

Reflections on Overseas Traditional Chinese Medicine Consultation Techniques from an Intercultural Perspective: Insights from the Practice of the Confucius Institute for Traditional Chinese Medicine in London

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Abstract: The study finds that differences in language expression, cultural background, and the changing positioning of medical roles all influence doctor–patient communication and treatment acceptance. Combining localized practices, the article explores improvement pathways such as language training, cultural understanding, simplification of terminology, and localization of treatment approaches. It also points out that the doctor–patient relationship is shifting from a one-way dominant model toward one of negotiation and collaboration. Meanwhile, the Confucius Institute’s integration of Chinese language teaching with the dissemination of Traditional Chinese Medicine culture provides cultural support for the long-term integration of TCM into European society. Meanwhile, the Confucius Institute’s integration of Chinese language teaching with the dissemination of TCM culture provides cultural support for the long-term integration of TCM into European society. In the future, with the development of digital technologies, TCM services in intercultural contexts are expected to become more diverse and convenient.

Keywords: Intercultural Communication; Overseas TCM; Consultation; Localization; Doctor–Patient Communication

1. Introduction

As an element of China’s intangible cultural heritage, Traditional Chinese Medicine (TCM)

has been continuously inherited and developed for thousands of years and, with the deepening of its internationalization, has increasingly expanded beyond national borders. With the strategic initiative of jointly building the “Silk Road Economic Belt” and the “21st Century Maritime Silk Road” in 2013, the internationalization of TCM has encountered new opportunities. The World Health Organization (WHO), in its traditional medicine strategies, has repeatedly affirmed the positive role of traditional and complementary medicine in chronic disease management, rehabilitation, and health promotion [1], which to some extent has enhanced the recognition of TCM within the international healthcare system. The patient group that overseas TCM practitioners come across is relatively complex, most of these patients are not native speakers of Chinese; there are differences in their cultural knowledge backgrounds, and their understanding of translated medical terms may also be different, these situations can sometimes lead to cross-cultural issues in overseas TCM practice [2], which then affects doctor-patient communication and treatment outcomes.

The Confucius Institute for Traditional Chinese Medicine (CITCM), located in London, United Kingdom, is an international educational institution integrating TCM education, language instruction, cultural exchange, and community services [3]. Unlike traditional Confucius Institutes that primarily focus on Chinese language teaching, the London-based institute places greater emphasis on the deep integration

of professional TCM education and cultural dissemination in its institutional orientation [4]. The author worked at the CITCM in London for nearly one year as an overseas volunteer and attempts to analyze the main challenges faced in overseas TCM consultations from an intercultural perspective and to explore corresponding solutions, with the aim of providing new insights for future research.

2. Overview of Medical Inquiry in TCM

The earliest record of medical inquiry appears in *Su Wen · Zheng Si Shi Lun*, which states that one should first understand the patient's condition through dialogue before diagnosis and treatment. *Si Zhen Jue Wei* notes that inquiry is the key to carefully examining the mechanisms of disease. *Huangdi Neijing · Su Wen* emphasizes understanding the illness through questioning about sensations of cold and heat, diet and daily life, as well as urination and defecation, in order to identify the patient's suffering and differentiate syndromes. The "Ten Questions Song" first recorded in the Ming dynasty by the renowned physician Zhang Jingyue in *Jingyue Quanshu · Chuan Zhong Lu · Ten Questions Chapter*, outlines a structured sequence of inquiry covering chills and fever,

sweating, head and body symptoms, excretions, diet, chest and abdomen conditions, hearing, thirst, past illnesses, and causes of disease. *Su Wen · Zheng Si Shi Lun* also states that one should calmly consider personal circumstances to understand medical principles, recognizing differences in social status, age, and temperament. It shows that the consultation involves a wide range of aspects, not only the patient's condition, but also the patient's living environment, personality, diet, etc., which also reflects the idea of "the unity of heaven and man" of TCM and has a better therapeutic effect in clinical diagnosis and treatment.

