대만 건강보험연구데이터(NHIRD)를 이용한 대만에서의 전통 동아시아 의학(Team)의 의료시장 점유율 분석

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Analysis of the Medical Market Share of Traditional East Asian Medicine (TEAM) in Taiwan Using National Health Insurance Research Database (NHIRD)

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Objectives Since the health insurance coverage for traditional Korean medicine is very low, some physicians and researcher have suggested that government's institutional support is needed for Korean medicine field. Therefore We examine the use of traditional medicine and western medicine in Taiwan, which operates a similar health insurance system to Korea.

Methods We selected several studies from Pubmed and NHIRD, that could be used to numerically evaluate the use of traditional medicine. We reviewed the current status of medical use in Taiwan and compare it with that of Korea.

Results Through a total of 87 studies, We found that 26.59%~31% of Taiwanese use Traditional medical institutions more than once a year, and the use of traditional medicine has been increasing since 2000. In adults than children, in women than men, the use rate of traditional medicine was high. Especially, herbal medicine was the most common intervention, accounting for 70% of traditional medical care.

Conclusions The core of low insurance coverage for traditional Korean medicine is in lack of coverage for herbal medicine. Taiwan's case shows that the unmet demand for traditional Korean medicine of the Korean population can exist widely. (*J Korean Med Rehabil* 2018;28(1):133-144)

Key words Traditional East Asia Medicine, Herbal Medicine, Acupuncture, Medical Market, Health Insurance Coverage

서론»»»»

2003년 한의약육성법 제정 이래, 2005년부터 한의약육성발전종합계획 등 한의약의 발전을 위한 여러 정책들이 추진되었다. 그러나 한의 진료에 대한 수요가 지속적으로

증가하였음에도 불구하고, 전체 요양기관 진료비를 기준으로 보았을 때 그 비중이 3.9~4.2%에 정해되어 있다는 지적이 있다¹⁾. 특히 진료 대상이 근골격계 질환에 편중되어 있다는 문제점과 함께, 연간 300억 원 미만의 한약제 제생산 및 처방의 정체 상황 역시 개선되지 않고 있다는

것 또한 한의약 분야의 건강보험에서 고질적인 문제로 지적되고 있는 상황이다¹⁻³⁾.

한의약이 지속적으로 겪고 있는 제도적 불균등 상황⁴⁾에도 불구하고 우리나라 국민들은 여전히 한의학에 대한 깊은 선호를 보이고 있다. 그러나 식민 통치를 경험한 국내의료제도 및 행정은 일본 메이지유신 기조를 따른 조선총독부의 서양의학 우대정책에 영향을 받아 서양의학이 주도하고 있다⁵⁾. 이런 악조건에도 불구하고 근래에 들어 국민들의 한의학 이용이 지속적으로 증가하고 있다는 것은 대단히 주목할만한 점이라고 볼 수 있다⁶⁾.

이와 관련하여 실제 의료현장에서 한의학과 경쟁관계⁷⁾에 있는 서양의학과 비교에서 두 의료에 대한 건강보험 보장성이 동일하다면 서양의학보다 한의진료를 선호할 수 있다는 점, 특히 한약 치료를 선호할 것이라는 것이 교통사고 상해의 사례를 통해 일부 확인되었다^{8,9)}. 이러한 국민들의 한의학 선호는 한의학에 대한 공식적인 차별이 시작되던 일제시기부터 지속되어 왔다¹⁰⁾. 따라서 현재 한의약의 저활용 실태는 국가의 건강보험보장체계가 환자들에게 서양의약에 대한 높은 보장성과, 한의약에 대한 낮은 보장성을 통해 의도적으로 서양의약을 이용하도록 왜곡한 결과물로 해석할 수 있는 한편, 이러한 정책의 근거에 뿌리 깊은 식민지적 시각이 현재까지도 우리 보건의료행정 안에 자리 잡고 있다는 것을 시사하고 있다¹¹⁻¹³⁾.

