

Editorial

Biodiversity, Culture, Environment and Traditional Medicine

Traditional medicine in many countries uses materials that exist in nature, such as plants, animals, and minerals, as ingredients. In most cases, these ingredients rely on biogenetic resources that are available in the respective country.

The adoption of the Convention on Biological Diversity (known informally as the Biodiversity Treaty) in 1992 led to a major change in awareness of the significance of biogenetic resources as “common resources of mankind.” With COP10 scheduled to be held in Nagoya in October 2010, resource-rich countries, in particular, have begun to lay claim on their resources, limit access to them, seek profit, and demand disclosure of the country of origin of resources in patent applications. As the agenda of COP10 is expected to focus on access to biogenetic resources and benefit-sharing in addition to biodiversity conservation, a working group on access and benefit-sharing (ABS Working Group) is actively holding meetings to discuss the issue among member countries. The next meeting, which is scheduled to be held in November 2009 in Montreal, will aim to create a final proposal for reaching an agreement on a new international regime for access to biogenetic resources and benefit-sharing at COP10.

Access to biogenetic resources and benefit-sharing are mutually complementary. Therefore, it is necessary to formulate a medium to long-term action scenario (biogenetic resources strategy) that promotes coexistence and co-prosperity among all countries based on a multifaceted examination of the basic rules of access and benefit-sharing.

Amid this global trend in biogenetic resources, China is currently striving to register traditional Chinese medicine on the UNESCO List of Intangible Cultural Heritage. Korea is doing the same with its traditional Korean medicine. These actions are important strategies for preserving one’s national culture and communicating it to the world. Since culture also encompasses the seeds of intellectual property such as copyrights and patents, it cannot be brushed aside from the perspectives of economic and industrial policies and strategies, either.

Modern Western medicine, which forms the foundation of today’s medical practices in industrialized nations, is premised on a consumer society characterized by mass production and mass consumption. Moreover, at the frontline of medical treatment, it places top priority on lifesaving. Therefore, while there may be constraints regarding the deployment of human resources, the utilization of Earth’s resources, no matter how large, is essentially a non-issue if it means saving lives. This is one reason why many healthcare workers exhibit hardly any interest in environmental issues.

People’s lives, however, cannot completely depart from the Earth’s ecosystem to which they belong. As long as mankind lives on Earth, people can only live within the bounds allowed by Earth’s environment. Based on this awareness, countries around the world are taking active interest in environmental issues including CO2 reduction, and are examining and exploring new ideas and measures such as slow life, slow food, zero emission, and antidotes to financial and industrial crises, toward an environmentally and economically sustainable recycling society. It is only a matter of time until the sustainability of healthcare per se will also be called into question.

It is natural that the sustainability of healthcare should be questioned based solely on the existing practices of modern Western medicine founded on the premise of a consumer society. However, I wish to introduce a concept I call “eco-medicine”—a word I created by combining “ecological,” “economical,” and “medicine”—and propose a study into whether traditional medicine could in fact be regarded as eco-medicine.

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