In TCM, inquiry is one of the four diagnostic methods, it means asking patients in a systematic way about their main complaints, what caused the illness, how the symptoms have changed, and their daily habits; doing this helps to collect subjective information and provide support for syndrome differentiation and treatment. This method works together with inspection, listening and smelling, and palpation, and through the combination of these four diagnostic methods and the use of pattern differentiation and treatment, they form a complete diagnostic system. The flowchart for an English TCM consultation is shown in Figure 1

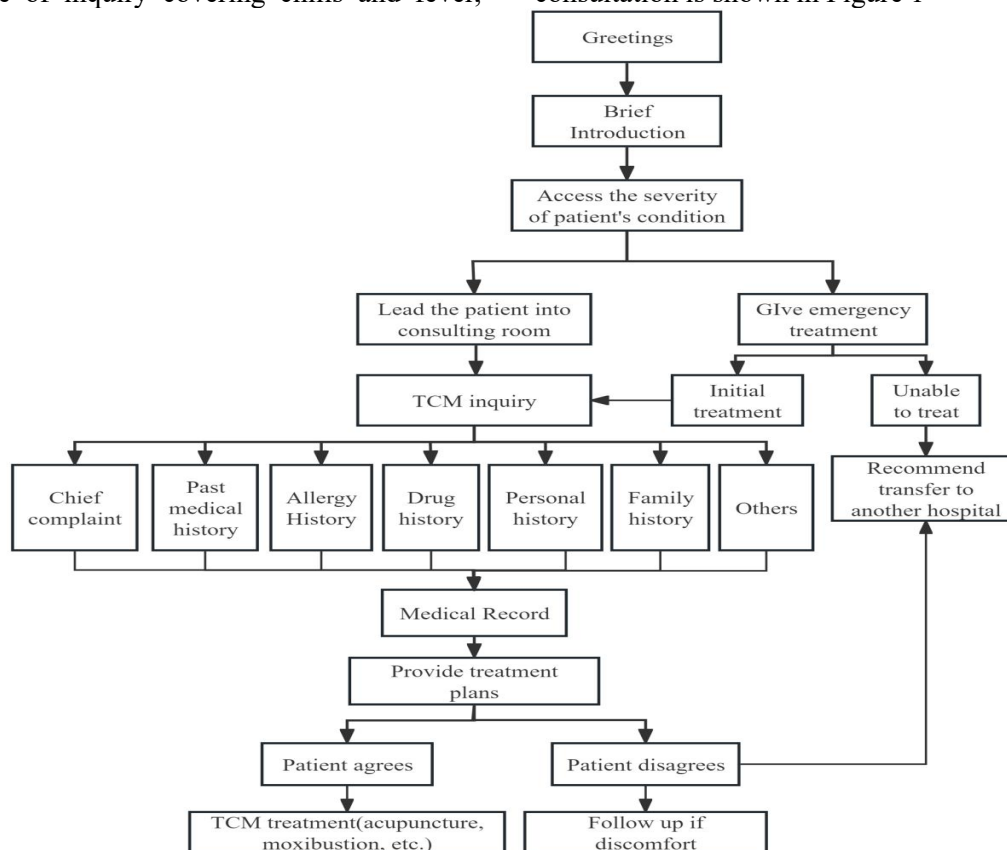


Figure 1. Flowchart of English TCM Consultation

3. Overview of Intercultural Communication

Intercultural Communication Competence (ICC) theory is an important framework for understanding and managing interactions among diverse cultures in the era of globalization. The theory emphasizes that communicators need to possess a comprehensive ability to understand others in different cultural contexts, flexibly adjust their own communication strategies, and ultimately achieve effective interaction. ICC encompasses three interrelated dimensions: cognitive, affective, and behavioral. Its significance is particularly pronounced in healthcare and educational settings. Hall's high- and low-context culture theory [5] indicates that different cultures rely to varying degrees on explicit and implicit information in communication, which further complicates intercultural medical communication.

4. Issues in English-Language Medical Inquiry

4.1 Language Communication Barriers

In the English consultation practice of the Confucius Institute of TCM in London, language communication barriers are an important factor affecting the effect of diagnosis and treatment. First of all, some acupuncturists have a short on-the-job training time and have not fully mastered the professional expression and context differences of medical English, which is prone to incomplete information transmission. For example, the expression of some cultural symptoms is not deep enough, and it is easy to have information understanding deviations in the consultation. Secondly, there is a large mobility of personnel. Most medical personnel are sent abroad for one to two years. As soon as they are familiar with the working environment, they will return to China soon after completing their term of office. As a result, the consultation discourse system lacks stability and standardization, and it is difficult to form consistent communication standards. In addition, a large number of synonyms in English have subtle semantic differences in the medical context. If used improperly, it is easy to cause patients to misunderstand the severity of the symptoms or the nature of the course of the disease, affecting the doctor-patient relationship and the treatment effect.

