumen and by developing strong relationships with Western Medicine practitioners, pharmacists, customers, students, and the community. This paper

has also identified three consumer segments. The first segment, which is the existing segment of the TCM Clinic, comprises of general population who are likely to use TCM. Apart from the existing segment, the second segment has been identified as cancer patients, a growing market in B.C. The third segment comprises of final year students and re-appearing students of TCM, whom should be targeted for clinical training. Competition-based pricing is recommended for two out of three segments. Students should be charged a minimal price in order to build relationships rather than making a profit. For business expansion, the neighbourhood of Yaletown offers an ideal socio-demographic profile. Promotion strategies should include newsletters, editorials, press releases, advertising in selected health and cancer-related magazines, and placement of posters, brochures, and leaflets in TCM schools and colleges. Some sales promotional tools are also recommended. This marketing strategy is likely to enhance reputation and relationships with key stakeholders, and increase the customer base by drawing from unique segments.

It is recommended that future research be conducted in order to further understand the satisfaction levels of existing clientele, motivations of users and non-users of TCM, perceptions of physicians as well as that of Chinese ethnic minorities and cancer populations in B.C.

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1 INTRODUCTION

1.1 Motivation behind the Project

The TCM Clinic[1] was founded as a sole proprietorship in 2005 by a certified Doctor of TCM in Kitsilano, Vancouver. The overall mission of the Clinic is to treat patients who subscribe to an active life style philosophy. The Clinic offers acupuncture, Chinese herbs, Chinese food cures, *Tui-Na, Shiatsu,* Western nutrition, and supplement guidance. Herbal products are also sold online. The Owner also assembles powdered herbal formulations for patients and offers this service to a nearby pharmacy as well. The key specialty of the Owner is in the area of pain management, which is mostly performed through acupuncture. In a very short time the TCM Clinic has achieved a strong foothold in the local market. However, the TCM Clinic is a small firm and the competition is becoming cut-throat. Therefore, the Owner needs a comprehensive market analysis that highlights global and local market situations, problems and opportunities, and consumer perception and recommendations that will yield a differential advantage in the future. As the author of this paper, I am interested in this research and analysis because it provides an excellent opportunity to apply my MBA skills and knowledge in a real-time business scenario. It also provides practical decision making guidelines and offers a strategic orientation path to the TCM Clinic. Moreover, from a global perspective it provides a unique opportunity to understand the industry's intricacies for a possible personal business opportunity in the future.

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[1] The owner of the TCM clinic did not wish her name or that of her clinic to be used in this paper. Throughout, the owner will be referred to simply as the Owner and the clinic as the Clinic or the TCM Clinic.

1.2 Objectives of the Project

The primary objective of this study is to develop a marketing strategy for the TCM Clinic. In proceeding towards this objective it is paramount first of all to understand the nature and guiding philosophies of TCM. In reviewing the market situation, a comprehensive analysis of the global and local industry is required in order to gauge the nature of the competition. In addition, analysis of internal strengths and weaknesses is required to gauge the potential of the TCM Clinic to mitigate the threats and capitalize on the opportunities identified in the external analysis. It is also paramount to understand consumers before developing a marketing strategy. Understanding consumer perceptions, preferences, and motivations towards CAM/TCM and knowing other intervening factors are important to the development of a marketing strategy.

1.3 Methodology

The methodology involves a literature review through the Internet, government and commercial publications, articles, reports and academic journals. There is a dearth of TCM industry publications related to the Canadian market. Similarly, the majority of the research is being conducted on the use of CAM which includes all traditional and herbal modalities and is therefore not specific to TCM. However, I have tried to acquire as much information related to TCM as possible. In addition, I believe that primary research should have been carried out through survey and interviews in order to find out the perceptions and preferences of existing as well as potential clientele. However, due to paucity of time and scope limitations, it could not be performed. Nevertheless, effort has been made to acquire up-to-date, comprehensive and valuable information leading to an understanding of consumers and their profile in developing a marketing strategy.

2 UNDERSTANDING TCM

Traditional Chinese Medicine (TCM) has a long history dating back over 5000 years and is credited with making a significant contribution to China's survival in ancient times. The guidelines of TCM treatments are deeply rooted in the complex Chinese cultural mosaic. This section explores TCM's guiding philosophies in order to understand its nature and interpretations of treatments.

2.1 Guiding Philosophies

The fundamental premise of TCM is the maintenance, promotion, and restoration of health. The goal of TCM is to achieve a state of optimum physical, mental, and social well-being and not merely the absence of disease and infirmity. The proper balance or flow of energy *(qi)* is the main focus of TCM. Ideally TCM is a preventive practice but owing to its diverse applications, it has been found to be quite effective in health restoration (Piron et al., 2000).

2.1.1 Holistic Nature

TCM takes physical, psychological, emotional, and ethical conditions into account in treating patients. It also considers religious philosophies, cultural elements, and spirituality. It integrates them as a whole. This holistic approach makes TCM different from mainstream medicine which concentrates on material elements that have a direct relationship with the causes of the ailments (Anonymous, n.d.).

2.1.2 Yin and Yang

Yin and Yang, two opposite and complementary cosmological forces, make up *qi,* an energy or life force, which is believed to be a component of all forms of matter and which connects the fabric of all things. In TCM, Yang factors are classified as external agents: climate, infections, etc. and Yin factors are related to internal dysfunctions. Accidental and traumatic injuries are considered to be partly by Yin and Yang. Together, Yin and Yang combine to produce the five elements. These five elements, Heaven, the Earth, the Moon, the Sun, and Man, are movable, changeable, and interrelated. All five elements originated from the same thing called *Tao*. The word *Tao* has no direct translation into English but is generally associated with universal wholeness and is most frequently translated as "The Way". Tao is associated with change and the concepts of Yin and Yang. Yin and Yang continuously ebb and flow and health is dependent on their equilibrium. Consequently, the main cause of disease is the imbalance of Yin and Yang (Piron et al., 2000).

2.1.3 Body and Mind

According to TCM philosophies, the living body and the mind are attached to each other and they are inseparable. TCM views the body as composed of *zang*-organs and *fu*-organs, channels and collaterals, essence, *qi,* blood, body fluid, five sense organs, nine orifices, limbs, tendons, vessels, muscles, skin, and bones. *Zang* organs are controlled by the mind. Mind is different from brain in TCM because it is also viewed in terms of spirit, consciousness, thinking, emotion, thought, character, and other manifestation of life. Vitality of the mind is, therefore, most important from TCM's point of view. Mind is also linked with heart, which is the house of mind. Heart is the

sovereign organ where mental activities originate. If heart is unsound, the mind is also unsound, resulting in disorder in other body parts. Consequently, in TCM, knowing mind and heart is more important than knowing the body only (Anonymous, n.d.).

2.1.4 The Self-Healing Power

TCM stresses the importance of the awareness of the self-healing power to cure a disease instead of suppressing individual symptoms. This means that rebuilding immunity using the power of one's mind and heart will defeat the disease. Thus, in TCM a patient's beliefs are paramount in curing a disease (Anonymous, n.d.)

2.2 TCM Therapies

TCM therapies include herbal medicines, animals' organs, minerals, and non-medication therapies. The purpose of these therapies is to restore a balanced flow of energy or *qi* in the body. These therapies, which, in addition to herbal remedies, include acupuncture, cupping, and massage among other, are described briefly below.

2.2.1 Traditional Chinese Medicines

TCM medications consists of a mixture of 2 to 40 herbs each differing in quantities. Herbs used in TCM are classified into four groups. The 'Emperor herb' is the major herb that contains bioactive compounds to treat the disease. The 'Minister herb' provides support for the action of major herb or alleviates and/or counters the secondary symptoms of the disease. The 'Assistant herb' serves to modulate the action of the emperor herb by enhancing its action. The 'Messenger herb' directs the action of the other herbs to specific organs of the body. There are more than 400 Chinese herbs. The composition of medication varies from patient to patient. The practitioner determines the

right quantities of herbs in a mixture by thoroughly examining the patient's history, pulse, breath, and colour of the tongue (Siow et al., 2005).

2.2.2 Acupuncture

Acupuncture is a therapeutic technique which is applied by using special, very thin needles on subcutaneous points or specific spots known as acupoints in order to ensure proper flow of energy *(qi)*. The needles are generally left on the acupoints for sometime and depending upon the condition of the patient and are stimulated through pressure, heat, or electrical pulses. Acupressure is a form of acupuncture that is performed without using needles. It involves finger pressure to specific spots on the body. It relieves stress, muscle tension, and pain through increased blood flow (McCutcheon and Becker, 2000).

2.2.3 Cupping

Cupping is a therapeutic method that causes local congestion. A partial vacuum is created in cups placed on the skin either by means of heat or suction. This draws up the underlying tissues. When the cup is left in place on the skin for a few minutes, blood stasis is formed and localized healing takes place. It also helps to open the 'meridians' of the body. There are five meridians on the back that, when opened, allow invigorating energy to travel into the whole body. Cupping has been found to be the best way of opening the meridians (Cupping Therapy, n.d.).

2.2.4 Energy Control and Exercise Therapies

Energy Control Therapy *(Qi- Gong)* consists of slow, circular, and symmetrical movements along with controlled breathing patterns. It develops inner strength, calms the mind, reduces stress, and restores the body to its natural state. Exercise Therapy *(Tai-*

Chi) is a gentle routine of meditative exercises in circular movements. It is used to increase blood circulation, control high blood pressure, increase flexibility, and improve breathing and heart functions (McCutcheon and Becker, 2000).

2.2.5 Stripping

Stripping *(Gua-Sha)* is an ancient Chinese method used to remove toxins. It breaks up waste under subcutaneous tissue, leaving these impurities to excrete through perspiration or, by reintroducing them to the bloodstream, for excretion by the liver and kidneys. Stripping the muscle also involves the application of slow, deep, gliding pressure along the length of the muscle to relax muscles and increase blood flow (Clinical Jade, n.d.).

2.2.6 Massage

Chinese massage *(Tui-na)* is a manipulative massage that includes general massage, massage therapy, trigger release, stain/counter-strain, using soft circular and angular motions applied by thumbs, fingertips and/or knuckles to increase blood flow and relieve stress (Patterson, n.d.).

2.2.7 Moxibustion

In moxibustion (*Jiu)*, certain herbs are burnt on or above the skin at acupoints. The heat warms the blood in these spots and increases the qi circulation thereby providing relief. Moxibustion is also used for colds or stagnant conditions (Acupuncture Today, June 2004).