이같은 문제점에 대한 해결책을 찾기 위하여 유사한 식민지 경험을 갖춘 국가의 전통의학 의료현황과 그 특징을 검토하는 것은 한국 한의약의 보장성 강화를 위한 중요한 기초조사로써의 역할로 볼 수 있을 것이다. 동아시아에서는 대만이 이 조건에 가장 부합하는 국가이다. 그러나 현재까지 대만의 전통동아시아의학(traditional east asian medicine, 이하 TEAM) 의료이용에 대한 체계적인 조사연구는 부족한 실정이다. 이에 저자들은 대만의 전민건강보험연구자료고(全民健康保險研究資料庫, National Health Insurance Research Database, NHIRD)의 자료 및 저자들이 발표한 대만의 TEAM 현황 관련 선행연구의 지견에 기반하여 대만에서의 TEAM 이용 현황을 분석하였다.

대상 및 방법»»»

대만 전민건강보험연구자료고의 자료를 이용해 발표된

대만에서의 연구를 분석한 기존 연구¹⁵⁾에서 얻어진 일차 자료를 바탕으로, 본 연구의 목적에 맞게 명시적으로 확인 가능한 한의약 의료이용현황의 자료를 담고 있는 연구를 선정하였다.

연구의 분류는 일차적으로 대만내 TEAM 이용 관련연구로 한정하고, 일차적으로 TEAM 이용 인구의 전체적 특성을 분석한 연구와 특정 질환군에서의 특성을 분석한 연구로 분류하였다. 다음으로, TEAM의 이용/비이용을 검토한 연구 및 TEAM과 서양의약의 이용을 검토한 연구로 분류하고, 보고된 연구들의 대상 질환, 이용률, 기타 특성 등을 분석하였다. 그리고 이를 현재 국내의 건강보험 이용현황과 비교 분석하여, 국내의 한의약분야의 보장현황의 실태를 평가하였다.

결과»»»

2017년 1월 17일까지 발표된 관련문헌 143건 중 직접 평가가 가능한 대만내 TEAM 이용과 비이용의 현황을 제시한 연구 87건이 선정되었다. 이들 연구는 대만에서의 한-양방 의료이용에 대한 포괄적인 검토 10건과 특정 질환군별로 검토한 77건으로 나누어 볼 수 있었다.

1. 대만의 보편적 TEAM 이용 관련 연구

포괄적인 연구 10건에 대한 연구의 내용은 다음과 같다(Table I).

이들 연구에서는 명확히 대만에서의 한약처방에 대한 포괄적인 보장²⁸⁾을 통해 한약투약이 한의약분야의 주요 항목임이 드러났다. 이는 한국에서 56종 단미엑스산제라는 제한적 품목에 비해 300여종 이상의 한약제제 품목이 건강보험적용이 되는 대만과의 차이를 보여준다.

2. 대만의 질환군별 TEAM 이용 현황

다음으로, 질환군별로 나누어 77건을 검토하였다. 이들 연구들은 TEAM의 임상적 활용현황과 한약에 따른 임상적 이점을 평가¹⁵⁾하기 위한 연구들이다(Table II).