4.2 Differences in Cultural Background

In the practice of overseas TCM diagnosis and treatment, cultural conflict is an important factor affecting the mutual trust between doctors and patients. TCM emphasizes the overall view and "discriminative treatment", while Western patients mostly understand the disease based on the biomedical model and tend to have clear disease names and quantifiable indicators. This cognitive difference is likely to lead to inconsistency in the efficacy evaluation standards. Hofstede's cultural dimension theory [6] also shows that there are differences in the degree of acceptance of uncertainty between China and the West, which will affect patients' trust in the empirical and individualized treatment methods of TCM, thus increasing the friction in cross-cultural diagnosis and consultation. Traditional medicine often refers to traditional Chinese medicine, ancient Greek medicine, Ayurvedic and Arabic medicine [7]. Some patients may ask about the differences between TCM acupuncture, Indian Ayurveda, and dry-needling therapy, so acupuncturists need to give answers that are clear and easy to understand.

4.3 Terminology Misunderstandings

Another prominent problem in the translation of TCM terms is that the translation methods are different, and there will be multiple meanings of a word, multiple words and one meaning. At present, it is commonly used to be launched by the WHO in 2016, mainly completed by Shanghai University of Traditional Chinese Medicine, and released in 2022 "WHO International Standards for Traditional Chinese Medicine Terms" [8]. In clinical practice, it is found that simply applying terms in international standards is difficult to understand when patients lack the cultural knowledge background of TCM.

4.4 Misunderstandings of Treatment Methods

In the process of overseas TCM diagnosis and treatment, some treatment methods are easy to cause misunderstanding and fear among patients, especially acupuncture and bloodletting. At present, only some institutions in the UK can obtain bloodletting qualifications after passing the training [9]. Because the degree of acceptance needs to be considered, it is still in the trial stage. Due to the general lack of understanding of the external treatment of TCM

in Western patients, coupled with the intuitive concern about acupuncture pain, infection risk or "bleeding" and other phenomena, it is easy to psychologically reject or even refuse treatment.

4.5 Shifts in Doctor–Patient Mindsets

In 2002, the White House Commission on Complementary and Alternative Medicine Policy released a report, this report proposed ten guiding principles for the development of Complementary and Alternative Medicine (CAM) and also helped make the CAM system more standardized [10]. If you compare them with patients in China, who often show a strong level of reliance on TCM, overseas patients tend to see TCM as just a part of CAM instead of viewing it as part of the mainstream medical system. Therefore, the expectation of the therapeutic effect is more cautious, and the informed consent and independent choice are also more emphasized. At the same time, the professional mentality of doctors also needs to be adjusted accordingly, from "treatment leader" to "health partner".

5. Strategies for Addressing Challenges

5.1 Strengthening Language Training

At the level of language and communication, service localization is first reflected in the localization of communication methods [11]. European TCM clinics are usually in a multilingual environment, and it is difficult to meet the needs of patients by relying on a single language alone. Therefore, providing multilingual services in English and other major European languages (such as German, French, Italian, etc.) has become an important means to improve service reach. However, language localization is not only a simple translation of terms, but also requires the appropriate transformation of TCM terms and health concepts in combination with the local cultural context [12], so that its expression is closer to the thinking habits of European patients, thus enhancing the effectiveness and professionalism of communication.

5.2 Understanding Cultural Backgrounds

In the process of overseas dissemination of TCM, understanding the local cultural background is the key to localization. By respecting the health concepts and communication habits of different societies, cultural conflicts can be effectively

reduced and patients' understanding of TCM concepts and therapies can be improved. For example, Islamic Muslim female patients need to wear headscarves. If they need needle treatment, practitioners need to ask if they can take off their headscarves and pay attention to privacy protection. Localization is not only conducive to cultural integration, but also directly related to the operation ability of overseas TCM institutions. Take Confucius Institutes or related TCM education and diagnosis and treatment institutions as an example, if service content, health courses and experience projects can be designed according to local needs, it is easier to attract stable customers, enhance social recognition, and thus enhance economic benefits and overseas influence of TCM.