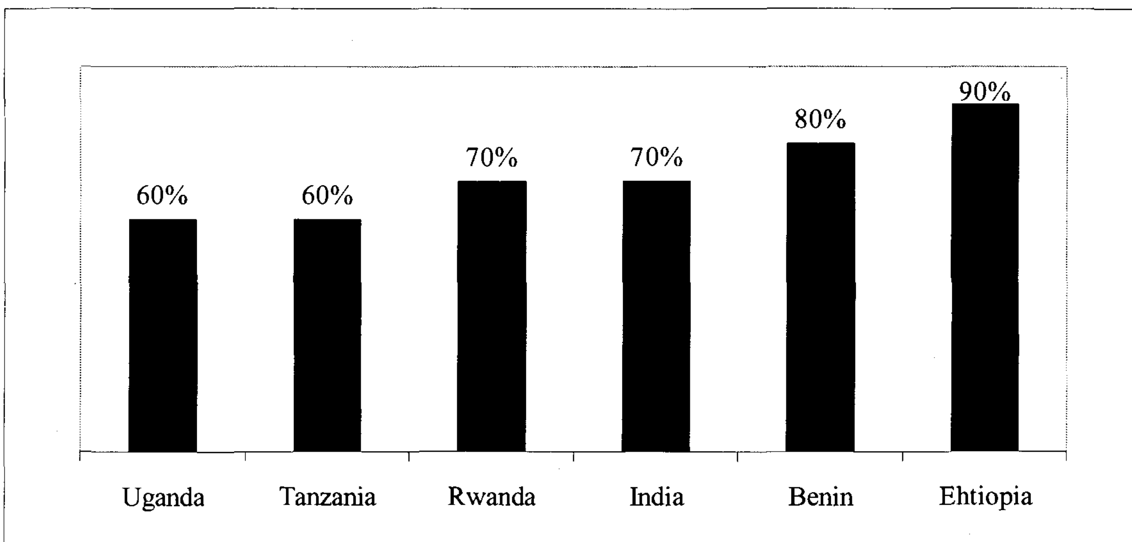
3 EXTERNAL ANALYSIS

This section provides an overview of global trends in Complementary and Alternative Medicine (herein after called CAM) and TCM. Further, it takes into account a comprehensive review of the TCM industry in Canada, specifically in B.C. Industry attractiveness is gauged through Porter's Five Forces analysis.

3.1 Global Trends

In 2000, the World Health Organization (WHO) adopted a major policy change that urged developing nations to use CAM practices for primary health care (WHO, 2002a). According to this report, CAM has gained immense popularity around the world especially in underdeveloped countries as a primary source of healthcare owing to its accessibility and affordability (See Figure 1).

Figure 1: Percentage of Population Using CAM in Underdeveloped Countries

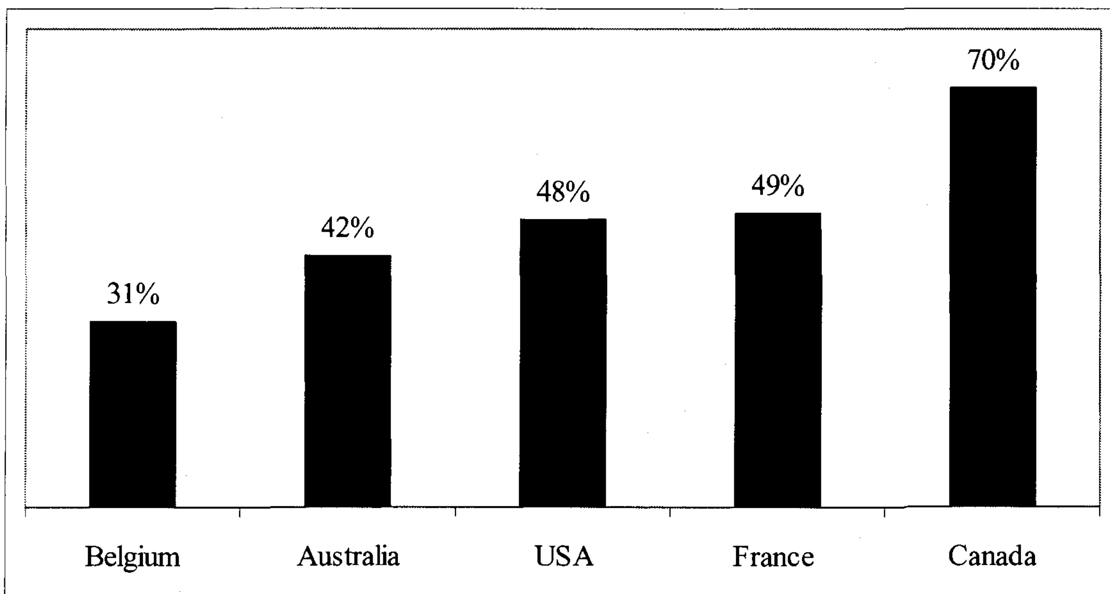


Source: WHO (2002b)

In many Asian countries, CAM is widely used even though Western Medicine is readily available. In Japan, around 70% of allopathic doctors prescribe TCM. In Malaysia, traditional forms of Malay, Chinese, and Indian medicine are widely practiced. In China, CAM accounts for approximately 40% of all health care and is used to treat around 200 million patients annually (WHO, 1999a). In Latin America, 71% of the population in Chile and 40% of the population in Colombia use CAM (WHO, 1999b).

CAM therapies have also become popular in many developed countries. It is estimated that 46% of the population in Australia, 49% of the population in France, and 70% of the population in Canada use CAM. In the U.S, use of CAM among people increased from 34% in 1990 to 42% in 1997. In 1997, the number of visits to CAM providers exceeded by far the number of visits to all primary care physicians in the U.S (Eisenberg et al., 1998) (See Figure 2).

Figure 2: Percentage of Population Using CAM in Developed Countries



Source: WHO (2002b)

In Switzerland, 46% of doctors use some form of CAM which mainly includes homeopathy and acupuncture (WHO, 1998). In the U.K, almost 40% of all general allopathic practitioners offer some form of CAM referral (Fisher and Ward, 1994).

Acupuncture has also gained popularity. It is used in more than 78 countries and is practiced by allopathic doctors as well. It is estimated that there are 50,000 acupuncturists in Asia and 15,000 in Europe. In Belgium, 74% of acupuncture treatment is carried out by allopathic doctors. In Germany, 77% of clinics provide acupuncture treatment. In the U.K, around 46% of allopathic doctors either treat their patients with acupuncture or refer to other acupuncturists. The USA has more than 12,000 licensed acupuncturists. The practice of acupuncture has been legalized in 38 states and remaining states are developing acupuncture practice policies and legislation (WFAS, 2000; Sermeus, 1991).

Public expenditure on CAM is on the rise. In Malaysia, an estimated USD 500 million are spent annually on CAM, compared to about USD 300 million on allopathic medicine (WHO, 1998). In the USA, total annual out-of-pocket CAM expenditure has been estimated at USD 2,700 million and in the U.K, it is around USD 2,300 million. According to a WHO report, the world market for CAM has been estimated at USD 60 billion in 2005, with a steady growth where TCM therapies have been found to be most extensively used (WHO, 2002c).

3.2 TCM Global Market Overview

3.2.1 Increase in Sales

In the past decade, there has been a rapid increase in the use of TCM around the world. Current global sales of TCM products is estimated to be around USD 16 billion.

China’s production value of TCM products is around USD 13 billion. Chinese exports of TCM medicine increased by 10.27% to USD 830 million in 2006 and accounted for 52% of China's total pharmaceutical exports (Xinhua, May 2006). In 2005, China exported USD 112.8 million worth traditional Chinese medicine to neighboring Asian countries, a year-on-year increase of 9.21%. Exports to Europe and North America also surged to 24.89% and 7.07% respectively in 2005. The demand for TCM in African and Arabian countries is likely to increase by 10-20% annually for the next five years. Overall, the global sale of TCM is expected to reach USD 24 billion in the next 10 years (Pharmabiz, June, 2004).

3.2.2 Increase in Research and Development

Owing to the growing popularity of TCM, China is undertaking extensive research and development in order to boost the global image of TCM. China has extended research and development beyond its boundaries. The adjoining areas of China that include Hong Kong, Taiwan, and Macau have become focal points for TCM research and development, trade shows, conferences, and student exchanges. China has established over 50 medical agreements with 40 countries and it exports herbal medicines to more than 130 countries around the world (SATCM, 2002).

Research and development in TCM has also gained legitimacy in the US where TCM, as well as other CAM modalities, have been integrated into the National Institutes of Health (NIH) in 1997. The U.S invested about USD 104.6 million in CAM research in 2002, which is more than a five times increase over the investment of USD 19.3 million in 1998 (NCCAM, June 2002). The U.S also invests USD 50 million annually into research on TCM alone (Mitchell, 2000).

3.2.3 Increase in TCM Education

There has been a surge in TCM education in China. Up to now, there are 33 TCM colleges and universities all over China; of those, 4 are nationally recognized institutes. There are 30 thousand students pursuing TCM education in these colleges and universities. Higher TCM educational institutes also award Masters and Doctorate degrees. Since 1956, these colleges and universities have trained about 100 thousand students. The government has also launched a hybrid program, integrating TCM with Western Medicine. In China, TCM colleges and universities also offer education to foreign students. Around one third of TCM colleges and universities admit foreign students and about 2000 foreign students have already graduated (Qiao, 2003).

Apart from China, Australia, the U.S, Canada, and the U.K also offer undergraduate and postgraduate degrees in TCM.

3.3 CAM and TCM in Canada

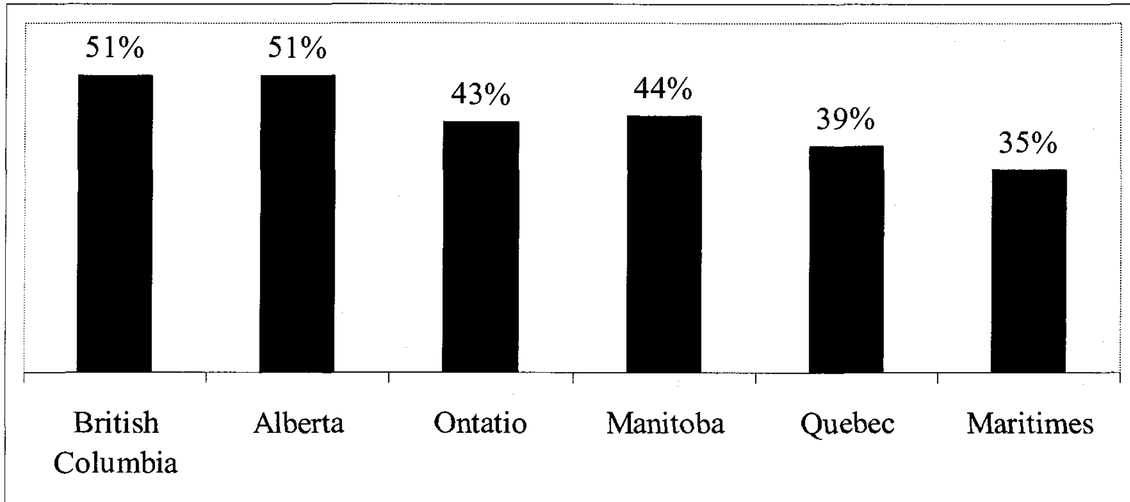
Over the years, Canadians have become more interested in health and fitness. Accompanying this trend is an increased use of natural products, traditional therapies, and remedies.

