Lessons for the United States From the Chinese Pediatricians’ Experience

Aside from being shocked at the treatment of pediatricians in China, what can we in the United States learn from their experience?

1. If well-educated professionals are severely underpaid and overworked, they will leave.

2. If medical care is run by corporations (in China, corporations owned by the government) who are mainly interested in the bottom line, medical care (and the professionals who provide it) become corrupted.

3. In a corrupt health care system, patients (and their parents) have no trust in their physicians, who may, for example, sell them unneeded tests or medications without spending much time with them.

4. If things go wrong, then it’s easy to blame the physician and easy to become angry enough over being “cheated” to attack the physician physically.

5. If the health care system is not regarded as a necessary part of society’s infrastructure, but instead is a profit-seeking venture, it becomes corrupt.

6. If the government doesn’t see the availability of quality health care as a priority and doesn’t provide enough funding to cover the health care needs of the population, government-owned hospitals and their employed professional staffs cannot do their work successfully.

Although there are many ways in which the US health care system is working better than China’s, we should pay attention to what happens when the public loses any respect for the profession of medicine and what happens when physicians are seen as tools of huge medical corporations that are much more interested in cutting costs and maximizing profits than they are in providing actual health care.

Yes, there are lessons for us in this story.

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Conflict of Interest:
Dr Weinberg is president of Physicians for a National Health Program, Western Washington Chapter, an advocacy group for universal health coverage in the United States.

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Chinese Pediatricians Face a Crisis: Reform Is Coming

Xu and Zhang recently described the current crisis in the pediatric community in China.1 The situation stems from predicaments at different levels, from lack of financial support to poor job security to extreme stress and poor work environments.

The University of Hong Kong Shenzhen Hospital is a newly developed and reformed hospital financially supported by the Shenzhen city government and managed by the University of Hong Kong. It is a general hospital with a Department of Pediatrics. Although the department is administered by physicians from Hong Kong, its clinical activities are performed primarily by mainland physicians.

Our hospital is targeting issues mentioned by Xu and Zhang. As a training center for family medicine, family doctors provide care to children and hence offload some of the general pediatric burden and refer those who need specialists’ care to pediatricians. Also, all physicians and surgeons receive the same salaries according to rank and position, without regard to their specialties/subspecialties.

Moreover, we value the time of our professional staff and their salaries are higher than those of other local physicians. Although we don’t know the exact amount of “grey income” that physicians receive at other institutions, our pediatric employees have admitted that our current pay is at least on par with what they used to receive.

Therefore, our employees do not need to rely on “grey income,” order unnecessary tests and services for patients, or work long hours.

To protect the safety of our physicians, we instituted a policy of zero tolerance to violence at a hospital-wide level. We have a Patient Relationship Office to handle all patient complaints. Instead of direct confrontations, all complaints are referred to this office, thus reducing tensions between patients and providers. We must cultivate mutual respect between the physician and patient.

Because many complaints are due to the lack of communication and time spent between the physician and patient, the hospital uses a “consultation by appointment” system, where each physician must spend, on average, at least 20 minutes with new patients and 10 minutes for follow-ups.

However, reform cannot be done by just a single department or hospital and it will not happen overnight. In fact, during his visit to our hospital, the Vice Minister of the National Health and Planning Commission of the People’s Republic of China, Zhigang Sun, said in an interview that reform needs to occur at 4 levels: the health care system, hospital administration, health care providers, and health care receivers. Therefore, to mitigate the pediatric crisis in China, changes in the present health care system must occur at all levels, including laws and policies on how to use national resources, on hospital management, on how physicians provide care, and on patient expectations. The hospital should not be run as a business; rather, quality patient care should be the utmost priority.

The problem has been identified, and many are working together to tackle and, it is hoped, put an end to the
pediatric crisis. It is time to make changes in our health care system and reform is happening.

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