



## KOREAN MEDICAL ASSOCIATION<sup>\*1</sup>

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### **Responses to Outbreak of Middle East Respiratory Syndrome (MERS-CoV)**

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Following the confirmed diagnosis of Korea's first MERS patient on May 20, 2015, the disease rapidly spread in Korea, resulting in a total of 186 confirmed cases and 36 deaths. The alarmingly rapid spread of MERS in Korea is attributed to several factors including absence of a government plan against contagious diseases; the government's failure at early response; lack of communication with expert organizations and limitations in the current health and medical system.

From the very start of the outbreak, KMA performed its role as an expert organization in the national effort to resolve the situation, and contributed to addressing public concern and preventing the further spread of the disease. KMA also organized and operated the "KMA MERS Response Headquarters" in order to appropriately respond to protecting members' rights and proposing policies to the government.

In order to resolve the MERS outbreak and to protect medical professionals, KMA engaged in various activities including distribution of various guidelines including guidelines on self-quarantine for people potentially exposed to MERS; announcement of 7 major recommendations to the public to overcome MERS; request to quickly supply protective gear to medical professionals caring for MERS patients and to fully disclose the name of hospitals with confirmed MERS cases; demand of measures to protect medical professionals and their families; proposal to operate a selective care center under the public health clinics; recommendations to the government in order to prepare support and compensation plans for all medical institutions.

Also, in order to prevent another national crisis due to the outbreak of new contagious diseases such as the MERS in the future, KMA submitted a proposal to the government calling for improvement in medical care systems and medical culture with the aim of preventing and controlling infectious diseases by establishing a mid-to-long-term national contagious disease prevention and control plan; improvement in emergency room systems; support for autonomous activities by the medical sector to prevent and control contagious diseases for public safety; stronger support for contagious disease prevention and control by medical institutions; establishment of a crisis control and communication system through coordination with the medical sector; change in government organization including the establishment of a separate ministry dedicated to public health and the upgrading of the Korea Center for Disease Control; establishment of a research and development system for cutting-edge research in the area of contagious disease prevention and control and expansion of human resources. KMA also strongly called for enactment and amendment of related laws and regulations to the National Assembly and related government departments.

The outbreak has currently been contained with no additional new cases for over 70 days. The government declared a de facto end to the MERS outbreak on July 28, after no additional cases had been reported for more than three weeks. An official declaration of end to the outbreak will be made 28 days after the last remaining patient is completely cured.

### **Korean Government's Policy against Medical Professionalism**

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On December 28, 2014, the Korean government

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\*1 This article is based on a presentation made as the Report of Activities by each NMA at the 30th CMAAO General Assembly and 51st Council Meeting, Yangon, Myanmar, on September 23-25, 2015.

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announced a list of policy plans based on the recommendations by business-related organizations with the aim of economic vitalization and job creation. The problem is that as a part of such policy drives, the government plans to allow traditional oriental medicine doctors licensed only for traditional oriental medicine to use modern medical equipment and to expand health insurance coverage for such practices as well as to legalize licensing for chiropractic and tattoo performers and to create a separate standard for esthetic care equipment apart from those for medical equipment.

In Korea, the professional practices of modern medicine (western medicine) and traditional medicine are maintained separately. The current Medical Service Act defines the physician's medical license as covering modern medical activities, while the traditional medical doctor's license covers traditional medicine. Each type of doctor is strictly prohibited from practicing the other type of medicine by law. The two medical practices also differ in the educational curricula taught in each respective medical college and use completely different training programs to foster professionals. Moreover, the curriculum of traditional oriental medical colleges feature significantly less hours devoted to basic medical science or clinical subjects.

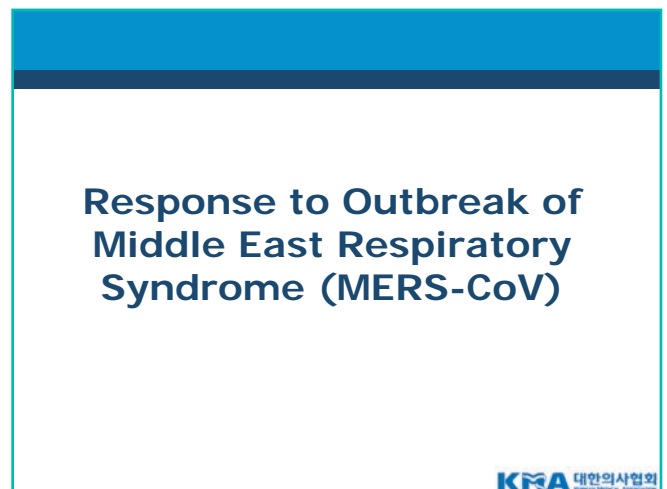
The government's policy proposes to open up physicians' proprietary areas to those who

have not been medically trained properly, with a disregard for the lives, health and safety of the people. It not only challenges medical professionalism and the physician's right to practice medical care but also undermines the entire medical system and is likely to bring confusion and unnecessary conflict to medical practice in Korea.

When traditional oriental medicine doctors with insufficient clinical experience are allowed to use modern medical devices, the danger of such recklessness will be completely borne by the patients. In substance, the Korean government is basically promoting unlicensed medical practices.

For such reasons, KMA is adamantly against any government policy attempting to destroy the medical licensing system for the sake of expanding the professional scope for traditional oriental medicine doctors while completely ignoring the safety of patients who deserve to be guaranteed access to quality care.