3.3.1 Growth in Use of CAM and Herbal Products

The market size of CAM in Canada was estimated at USD 1.04 billion in 2003 with an annual growth rate of 20% (TFOC, 2003). In 2003, the Canadian Community Health Survey (CCHA) showed that 20% of Canadians aged 12 or older, i.e. 5.4 million people, reported using some type of alternative or complementary health care. The 2003 figure confirms an increased use of complementary/alternative care in comparison with a 1994-95 survey where 15% of Canadians aged 18 or older had used alternative care

(Millar, 2001). A survey of consumers in 2002 revealed that the use of CAM/NHPs was greatest in British Columbia (NDMAC, 2004) (See Figure 3).

Figure 3: Percentage of Population Using CAM/NHP in Canada (Province-wise)



Source: NDMAC 2004

3.3.2 Regulation of CAM, Acupuncture, and TCM

TCM is gaining so much popularity in Canada that its status as alternative medicine is steadily eroding as it moves towards mainstream acceptance. Acupuncture has also gained enormous popularity in Canada.

To date, three provincial governments have regulated TCM. The first area to gain attention was acupuncture. Quebec was the first province in Canada to recognize acupuncture in 1997, followed by Alberta. After consulting Alberta's regulations, B.C began to register acupuncturists in 1999. This move recognized acupuncture as a separate branch, giving it the same legal status as other mainstream branches of medicine all across these three provinces. In addition, Alberta, Quebec, and B.C have accepted each others' acupuncture standards. In 2001, the three provinces signed reciprocity agreements which allowed acupuncturists registered in anyone of these provinces to

practice acupuncture in each others' jurisdictions without taking any separate examination.

B.C is the only Canadian province that recognizes TCM as a health profession and became the first jurisdiction in North America to take the additional step of giving professional titles to those who practice TCM. In April 2003, it implemented new regulations covering TCM therapies which include herbology, *Tui-Na*, food cure, and rehabilitative exercises.

The parent body responsible for looking after all activities related to TCM is the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA), established in 1996. It is the official licensing authority that certifies and registers TCM practitioners. The CTCMA awards four titles to qualified practitioners: Registered Acupuncturists (RAc), Registered Herbalist (RTCM-h), Registered Practitioner (RTCM-p), and Doctor of Traditional Chinese Medicine (Dr. TCM) (B.C, Health Professions Act, 2001; Asia Pacific Foundation of Canada, 2003). The Doctor of TCM degree is the most comprehensive. The holder of Doctor of TCM can perform Acupuncture, Herbology, *Tui-Na*, *Shi-Liao*, *Qi- Gong* as well as receive referrals from other TCM registrants. However, there is some overlapping of Doctor of TCM competencies with that of Registered TCM Practitioner (RTCM-p) where, under the legislation, Registered TCM Practitioner (RTCM-p) can practice all TCM modalities but cannot accept referrals from other TCM practitioners (See Table 1). The CTCMA regulations do not include other dimensions of TCM under its jurisdiction and laws. These additional modalities include acupressure, *Ba-Guan, Gua-Sha, Qi-Gong,* and *Tai-Chi.* Therefore, anyone practicing such TCM therapeutic techniques does not need to

seek approval from CTCMA. It is quite possible that these techniques are totally exercise-based and therefore are safer and non-invasive and do not require any rules and regulations (See Table1).

Table 1: Scope of Practice of TCM in B.C

Title	Acupuncture	Herbology	TCM Modalities (acupuncture, herbology, Food Cure, *Tui-Na*, Rehabilitative Exercises)	May Accept Referrals from other TCM Practitioners	Years of Chinese Medicine Experience Required
R.Ac	■				3
R.TCM.h		■			3
R.TCM.p	■	■	■		4
Dr.TCM	■	■	■	■	5

Data Source: CTCMA

CTCMA also acts as an educational body by administering licensing examinations in acupuncture and herbal medicine. It holds acupuncture examinations jointly with its counterpart associations in Alberta. CTCMA also accepts TCM practitioners who have obtained their training and qualifications outside Canada (CTCMA, 2005).

3.3.3 Training and Education

There has been a rise in TCM schools and colleges in B.C. Most of these schools have their curriculum designed according to the educational criteria set out by CTCMA. Some follow the guidelines and standards stipulated by the U.S National Certification Commission for Acupuncture and Oriental Medicine (NCCAM). Some universities provide education in acupuncture as well. These include the University of Alberta, the

University of British Columbia, and McMaster University. At present CTCMA does not accredit or regulate TCM or acupuncture schools and universities. Currently, there are eighteen TCM schools in B.C, fourteen of which are located in the Greater Vancouver area (CTCMA, 2005).

3.3.4 Research and Development

In 1996, the Tzu-Chi Institute was established in Vancouver to carry out research in TCM. The institute also acted as an information resource and a clinic and was located near Vancouver General Hospital. Initially it received funding of around CAD 2 million as an operating budget. However, the institute was closed in 2003 owing to continuous losses. The demise of Tzu-Chi Institute led to the halt of TCM research in Canada (Asia Pacific Foundation of Canada, 2003). However, some other institutes are conducting research into TCM. The Arthritis Research Center of Canada (ARC) has been conducting research in the application of TCM in treating arthritis and rheumatic diseases in partnership with TCM universities in Beijing, Guangzhou, and Nanjing in China (ARC, 2000-2001). In addition, The Canadian Cancer Society has been taking an interest in employing TCM techniques to complement Western therapies for treating cancer. The University of Alberta, University of British Columbia, University of Toronto, and McMaster University are also involved in trials on Canadian grown ginseng. The B.C Cancer Agency is involved in a CAD 4 million study on Chinese herbs in treating lung cancer. At present, there are around 30 scientists/researchers across Canada involved in TCM research. With regard to challenges faced by researchers, 'lack of funding' and 'leadership and research priority' are the two top barriers. Other barriers include lack of human resources and lack of critical mass in specific research areas, lack of reliable

sources of good quality products for research, and lack of recognition of the significance of TCM research by peers. Overall, research in TCM is very limited in Canada as compared to other countries like Hong Kong, Australia, and the U.S (Asia Pacific Foundation of Canada, 2003).

3.4 Porter's Five Forces Analysis

The Michael Porter's Five Forces analysis is employed to contrast the competitive environment of TCM practice in Canada and particularly in B.C. The focus is on the TCM practitioners as a whole, including products and practices. The following analysis shows how the five forces influence TCM practitioners.

3.4.1 Barriers to Entry (Low)

In analyzing barriers to entry it is important, initially, to examine a broader macro perspective of investment climate in Canada, followed by a micro level analysis with respect to the TCM market in B.C.

3.4.1.1 High Country Attractiveness

In 2005, Canada was the only G7 country to produce a budget surplus for eighth consecutive year. Having an average five-year inflation rate of 2.3%, Canadian interest rates remained lower than those in the U.S, providing an ideal investment climate. The country's GDP continues to record the second fastest growth rate in the G7, projected to grow by 3.2% in 2007 (KPMG, 2005).

Canada has been rated as the number one country with which to do business in the G7 for the next five years. Canada is the least restrictive trading partner among G7 countries and has the best overall ranking for the least number of days required for setting up a business, a rate twice as fast as that of the U.S (Invest in Canada, 2006).

Canada has strong trade and political ties with Europe and the US as well as with Asia Pacific Economic Cooperation (APEC) countries, an environment that enables easy access to world markets. Further, Canada is an ideal, low-cost base from which to access the NAFTA marketplace of 435 million consumers with a combined GDP of USD 13.4 trillion. Most Canadian trade zones are closer to major U.S markets. A well-established transportation network links the two countries and the international border is one of the most efficient in the world, having wait times often less than 10 minutes.

The Canadian education system is rated as the best educational system in the world. Canada invests the most of all G7 countries in public education as percentage of its GDP, and Canada has a high percentage of individuals acquiring college or university education. Further Canadian managers are among the best educated in the world, ranking second in the G7 countries (IMD, 2005).

Canada ranks high among G7 countries as a safe place to live and do business. It also has one of the fairest judicial systems, ensuring that companies face far lower threats of lawsuits and legal actions than in other jurisdictions. Canada also ranks second among G7 countries for protection of personal and private security (IMD, 2005).

Canada also has lower energy and construction costs, as well as low office-lease costs. Canada's technological infrastructure is superior and ranks above the U.S in terms of Internet users and broadband usage (IMD 2005). Canada has also has the best national healthcare system which is not only economical for its people but also for the corporate sector as compared to other G7 countries (KPMG, 2006).

Canada has the lowest cost of living and the best overall quality of life among G7 Countries. Five Canadian cities were among the top 25 of 215 world cities ranked

recently in an annual quality-of-life study (IMD, 2005). Between 1997 and 2004, Canada's standard of living improved more rapidly than that of any other G7 country, while the country maintained its strong environmental record, ranking highest among the G7 in addressing air and water pollution (Environmental Law and Policy Report, 2005).

Overall, the high attractiveness of Canada indicates low barrier to entry in terms of business, investment, trade, and immigration, especially in B.C.

3.4.1.2 Increase in Immigration

During the past two decades, Canada has had the highest immigration rate in the world. The government has pursued a policy of attracting workforce and human resource capital as a requirement for infrastructure build up and for overall economic growth. Prior to 2001, the locus of Canadian immigration policy was increasingly focused on the admission of family and refugee classes. The Government of Canada passed a new Immigration and Refugee Act in 2001, according to which it will accommodate immigrants up to 1% of the total population every year (Citizenship and Immigration Canada, 2002). The current population of Canada is estimated to be 33 million, which would permit up to 330,000 immigrants per year (The World CIA Fact Book, 2006). Historically, immigration from China and Southeast Asia has been the highest. Currently there are about one million Chinese in Canada and their population is expected to increase by an additional 60,000 immigrants per year. Most of the Chinese immigrants settled in BC and Ontario, largely in Vancouver and Toronto, the two most populous cities (CBC, March 2005). It has also been projected that about one third of visible minorities in Canada would be South Asians, dominated by Chinese. In 2003, 27% of Chinese immigrants chose to settle in BC (BC Stats, April 2004). According to Statistics

Canada, nearly one half of the visible minority population in Vancouver will be Chinese in the near future (American Renaissance, 2005). B.C and Ontario are the two Canadian provinces where there are a large number of acupuncturists and TCM practitioners.

