Emergency Medicine in China - An Australian Medical Student’s First-Hand Experience

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Abstract

Medical students in Australia often participate in overseas electives as a part of their medical education. There are different views as to the value of these experiences, particularly in developing countries. The Chinese health care system has undergone repeated rapid transformations and presents unique learning opportunities for Australian medical students. Emergency Department cases observed first-hand at a Chinese tertiary hospital in December 2012 demonstrate some of the differences in health care systems including the privatization and change to hospitals becoming profit-driven, the tensions in the doctor-patient relationship and the differences in the use of analgesia. Thus, an overseas experience in a country such as China provides learning not only in clinical practice, but also in managing health care systems in a different environment.

Keywords: Medical Student; Elective; Health Care System; China

Introduction

Overseas electives are increasingly commonplace in western medical schools around the world. Many medical educators believe that it provides an opportunity for clinical skills, global health knowledge as well as developing professional and social responsibility [1]. Whilst some point out these overseas electives can be costly and logistically complex, most medical schools still believe it is beneficial for students to receive a broader exposure to global health [2].

Medical students from Western countries predominantly travel to developing countries and can provide a contrast to the health care systems in their home countries [1]. Although China’s rapid economic growth makes it questionable whether it is indeed a developing country, it is still a vastly different system than in Western countries. This is what makes China a particularly interesting elective destination due to its development through the 20th century.

The Chinese health care system has undergone repeated rapid transformations and thus presents unique aspects which may prove valuable for other countries to learn from. In this paper, several short cases will be discussed that exemplify some of the noticeable differences in the Chinese health care system on a micro level. China’s turbulent history in the early 20th century culminated in a civil war which ended in 1949 with victory of the Chinese Communist Party and the creation of the People’s Republic of China. Subsequently, with the introduction of communism to China, almost universal health care was provided to the population and all facilities became government owned [3]. From 1952 to 1982, infant mortality fell from 200 per 1000 down to 34 and life expectancy dramatically improved from about 35 to 68 years. However, in the 1980’s under new president Deng Xiaoping, China underwent a transformation to a free economy and the health care system followed suit [4]. This created the issue of affordability as most of the population was uninsured. By 1999, 49% of urban Chinese had health insurance, but only 7% of the majority rural population was insured. Nevertheless, over the years the government made persistent efforts to improve the access to health care and in 2011 was able to achieve universal health insurance coverage through the largest expansion of insurance coverage in human history [5].

Another issue created by the sudden transition to free market health care is that hospitals and practitioners began to function as for-profit. Although the government introduced restrictions on the cost of basic care, the cost of advanced imaging, medications and procedures became increasingly high. An example of how this may potentially have influenced clinical practice is the approximate 50% caesarean delivery rate compared to only about 25% in England [6]. The perception that doctors are driven only by profit may have led to distrust from some members of the general population towards doctors as shown in qualitative surveys [7]. In recent times, physical violence towards health care professionals in China has been of concern, with some centres reporting 81.04% of workers experiencing physical abuse at some stage [8]. Although this is clearly a multifactorial issue, it is possible that the distrust as mentioned could be a contributing factor.

Another difference often observed from Western countries is the use of analgesia. It has been shown that developing countries’ use of analgesia would be considered insufficient from a Western perspective [9]. One centre in India suggested that analgesia was given less importance there due to the availability of funds, requisite infrastructure and trained staff [10]. There are likely other causes including patient expectations, but differences in health care systems are a potential contributor.

Cases

Several cases observed first-hand from a local tertiary hospital in the southern Chinese city of Haikou (figure 1) will be presented. These cases help to highlight some of the differences noticed as a medical student when compared to Western hospitals (figure 2).

Prepayment before Care

A woman in her 30’s is brought in by ambulance to the local hospital emergency department following a compression injury at her workplace where her arm was caught in machinery. As with any patient-doctor interaction, even in the emergency department, a fee was required to be paid before the doctor was willing to provide the patient with a consultation. Given that it was a workplace injury, she was waiting for her supervisor to arrive to ensure that she would not be paying for any part of her treatment for her injury. The patient began to demand treatment, but the emergency doctor refused unless she paid. After some fairly heated argument, with the patient’s consent the doctor helped extract RMB$7 (US$1.13)
from her pocket which was enough to pay for the most minimal treatment: an infusion of saline. Anything more would require further payment which the patient refused. When the patient’s supervisor arrived 20 minutes later, an x-ray was done that showed fourth metacarpal fracture and the patient’s arm was put in a cast. It was only at this final stage that medications were prescribed.