Table 1. Studies on General Use of Traditional Medicine in Taiwan

Author	Year	Target population	Intervention	Key findings
Fang-Pey Chen et al ¹⁸⁾	2006	All	Acupuncture	In 2002, 6.2% of health insurance contractors used acupuncture treatment. In 1996~2002, the population using acupuncture for 7 years accounted for 23%. Musculoskeletal diseases (ICD9-CM 710~739), injury and poisoning (ICD9-CM 800~999) accounted for 88% of the target diseases.
Fang-Pey Chen et al ¹⁹⁾	2007	All	-	In 2001, 28.4% of health insurance contractors used TEAM clinic. By 1996~2001, 62.5% of health insurance contractors visited TEAM clinic at least once. The frequency of use was 12.3% under 10 years of age, but 52.3~66.0% by age group in the age of 11 years or older. The major treatment contents were herbal medicine 82.5%, acupuncture 11.0% and manual therapy 3.1%. The major diseases were respiratory 27%, musculoskeletal 16.6%, other symptoms and signs 14.3%, injury and poisoning 13.1%, digestive system 12.7%, etc.
Shu-Ching Hsieh et al ²⁰⁾	2008	All	Herbal medicine	In 2004, 28.1% of the population who visited a medical institution at least once used herbal medicine. The main prescription target disease for herbal medicine are respiratory diseases such as cold, sleep disorders, allergic rhinitis, menstrual-related disorders, etc.
Lee-Chin Chang et al ²¹⁾	2008	All	-	From 1997 to 2003, the use of medical clinic through health insurance has increased. The use rate of TEAM was lower than that of western medicine. The use of herbal medicine was 68.4~70.8%, the use of manual therapy was 15.6~17.2% and the use of acupuncture was 9.2~13.0%.
Tu C-C et al ²²⁾	2011	All	-	In 1999, in a sample of 200,000 health insurance data, The population using Western medicine alone was 60%, the population using TEAM and Western medicine together was 29%, and the population using TEAM alone was 2%.
Shih C-C et al ²³⁾	2012	All	-	In 2001, among the aged 20~69 (Taiwan National Health Interview Survey subject), the use rate of TEAM by gender was 31.8% for women and 22.4% for men.
Hsing-Yu Chen et al ²⁴⁾	2012	Child	-	In 2006, TEAM use rate was 18.32% and non-use rate was 81.68% among 107377 children aged 0~12 years old. Factors that have a positive effect on the use of TEAM in children include age and the presence of allergic diseases such as atopic dermatitis, eczema and allergic rhinitis, respiratory diseases such as asthma, digestive diseases such as diarrhea, digestive disorders, constipation and musculoskeletal diseases.
Tzu-Ping Huang et al ²⁵⁾	2014	Child	-	In 2005 and 2010, the use of TEAM by children was 22% in 2005 and 22.5% in 2010. Diseases that increase the use of TEAM include menstrual disorders, musculoskeletal disorders, dyspepsia, and allergic rhinitis.
Pei-Rung Yang et al ²⁶⁾	2015	Elderly	-	Herbal medicine was prescribed from 98.7%~99.7% of allergic rhinitis, dyspepsia, and menstrual disorders patients. From 2005 to 2009, 48.23% of the 97210 sample population over 65 years of age using medical institutions used TEAM. The major prescriptions were as follows: <i>Shujinghuoxuetang</i> , <i>Duhuojiashengtang</i> , <i>Pingweisan</i> , <i>Mazirenwan</i> , <i>Zhigancaotang</i> , <i>liuweidihuangwan</i> , <i>Zishengshengjiwan</i> , <i>Banxiaxixintang</i> , <i>Chuanxiongchadiaoan</i> , etc.
Yuh-Hsiang Yeh et al ²⁷⁾	2016	All	-	The major single herb prescriptions were as follows: <i>Salviae Radix</i> , <i>Rhizoma Corydalis</i> , <i>Fritillariae Rhizoma</i> , <i>Eucommiae Cortex</i> , <i>Rhei Rhizoma</i> , <i>Platycadi Radix</i> , <i>Achyranthis Radix</i> , <i>Puerariae Radix</i> , <i>Panax Notoginseng</i> , <i>Scutellariae Radix</i> , etc. In 2000, 2005 and 2010, TEAM usage increased slightly from 26.59% in 2000 to 28.29% in 2005 and to 28.66% in 2010. In 2010, compared to 2000, use of TEAM was increased in all fields except infectious and parasitic diseases and respiratory diseases. The use of TEAM in neoplasms, congenital anomalies, pregnancy, labor and postpartum diseases was significantly increased to 41.9%~343.7%.