The high rate of immigration of Chinese into Canada, largely concentrated in B.C, indicates increased number of TCM buyers as well as indicates more opportunities for entrants to practice TCM in B.C in the near future.

3.4.1.3 Easy Licensing Requirements

The CTCMA acts as a primary barrier to entry for TCM business in B.C. CTCMA has the authority to accept or reject licensing applications. As well, it has the prerogative to impose additional educational and training requirements on the applicants. In some cases it can also issue licenses with certain restrictions.

Overall, CTCMA does not pose a big hindrance to new applicants especially those from China because it recognizes their Chinese qualifications and training. The Chinese TCM examinations are acknowledged as equally competitive. Also, language is not a barrier because the licensing examination is conducted in Mandarin as well as in English. At present, the licensing regulations are a barrier for those entrants who lack proper education and necessary skills and are looking for to capitalize on the growing market of TCM in B.C. Overall, lenient licensing requirements and examination format indicate low barriers to entry especially for practitioners coming from China.

3.4.1.4 Low Capital Costs

Chinese Herbal medicines are mainly imported from Mainland China, Taiwan, and Hong Kong. Except for Sanjiu, the only vertically integrated company in the TCM market in Canada, all other players are nimble and rely on distribution and retailing of

various TCM brands. For such players, the capital costs are very low and by achieving some form of economies of scale they earn reasonable return on investment.

Opening a TCM clinic is also relatively easy in terms of capital investment. Unlike allopathic clinics, TCM clinics do not have to purchase expensive diagnostic machines and equipment. This also means that TCM clinics can operate in smaller buildings on a smaller land base, with concomitantly lower rents. Overall, low capital costs indicate low barriers to entry as new entrants can start TCM business without substantial investment.

3.4.1.5 Low Brand Differentiation and Viability of Patents

The increased market demand for TCM products has resulted in large imports of TCM medicines. Consequently, there are a number of different brands in the market which lack brand differentiation. Canadian Law prohibits making health claims on the labels and packaging of these products. Therefore, they all appear equal in nature and appeal. Owing to the complex and homogenous status of TCM medicines, there have been few patents requested and issued. In addition, TCM clinics also resemble a homogenous market offering similar services at competitive rates and lack brand identity. Consequently, low brand differentiation and low viability of patents provide attractive opportunities for new entrants to capitalize on the market without incurring substantial investment in branding and in acquiring patents.

In summary, high country attractiveness, increase in immigration, especially from China, easy licensing requirements, low capital costs, low brand differentiation, and low viability of patents indicate low barriers to entry.

3.4.2 Bargaining Power of Suppliers (Low)

Suppliers refer to parties involved in selling TCM medicines, such as retailers and distributors, and TCM schools.

3.4.2.1 Increase in TCM Schools and Universities

In 2002, there were fourteen TCM institutes in B.C, which increased to eighteen by 2006. The enrolment in these schools is increasing because the Private Career Training Institutions Agency of British Columbia (PCTIA) has accredited five schools and also because students have been entitled to loans and scholarships (PCTIA, 2006).

In addition, the number of licensed practitioners has also been increasing. By 2005, CTCMA registered 1,693 TCM practitioners, out of which registered acupuncturists and Doctors of TCM comprised the largest number (CTCMA, Minutes of Meeting, November 2004; CTCMA, Minutes of AGM, November 2005) (See Table 2).

Table 2:Breakdown of Number of TCM Registrants in B.C in 2004 and 2005

Title of Registrants	**2004**	**2005**
Doctor of TCM	250	281
TCM Practitioners	196	206
Acupuncturists	546	547
TCM Herbalist	58	57
Students	491	602
Total	**1,541**	**1,693**

Data Source: CTCMA, Minutes of Meeting, 2004; CTCMA Minutes of AGM 2005

There is no formal coalition or association of TCM Schools in Canada to exert bargaining power to influence rules and regulations pertaining to TCM practice.

3.4.2.2 Mandatory Professional Insurance

CTCMA has made it mandatory for its registrants and employees to acquire insurance of CAD 1 million against liability for negligence in order to practice TCM in B.C. (CTCMA, October 2005). Mishaps and malpractices in the past have led to an increase in insurance rates of up to 15%. The cost of separate, optional, general liability insurance and clinic contents insurance has also increased quite dramatically as insurance companies incurred substantial losses. Insurance companies have now become more skeptical and are hesitant to give insurance coverage to practitioners, thereby posing a serious hindrance to practice TCM. Consequently, the insurance companies acting as suppliers providing insurance needs to TCM practitioners make the bargaining power of suppliers high in this regard.

3.4.2.3 Weak TCM Associations

There are around twelve associations of TCM in B.C. (CTMCA, 2006). These associations lobby and use political means to influence rules and regulations and have acted as a strong primary stakeholder of CTCMA in the past. However, since these associations are nascent and are generally disintegrated, they have relatively lesser power compared to other associations in sister industries such as Western Medicine. Since TCM associations are weak, therefore they do not have much bargaining power over suppliers.

3.4.2.4 Saturation of TCM Suppliers

The B.C market is saturated with many small players including herbal stores, and distributors. The majority of the retailers are small, disintegrated sole-proprietorships. Retail chains are non-existent. Sanjiu is the biggest and the only TCM player in Canada

that has a vertically integrated supply chain system. Sanjiu is also involved in retail chain stores but is limited to the Ontario market. So far it has not attained supremacy owing to smarter and smaller suppliers from Hong Kong and other countries. Recently the Unihealth chain of clinics has emerged as a multi-disciplinary health group offering comprehensive services in CAM and TCM in Vancouver. At present it is at a nascent stage and has not achieved much acclaim. Overall the collective supplier power in this regard is very low.

3.4.2.5 Strict Legislation on Herbal Products and CAM/TCM

Canadian legislation in CAM and TCM has been getting increasingly strict for three reasons. First, many health care products and medical practices that were once considered alternative therapies have now become complementary to conventional techniques. Consumers are recognizing the need for Natural Health Products (hereafter called NHPs) to be integrated with mainstream health care. Second, quality has also become an important issue in consumer protection. Many adverse effects initially attributed to CAM/NHPs have been related to quality control problems such as contamination, adulteration or substitution of the wrong herb. To counter this concern, manufacturers, importers, packagers, and labellers of CAM/NHPs have been brought under strict legislation. Importers are required to submit evidence of compliance as well as drug numbers. The NHP definition of herbal medicines has a broad spectrum that includes traditional medicines, supplements, and all forms of herbal medicines. Third, there have been more complaints and warnings issued for TCM than other medicines. Health Canada has been actively pursuing the efficacy and safety of TCM drugs and many drugs have been barred from entering Canada. It is quite likely that the supply of

TCM drugs will be limited in the near future and only credible suppliers and brands will take over the market. Therefore, the bargaining power of suppliers in this regard is low.

3.4.2.6 TCM Effectiveness in Life-Threatening Diseases

TCM has been found to be reasonably effective in treating HIV/AIDS. More than 10,000 AIDS patients were treated in Tanzania in 2004 and TCM was effective in 40% of the cases. The efficacy of TCM in treating HIV/AIDS is promising but still at an early stage (ARRC, 2000). TCM has also found to be effective in cancer treatment. Scientific studies have found that both acupressure and acupuncture were effective in treating chemotherapy-induced nausea and vomiting as well as in maintenance and development of immunity, haematology and hormonal functions (Wei, 1998; Sun et al., 1999; Zhou et al., 1999). TCM effectiveness in some of the life-threatening diseases provides opportunities to suppliers to tap this market and overall the bargaining power of suppliers in this regard is high.

In summary, although TCM is effective in treating life-threatening diseases and insurance companies have high bargaining power, the overall bargaining power of suppliers is low because of increase in TCM schools and universities, saturation of TCM suppliers, increasingly strict legislation on herbal and traditional medicines, and weak TCM associations.

3.4.3 Threat of Substitutes (Medium)

The TCM market in Canada is threatened by Western medicines, other traditional medicines and, 'Integrative Medicine'.

3.4.3.1 Western Medicine Supremacy

Western Medicine will always remain the main substitute for TCM. This is due to the fact that, over the past several decades, tremendous research and development has been performed in this field that has resulted in the discovery of more effective and safer treatments and drugs. In addition, Western Medicine, in most cases, works faster in terms of diagnosis and treatment than any other type of medicine. In emergency cases, there is no other alternative except Western Medicine. In addition, people resort to traditional or other forms of health care or drugs when they have exhausted Western medicines and treatments and turn to TCM/CAM as a last resort. Therefore, Western Medicine shall always act as a strong substitute of TCM.

3.4.3.2 TCM Superiority over other Traditional Medicines

Traditional Chinese medicine has an outstanding clinical tradition that stands beautifully on its own. Research in TCM has been well-organized, documented, and updated for the last several centuries. TCM herbology is flexible and adaptable and can integrate any herb not originally grown in Mainland China. Importantly, TCM non-medicinal therapies such as acupuncture and rehabilitative exercises are totally unique when compared to other traditional medicines such as homeopathy, ayurvedic, *yunani* etc. Therefore, other medicines do not pose as a serious substitute of TCM.

3.4.3.3 Strong Appeal of Integrative Medicine

There has been a growing interest from the medical community in integrating TCM with Western Medicine. The premise is to understand the merits and demerits of the two systems and combine each other's strong points in generating more effective treatments.

The British Health Ministry has been actively pursuing the development of 'Integrative Medicine' since 1980s. During the 1980s and 1990s, several clinical, experimental and research studies were conducted jointly by the British Health Ministry and the Chinese Association for Science and Technology. After the First World Conference on Integrated Medicine, held in Beijing in 1997, several TCM and Western bodies, as well as researchers and pharmaceutical companies, began extensive research in 'Integrative Medicine'. Integrative Medicine, still at a nascent stage, has yet to establish its position in the market but could pose a real threat to TCM in the future (Keji and Hao, 2003).

The overall threat of substitutes is medium because apart from Western Medicine supremacy, TCM enjoys a more favourable status among other traditional medicines. The 'Integrative Medicine' is still in a development stage and has yet to establish its efficacy.

3.4.4 Bargaining Power of Buyers (High)

Buyers refer to customers seeking various types of TCM internal and external therapies.

