

The Distortion of the Doctor-Patient Relationship in China

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Although the transformational changes to the health care system in China have gained wide public attention, the distortion of the doctor-patient relationship has been less visible. On October 25, 2013, Wang Yunjie, MD, was stabbed to death at the Wenling No. 1 People's Hospital in Zhejiang province. The attack was the third incident in a single week and one of many that have occurred in recent years in China. A survey showed the average number of assaults on doctors increased to 27.3 per hospital in 2012, up from 20.6 in 2008.¹

What makes the doctor-patient relationship so strained? Patients' perception of receiving medical treatment in the absence of government guidance may be the main cause of deteriorating doctor-patient relationships. In China, high-quality medical resources are insufficient and poorly distributed. The maldistribution of care is not so severe as to force the majority of patients to seek health care outside their communities. There is, however, a common belief that local health care is not good enough, which has resulted in government-funded mega-hospitals becoming overcrowded with dissatisfied patients representing a large geographic area. Estimates say that a doctor in some large hospitals will see 70 to 80 patients a day, with an average visit length of five to six minutes. Patients coming to the city for health care become frustrated when they travel far, wait a long time to be seen, and have so little time with a doctor in the exam room.

There are deeper historical reasons for physician mistrust. Public hospitals in China enjoyed full government funding before 1985. After economic reforms, hospitals were expected to generate income to

cover costs. Because the main source of hospitals' income comes from diagnostics and treatment, there is a financial incentive to over-investigate and over-treat. Patients pay most treatment costs themselves—even those who are insured—because reimbursement is poor. The phrase "I cannot afford to get sick" has become a grim reality for many people. With a limited level of social security, many patients have to give up everything they have for the care they need.

Additionally, doctors are widely viewed as underpaid, which makes the lure of honoraria—some legal, some not—very enticing. The Glaxo-China Bribery Scandal shines a light on China's fast-growing but deeply underfunded medical system. Some doctors accept speaking fees or arrange to receive a cut of the sales of drugs they prescribe. Most Chinese are aware of the financial kickbacks doctors receive from drug companies, which in combination with insufficient medical resources, high expenses for patients, and poor doctor-patient communication has widened the gap of trust between doctors and patients.

Many patients blame the deterioration of their health directly on doctors, claiming that doctors lack devotion and skills. If a treatment is not satisfactory, patients and their relatives will vent their dissatisfaction with doctors. In recent years, Chinese hospitals have seen numerous violent incidents involving dissatisfied patients and medical staff, which has caused the health care system to respond defensively. On October 25, 2012, a pregnant woman whose unborn baby had died was refused admission by four hospitals in Yunnan province because doctors were afraid of being attacked or sued. The fact that pa-

tients with serious illnesses are being refused admission to hospitals because doctors are afraid of being sued has led to increased patient morbidity and mortality.

Unfortunately, some media pay too much attention to scandal associated with hospitals and doctors and have reported false medical disputes to increase audience ratings. For example, three years ago, a popular newspaper in Guangdong province falsely accused a midwife of stitching a patient's anus closed who was being treated for hemorrhoids. This had a profound impact in China and fomented doctor-patient conflicts because of public misunderstanding of what doctors do.

Despite the launch of health care reforms five years ago, the doctor-patient conflict has intensified. The failure to address this issue is a failure of reforms. How does the doctor-patient relationship return to normal? The government could start by spending more money on medical treatment and accelerating the creation of a medical security system. Laws are needed to address medical disputes, perhaps using mediation to bridge communication gaps between doctors and patients and direct patients to legal assistance as a last resort to settling conflicts. The media must report news truthfully to protect trust in the medical establishment. Lastly, China's health system reforms must address the social and economic status of doctors by involving doctors in shaping health policy and giving them a voice to share their experiences and improve the health care system.

Reference

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