Table II. Current Status of Traditional Medicine Use by Disease Group in Taiwan

Disease group*	Disease	Key findings
Infectious and parasitic diseases (1.36%) Neoplasms (3.82%)	Hepatitis	In 2002, 1.9% of chronic hepatitis patients used TEAM ²⁹⁾ In 2000~2010, 66.43% of newly diagnosed hepatitis C patients used TEAM ³⁰⁾ In 1996~2010, 16.65%~25.11% of liver cancer patients used TEAM ^{31,32)} In 2001~2010, 12.4% of child and 9.17% of adult leukemia patients used TEAM ³³⁾ In 1997~2010, 9.25% patients with newly diagnosed acute myeloid leukemia and received radiotherapy and chemotherapy used TEAM ³⁴⁾
	Liver cancer	
	Leukemia	
	Colon cancer	In 2004~2008, 19.81% of newly diagnosed colon cancer patients used TEAM ³⁵⁾ In 2007, 26.9% of newly diagnosed colorectal cancer patients used TEAM ³⁶⁾ In 2000~2011, 37.51% of newly diagnosed head and neck cancer patients used TEAM ³⁷⁾
	Head and neck cancer	
	Pediatric cancer	In 2001~2011, 62.37% of newly diagnosed pediatric cancer patients used TEAM ³⁸⁾ In 1999~2008, 81.55% of newly diagnosed breast cancer patients used TEAM ³⁹⁾ In 2007, 35.6% of breast cancer patients used TEAM ⁴⁰⁾ In 2009, 37.33% of breast cancer patients used TEAM ⁴¹⁾
	Breast cancer	
	Uterine fibroid	In 2000~2003, 73.33% of newly diagnosed uterine fibroid patients used TEAM ⁴²⁾ In 1996~2010, 25.84% of uterine fibroid patients used TEAM ⁴³⁾ In 2002~2010, 87.08% of newly diagnosed uterine fibroid patients used TEAM ⁴⁴⁾
	Prostate cancer	In 1996~2008, 38.8% of prostate cancer patients used TEAM ⁴⁵⁾ In 1998~2003, 64.5% of newly diagnosed prostate cancer patients used TEAM ⁴⁶⁾ In 2003~2008, 52.6% of prostate cancer patients used TEAM ⁴⁷⁾ In 2007, 22.4% of outpatients with prostate cancer received prescription of herbal medicine ⁴⁸⁾ In 1996~2010, Of the lung cancer patients, 31.17% of the operation patients and 26.32% of the non-operation patients used TEAM ⁴⁹⁾
	Lung cancer	
	Hyperlipidemia	In 2003~2009, 82.95% of hyperlipidemia patients used TEAM ⁵⁰⁾
Endocrine, nutritional and metabolic diseases, and immunity disorders (3.59%) Mental disorders (3.10%)	Diabetes mellitus	In 2000~2011, 20.55% of type I diabetes mellitus patients used TEAM ⁵¹⁾ In 1998~2008, 77.91% of newly diagnosed type II diabetes mellitus adult patients used TEAM ⁵²⁾ In 2002~2010, 37% of patients diagnosed with insomnia used hypnotic drug and herbal medicine in combination ⁵³⁾ In 2003, 42.73% of patients with major and mild depressive disorder who were prescribed antidepressant used TEAM ⁵⁴⁾ In 2007~2011, 12.79% of patients with sleep disorder, 1.57% of patients with depressive disorder were prescribed herbal medicine ⁵⁵⁾
	Insomnia and depression	
	Schizophrenia	In 2004, 9.2% of schizophrenia patients used TEAM ⁵⁶⁾
	Dementia	In 1997~2008, 43.3~78.2% of newly diagnosed dementia patient used TEAM ⁵⁷⁻⁵⁹⁾
Diseases of the nervous system (4.19%)	Migraine	In 1998~2008, 89.26% of newly diagnosed migraine patients used TEAM ⁶⁰⁾
	Vertigo	In 1998~2007, 47.31% of newly diagnosed vertigo patients used TEAM ⁶¹⁾

