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From TCM Communication to TCM Health Communication: Rethinking Communication Capacity in the Digital Health Era

YanYidan Yang[1]

[1] School of Culture and Health Communication, Tianjin University of Traditional Chinese Medicine

Traditional Chinese medicine (TCM) has never existed apart from communication. Medical classics transmit theories across generations; physicians explain illness and treatment to patients; families circulate knowledge about diet, seasonal health preservation, and everyday care; and public institutions popularize TCM culture through education and media. Yet the conditions under which such communication takes place have changed profoundly. Today, TCM-related knowledge is encountered not only in clinics, classrooms, or medical texts, but also through short videos, social media posts, mobile health applications, livestreaming platforms, and increasingly, generative artificial intelligence.

This transformation raises a question that deserves greater attention: is TCM communication still primarily a matter of communicating traditional medical culture, or has it become an integral part of health communication?

The distinction matters. Communicating TCM culture may aim to increase public understanding of its history, concepts, and cultural value. Health communication, however, carries additional responsibilities. Once information about constitution, diet, herbal medicine, disease prevention, or lifestyle begins to influence individual health decisions, communication is no longer simply about visibility or cultural recognition. It becomes connected with health literacy, risk perception, trust, behavioral choices, and, in some cases, decisions about seeking professional medical care.

The digital health era therefore requires a shift from TCM communication to TCM health communication. This shift concerns not only media practices but also professional education. If TCM professionals, physicians, pharmacists, and other health workers increasingly communicate directly with the public, communication competence can no longer be treated as an optional skill. It should become part of what it means to be a competent health professional.

From communicating culture to communicating health

For many years, discussions of TCM communication have concentrated on cultural dissemination, international communication, popularization of traditional knowledge, and the representation of TCM in mass media. These remain important. TCM is deeply embedded in

Corresponding author: Yidan Yang, School of Culture and Health Communication, Tianjin University of Traditional Chinese Medicine, No. 10 Poyanghu Road, West Tuanbo New Town, Jinghai District, Tianjin 301617, China. **Email:** yangyidan1114@sina.com.
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Chinese understandings of the body, nature, food, time, and everyday life, and its communication necessarily involves cultural translation.

Yet digital media have altered the social consequences of this communication. Expressions such as “medicine and food sharing the same origin,” “constitution regulation,” “preventive treatment of disease,” or “eating according to the season” are now frequently transformed into highly accessible lifestyle messages. This accessibility has clear advantages. Concepts that once required specialist knowledge can enter ordinary daily life and encourage greater public engagement with health.

At the same time, accessibility can come at the cost of complexity. Syndrome differentiation may be reduced to a few easily recognized labels. Individualized principles may become generalized recommendations. Cultural knowledge may gradually take the form of prescriptive health advice. On algorithm-driven platforms, short and emotionally engaging claims often circulate more successfully than explanations that carefully describe indications, contraindications, uncertainty, and individual differences.

The problem, therefore, is no longer simply how to make TCM understandable. It is how to make it understandable without making it misleading.

This is where the perspective of health communication becomes indispensable. TCM health communication should be concerned not only with whether information reaches audiences but also with what audiences understand from it, how they evaluate its credibility, how it affects health beliefs and behaviors, and whether communication enables appropriate rather than potentially harmful health decisions.

In this sense, effective TCM health communication requires a balance among cultural accessibility, professional accuracy, scientific evidence, and ethical responsibility.

Communication competence should become part of professional competence

This changing communication environment has direct implications for professional education.

Traditionally, the training of TCM professionals has understandably emphasized classical theory, diagnosis, syndrome differentiation, prescription, acupuncture, clinical practice, and related medical skills. Medical and pharmaceutical education more broadly has likewise prioritized disciplinary knowledge and professional technique. Communication is often treated as supplementary: useful for doctor-patient interaction, public science communication, or professional presentation, but peripheral to the central structure of medical expertise.

That distinction is becoming increasingly difficult to maintain. A physician today may communicate with patients in person, answer health questions online, participate in public education, appear in short videos, collaborate with media organizations, or have professional knowledge reproduced by AI systems. Pharmacists increasingly need to explain medication use, adverse reactions, health risks, and evidence to people who have already obtained large quantities of medical information online. TCM practitioners must often translate concepts that

are internally coherent within traditional medical knowledge but unfamiliar to contemporary audiences.

In all of these situations, professional knowledge and communication are inseparable.

Knowing medicine is not automatically equivalent to being able to communicate medicine. Nor does knowing TCM necessarily mean being able to translate TCM concepts into health information that is accurate, comprehensible, contextualized, and ethically appropriate.

Communication competence should therefore be understood as part of professional competence rather than an external addition to it.

For TCM professionals in particular, such competence includes the ability to translate specialized concepts into everyday language without emptying them of their original meaning; explain the conditions and limitations of health recommendations; communicate uncertainty rather than promising certainty; recognize the difference between health education and individualized diagnosis; understand how different media formats reshape medical information; and respond appropriately when public questions exceed the boundaries of general health communication.

The goal is not to turn every TCM physician, medical student, or pharmacist into a professional journalist. It is to ensure that health professionals possess the basic capacity to communicate knowledge accurately, understandably, responsibly, and with an awareness of its possible consequences.

Toward “TCM + Communication” and “Medicine + Communication” talent development

This also suggests a broader direction for interdisciplinary education.