KMA has continued to deliver its firm opposition to the government and urge its policy changes. It also has made policy proposals to the government for improved practice conditions and guarantee of professional autonomy by easing unreasonable regulations and control. KMA has conducted active public campaigns to raise awareness of the public on the issue.



### MERS-CoV in General

- Middle East Respiratory Syndrome (MERS) is an illness caused by a virus called Middle East Respiratory Syndrome Coronavirus (MERS-CoV).
- Although camels are suspected to be the primary source of MERS infection in humans, the exact transmission routes remain unknown.

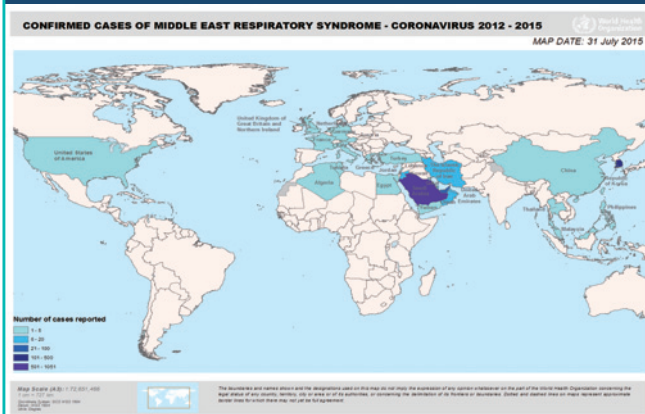


### MERS-CoV in General

- Most MERS patients developed severe acute respiratory illness with symptoms of fever, cough, and shortness of breath.
- It has been shown to spread between people who are in close contact.
- There is no known curative agents and no vaccine to prevent the viral infection.



### MERS-CoV Global Situation



### MERS-CoV Outbreak in Korea

May 20, 2015  
The first confirmed diagnosis of Korea's first MERS patient

Rapid Spread

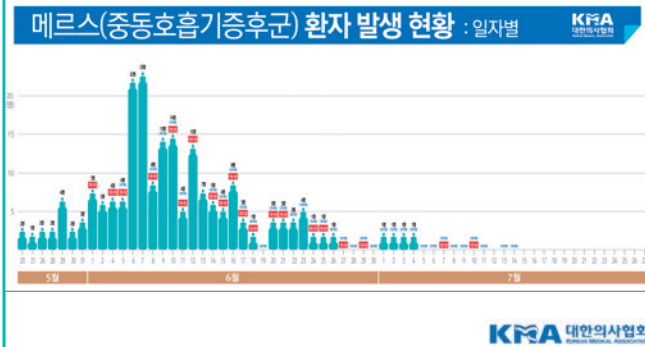
[Patients in Total]  
- 186 confirmed cases  
- 36 death  
- 44 discharged

[Confirmed Cases of Health Related Personnel]  
- 8 doctors  
- 15 nurses  
- 2 radiological technologists  
- 1 transfer personnel  
- 8 caregivers  
- 2 ambulance workers  
- 2 safety guards



### MERS-CoV Outbreak in Korea

Number of MERS-CoV Confirmed Cases on a Daily Basis



### Reasons for Rapid Spread

- Lack of knowledge and experience about the unknown infectious disease
- Not fully functioning of control and coordination authority at the early stage
- Failure at information sharing at the initial stage



## KMA's Responses

- Operation of 'KMA MERS Response Headquarters'
- Operation of 'MERS Hotline' to support the public including family members of MERS patients
- Distribution of various guidelines including guidelines on self-quarantine for people potentially exposed to MERS
- Announcement of 7 major recommendations to the public to overcome MERS
- Recommendations to the government in order to prepare support and compensation plans for medical institutions

## Suggestions for Advancement of the National Disease Control and Prevention System

1. Improvement on the health care service and medical culture
2. Improvement on the emergency room (ER) system
3. Voluntary reinforcement of the infectious disease control and prevention activities
4. Strengthened government support on infectious disease controls of medical institutions
5. Thorough controls and prevention of infectious diseases on the national watchlist

## Suggestions for Advancement of the National Disease Control and Prevention System

6. Crisis management communication system
7. Independence of Ministry of Health and raising the status of Center for Disease Control
8. Strengthened R&D for disease control
9. Securing human resources for infection prevention
10. Globalization in the prevention and control of national infectious diseases

## Korean Government's policy against Medical Professionalism

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### [Korean Government's Announcement of Policy Plan]

- Allowing traditional oriental medical doctors to use modern medical equipment
- Legalizing licensing for chiropractic and tattoo performers
- Creating for a separate standard for esthetic care equipment from those of medical equipment

## Problems of the Government's Plan

- In Korea, the professional practices of modern medicine and traditional medicine are maintained separately.
- Each type of doctor is strictly prohibited from practicing the other type of medicine by law.
- The two medical practices differ in the educational curricula taught in each respective medical college
- The curriculum of traditional oriental medical colleges feature significantly less hours for basic medical science or clinical subjects.

### Problems of the Government's Plan

- Government's plan challenges **medical professionalism**
- It is basically promoting unlicensed medical practice for the sake of expanding professional scope for traditional oriental medical doctors.
- Focusing only on the economic perspective
- **Disregard for the lives, health and safety of the people**



### KMA's firm Oppositions and Campaigns



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### Plans Ahead

- Plan of a rally to deliver firm opposition to the Government and urge its policy change
- Policy proposals to the Government for improved practice conditions and guarantee of professional autonomy by easing unreasonable regulations and control
- Active public campaigns to raise awareness of the public on the issue and make KMA's stances crossed.