Table II. Continued

Disease group*	Disease	Key findings
Diseases of the circulatory system (3,42%)	Hypertension	In 2003~2009, 79.89% of hypertension patients used TEAM ⁽⁶²⁾
		In 2006~2010, 49.74% of newly diagnosed hypertension patients used TEAM ⁽⁶³⁾
	Stroke	In 2000~2004, 9.27~12.85% of newly diagnosed stroke patients used acupuncture ^(64,65)
		In 2008, The acupuncture utilization rate of stroke patients increased to 17% ⁽⁶⁶⁾
Diseases of the respiratory system (7,53%)		In 2000, 24% of stroke patients used TEAM, but in 2009, they increased to 32% ⁽⁶⁷⁾
	Atrial fibrillation	In 2000~2010, 77.30% of newly diagnosed ischemic stroke patients used TEAM ⁽⁶⁸⁾
	Heart failure	In 2000~2011, 15.35% of newly diagnosed atrial fibrillation patients used TEAM within 7 days ⁽⁶⁹⁾
	Ischemic heart disease	In 2001~2010, 78.50% of newly diagnosed heart failure patients used TEAM ⁽⁷⁰⁾
	Upper respiratory infection	In 2000~2010, 81.59% of newly diagnosed ischemic heart disease patients used TEAM ⁽⁷¹⁾
	Rhinosinusitis	In 2009, 9.92% of upper respiratory infection(including influenza) patients used TEAM ⁽⁷²⁾
Diseases of the digestive system (8,30%)	Allergic rhinitis	In 2000~2011, 29% of newly diagnosed chronic rhinosinusitis patients used TEAM ⁽⁷³⁾
		In 2002, 2.4% of patients used western medicine, 1.4% of patients used TEAM to treat allergic rhinitis ⁽⁷⁴⁾
		In 2009~2010, 80.5% used only western medicine, 12.73% used only TEAM, 6.77% used western medicine and TEAM in combination to treat allergic rhinitis ⁽⁷⁵⁾
		In 2009, 80.2% used only western medicine, 12.93% used only TEAM, 6.82% used western medicine and TEAM in combination to treat allergic rhinitis ⁽⁷⁶⁾
	Asthma	In 2002~2010, 63.11% of newly diagnosed child allergic rhinitis patients used TEAM ⁽⁷⁷⁾
		In 1997~2008, 85.7% of newly diagnosed adult asthma patients used TEAM ⁽⁷⁸⁾
Diseases of the skin and subcutaneous tissue (8,07%)	Constipation	In 1997~2009, Herbal medicine was prescribed at 35.28% of total visits in school age (6~18 years old) ⁽⁷⁹⁾
		In 2002~2010, 57.95% of child asthma patients used TEAM ⁽⁸⁰⁾
		In 2000~2011, Despite the gradual increase in asthma patients, the use of TEAM decreased from 38.58% to 29.26% ⁽⁸¹⁾
	Peptic ulcer disease	In 2005~2010, 18.7~23.2% of child asthma patients used TEAM ⁽⁸²⁾
Diseases of the skin and subcutaneous tissue (8,07%)	Inflammatory bowel disease	In 2004, 2.45% of patients were treated with a single disease of constipation among the patients who received TEAM treatment ⁽⁸³⁾
	Psoriasis	In 2001~2010, 15.5% of peptic ulcer disease patients used TEAM ⁽⁸⁴⁾
	Urticaria	In 2004, 37% of inflammatory bowel disease patients used TEAM ⁽⁸⁵⁾
	Atopic dermatitis	In 2000~2010, 70.45% of newly diagnosed psoriasis patients used TEAM ⁽⁸⁶⁾
		In 1998~2008, 0.5% of patients were treated with a single disease of urticaria in the TEAM clinic ⁽⁸⁷⁾
		In 2007, 0.4% had experienced using TEAM for atopic dermatitis in children under 12 years ^(88,89)

