Introduction

China has seen unprecedented economic growth over the past two decades, but its healthcare has struggled to catch up to the country’s explosive growth. The sudden wealth has brought over 400 million people out of poverty, but 135 million people, or one-tenth of the population, still lives below the international absolute poverty line of $1 per day. With widening gaps between the urban rich and rural poor, China’s healthcare equity has become a major public concern.

To better understand the nuances behind China’s health disparity, I headed to Tongji University in Shanghai and West China University in Chengdu.

Objectives

1) Interview patients, patient households, and medical staff about their experiences with healthcare access and affordability
2) Collect data on patient demographics and insurance status
3) Participate in a summer immersion program with other international medical students at the West China School of Medicine

Clinical Exposure

Weeks 1-3: Tongji Hospital
pediatric hematology/oncology unit
Interesting cases: aplastic anemia, idiopathic thrombocytopenic purpura, acute lymphoblastic leukemia, Burkitt’s lymphoma, Kawasaki’s disease
Interesting procedures: bone marrow aspiration

Week 4: West China Second Hospital
general pediatrics, pediatric hematology/oncology unit
Interesting cases: anaphylactic purpura, chronic renal failure, nephritis, mycoplasma pneumonia
Interesting procedures: appendectomy, lumbar puncture

Week 5: West China First Hospital
Traditional Chinese medicine, ophthalmology

Week 6: West China First Hospital
pediatric neonatal surgery
Interesting cases: Hirschsprung’s disease, neuroblastoma, sacrococcygeal teratoma, enterocolitis, esophageal atresia
Interesting procedures: sacrococcygeal teratoma excision, hemangioma removal, incisional hernia repair, colostomy, surgical correction of Hirschsprung’s

West China’s Summer Immersion Program

Duration: two weeks Location: West China School of Medicine
Activities: opening ceremony, ice-breaking ceremony, talent show, medical workshops in traditional Chinese medicine, ophthalmology, emergency medicine, shadowing in the dept. of your choosing, visits to museums and the Chengdu Panda Base, and other group outings

Data Collected

Tongji Hospital: 17 pediatric leukemia patients
• All patients with Shanghai permanent residence (Hukou) receive 90% government-funded coverage, while non-locals vary between 10-40% coverage
• Average number of days for hospitalization: 84.9 days
• Reason for non-residents to come to Tongji: “local hospital refused or unable to provide treatment”

West China Hospital: 38 pediatric leukemia patients
• Government regulation for public insurance coverage varied between provinces (while Shanghai residents all received coverage, Chengdu residents do not)
• Non-residents most commonly buy rural private insurance ($150YR) for ¥1000/YR a year which covers 10% of healthcare costs
• Many families are unable to afford the costs to treat severe illnesses and are forced to borrow from friends, sell homes, or forgo care

Conclusion and Future Direction

• Health disparity in China is a complex problem relating to: unequal distribution of resources, population management (Hukou system), healthcare coverage
• More efficient usage of healthcare resources needed:
  1) Establish a first-tier, primary care system
  2) Train “social workers” to help patients in need locate resources
  3) Tighter regulations on duration of hospitalizations
• Next step: Review current government regulations on healthcare: lack of policy or lack of enforcement?

References


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