3.4.4.1 Limited Health Insurance Coverage

TCM is not covered under the Medical Service Plan (MSP) in Canada. Some private health insurance companies provide limited insurance for acupuncture, ranging between CAD 500-700 per year. TCM associations and activists have been actively lobbying the Government to abolish such a 'two-tiered' health care system. These groups have specific suggestions for guidelines for insured TCM practices, which include access only through referrals, coverage for a handful of specific conditions based on a review of

the scientific literature and mandatory utilization reviews following a specified number of visits (Weeks, 1997). So far, this mandate is still under the review and implementation is likely to take a long time.

Therefore, customers have to spend money from their own pockets on TCM. This makes them more concerned with the quality and image of brands and the qualifications and quality of the TCM practitioner. Since there are a number of TCM practitioners and clinics in B.C, buyer defection is relatively easy. The switching costs are low and customers have high bargaining power.

3.4.4.2 Increased Choice of TCM Practitioners

There are a large number of TCM practitioners who lack service and brand awareness. The TCM practice is itself so broad and intertwined that it has become very hard for players to establish key points of differentiation. This is also because of CTCMA's lax regulations in awarding the title of 'Dr. TCM' and allowing acupuncture as a shared practice. Owing to this, customers find it hard to identify differential benefits and are therefore, fragmented. Consequently, customers have a wide-variety of TCM practitioners to choose from and therefore the buyer power in this regard is high.

3.4.4.3 Increased Consumer Learning and Awareness

The trend among Canadians to adopt an active life style, coupled with their higher education and access to information, has led to an increased desire for information about CAM medicine. These health-conscious people actively seek out additional sources of information prior to buying CAM medicines or consulting a practitioner (Ramsay et al., 1999). Consequently, buyers can be very selective and evaluative in buying CAM

medicine and/or seeking a CAM practitioner. Consequently, in this regard, buyers have high bargaining power.

Overall, limited health insurance coverage, increased choice of TCM practitioners, and increased consumer learning and awareness depict an overall high bargaining power of buyers.

3.4.5 Rivalry Among Competitors (High)

Global and regional competition in the TCM market is intense. More and more companies are jumping into the business, creating saturation and glut. TCM products and services lack differential advantage and no player holds a major position in the B.C market. Most practitioners work on a solo basis on a very low scale and therefore, lack financial resources and, lack brand power for further expansion. The switching costs are low and there is a high industry concentration.

The only legitimate player that can achieve leadership is Sanjiu TCM Center, which entered in Canada in 2002. It is backed by Sanjiu Enterprises, a state-owned company and the biggest pharmaceutical company in China. This company has its own patented medicines and is actively engaged in TCM research and development. It has a huge centre in Toronto, operated by highly qualified TCM practitioners from around the world. The company is looking forward to tapping into the North American market and conducting joint TCM research and development with the U.S government.

Sanjiu also offers online sale of health and herbal products, provides virtual trade shows, and offers expertise in physiotherapy, chiropractry, massage therapy, and natural medicine. It is also involved in cancer treatment programs. So far, its operations are

limited to Ontario but the company is actively pursuing opening of new franchises across Canada (Xinhua, July 2001).

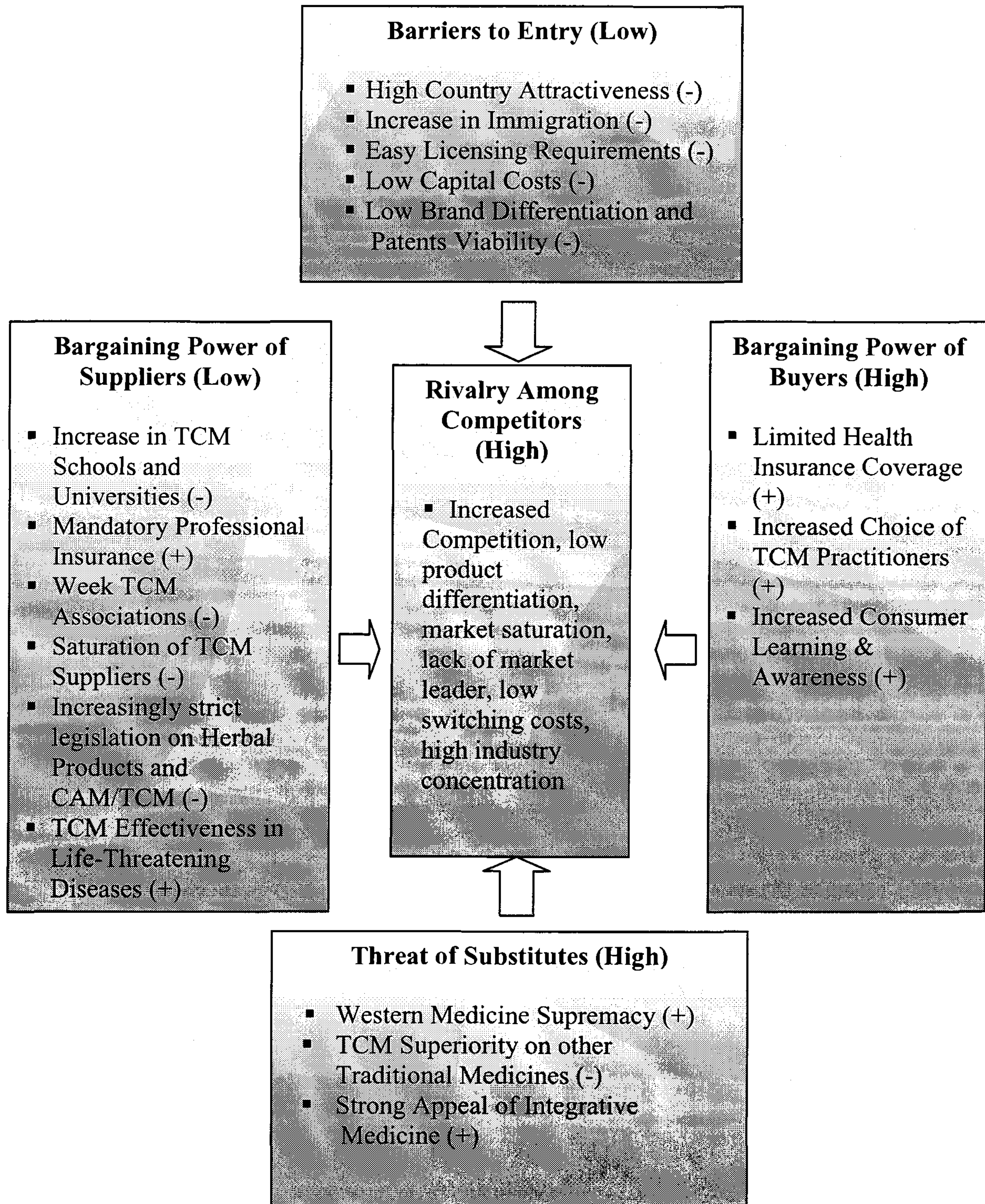
Unihealth chain of clinics, which offers comprehensive services in CAM and TCM in Vancouver is at a nascent stage at the present and has yet to establish itself. It is quite likely that more chains enter the local market in the future thereby causing further rivalry among competitors.

In summary, rivalry among competitors is high. This rivalry is likely to be more intense in the future.

3.5 Overall Situation

The global situation for the TCM industry is appealing. However, the local situation in B.C is somewhat unattractive. Although the Canadian environment is the best in the world for TCM business, the B.C market has become saturated with many small players and there is a lack of brand differentiation. There is also a lack of research and development in this field in spite of tremendous growth in the recent years. As well, there is limited health insurance for TCM. Overall there are minimal switching costs and buyers are more skeptical and choosy about their purchase decisions. TCM will always be threatened by the strength of Western Medicine and the increasing popularity of chiropractry and massage therapists. The rise of 'Integrative Medicine' may also prove to be detrimental for TCM in the near future. Consequently, it would be appropriate for the TCM Clinic to opt for a limited expansion for a few years until TCM is accepted nationwide, the licensing laws become stricter, and significant research and development activities are carried out. A diagrammatical approach to Porter Five Forces Analysis of the TCM industry in B.C is presented in Figure 4.

Figure 4: Porter's Five Forces Analysis of TCM Industry in B.C.



Based on Porter, 1995

Note: The "+" sign indicates that the item in the box makes the corresponding force high and the "-" indicates that the item in the box makes the corresponding force low.

4 INTERNAL ANALYSIS

The internal elements of an organization work to create value-added offerings and determine a firm's competitive advantage. This section provides a comprehensive analysis of the TCM Clinic, looks at its internal environment in order to gauge its capabilities and core competencies, and determines its internal weaknesses.

One of the key competitive advantages for the TCM Clinic is the qualifications and expertise of the Owner. The Owner holds a Bachelor of Science degree in Human Kinetics and a Doctor of TCM Degree and has six years of experience in Western nutrition. This dual qualification and experience gives the Owner a good grounding in Western academic anatomy, physiology, pathology, and nutrition, forming a strong basis for integration with the practices of TCM. This is a positive attribute because most patients who contact a TCM practitioner have already consulted a Western Medicine practitioner. The Owner's knowledge of Western nutrition could also be an advantage in expanding the practice into the increasingly popular field of 'Integrative Medicine'. As discussed in section 3.4.3.3, much of 'Integrative Medicine' has been achieved in clinical, experimental, and theoretical research and the commercialization of 'Integrative Medicine' is due in the near future. If 'Integrative Medicine' is successfully commercialized in the future (e.g., approved by the government), the Owner can leverage his/her knowledge in both Western nutrition and TCM by incorporating 'Integrative Medicine' in his/her practices.

Apart from all other services and products, the acupuncture acumen of the Owner in pain management is unmatched. The majority of the clients visit the Clinic seeking treatment for chronic back and neck pain and arthritis.

The Owner is also a distinguished writer in various health magazines, e-news letters, and tabloids, as well as a frequent speaker at various health-related seminars. This approach has garnered acclaim and a good reputation for the owner in both the TCM and Western medical community. This approach has attracted a lot of referrals and clients in a very short period.

The location of the TCM Clinic in the Kitsilano neighbourhood is another competitive advantage. Kitsilano has a highly educated population and is a well-off community. It is a home to young adults with active lifestyles who typically spend more than the average on personal health and recreation. In addition, the TCM Clinic is situated in a centrally located medical building which houses many Western practitioners as well as laboratories and pharmacies, thereby providing an opportunity for networking and referrals. Most of the competitors in the area lack this advantage as they operate in isolated places.

The Owner also actively seeks to stay current with the latest developments in TCM and Western Medicine in order to update personal skills and knowledge. Equipment and services are also upgraded from time to time.

