





# BEIJING MORNING

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**China** is evolving at lightning speed into a worldwide economic and political power. As the country undergoes convulsive change, its time-honored traditions, communist legacy, and growing affluence are mixing in unpredictable ways. One consequence is that the mutually caring physician-patient relationship that has existed for

## Beijing morning



Clockwise, from top left: Dr. Gerald Lazarus and his wife Dr. Audrey Jakubowski, the court where they lived. Exercising early in the morning.



thousands of years is becoming seriously compromised. Between 1998 and 2001 there were 525 assaults on medical personnel.<sup>1,2</sup> Ninety-four resulted in serious injuries and one included acid being thrown in the faces of two young nurses. While the Chinese government presents statistics proving that its brain drain is over, the flight of many bright young physicians to the pharmaceutical industry, other private sector enterprises, and to the West continues. The Chinese government faces enormous health care dilemmas: control of rapidly escalating health care costs; affordable medical insurance for 900 million uncovered rural inhabitants<sup>3</sup>; concerns about the quality of care and service; and patient and doctor dissatisfaction. The future of medicine in the world's most populous country is uncertain. A high government official in a private conversation told me, "It is critical to reform health care as a matter of national stability." There is little doubt that dissatisfaction with health care in China is ubiquitous.<sup>4,5</sup>

How has this happened? Limitations of resources in this developing country are a key factor in the health care conundrum. But equally important, in my opinion, is the destabilizing rate of societal change in China. What took a century of evolution in the West has been compressed into a few short decades in China.

My impressions were formed over three years, from 1999 to 2001, during which my wife and professional partner, Dr. Audrey Jakubowski, and I lived in Beijing. We were visiting professors and advisers to one of China's most prestigious medical institutions, interacting with many health care leaders, consulting with officials of the government, teaching at the China European Business School in Shanghai, and conducting in-depth visits to a number of leading academic

medical centers across China. Uniquely, we were the only Westerners living in our hospital's residential compound in the center of Beijing, allowing us to build trust and open doors to a better understanding of the social transitions occurring in China today. We lived on an ancient lane, or *hutong*, and to me our little neighborhood was a wonderful metaphor for China at the beginning of the twenty-first century.



### COLORS, TEXTURES . . . OLD AND NEW

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The guidebooks are right: early morning is the best time to observe Beijing. Then it presents an unpredictable juxtaposition of the old and new, colors, textures, and people. During our slow early morning runs, we observed the kaleidoscope that is China today.

Some mornings we ran in Dong Dan Park, across Chang An, Beijing's signature ceremonial boulevard. The park is a wondrous place populated with beautiful old people doing daily exercises, socializing, and drawing sustenance from the pleasant green surroundings. Groups of elderly women, their weatherbeaten faces framed by magnificent white hair, practice calisthenics and rhythmically rub their legs back and forth on waist-high bars. Some are tiny, probably reflecting their poor nutrition as children, and others are stooped from years of hard work and inadequately treated osteoporosis. Old men congregate, hanging their precious birdcages in nearby trees. Mixed groups of senior citizens perform ensemble exercises led by a chanting leader. Groups of women synchronously dance the *Yang ge*, waving colorful fans or gold-fringed bright red handkerchiefs in time to classical Chinese music. A ballroom dancing group with nattily dressed men and women dramatically posture to stylized Western ballroom dance music. Sometimes strikingly beautiful young women in spike heels and short skirts walk purposefully by, their sunglasses perched fashionably on their foreheads as they hurry to their jobs. But in the early morning, the park is a place for the venerated elders of Beijing.

As we slowly jogged the streets we noticed that young Beijingers are approaching the same height and weight as Westerners, suggesting that McDonalds and Kentucky Fried Chicken may be reversing the stereotypic short stature of past generations in urban areas. The "floating population" of low-paid construction workers and manual laborers from the countryside are still short and wiry. The West's "fast food nation" is still reserved for affluent city dwellers.



### RUNNING CAREFULLY, HOPING FOR INVISIBLE AIR

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On other mornings, we left the compound quietly through the original old Iron Gate so the watchman could sleep undisturbed. Within 40 yards we were in a residential neighborhood of dilapidated, single-story gray brick buildings. On many days, the air is visible and barely breathable, with a sharp acrid taste. The houses along the small old lanes are heated by coal-burning stoves spewing dark smoke that mixes with dust and sand blowing in from the Gobi desert to drape the landscape in a translucent veil. Occasionally, when the wind is right and the air is clear, one can take a deep breath without coughing. The characteristic color of walls is varying shades of gray and derives from the underlying gray bricks and faded old plaster. In many areas, chunks of plaster have fallen away, revealing decaying masonry and an occasional errant red brick, probably scavenged from a previous structure. The lanes between the buildings are 20 to 30 feet wide and the paving is decaying, so that it is easy to trip if you do not run carefully. The



Beijing door.