The idea of “TCM + Communication” should not be understood as simply adding several communication courses to a TCM curriculum. Similarly, “Medicine + Communication” should not mean training students to operate social media accounts or produce health videos. What is needed is a deeper integration of disciplinary knowledge and communication competence.

Such interdisciplinary talent would understand health first as a professional and social issue and communication as one of the mechanisms through which health knowledge acquires meaning and produces consequences.

For students in TCM, medicine, and pharmacy, this means developing the ability to communicate with patients and the public, translate specialist knowledge, evaluate health information, identify misinformation, explain risk, and understand the ethical boundaries of public medical communication. Digital literacy is equally important because health information now circulates through algorithmic platforms and AI-assisted systems rather than through traditional media alone.

For students in journalism, communication, and media studies, the integration should proceed in the opposite direction. Health communication cannot be practiced responsibly without a basic understanding of medicine, public health, evidence, risk, and professional ethics. A

communicator who understands storytelling but lacks health literacy may produce attractive content that is clinically inaccurate. Conversely, a medical professional with excellent disciplinary knowledge but little understanding of audiences may provide technically correct information that cannot be understood or meaningfully used.

The future therefore lies in cultivating professionals capable of moving between these fields.

One possible competency structure for such interdisciplinary training would include professional health literacy, public communication, cultural translation, digital media literacy, risk communication, and ethical judgment. In TCM education, cultural translation deserves particular emphasis. Traditional concepts cannot simply be replaced by biomedical terminology, nor should they be reproduced without interpretation. Students need to learn how to explain traditional medical knowledge to contemporary audiences while making clear its scope, context, and appropriate use.

This is also why health communication should not be confined to communication schools. It should increasingly enter medical universities, TCM universities, schools of pharmacy, nursing education, and other forms of professional health training.

Building a Talent-Development Chain across Universities, Industry, and Academic Platforms

Curriculum reform alone is unlikely to be sufficient. Health communication is highly contextual, and the competencies required in practice are often shaped outside the classroom. Hospitals, pharmaceutical companies, media organizations, digital health platforms, and other professional institutions continuously redefine what kinds of communication skills are needed, while academic journals and scholarly communities help identify emerging questions, evaluate new practices, and shape the intellectual boundaries of the field.

This suggests that the cultivation of health communication professionals should not be understood as the responsibility of universities alone. Rather, universities, industry, and academic platforms should form a connected talent-development chain. Industry communicates changing professional demands back to universities; academic journals translate new practices into research questions and disciplinary reflection; universities, in turn, respond by adjusting curricula, training models, and competency structures. In this sense, talent development is not a one-way process from education to employment, but a continuous cycle linking education, practice, and knowledge production.

For TCM and broader medical education, such interaction is particularly important. Universities can provide professional foundations, communication theory, ethical training, and critical reflection, while hospitals, pharmaceutical enterprises, media institutions, and digital health platforms provide real-world scenarios in which students learn how health knowledge is actually communicated, misunderstood, negotiated, and acted upon. Academic journals can play a further bridging role by bringing together educators, researchers, clinicians, industry practitioners, and communication professionals, allowing practical problems to enter academic discussion and emerging research to feed back into professional training.

This also points to a broader role for journals in an evolving field such as health communication. A journal should not merely record the development of a discipline after it has taken place; it can also participate in defining its questions, encouraging interdisciplinary dialogue, and helping identify the competencies that future professionals will need. The Journal of Medicine, Humanity and Media, in this sense, can grow together with the field of health communication—serving not only as a platform for publishing research, but also as a space where medicine, communication, education, and practice continually encounter one another.

For TCM health communication, this interconnected model may be especially valuable. The development of "TCM + Communication" and "Medicine + Communication" professionals requires more than the addition of communication courses to medical curricula. It requires repeated movement between academic knowledge and real communication practice, and between professional practice and scholarly reflection. The goal is ultimately to create a sustainable pathway in which universities cultivate foundational competencies, professional institutions test and refine them in practice, and academic platforms continuously reflect on and redefine what effective health communication should mean.

Communication capacity as part of the future of health care

The transition from TCM communication to TCM health communication reflects a broader transformation in contemporary medicine. Health professionals are no longer only providers of diagnosis and treatment. They increasingly function as interpreters of medical knowledge, navigators of health information, and participants in public communication.

Generative AI will make this role even more important rather than less important. As health information becomes easier to generate, the scarcity will no longer be information itself. What will become increasingly valuable is the ability to judge whether information is reliable, explain what it means in context, communicate uncertainty, correct misunderstanding, and help individuals make responsible health decisions.

TCM provides an especially revealing case because it sits at the intersection of medicine, culture, everyday life, and public communication. Its future development therefore depends not only on how its knowledge is preserved, researched, or clinically practiced, but also on how it is communicated.

The shift from TCM communication to TCM health communication ultimately calls for a corresponding shift in professional education. Communication capacity should become part of the competency structure of TCM professionals and, more broadly, of medical and pharmaceutical professionals. At the same time, communication education must become more deeply informed by health knowledge, professional ethics, and clinical realities.

The task is not simply to train more people who can talk about medicine. It is to cultivate professionals who understand what should be communicated, how it should be communicated, to whom, under what circumstances, and with what responsibilities.

In the digital health era, these questions are becoming central to professional competence itself. The future of health communication—and perhaps part of the future of medicine—will depend on how well we answer them.