The main disadvantage of the TCM Clinic is that it is a small firm which, lacks financial resources for significant investment in infrastructure, operations, management, human resource, and marketing. The Clinic is currently operated by the Owner herself having a receptionist as the only other staff. Although income and profits have been increasing due to increase in clientele and cost-cutting methods, present resources remain insufficient for aggressive investment in infrastructure, marketing, and other initiatives that would create a differential advantage. Almost all TCM clinics and acupuncture

practitioners are registered and certified by CTCMA and offer identical services. From the customers' point-of-view, it is very hard to evaluate and select a particular TCM clinic when their products and services are of a 'commodity' nature.

The Owner is not bilingual and can only speak English. This is a disadvantage because Chinese-speaking TCM practitioners are able to attract clients from the large Chinese speaking population in Vancouver.

A critical analysis of above-mentioned competitive advantages and weaknesses indicate that the Owner's professional capabilities and skills could be leveraged to build reputation and, with limited investment, gradual organizational expansion and further growth is possible.

5 UNDERSTANDING CONSUMERS

This section summarizes the research previously conducted to reveal key factors that motivate people to use CAM. The experiential, psychological, socio-demographic, and geographic factors, and other perceptions provide important guidelines in understanding and defining CAM consumers.

5.1 Experiential and Psychological Factors

The literature review suggests seven main reasons that motivate people to use CAM.

First, people are dissatisfied with the health outcomes of Western Medicine (Holden, 1978; Sharma, 1996; Spiegel et al., 1998). This dissatisfaction arises from the fact that the Western Medicine has been ineffective in curing degenerative and chronic illnesses such as arthritis, rheumatism, back and neck injuries (Anyinam, 1990). Other people seek CAM in order to complement their treatments (Siahpush, 1999).

Second, people use CAM to prevent future illnesses or to maintain health and vitality. It is quite likely that certain biological symptoms caution them in advance and prompt them to seek more subtle and natural methods of treatment rather than Western Medicine, which is largely based on surgical interventions and pharmaceuticals (Ramsay et al., 1999).

Third, people are dissatisfied with the medical encounter or the relationship with the doctor (Easthorpe et al., 1998; Parker and Tupling, 1976). According to this view, Western Medicine practitioners spend very little time, have very little respect for their patients, and do not adequately explain the nature of diseases and illnesses to their

patients. Some authors have found this 'relationship' issue to be one important reason underlying people's use of CAM (Siahpush, 1999).

Fourth, people find CAM practitioners to be more caring, compassionate, and friendly. They give more time, personalized attention, and information to their patients (Cobb, 1958; Maddocks, 1985; Lioyd et al., 1993).

The fifth reason is based on an emerging philosophy known as the 'Post Modern Value System'. This philosophy encourages people to become more loving, caring, and benevolent towards nature and the environment (Bakx, 1991). Subscribers to the 'Post Modern Value System' hold negative perceptions of modern science and technology (Park, 1996). They believe in a holistic view of healthcare and deny scientific superiority. They believe in individual responsibility and want to be very involved in their healthcare (Anyinam, 1990). CAM philosophies are consonant with this emerging psychology. CAM treatments are non-invasive, are based on natural elements and most importantly require absolute involvement of the patients. Research has found that this perceived compatibility of CAM with people's values and beliefs is one of the main reasons people resort to CAM (Astin, 1998).

The sixth reason for using CAM is that people seek a more heterogeneous social network which allows them to encounter people belonging to different social stratum with different backgrounds. This social network provides them with diverse information, ideas, and experiences, which enable them to gain knowledge and understanding of other forms of healthcare approaches such as CAM (Wellman, 1995).

The seventh reason is that CAM provides an opportunity to fulfil psychological needs relating to the religious, cultural, and metaphysical world, which provides comfort

and support during adversity and suffering (Kottow, 1992). Others use CAM for curing chronic illnesses and use it as last resort.

In summary, the reasons for choosing CAM fall into two broad categories. People are 'pushed' towards CAM because of bad experiences with conventional medical treatment and/or its failure to cure the disease. People are also 'pulled' toward CAM because of their belief in alternative health care and/or as an adjunct to the Western treatment.

5.2 Socio-Demographic Factors

A U.S based study conducted in 1998 found education to be the most significant variable that predicted the use of alternative medicine. Individuals having higher education were more likely to use CAM. The rationale behind the positive correlation between education and the use of CAM is the ability of educated people to comprehend various alternative forms of healthcare through written material and to understand and educate themselves about their illnesses and critically analyze the efficacy and authority of conventional or Western Medicine (Astin, 1998).

Age has also been found to be a significant variable in the use of CAM. A study in Canada found that people between the ages of 25 to 49 were the largest users of CAM (Millar, 1997). The Fraser Institute, in a nation-wide survey conducted in Canada, discovered that people between the ages of 35-49 years were the largest group using CAM (Ramsay et al., 1999). In general, the use of CAM appears to be a 'mid-life' phenomenon.

A 1997 Canadian study revealed that women were the largest users of CAM (Millar, 1997). These results are consistent with the study conducted in the U.S in 1997

which found 48.9% of women used CAM as compared to 37.8% of men. In a nation-wide survey of CAM use among Canadians in 1998, 51% of women used CAM. This trend confirms the finding that women are relatively more attracted to CAM than men (Ramsay et al., 1999).

Income is another important variable in predicting the use of CAM. Earlier research performed in Canada in 1995 found that people with relatively high incomes were more likely to use CAM. However, research conducted by the Fraser Institute in Canada in 1998 found a broader income group of CAD 20,000-60,000 using CAM (Ramsay et al., 1999).

Research has also shown that CAM usage is more prevalent among married people employed in white collar positions (Kelner and Wellman, 1997). Other Canadian studies that have focused on CAM users with chronic diseases such as breast cancer have found that CAM users have higher education and income (Boon et al., 1999; Ostrow et al., 1997).

CAM utilization rates are generally higher in special populations, such as patients infected with HIV/AIDS. Gender was found to be the only significant variable because of greater prevalence of HIV among females in Ontario but education, employment status and household income were not found to be significant. Patients were also likely to use CAM for general well-being (Furler et al., 2003).

Similarly, a study on CAM use among cancer patients found education as the only significant predictor of CAM use. CAM use was most prevalent among breast and prostate cancer patients. The main motivations to use CAM were to boost the immune system, improve quality of life and reduce stress. The overall motivation for using CAM

was to assist the conventional treatment (Humpel and Jones, 2005). The Canadian Cancer Society's Cancer Information Service (CIS) found that most callers requesting information about CAM were women between the ages of 30 to 59 and most of the patients were interested in information relating to the use of herbs and compounds (Eng et al., 2001).

Because of CAM's relation to cultural and health beliefs, its use is likely to vary among different ethnic groups. Understanding patterns of CAM use among ethnic groups could identify and inform clinical practice in a diverse population. In a study conducted in the U.S it was found that people belonging to Western Cultures were more likely to use Western Medicine while people belonging to Eastern Cultures were more CAM-oriented in their health-related behaviours. Interestingly, it was also found that such culture-oriented beliefs of people from Eastern countries were diluted with their increasing length of stay in Western countries (Wu, 2004). This finding supports Huang's 1976 research which found that individuals' degree of Chinese ethnic beliefs was based on their place of birth as well as their length of stay in the U.S. On the other hand, a study conducted in Canada in 1999 found that people of British descent used more CAM than any other ethnic community (Ramsay et al., 1999). These results also conform to a study conducted in the U.S where it was found that CAM use was highest among White-Americans (77%) and least common among African-Americans (33.1%) (Eisenberg et al., 1993).

A study conducted on the Chinese minority in the UK indicated that Chinese preferred TCM for all diseases. No significant difference in CAM preference was found relative to educational status or income levels among the Chinese community (Ong et al.,

2000). Loera et al. (2001) found that the use of CAM was prevalent among elderly, female Mexican Americans who lived alone, were immigrants, and reported financial problems. Najm et al. (2003) also found racial and ethnic differences in use rates and predictors of use of different types of CAM modalities. Some studies found a higher use of CAM for diabetes among Hispanics as compared to other ethnic groups and a higher use of CAM among non-Hispanics and non-Blacks as compared to other ethnic communities (Schoenberg et al., 2004; Tindle et al., 2005). A national survey on ethnic minorities in the U.S found no differences in the use of CAM among different ethnic minorities but recognized the need to consider CAM practices separately to get an accurate picture of ethnic minority use of CAM (Mackenzie et al., 2003). One study on the use of annual physical examinations among elderly Chinese Canadians found higher rates for married Chinese women. It was also found that these people resorted to medical treatment primarily when faced with acute illnesses and lacked the 'health prevention' concept. The study also found that 90% of these people had access to a Chinese speaking practitioner. Although social support was found to be a significant enabling factor, no other demographic factor was reported as being significant in this study (Lai and Kalynaik, 2006).

These studies indicate that it is difficult to predict and generalize the behaviour and perceptions of CAM users based on ethnic diversity.

5.3 Geographical Factors

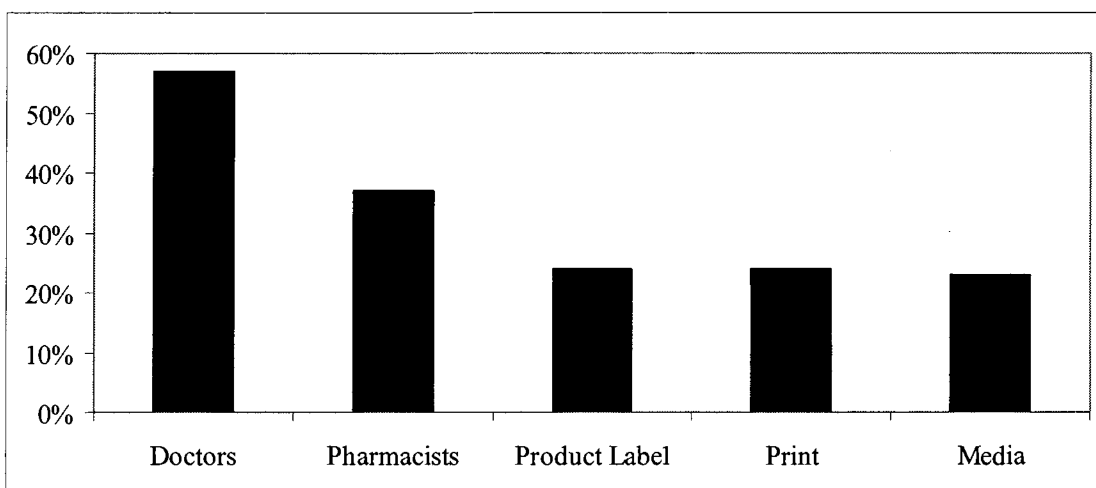
Geographic variations in CAM use are also evident, with use of CAM being higher in western Canada and the United States. Studies have found that the use of CAM increases in Canada from East to West. Use of CAM was found to be highest in British

Columbia and Alberta (Millar, 2001; Hay Health Consulting Group, March 1999). The only logical reason behind this trend could be the presence of provincial health care plans offering some coverage for CAM in Western provinces as compared to Eastern Provinces.