5.3 Simplification of Professional Terminology

When explaining that the technical terms of TCM are not understood by patients and are too boring and rigid, it is more acceptable for patients to give examples of daily life, or take the acupuncturist himself as an example. If the acupuncturist is in this situation, what will he do, so that the patient can immersively understand the condition and how to deal with it. From the perspective of language localization, the clinic takes English as the main service language, fully taking into account the language habits and medical communication norms of British patients. In practice, the clinic did not simply translate the terms of TCM and diagnosis and treatment instructions from Chinese to English, but re-expressed the treatment principle, efficacy expectations and potential risks according to the British medical context [13]. For example, the explanation of the term "liver depression and qi stagnation", some patients will understand the knowledge of TCM such as liver meridian and liver main anger, but when some patients do not understand, we can use the example of liver "qi" depression and liver "qi" reverse to describe the angry physical state, so that most patients can understand. Similarly, it can also explain the treatment of TCM to patients to a certain extent, which is helpful for patients to understand the condition and treatment methods [14]. This context-based language localization helps to improve the clarity and professionalism of information transmission and reduce patients' sense of uncertainty caused by unfamiliar concepts.

5.4 Localization of Treatment Methods

Healthcare workers should help calm patients down by communicating with them thoroughly, for instance by using plain language to go over the treatment rationale, safety measures, and what kinds of sensations might come up during the procedure before they actually start the treatment; showing patients that the needles are single-use and that sterilization is done in a standard way can also help increase trust. When a patient is anxious or uneasy about acupuncture, the practitioner can first perform the needling on their own body to demonstrate, or after discussing it with the patient they can ask the patient to try a single needle insertion; doing this can make the patient feel more comfortable with the procedure psychologically and can also lower fear that arises from cultural or cognitive differences [15].

5.5 Localization of the Doctor–Patient Model

In China, TCM doctors are often regarded as authoritative clinical decision-makers; while in overseas environments, acupuncturists or TCM practitioners are often classified as auxiliary treatment providers and need to form a collaborative relationship with general practitioners or specialists [16]. TCM practitioners are required to pay more attention to explanation, communication and joint decision-making with patients while maintaining professionalism, so as to adapt to the changes in role positioning in overseas medical systems. In addition, the clinic has standardized and adjusted written materials such as informed consent to meet the requirements of British medical ethics and law, thus enhancing patients' recognition of the professionalism of the clinic [17]. Localization at the institutional level provides safety and predictability guarantee for TCM services, which helps to improve patients' trust and reduce potential business risks.

6. Conclusion and Outlook

The practice of the Confucius Institute of Traditional Chinese Medicine in London provides useful inspiration for the localization of TCM services. While teaching Chinese as a foreign language, the college organically integrates the basic knowledge of TCM and Chinese philosophical thought into the curriculum content, so that language learning, cultural dissemination and introduction of the concept of TCM can be carried out

synchronously, and the effect of "Chinese teaching and cultural dissemination of TCM are parallel". This model not only lowers the cultural threshold for foreign learners to understand TCM, but also lays the cultural foundation for the long-term acceptance and recognition of TCM in European society. TCM is no longer regarded as an alternative therapy in the local area, but has gradually become an important part of Chinese culture and health concepts.

With the acceleration of global medical digitalization, artificial intelligence and smart medical care have brought new opportunities for the overseas development of TCM. In the future, we can start the following aspects. First, the online consultation platform can break through geographical restrictions and make TCM consultation and health management services more convenient. Overseas patients can talk to domestic TCM experts in real time. Second, AI translation technology helps to alleviate language barriers and improve the efficiency and accuracy of consultation communication. With the iterative update of the artificial intelligence system, it is believed that there will be great improvement in the future. Third, global smart medical care, the medical record network of TCM clinics, combined with the personalized diagnosis and treatment of patients, provide professional combined treatment of TCM and Western medicine, which is most conducive to the recovery of patients. These technical means make up for the problem of information asymmetry in cross-cultural medical care to a certain extent, providing a realistic path for the standardization and internationalization of TCM services. The development of TCM overseas will be more sustainable and influential.

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