Tension in the Doctor-Patient Relationships

A patient in the emergency department with abdominal pain has had imaging showing no cause but is adamant something serious must be going on. The emergency doctor insists the necessary investigations have been done and is beginning to lose patience. Finally, the doctor tells her “if I were to punch you, it would hurt, but it does not mean that something serious is going on.” The patient is unhappily discharged with analgesia from the emergency department.

In another incident, a young girl tragically passes away in the operating theatre. As is often the case, there are not many details available. The next day, protestors led by the girl’s family begin to appear outside the hospital. Banners angrily declaring that the hospital caused the death of this young innocent girl are displayed along the street. Soon, help arrives in the form of Chinese Special Forces. A black armoured truck arrives and men dressed in black and openly armed now hold a position near the hospital’s main entrance. Fortunately, no violence occurs and the protest ends after a few tense days.

In private, the doctors discuss the nationwide violence towards doctors. Some more optimistic doctors suggest that perhaps the threat is exaggerated. Given the millions of doctors nationwide, the reports of violence in fact suggest a lower incidence than what many doctors believe. However, almost all are in agreement that the patient-doctor relationship is very unhealthy in its current form, and state that protests like these happen far too often.

A Lack of Analgesia

A twelve year old boy is brought to the trauma department of the hospital following a fall onto outstretched arms with an x-ray showing a typical Colles fracture. In the hallway of the hospital department the boy sits on a bench. No analgesia is given and it is explained to the parents that an injection would just give him more pain. A manual closed reduction is done as the boy screams in his mother’s arms. The arm is plastered and the boy discharged.

A construction worker in his early 20’s presents to the emergency department with a foreign object in his index finger. He suspects it is a fragment of some tile that struck his finger two days prior. An x-ray confirms a 3mm foreign object in the lateral distal second phalanx. The emergency doctor explains that it would be best to do the procedure without analgesia, as the patient could report when he feels the doctor pushing on the tile, and that this would help locate it quicker. The patient agrees and the doctor creates an excision with a scalpel and using forceps begins to search for the piece of tile. Pushing around different parts of the tissue, he asks the patient to report when it hurts the most. Just as he is about to give up, the small piece of tile is found and removed, the wound sutured, and the patient discharged. Once again, no analgesia was given.

Discussion

This first-hand experience at a tertiary hospital emergency department in China has provided significant benefit to my medical education, especially my appreciation of the importance of a well-designed health care system. China has seen marked improvements in its health care system but is still a vastly different system when compared to Western countries.

It has been noted in the literature that the profit-driven health care system creates issues with physician professionalism and negatively impacts the doctor-patient relationship [4]. During this short time, there were tensions observed in the doctor-patient relationship, however there were clearly many complex factors involved. There has been research into potential improvements to reduce violence towards health care professionals such as improving the quality of medical services [11]. However, more research is needed in this area on what can be improved. For example, although prepayment has always been a part of the Chinese healthcare system, could the patient-doctor relationship be improved without it?
From a Western perspective, the use of analgesia was vastly different as is the case in the literature [9]. There are again likely to be complex reasons for this, and further research may be needed in this area. Potentially, an improvement in analgesia would increase patient satisfaction and improve the patient-doctor relationship as occurred in other centres [10].

These experiences have been valuable to my medical education by providing a global perspective on health care systems. It was a great experience to see the commitment and dedication the doctors working long hours and practicing medicine with minimal resources as compared to Australia.

These cases only represent the experience of a single medical student in one Chinese centre and are not representative of the Chinese health care system as a whole. However, even during this short period, there were many observed differences between the healthcare delivery in China and Australia. This may encourage students on electives to think about healthcare systems and do more research of their own in these areas. The cases described are superficial and only descriptive in nature, but may be able to also stimulate future research with an in-depth investigation of emergency medicine in China.

The field of medical education is continuously developing in the 21st century and overseas electives, especially in a non-western country, provide unique opportunities for Australian medical students to develop not only clinical practice but also understanding of healthcare systems and global health.

References