5.4 Sources of Information

Research has found that 57% of Canadians use a medical doctor as a source of information about treatment options including alternative treatment. Thirty seven percent consult a pharmacist to get information about medication and 24% read product labels on medicine packaging in order to gather more information about various products and treatments. An equal percentage of Canadians use print materials such as health books, newspaper, magazine articles, and advertisements in order to learn more about treatment options. Family members or friends are consulted by 20% of the population and the Internet is used by 5% of Canadians as a source of alternate health information (NDMAC, 2004), as illustrated in Figure 5.

Figure 5: Sources of Information Accessed by Percentage of Population in Canada to Treat Health Condition



Data Source: NDMAC, 2004

Apart from doctors as a credible source of information, one of the most powerful influences on decision-making for CAM has been the *health confidant.* People seek advice from close friends and family who have been using CAM in hopes of getting help for themselves (Wellman, 2000). In addition, some studies have found the media to be the same as that of doctors, family and friends in influencing decision to use CAM (Stacey et al., 2003).

Some studies indicate that the majority of primary care doctors personally use CAM. They also make referrals to and have positive attitudes towards CAM practitioners (Verhoef and Sutherland, 1995).

Peer groups were found to be an important source of information in predicting CAM usage among HIV/AIDS patients. It has also been found that cancer patients relied mostly on support groups, books, and friends as credible sources of information in deciding to use CAM (Furler et al., 2003; Humpel and Jones, 2005).

5.5 Perceptions of Efficacy and Safety

Deciding to use CAM based on informal sources indicate that many people rely on anecdotal information as evidence of efficacy and safety. The legitimacy of recommendations from informal sources appears to be based on personal belief systems and values rather than on scientific evidence (Kelner and Wellman, 1997). Also, many people appear to assume that CAM is not harmful. The belief that CAM 'couldn't hurt' was a factor motivating people to use CAM (Stacey et al., 2001). Some authors argue that perceived effectiveness is more important in deciding to use CAM than statistical evidence for the efficacy of a particular treatment (Kelly-Powel, 1997). However, a

recent study in Canada found that people do not have high confidence in the overall quality of CAM products (Hay Health Consulting Group, March 2001).

5.6 Barriers

Research on availability of health insurance as a likely predictor of CAM usage yields mixed results. A study examining the association between use of unconventional therapies and Western Medicine found some evidence that people who had health insurance were more likely to use Western Medicine as well as CAM (Druss and Rosenheck, 1999). Other studies did not find an association between health insurance coverage and CAM use (Burg et al., 1998; Ritchie et al., 2005). Studies conducted on older adults also did not find significant association between CAM use and health insurance (Hong et al., 2004; Montalto et al., 2005).

However, some studies have found 'ability to pay' to be a significant enabling factor in choosing CAM. Other enabling factors include both community resources and personal knowledge of CAM treatment options, referral networks, proximity of CAM options as well as the ability to pay for CAM services (Kelner and Wellman, 1997). A study conducted on CAM use among military veterans in the U.S also found affordability as a major concern (Kroesen et al., 2002). However, a Canadian Breast Cancer funded research found that one of the barriers patients faced in getting CAM treatment was lack of health insurance coverage (Boon et al., 1999). A comprehensive review of about 400 publications in Canada found that most prevalent barriers ethnic minorities faced were the lack of competent services in their native language, lack of information about the availability of services, and monetary issues (Beiser et al., 1993; Doyle and Visano, 1987; Filice and Vincent, 1994; Reitz, 1995).

The discrepancy among these conflicting studies may be attributed to the underlying fact that CAM therapies have various modalities. For instance, therapies range from a single over-the-counter purchase of herbal medicines to frequent visits to an acupuncturist for treatment of a chronic ailment. Costs vary substantially on this continuum. Keeping in mind that people pay out-of-pocket for the majority of CAM modalities, it is important to consider cost as a major barrier.

In addition to the costs, time was also considered as a barrier because of the lengthy process of many CAM treatments, with some requiring recurring visits to the practitioner, ingestion of special medicine on strict time schedules, and preparation of special medicines. Some patients also found accessibility to CAM medications and practitioners to be a barrier (Boon et al., 1999).

In summary, CAM users are by and large dissatisfied with the outcomes of Western Medicine for a variety of reasons and/or seek CAM as an adjunct to Western Medicine. In general, CAM users are more likely to be 'white', female, younger, well-off, well-educated, married, and fulltime working professionals. They rely primarily on their doctor's referral to a CAM treatment, as well as on their family, friends, and media sources. These sources also serve to legitimize the efficacy and safety of CAM, with people accepting anecdotal experiences as evidence. This behaviour is also evident among ethnic minorities and special populations. On the other hand, these people do not have strong confidence in the efficacy and safety of CAM. Time, accessibility, and costs are the main barriers people face in accessing CAM. Language and information about CAM are the main barriers to the use of CAM for Chinese ethnic minorities and most of them seek a Chinese speaking practitioner.

6 MARKETING STRATEGY

The previous sections provide an in-depth analysis of the global and local industry, internal strengths and weaknesses, consumer perceptions and consumer profiles. This section recommends a comprehensive marketing strategy for the TCM Clinic, derived from the previous analyses.

The overall marketing strategy is focused on expanding products and services, , targeting new and profitable markets, creating differentiated positioning by leveraging core competencies, and strengthening relationships with physicians, students and the community through effective communications programs.

6.1 Positioning

Hospitals and clinics can be differentiated by the image and reputation of the practitioner, expertise of the staff, equipment and technology, and the perceived quality of the specialized services. In case of the TCM Clinic, the differentiators are the reputation of the doctor and services offered for specific illnesses such as pain management. Although pain management through acupuncture and other techniques has earned the TCM Clinic and the practitioner an excellent reputation, there is increasing competition from other TCM clinics especially from chiropractors and acupuncturists who are saturating the market. Differentiation on reputation is likely to be vulnerable to the arrival of an aggressive entrant. The situation demands broadening the applications of products/services portfolio into related services such as cancer treatment.

Typically, the marketing strategies target end-users, keeping in view their perceptions and preferences. This end-user orientation is likely to have limited value if

the buying decision process is heavily influenced by intermediaries. In the case of service-based organizations, such as hospitals and clinics, the perceptions of doctors and physicians may be equally, if not more, valuable than that of patients. As noted in the previous section, physicians' referrals play a vital and strategic role in ensuring the survival of clinics. Consequently, the marketing strategy will focus on developing relationships with the key intermediary i.e., the referring physician.

Marketing communications should focus on print, electronic media, and The Internet where the message will be modified to suit differing media. The messages will promote the Owner's education and expertise and the TCM Clinic's reputation as well as educating the target audience.

Overall, the TCM Clinic should position itself as a modern TCM healthcare facility offering specialized medical treatment by a professionally competent clinician, as well as safe and reliable products at affordable prices. The TCM Clinic should also position itself as a learning resource centre in order to build image and reputation, as elaborated in subsequent sections.

6.2 Target Segments

In order to effectively tap the TCM market, three target segments have been recommended. The first target segment for the TCM Clinic is very similar to the existing market. This target market is defined as university-educated males and females, between the age of 35 to 54 years having smaller family size, with annual income greater than CAD 60,000, predominantly 'white', married professionals who reside in affluent neighbourhoods in or near Vancouver. Males are included in the target market because

they represent a significant market in terms of size and also because the existing clientele of the TCM Clinic is male dominant.

The second target segment consists of cancer patients. As noted in previous section, there is a growing evidence of TCM efficacy for chronic and life-threatening diseases such as cancer. In 2006, an estimated 9,400 women in B.C will be diagnosed with cancer. There will be 2,700 diagnoses of breast cancer and 3,000 men will be diagnosed with prostate cancer (Canadian Cancer Society, April 2006). The TCM Clinic should target male and female cancer patients, specifically those suffering from breast and prostate cancers, as discussed in Section 3.4.2.6.

The third target segment consists of TCM students. Increasing numbers of TCM students in Vancouver also present a new market opportunity. The TCM Clinic should target final year students as well as reappearing students as explained in Section 6.3.1.

6.3 Marketing Mix

The proposed marketing mix is comprised of the following approaches to product, pricing, promotion, and location.

6.3.1 Products/ Services

The Clinic should continue to offer its core service of acupuncture and acupressure for 'pain-management' as well as continuing to provide massage, Chinese herbs, food cures, and western nutrition/supplements.

The existing offerings of the TCM Clinic should target developing 'immunity' amongst cancer patients through various TCM modalities. TCM could strengthen patients' resistance to diseases by strengthening their immune systems. Cancer and cancer treatments affect cells and organs, consequently impacting the immune system of

both directly and indirectly. In these types of life-threatening diseases, treatment through personal empowerment is deemed effective. Personal empowerment is important because most cancer patients go through enormous depression and emotional trauma as they believe that they have no control over their disease. Employing the holistic and involving nature of TCM modalities, as well as medicinal therapies, is likely to attain a distinctive position in this segment. Chinese herbal medicines, used conjointly with Western supplements and nutrients, should be offered to cancer patients.

TCM students are also an attractive segment as the number of TCM enrolments and licensees has been rapidly increasing. Some TCM schools require students to spend a minimum number of hours of clinical training as a mandatory requirement for graduation. In addition, the CTCMA Bylaws require that *"50% of the minimum hours listed under each clinical instruction shall be in a clinic owned and operated by the education or training program"* (CTCMA Bylaws, 2001). The curricula offered by TCM schools are organized into three, four, and five-year programs. The majority of the students pursue a three-year acupuncture program.

The TCM Clinic should tap this market by offering training programs for the remaining 50% of the practicum hours required for graduation. Initially, the TCM Clinic should propose to students a minimum of 40 hours of additional clinical training per quarter for final year level students and for students who failed and are retaking the licensing examination. The training programs should focus on acupuncture and herbology as these modalities are in the area of the expertise of the Owner.

6.3.2 Pricing

Pricing strategy could be a revenue-generating element in the marketing mix where the margins help launch other activities that are required for achieving high brand equity. There are many pricing strategies, but they eventually boil down to three basic approaches: cost-based pricing, customer-based pricing, and competition-based pricing (Goodridge, 2004).