Beijing doors.

windows facing the street are small and high in the wall. The faded red painted doors are flanked by neatly stacked 4-by-6-inch cylinders of honeycombed pressed coal, fuel for the small stoves that heat these simple cold dwellings. Along the sides of the buildings are the remains of planting beds inhabited by sparse sticks that miraculously burst into flower with the coming of spring. Piles of garbage are found every 200 feet: ghosts of burnt coal, discarded papers, and kitchen waste littering a landscape illuminated by dim pole lights. On the sides of the houses are sheds, tricycles, jerryrigged constructions, and empty clay flowerpots. Some squared-off archways open into narrow alleys lined with bicycles. At the ends are small square courts festooned with hanging laundry surrounded by small simple rooms.

Doors are one of Beijing's trademarks. Many have seen better days. Their vermilion paint is faded, peeling, and sometimes covered with red and gold posters and Chinese symbols of good luck. Darkened old brass door pulls or ornate patterns of decaying brass nails decorate the façades. There are occasional larger walled compounds with massive pairs of raised faded doors on which the brass faces of lions are mounted. Bordering those doors are large, elegantly-carved stones announcing that wealthy Manchu families once lived inside. In the dim light of morning, one can see that some of these stones were plastered over during the Cultural Revolution. Since then, the residents have rehabilitated these attractive remnants of a proud imperial past. Scattered slate blackboards with artfully drawn multicolor messages from the neighborhood Communist Party committee extol the virtue of the week. It is very quiet.

Every 1000 feet there is a dimly lit public toilet. These are tile buildings 50 feet long, divided in sections for men and women. The morning darkness is a distinct advantage because one sees the light from down the street, permitting a deep breath before approaching and a slow exhale until the

building is passed. Inside are multiple open stalls with squat toilets and, in the men's, an open latrine. The public toilets have recently been rebuilt, and although the walls and floor were constructed from white tile, they have quickly assumed Beijing's pervasive gray.

In the awakening dawn, one sees an occasional light shining in one of the rooms along the *hutong*, allowing a peek into the interior. A lone bare light bulb may hang in the center of the small gray or dirty-white room. Sometimes there is a patriotic poster on the wall to add a splash of red and yellow color to the drab interior. Occasionally one can see a single or double-deck metal cot covered with a quilt, some old tables, a peeling chest and, of course, a television set.



#### THE CITY WAKES . . .

At 5:00 in the morning, we sometimes encountered the street cleaner with his or her cart, orange hat, straw broom, and shovel collecting piles of garbage. Neighbors emerge from the bathroom tugging up their long johns. An old stooped woman walks slowly in her private world of remembrance. Further along there are all-night restaurants, in which people are eating their morning dumplings and drinking beer. There are lines of small shops, some with curtains, so the shopkeepers can sleep undisturbed through the night.

After arriving at the massive, glass-encased building of Oriental Plaza, we run on the shiny tiles of the sidewalk of Dong Dan Avenue, which separates the hospital from our residential compound. The tiles were installed recently in an

intricate pattern. Placed together correctly, they paint a continuous flowing design. After a rain, the tiles are extremely slippery, and after the occasional snow they are impossible to walk on without sliding uncontrollably. Cars park illegally on the sidewalk, cracking the tiles so that they constantly need replacement. Someday, the sidewalk tiles will be completely redone: the base will be prepared carefully and built to last; the workmen will be trained and work with pride; form will follow function and, once finished, people will protect the public property with the same passion they give their own treasured possessions.

My beautiful *hutong* may well be destroyed in the next five years, replaced by shiny, carelessly constructed buildings, because “new is good.” My wonderful neighborhood, in which progress, money, tradition, and quality collide, is a metaphor for what is happening in the medical system in China.



#### THE STRONG VIRTUE OF SOCIAL HARMONY

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Chinese medicine is deeply rooted in its traditions. Confucius informed Chinese medicine millennia ago when he wrote that every individual had a clearly defined place, and that this rigid order served both society and the individual.<sup>6</sup> He wrote that social harmony was an overriding virtue and disagreements should be settled with a minimum of public contention using rules prescribed by one’s place in the social order. For centuries mutually beneficial personal relationships, *guanxi*, have been pivotal in decision making.<sup>7</sup> These omnipresent cultural forces still confound organized medicine and frustrate planning and implementation.