Table II. Continued

Disease group*	Disease	Key findings
Diseases of the musculoskeletal system and connective tissue (17.05%)	Osteoarthritis	In 2002, 37163 (0.6% of the total TEAM users) osteoarthritis patients used TEAM ⁽⁹⁰⁾
	Osteoporosis	In 2003~2009, 72.6% of osteoporosis patients used TEAM ⁽⁹¹⁾
	Rheumatoid arthritis	In 2001~2009, 27.28% of newly diagnosed rheumatoid arthritis patients used TEAM ⁽⁹²⁾
	Sjögren's syndrome	In 1997~2008, 91.23% of newly diagnosed Sjögren's syndrome patients used TEAM ⁽⁹³⁾
	Systemic lupus erythematosus	In 2000~2009, 40.14% of newly diagnosed systemic lupus erythematosus patients used TEAM ⁽⁹⁴⁾
Diseases of the genitourinary system (16.49%)	Menopausal syndrome	In 1997~2011, 14.28% of the patients visited the TEAM clinic for SLE treatment ⁽⁹⁵⁾
	Infertility	In 1997~2004, 64.9% of 45~55 year old women had experience using TEAM ⁽⁹⁶⁾
	Renal disease	In 2002, 75.1% of patients diagnosed with menopausal syndrome had experience using TEAM ⁽⁹⁸⁾
	Urolithiasis	In 2000~2005, 45.46% of newly diagnosed chronic renal disease patients used TEAM ⁽⁹⁹⁾
	Dysmenorrhea	In 1997~2008, 62.61% of newly diagnosed urolithiasis patients used TEAM ⁽¹⁰⁰⁾
Injury and poisoning (26.82%)	Endometriosis	In 2003~2008, 53.4% of newly diagnosed primary dysmenorrhea patients used TEAM ⁽¹⁰¹⁾
	Fracture	In 1998~2008, 90.82% of newly diagnosed endometriosis patients used TEAM ⁽¹⁰²⁾
	Traumatic brain injury	In 2001~2010, 4.97% of newly diagnosed fracture patients used TEAM ⁽¹⁰³⁾
		In 2000~2008, 31.39% of the traumatic brain injury survivors received acupuncture treatment within 1 year after injury ⁽¹⁰⁴⁾
		*In parentheses, frequency of use of TEAM for Western medicine use by ICD-9 disease classification, Extracted from Yuh-Hsiang Yeh et al. ⁽¹⁰⁵⁾

고찰»»»

본 연구를 통해, 현재 국내 건강보험의 한의약에 대한 낮은 보장성으로 인해 한의 의료 관련국민 수요가 충족되고 있지 못하고 있음을 확인하였다. 이는 잠정적으로 한약 투약에 대한 정부의 원칙적 비급여 정책이 실질적으로 국내 환자들의 서양의학의 이용만을 강제하는 등 강력한 왜곡을 만들어냈음을 시사하는 것이다.

국가건강보험체계에서 한의약의 저활용은 국내 건강보험 환자 진료비 실태조사²⁾를 통해 그 원인을 찾아 볼 수 있는데, 2015년 현재 한방병원의 건강보험 보장률은 21.0%, 한의원은 47.1%로 양방병원의 41.3~53.0% 및 양방의원의 66.0%에 비해 크게 낮아 서양의약 대비 한의약에 대한 불공정한 건강보험 보장에 기인하고 있음을 시사한다. 이러한 문제 해결을 위하여 제 3차 한의약육성발전종합계획은 다양한 한의약 건강보험 수가 개발 및 급여확대, 보험 급여 한약제제의 개선, 한의약 보장성 확대를 위한 장기적 추진체계 구축 등을 목표로 진행되고 있다³⁾. 그러나, 국내의 한 보고¹²⁾에 따르면, 국내 인구의 한의학에 대한 이용에 있어 “특히 요통 등 근골격계질환에 대해 한의학적 치료에 대해 서양의학과 중복경향이 강하다”고 언급하고 있는데, 이는 근골격계 질환의 치료법인 침구치료만이 사실상 유일하게 포괄적인 보장이 이루어지는데 따르는 것으로 역설적으로 한의약의 다른 분야에 대해서는 건강보험 보장이 전혀 이루어지지 않는다는 것을 보여준다. 이러한 사정 때문에 특정한 발전계획 등만을 바탕으로 한의약의 저활용이라는 문제를 완전히 해결할 수 있을지의 여부는 미지수이다.