At present, the Clinic is following a competition-based pricing strategy for products and services. For instance, it charges CAD 70 for one hour acupuncture or massage treatment, which is 5% to10% lower than what other TCM clinics in Kitsilano charge. The prices are also lower when compared to the prices of other CAM practitioners. Massage therapists charge CAD 70 per hour. Naturopaths charge CAD 80-150 per hour and chiropractors charge CAD 140 per hour of treatment.

As noted earlier, CAM/TCM patients have limited insurance coverage and cost may be a major disincentive to seeking CAM/TCM treatments. Nevertheless, two out of three target segments profiles indicate low price sensitivity. These two segments are the existing clientele of the TCM Clinic and cancer patients. As noted earlier, the segment of general population is very affluent. Also, most cancer patients have access to funding from different cancer agencies and they are likely to easily bear the cost of CAM/TCM treatments. In addition, price is not a strong determinant in the purchasing decision in relation to image and quality. A more significant factor is the perceived image of practitioner's professional acumen. Therefore, for these two target segments where price sensitivity is low, competitive-pricing strategy is recommended. The third target segment of TCM students, however, is likely to remain price sensitive. Many final year students will have incurred debts relating to their education. Price sensitivity will be particularly

critical for students who had planned to set up a practice but were unable to do so because they failed the licensing exam. Initially, the TCM Clinic should charge CAD 5-10 per hour of training to gain entry to this market segment and, over time, as teaching services and reputation improve, prices can be increased.

6.3.3 Location

The Clinic is currently located in Kitsilano. Kitsilano residents are, primarily, highly educated English speaking people. They are wealthier, have smaller families, and are mostly married, white-collar, fulltime working professionals. They tend to follow an active lifestyle and are more prone to use CAM/TCM modalities. From a commercial perspective, Kitsilano has a diversified mix of retail and service businesses, with a focus on apparel, recreational and home furnishings. It is also ideally suited to personal services. It is evident that the commercial market will continue to grow with development in Vancouver. Kitsilano has become a destination for shoppers and tourists due to its central location in the city of Vancouver and proximity to major destinations areas such as Kits Beach and the downtown core. Given these conditions, service businesses are likely to flourish in the near future and, therefore, the Clinic should continue its operations in Kitsilano.

In order to expand its operations of business, the Clinic should consider Yale Town as a new location. Its socio-demographic profile closely matches that of the target segment as compared to other parts of Vancouver city and locations in the Greater Vancouver Regional District (GVRD). Table 3 shows the comparison. For instance, 34% of the population in Kitsilano falls into the 35-54 age category while 24% of the population in GVRD falls into the same category (BizMap Market Area Profiles, 2006).

Table 3: Demographic Comparison

Demographic Characteristics	Kitsilano	Yaletown	Vancouver	GVRD
Age (35-54)	34%	33%	24%	24%
Gender (Females)	53%	44%	51%	51%
Education (University Degree)	57%	52%	40%	32%
Household Income (≥CAD 60,000)	42%	50%	38%	46%
Ethnicity (British)	82%	47%	44%	45%
Language (English)	79%	58%	50%	62%
Household Size	1.6	1.7	2.3	2.6
Occupation (Bus, Fin &Mgmt)	33%	39%	18%	19%
Married Couple	59%	64%	70%	75%

Data source: BIZMap Market Area profiles, 2006

Yaletown is a new and growing residential and business neighbourhood with diversified business categories. Its proximity to downtown Vancouver as well as Granville Island, and its increasing residential base provide additional market opportunities. It is particularly suited for higher-end destination retail operations and personal services as well as a significant number of smaller business offices who select Yale Town to take advantage of a location close to downtown with slightly lower lease rents.

6.4 Integrated Marketing Communication

Integrated marketing communication should focus on developing relationships with physicians, consumers, and the community and attempt to inform, persuade, remind and educate consumers about products and services.

6.4.1 Physician and Community Relationship Management

Physician referrals play a vital role in enhancing the image of TCM practitioners. The Owner should develop relationships with local medical doctors and pharmacists. The best strategy is to refer TCM patients to selected doctors and pharmacies, particularly those that stock TCM products, in the local area. This is likely to result in reciprocity from these doctors and pharmacists as well as help develop mutual trust and esteem. The Owner should arrange frequent in-house seminars for patients and the local community. These events will provide opportunities, not only to enhance relationships with existing patients, but will also let the Owner meet their families, friends, and colleagues. Patients and their families will also have a chance to meet other people and listen to their success stories which will substantiate the Clinic's reputation and aid in garnering positive word-of-mouth referrals. The Owner should continue to attend and hold seminars for health organizations such as the Fraser Health Authority and the Arthritis Society as well as attending health seminars organized by the B.C. Cancer Agency, as well as other events organized by cancer associations. The Owner should also collaborate with various TCM schools on a series of lectures and appear as a guest speaker, preferably demonstrating expertise in a wide range of TCM related topics. As discussed in the previous sections, TCM practitioners lack points of differentiation as most of them provide identical products and services, and at the same time consumers have become very choosy in selecting TCM practitioners. Therefore, this public relational strategy should help the TCM Clinic create a superior image in the eyes of the faculty and the students. This strategy shall prove to be a superior point of differentiation. The acclaim and strong image of the TCM Clinic is likely to expand the TCM Clinic's customer base and increase its profitability in the long-run.

6.4.2 Newsletters, Editorials and Press Releases

The Owner should continue releasing e-newsletters and writing editorials not only to educate the customers but also to create a connection between health restoration and the products and services. These advertorials should also focus on TCM effectiveness in certain illnesses as well as addressing issues of safety and efficacy. Advertorial placement and frequent press releases in local lifestyle and health media is likely to boost the professional reputation of the practitioner as well as the image of products and services.

6.4.3 Advertising

The most important advertising tool for the Clinic is to place customized posters in pharmacies and the clinics of general practitioners, rheumatologists, orthopedic specialists, and oncologists. Additional advertising should be limited to high-end health magazines and cancer magazines such as "Connections" which have relatively large circulation in Vancouver. The advertising message should inform consumers about the efficacy of TCM in managing pain and educate them about TCM's ability to restore health through different modalities. To create awareness, the Clinic should also publish limited advertisements in local newspapers and free magazines. It should also consider a once-a-month 30 second radio spot in the Vancouver broadcast area. To reach students, the Owner should distribute brochures and leaflets and place posters at TCM schools across B.C as well as at the CTCMA premises. Posters, leaflets, and brochures should be distributed at nearby pharmacies as well.

6.4.4 Sales Promotion

Sales promotional tools should be limited to souvenirs for selected practitioners and patients. Sending birthday and anniversary cards are also likely to improve relationships as well as generate trial purchases of products and services.

6.4.5 Direct Marketing

At present, the Owner has a huge e-mailing list of current and potential clients. Use of this list should be limited to e-newsletter distribution only. The TCM Clinic should continue to offer online sales of health products on the TCM Clinic's website.

The TCM Clinic should develop a web log in order to engage in dialogue with clients and potential clients. The purpose of this 'blog' should be 'impression management'. A 'blog' provides an opportunity to learn about customer perceptions. It can also suggest products and services as a solution to their health problems. The 'blog' should be filtered in order to protect the image of the TCM Clinic from malicious attacks. The use of a web log will allow the Owner and patients share information about people's real-life experiences with CAM and/or Western Medicine. Anecdotal experiences can help shape attitudes toward TCM. Interactive 'blog' allow readers to pose questions. The Owner's knowledgeable answers and specific recommendations would enhance an overall positive impression and possibly result in increased sales.

A 'blog' can also be an excellent tool for educating students. The 'blog' medium encourages dialogue and debate. Specifically, blogging is likely to encourage creativity in philosophical debate about TCM modalities. The Owner should launch different threaded discussions related to student learning. This strategy could also help attract students to the TCM Clinic's training programs.

7 CONCLUSION

TCM stands out among all CAM modalities owing to its strong cultural heritage, well documented clinical practice, and the holistic nature of its treatments. Its holistic perspective is unique as it takes into consideration metaphysical aspects of human nature and the environment. During the last few decades, it has gained acceptance around the world.

The TCM industry in Canada is undoubtedly flourishing, especially in B.C where the practice is now legally accepted. Nevertheless, the industry is faced with many challenges. The market is saturated with numerous TCM practitioners and it is becoming difficult to create a differential advantage without employing a unique marketing strategy. On the other hand, the internal analysis reveals that even in the face of such grave challenges, the TCM Clinic has the strengths that can be strategically capitalized on the opportunities in order to survive and grow in the long-run.

The essence of the proposed marketing strategy is based on understanding consumer perceptions and utilizing them to tap into attractive market segments. Enhancing reputational capital through relationship marketing with key stakeholders, emphasizing core services as well as broadening their applications, and adding an educational component is likely to attain a differential advantage for the TCM Clinic.

Although the proposal is viable, it entails significant investment in terms of financial and human resources. If implemented successfully, the recommended marketing strategy is likely to attain a unique position for the TCM Clinic in the long-run.

8 LIMITATIONS AND FUTURE RESEARCH

Although the literature review provides considerable information about TCM consumers, nevertheless there are some grey areas that require additional research.

Ideally there should have been a primary research surveying the existing clientele of the TCM Clinic in Kitsilano. However, due to paucity of time and scope limitations, it could not be conducted. Therefore, future research should be carried out on the existing clientele of the TCM Clinic in order to judge their satisfaction levels and perceptions about the TCM Clinic and the efficacy of various therapeutic modalities with respect to the competition. This research is likely to provide valuable information that can be used to improve products and services as well as improve customer relationships.

In addition, there is limited research on TCM use among people in B.C. This is a limitation of this paper. Previous research has mainly focused on the use of CAM, which is a broad term covering all traditional and herbal modalities. Consequently, specific research should be conducted on the users and non-users of TCM. This research is likely to provide more accurate insights into the underlying motivations of people willing to use TCM. It will also help develop more effective programs to attract non-users of TCM.

Further, literature review has revealed that the physicians of Western Medicine play a vital role in people's decisions to use TCM. However, there is a lack of specific research on the perceptions of physicians of Western Medicine about TCM. Consequently, comprehensive research should be conducted in this regard in order to understand their perceptions about different modalities of TCM therapies. Specifically, what makes these physicians adopt and/or recommend a particular therapy as well as the

extent to which they recognize the professional acumen of TCM practitioners are the areas that should be explored in order to develop effective relationship strategies.

Finally, very limited research has been conducted on the use of TCM by ethnic minorities and special populations in B.C. Therefore, specific research should be conducted on the use of TCM by Chinese ethnic minority in B.C and other special populations suffering from chronic and life-threatening diseases such as cancer and AIDS in order to find out their perceptions and motivations regarding TCM.

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