

A Medical Exchange between Australia and China



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In 2009, China announced a three-year plan worth RMB¥850 billion (US\$124 billion) to lay the foundation for universal access to essential health care by 2020. Commentators have also noted that health care looks to be one of the sectors that will particularly benefit from the policy backing and funding measures announced in China's 12th Five Year Plan. China is coming from a long way back. In 2010, per-head healthcare expenditure in China was an estimated US\$211, compared with US\$7,576 in the USA, US\$4,233 in Germany and US\$1,241 in Taiwan (which also provides public healthcare). There is clearly a great appetite for improvement and development within the Chinese health sector. Medical exchanges between China and other countries are a traditional method for development that will need to remain relevant in a changing environment.

Picture a small tea room, to the side of intensive care, with six family members and a number of intensive care staff seated around a table. On one side is a middle aged woman, listening intently, with tears in her eyes. On the wall are rosters, post cards, and other paraphernalia of a staff utility room. On the other side of the table is a foreigner, talking to her slowly and carefully, phrase by phrase, through an interpreter; watching her and her family for their reaction, stopping for her questions. Sometimes stopping just to let the information sink in.

"Your elderly father had a massive stroke 12 months ago and came into hospital last month with pneumonia. Since then he has been in intensive care on the respirator and his

heart has begun to fail. His intestine is unable to absorb food so he is on intravenous nutrition. Tonight, his kidneys have stopped working and your doctor has asked me whether he should receive dialysis. I am sorry, but I believe he is dying and, sadly, there is nothing that we now can do to help him. I think he should be given comfort medicine and you should take the chance to say good bye to him."

This is what I found myself doing on my second day as a visiting doctor in China. The story highlights several aspects of my medical exchanges between China and Australia.

First, it demonstrates the great trust that Chinese doctors invest in their visiting colleagues. To allow a visiting doctor to conduct an end-of-life discussion with the family of one of their patients demonstrates a great deal of respect. It also reveals the trust that the family themselves are willing to place in a visiting, foreign doctor. They would be quite within their rights to reject the advice of such an alien. But they listened attentively and graciously accepted my recommendations. From my experience, Chinese patients, families, doctors and nurses are very open to new ideas and opinions.

Second, it reveals the insatiable desire of Chinese doctors and nurses to learn. As challenging as they can be, end-of-life discussions with families are an every-day part of intensive care practice in Australia. They are so important that the College of Intensive Care Medicine of Australia and New Zealand assigns one tenth of the final oral examinations to communication skills. The

Chinese intensive care staff wanted me to help them with a difficult situation, but they also really wanted to see how I did it. I don't think the technique of family meetings and end-of-life discussions is a regular part of their training program yet.

Third, in a broader sense, it reflects the way that China's rapid technological progress has changed the landscape for its doctors and patients. In the past, China's patients and doctors struggled to have enough basic health care resources. Now, with continued development, they often face the same complex ethical decision making about "high-tech" medical interventions as is faced in other countries. In modern intensive care practice, we are finding that just because you can do something does not mean that you should do it. Just because you can connect a dying man to dialysis doesn't mean that it's the right thing to do.

Medical training in China

To become a doctor in China, you must gain entry to a medical school and complete a five year undergraduate degree. After graduating, you must get a junior job in a specialty; there is usually no time as a general intern. Being able to follow your chosen path may be determined more by the availability of jobs than your inherent ability or preferences. A budding cardiac surgeon may end up working in gastroenterology, or vice versa.

Post graduate qualifications, such as Doctorates or Master's Degrees, are conferred by Universities, but there seems to be considerable variation between hospitals, Universities

and Provinces within China with respect to specialist training. Young doctors may commence clinical practice with Bachelor Degrees, Master's Degrees or even PhD's.

By comparison, in Australia the specialist medical colleges, like the Royal Australasian College of Surgeons (RACS), set standards, register trainees, conduct examinations and confer specialist qualifications. Successful candidates become "Fellows" of their respective College, for example, Fellow of the Royal Australasian College of Surgeons. These independent, non-government colleges are a vital part of the success of the Australian health system. To the best of my knowledge, there is currently no equivalent in China.

Therefore, the two biggest differences I have noticed in medical training between China and Australia are, firstly, the lack of a period of general residency (intern and resident year) during which a young doctor might consolidate his or her general medical knowledge and, secondly, the lack of a national system for specialist training. The first issue may already be changing. Several Chinese hospitals, including Sir Run Run Shaw Hospital in Hangzhou, now require doctors to undertake two or three years of general training, irrespective of their post graduate qualifications, but this is not universal.

Medical exchange between China and Australia

The opportunities for medical and surgical exchange between China and Australia remain very broad. Project China is a program for the exchange of surgeons between

China and Australia/New Zealand. In its early days of about 20 years ago, surgeons went from Australia to China to teach their Chinese colleagues operative techniques and models of perioperative care. Rapidly, Chinese surgeons developed their own techniques and soon they were visiting Australia to teach us. Those Chinese doctors who could pass the stringent IELTS English language tests gained training visas and took up training posts in the Australian system. Many went on to earn Fellowships in various Australian and Australasian Colleges. Some stayed in Australia, and some went back to China.

The wheel has turned. Now more Australian doctors are choosing to travel to China to personally experience the benefits of cultural exchange and make a contribution to medical education there.

Barriers and challenges to training Chinese doctors in Australia

When discussing the possibility of training Chinese specialists in Australia, senior executives in the Chinese Health system raise two concerns. First, Chinese doctors seeking to undertake clinical training through one of the Australian specialist medical colleges require high English proficiency to obtain a training visa. This requirement effectively limits most Chinese clinicians to brief visits as clinical observers under tourist or business visas. Second, the senior sponsors in China worry about the chance that young specialists might put down roots in Australia and not return to China once they have completed their training.

I personally believe that the stringent English language requirement is justifiable. It ensures that the doctors can operate safely in the Australian setting and gain more from their educational experience. Also, English is the language of medical information in the modern world, so it connects them with the rest of the world too. I think that the likelihood of doctors preferring to settle down in Australia and not return to China is decreasing, now that economic opportunities in China are so great and job opportunities for specialists in Australia are tighter.

Training Chinese doctors in China

The most effective solution to medical training of Chinese specialists in the future will come from within China. For the moment, the great opportunity to contribute for overseas doctors lies in fostering high quality teachers amongst the young Chinese doctors of today and in encouraging uniform practices, standards and qualifications across the whole of the giant country. The Chinese people have a unique ability to work together on massive projects. Perhaps the formation of National Colleges of Medicine, Surgery, Anaesthesia, Emergency Medicine and other specialties will harmonise the powerful individual universities and provide a platform for such an undertaking.

Epilogue

The old man's family spent valuable time with him through the evening and he was given some medication for comfort. He was not connected to the

dialysis machine. In the small hours of the night, he died peacefully.

I have since returned to China four times for academic and clinical exchange. There is now an official hospital-to-hospital exchange program between Cabrini Hospital, Malvern, Australia and Sir Run Run Shaw Hospital, Hangzhou, China. The first young clinicians to visit Melbourne under this program are expected in late July 2011. ■