2016년을 기준으로 현재, 건강보험이 적용되는 한의진료 내원일수는 1억 6백만일이며 5100만 인구가 한해 2일 정도는 한의의료기관을 이용하였다¹⁴⁾. 전체 의료기관 내원일의 10.36%를 차지하고 있음을 알 수 있으며, 상대적으로 보장률이 높은 의원급에서의 한의외래진료 내원일수는 서양의학의 15.9% 수준이다¹⁴⁾. 이러한 데이터는 한의사의 수가 서양 의사 수의 16.8% 수준이라는 점을 감안할 때, 철저한 제도적 소외에도 불구하고 한의학의 국민 건강에 대한 역할이 서양의학에 뒤지지 않음을 시사한다. 한국과 같이 일체의 식민지 통치를 받은 대만은 보건의료분야에서도 유사한, 혹은 더 철저한 식민지성의 상흔을 가지고 있다¹⁵⁾. 뿐만 아니라 국민건강보험제도 등 의료제도적

측면에서도 다수의 유사성을 가지고 있어¹⁶⁾, 국내 의료제도와 비교연구가 가능한 특징을 가지고 있다. 특히, 대만은 총액계약제를 통해 사실상 모든 의료행위에 대한 모니터링이 이루어지고 있어, 국내에서는 대부분 비급여로 투약되어 정확히 파악하기 어려운 한약처방의 현황에 대해서도 대만건강보험공단의 자료를 통해 그 일면을 파악해볼 수 있었다¹⁷⁾.

대만의 보편적 TEAM 이용 연구를 통하여 다음의 지견을 얻을 수 있었다. 우선, 침구치료의 경우, 대상 질환에 있어서는 국내와 큰 차이를 보이지 않았으나, 대만에서는 침구치료 이용군이 전체 의료기관 이용자중 6.2% (1996)에 불과한데 반해, 2002~2013년의 국내 건강보험을 통한 TEAM 이용 인구는 24%에서 29.1%로 증가하여, 국내 환자들의 한의약 이용 선호를 보여주는 한편, 1996년 대만의 연간 침구치료 이용 환자수가 전체 보험계약자의 6.2%라는 점은, 침구수술에 국한된 국내 건강보험의 협소한 보장성이 한의약 이용의 증가를 제한하는 요소임을 시사한다. 또한, 대만에서 침구치료에 비해 훨씬 높은 이용을 보이는 한약처방의 현황^{19,23,24)}은 국내의 서양의학에 편중된 건강보험제도로 인한 한의약의 광범위한 미이용이 존재하고 있음을 시사한다.