The same forces have led to a cult of benevolent dictatorship by senior leaders, in particular Mao Zedong, Deng Xiaoping and Jiang Zemin. The same is true for China’s leading hospitals in 2001, in which over 80 percent of the hospital leaders I interviewed were surgeons who “govern with the directness of the knife.” One extremely talented medical university president, when asked about his style of leadership, whispered, “I decide. Meetings continue forever, settle little, so after many hours I do what is necessary and finally everyone agrees.”

The delivery of health care is further complicated by the effects of over 50 years of Communist Party rule. Public medicine, like other Chinese state-owned enterprises, has a government-mandated bipartite organizational structure—the Administration and the Party.<sup>8-11</sup> The administrative

leader or president of the health care organization is usually a distinguished physician who is expected to run a complex health care organization. The party secretary is his equal, but is concerned with implementing Communist Party policies, maintaining “moral values,” addressing morale issues, enforcing discipline, and recruiting future leaders suitable to the Party. The agendas of these two individuals often do not coincide, further confounding the already cumbersome,



Above, shiny tiles. Below, new building on Chang An in early morning light.





In our hutong

consensus-driven, decision-making apparatus. In our published survey of 74 hospital presidents and many other personal interviews, health care leaders told us that they were frustrated with the health care bureaucracy, particularly the difficulty in establishing effective administrative organizations.<sup>4,10,11</sup> They reported problems in recruiting young leaders trained in modern management methods, appointing them to responsible senior positions, and retaining them for long enough to effect change. Leaders also deal with the usual advocacy factions concerned with education, research, and patient care, that all compete for scarce resources.

This convoluted hierarchical environment can be very indifferent to China's best young doctors. These "future leaders" may be assigned to career paths regardless of their personal goals, talents, or aspirations, and they often must "serve time" in rigid, gerontocratic, highly politicized organizations. Many of China's best and brightest young physicians are thus professionally frustrated and opt out of classical academic career paths, choosing to pursue their own goals in the private sector or in other countries.



#### FAMILIAR PROBLEMS IN HEALTH CARE DELIVERY

Another major force influencing medicine today is the convulsive economic revolution occurring in China. Since the founding of New China in 1949,<sup>12</sup> the government has promoted public health reforms and controlled many of the most prevalent infectious diseases. By 1975, life expectancy had nearly doubled, employees of the government and state-owned enterprises had health insurance, and more than 85 percent of rural inhabitants had some form of affordable health coverage. In 1978 Deng Xiaoping instituted the economic reforms of "opening up" that were key to the development of China's rapidly growing economy. These same critical steps, however, resulted in the loss of health insurance in rural areas.<sup>13</sup> In 1998, 37 percent of all sick farmers reportedly did not see doctors, and 65 percent of patients who should have been hospitalized failed to receive medical treatment. Rural residents accounted for 70 percent of China's population but shared only 20 percent of its medical resources.<sup>14</sup> At the same time, the cost of health care in China has been increasing dramatically because, as in the United States, China's population is aging and the incidence of costly chronic diseases is increasing. New, expensive diagnostic and therapeutic interventions are being introduced at an accelerating rate in this country in love with the newest technology. Furthermore, the reimbursement system underpays for medical services while rewarding technological interventions. As a result, physicians are accused of increasing health care expenditures to line their own pockets. An editorial in the official English language newspaper, the *China Daily*, accused hospitals and doctors of trying to generate revenue by prescribing unnecessary drugs, indicating that 76.7 percent of patients with colds received antibiotics that were medically unjustified.<sup>15</sup> The looming cost of health care reform for 900 million underserved, uninsured rural inhabitants is staggering.

Concomitantly, the government must face overheated financial sectors, failing state-owned enterprises, and the need for investment in infrastructure in the underdeveloped western portion of the country. Shanghai, Beijing, and Hong Kong are not the real China. In 1999, the average income in China was US\$750 per year and poverty was defined as an income below US\$75 per year.<sup>16</sup> An article in the *New York Times* described the growing divide between wealthy Chinese and the 18 percent of the population who live on less than US\$1 per day.<sup>17</sup> A large "floating population" of poorly educated manual laborers paid poverty wages, lacking health insurance and living in urban hovels, is projected to grow by 30 million in the next 5 years.<sup>11</sup> It is understandable that the government can only afford to spend slightly more than US\$15 per person per year for health care.<sup>13</sup>

A bold plan for national health insurance is being developed, but one aspect is to control “excessive demand” by shifting more of the financial burden to patients who now enjoy health insurance.<sup>3</sup> Many essentially free services, such as housing and education, are escalating in cost as government subsidies are withdrawn and market-oriented reforms are introduced. Older patients who contributed to the development of New China were promised health care; they are now watching their families compromised by increasing medical costs. They and their children are very angry—and they are blaming doctors.