또한, 질환군 및 특정 질환을 대상으로 한 대만의 TEAM 이용 현황을 통해, 다양한 질환에서 한의약의 이용이 활성화되어 있음을 확인할 수 있었다. 대만의 서양의사 대비 중의사의 비율이 1995년 서양의사 8.62명당 중의사 1명에서 2013년 현재 7.02명당 1명 수준으로 증가하고 있음을 감안¹⁰⁶⁾하면, 산술적으로 서양의학 진료의 11.60~14.25%선을 중의사가 담당할 것으로 예측할 수 있으며, 2014년 현재 외래에서 서양의학 진료대비 12.58%를 중의사가 담당하고 있고, 이중 침구치료의 비중이 10%내로, 80% 이상에 달하는 한약처방이 이뤄지고 있음을 감안할 때, 국내에서 침구치료만으로도 전체 외래 방문자수의 15.9%¹⁴⁾를 담당하고 있는 상황에서 한의약의 이용은 국민들의 잠재적으로 높은 수요에도 불구하고 매우 제한적으로만 급여가 이루어지고 있는 것으로 볼 수 있으며, 이는 곧 국내에서 한의학의 뚜렷한 저활용이 존재하고 있음을 보이는 것이다.

대만의 경우 중의사 협회와 정부간 매년 협약을 통해 포괄적으로 300여종 이상의 한약제제에 대한 급여목록을 정비한다는 점을 고려해본다면²⁶⁾, 한국의 한의약 분야에

대한 건강보험 보장성 개선에 대한 특단의 조치가 필요하다는 것을 보여준다. 실제 한약제제의 다수가 건강보험적용이 되지 않는 약국에서의 매약으로 활용¹⁾되고 있으므로, 이들 품목을 한방의료기관의 급여항목으로 전환시키는 것 역시 한 가지 해결책이 될 수 있다. 중국의 경우 이미 1000종 이상의 한약제제가 건강보험급여대상²⁶⁾이며, 그 외에도 중의사에 의한 다양한 처치 및 투약에 대해 폭넓은 정부차원의 보장이 있음이 알려져 있다. 이러한 중국에서의 한의약에 대한 폭넓은 보장성과 제도적 지원에는 자국의 전통의학을 국가적 보물¹¹⁰⁾로 생각하는 국가적 풍토와 국가 지도자들이 앞 다투어 한의약을 국가적 상징이자 자랑으로 여기는 문화^{111,112)}가 기본에 자리 잡고 있음은 잘 알려져 있다.

일본제국주의로 인한 식민지성을 극복한 중국의 사례와 한국과 동일한 식민경험을 가진 대만의 사례는 한국에서의 한의학의 저활용이 자연스러운 것이 아닌, 식민지 경험과 제국주의적 식민지 통치를 통한 서양의학의 국가권력과의 유착이 빚어낸 식민지성에 의한 것임을 보여주며, 국내 서양의학계는 국가정책에서의 지위를 ‘적산’으로서 불하받아 정부수립 이래 수십 년간 특권을 누리고 있다는 것을 확인케 한다. 그리고 대만에서 한의약 분야에 대해 상대적으로 대가치점수에서의 불이익¹⁰⁶⁾이 존재하는 한편, ‘식민모국’ 일본은 한의약 육성에 나서고 있는 것¹¹³⁾과 같은 대조적 상황은 한의학에 대한 불공정한 정부지원은 그 자체가 식민지의 유산이라는 것을 암시한다.

결론»»»

본 연구에서는 국내 건강보험이 보여주고 있는 낮은 한의약분야에의 지원의 문제는 한약에 대한 건강보험 급여가 미비한 것이 가장 큰 요인이며, 한국 국민들은 특히 한약에 대한 광범위한 미충족 수요를 가지고 있음이 시사되었다. 이는 한의약 분야의 보장성강화에서 무엇보다 한약에 대한 보장성 강화가 이루어져야 함을 보여준다. 유사한 사회적 배경을 가진 대만의 사례는 한의약 분야의 적절한 국민의료에서의 활용은 어떤 보건의료 및 보장성의 형태보다도, 정부와 관료들의 한의약에 대한 시각이 더욱 중요하다는 것을 보여주는 한편, 한국의 보건의료제도가 걸어갈 수 있었던 ‘또 다른 모습’으로서 국내 한의 의료정책과

만성적 한의학 저활용 문제 해결책에서 참고할 수 있는 다양한 시사점을 주고 있다.

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