### DOCTORS—CAUGHT IN THE MIDDLE

At the same time, China’s doctors are angry about their personal economic situations. They are among China’s intellectual elite, yet often earn less at their full-time jobs than do taxi drivers or independent merchants. Their university-educated peers are growing increasingly affluent in the new private sector economy. (This change in attitude towards wealth accumulation is underscored by the National People’s Congress’s recent action to amend the constitution to protect private property.<sup>18</sup>) In contrast, doctors work long hours at their hospitals and, if senior enough, spend their weekends at outside hospitals or drug companies earning “gray money” to maintain their living standards. Doctors are accused of being the source of the health care problem, but consider themselves victims of a financial revolution that promotes materialism and consumer consumption.

Another substantial challenge to medicine in China is the very recent shift in public attitude towards doctors. In the past, physicians were highly respected. Medicine was cloaked in the traditions of Confucian Mandarins (*Ruyi*) who became doctors to demonstrate their moral fitness to rule—providing health care to inferiors demonstrated superior moral status. These *Ruyi*, trained by studying sacred texts and serving clinical apprenticeships, were perceived to be competent, honorable, and socially committed.<sup>19</sup> Over the past decade, this confidence in medicine has been seriously shaken. The public has been bombarded with frequent reports of shoddy medical care, counterfeit medicines, faulty technology, and inhumane medical service. Graft, corruption, and conflicts of interest are widely discussed. The people have come to believe that any undesirable result, avoidable or not, is suspect.

Anxiety about quality in China, as in the United States, is sometimes justified. A senior clinician, when asked to describe quality assurance, stated, “Kill one to save a hundred.” The system operating in China’s public medical sector is a punitive one. For example, in one very progressive medical institution,

the rules governing the distribution of the salary bonus for doctors listed over 100 reasons for reduction and only 2 for increasing compensation. Another physician leader confided, “If someone is found to make a medical mistake, [his] career is over . . . [so] we have no errors in medical care.”<sup>11</sup> In contrast, China’s younger progressive physicians appear to welcome transparency. They support malpractice reform and approve of evidence-based quality assurance, manifest in morbidity and mortality conference exercises. In 2002, the government mandated reforms in medical record-keeping, quality assessment, and approaches to malpractice claims.<sup>20</sup> These much-needed steps to restore public confidence are laudable, but they may face substantial resistance to implementation because of the fear of punishment pervasive in the medical establishment.

Poor service in China’s public hospitals is another source of friction. Patients wait excessive periods of time to be seen in facilities that are often unattractive, poorly maintained, and overcrowded. Doctors are hurried, and visits sometimes result only in impersonal referrals for laboratory studies. Multiple, often expensive, prescriptions are written. The old professors opine that “the human touch seems to have been lost.” China’s ubiquitous television sets highlight the promise of gracious and reliable service, since consumerism is encouraged by the government to sustain the blistering rate of economic development.<sup>21</sup> It is not surprising that patients are angry about paying more money for insensitive and sometimes uncaring medical service.



Practicing calligraphy in the park, in the early morning.





## WILL YOUNG DOCTORS BE EMPOWERED?

Despite these problems, I am optimistic about the future of medicine in China. The government is taking steps to introduce financial and medical reform. I hope that the new leadership of China has learned from the SARS and AIDS epidemics that secrecy is impossible in the "Internet age." But equally important, in my opinion, is that organized medicine in China is finally beginning to understand that it needs to empower its young doctors to shape the future. Younger doctors have been spared many of the political upheavals of the past 50 years, and they recoil at advancement based on *guanxi*. This future generation of leaders is getting at least some training in the skills of modern medicine, evidence-based decision making, finance, and administration, and they must be given the opportunity to reform Chinese medicine. Many of China's best and brightest physicians covet financial success; at the same time, millennia of tradition and pride still flow through their veins. One of our young colleagues, sent to study in America, wrote me this note on New Years Day, 2003: "I was given the opportunity to study in America. I and my old high school classmates that I found all dream of one day going back to China and working for the motherland. Anyway this is part of the current of strength that may change China and actually China is destined to be changed—by whoever—to be better."

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