



## CHANGING PATTERNS OF HEALTH CARE IN CHINA

by M. Basheer Ahmed, M.D.

We have just returned from a study tour of mainland China under the direction of Richard Shader, M.D., Professor and Chairman, Department of Psychiatry, Tuft University, Boston, Massachusetts. A group of twenty psychiatrists and their spouses visited Beijing, Xian, and Shanghai to study current practice of psychiatry in China. Before I left for China, I studied a few articles related to practice of medicine and psychiatry in China and I was pleasantly surprised to see some of the changes taking place in the practice of medicine.

Despite all the setbacks in science and education during the cultural revolution, the Chinese have made remarkable progress in health care, which is available in urban and rural areas at no cost. However, the standard and quality of care is still much less than what we are accustomed to in this country. In rural areas, commune system has been of central importance. Forty families make up a *production team* and 7 or 8 teams constitute a production brigade which is responsible for organizing cooperative medical clinics staffed by "country doctors," (barefoot doctors) who have 3-6 months training. The commune comprises up to 15 brigades, and is responsible for provision of small rural hospitals. In cities, similar systems exist. Primary health care is provided at health stations or clinics, or at place of work, by paramedics. Next in line are county or district hospitals which get referrals from health clinics or rural hospitals. Finally, specialized municipal hospitals which offer special care, e.g., psychiatric hospital. Large district (county) hospitals and municipal hospitals are also affiliated with medical schools, and offer training to medical students and residents in training.

Modern medicine is the major mode of medical practice in China, and the government now allows physicians to do private practice. According to one source, several thousand physicians are now practicing in private general hospitals and maternity hospitals.

In large cities like Beijing and Shanghai, many psychiatrists we have spoken to practice modern western medicine. Patients who are receiving acupuncture and herbal medicine also receive modern medicine. On the other hand, in Xian Mental Health Center, a rural hospital, the practice of traditional medicine was very obvious. Almost all patients receive some form of traditional medicine, most commonly acupuncture. Acupuncture is frequently used to treat psychiatric patients with delusions, hallucinations, and patients with neuroasthenia (hysteria), obsessive and anxiety disorder. Some claim success in treating extrapyramidal reactions. In addition to traditional acupuncture, acupuncture electric shock treatment is also frequently given to patients. The latest development in acupuncture is "*laser acupuncture*." Instead of using needles, laser beams are passed through the same points where the needles are generally inserted.

We visited major psychiatric hospitals in Beijing, Xian and Shanghai and had ample opportunity to exchange views with our Chinese colleagues. For a number of years, foreign visitors were told that depression is not common in China. However, this view is changing. Chinese psychiatrists are accepting that the incidence of depression is much higher than what they have considered previously. Many patients suffering from affective disorder were misdiagnosed as suffering from schizophrenia or neuroasthenia. It must be pointed out here that the prevalence rate of depression may be lower than in western countries as the Chinese people have a tradition of bearing hardship and have high tolerance for stress. In large municipal hospitals we visited, 80% of patients were suffering from schizophrenia, 5% carried diagnosis of depression, and 5% were diagnosed as neuroasthenia (they may, in fact, be suffering from depression). A small percentage were suffering from organic brain disorders including Alzheimer's disease. Elderly and demented people are generally cared for at home. There is a stigma attached to placing old people in institutions. With low birth rate (one child per



family) and improved medical care, the longevity of the Chinese population is increasing and Chinese physicians are expecting to see development of geriatric psychiatry in the future.

We have not seen any unit for treatment of alcohol and substance abuse in any hospital. The incidence of alcohol dependence is extremely low, although alcohol is available anywhere in China. In Shanghai Hospital, forty or fifty patients were admitted with diagnosis of alcohol dependency in the last twenty years. Several theories were put forward for such a low incidence. Due to social pressures, very few Chinese people drink regularly. A high cost of alcohol is also a hindrance. Genetically, Chinese are not different from other nations of the world. In fact, they were highly vulnerable for opium addiction which is completely eliminated since the revolution in China. During the 1950's, the Chinese government used harsh punishment for drug dealers and set up very strict, highly structured rehab programs for drug addicts and virtually eliminated the problem. Now, the drugs are not available in the country.

There are no separate adolescent units in the hospitals we visited. Beijing's Anding Hospital has children's unit for ages five to fourteen. This unit offers treatment for attention deficit disorder and for small number of patients with autism. Staffing consists of child psychiatrist, nurses, and clinical psychologist. Ritalin is excessively used and behavior modification programs are the primary mode of treatment. Shanghai's Psychiatric Hospital (which is one of the two major municipal hospitals serving 10 million population of Shanghai) did not

have a separate children or adolescent program. Children with attention deficit problems and psychotic disorders are treated in small county hospitals. Adolescents with behavior problems were usually referred to reformatory school. Chinese psychiatrists deny any existence of drug abuse or alcohol abuse in adolescents.

In addition to neuroleptics (antipsychotic, antidepressant and anxiolytic medications), individuals and group psychotherapy and music therapy are frequently used. However, no psychodynamic model was followed. Mostly, supportive and educational techniques are used. Heavy emphasis is placed on work therapy. Both physicians and nurses are required to chart a patient's progress. Physicians do history and physical and daily progress record for three days. After that, they record on a weekly basis. Medical orders reflect clear instructions for medical and other orders. So far, they do not have any equivalent of JCAH or Utilization Review system.

Chinese psychiatry stands at the crossroads, attempting to go in all directions to emulate the West by improving diagnosis and classification systems, standard of diagnosis and treatment modalities. And, uses all treatment modalities used in the West while maintaining traditional forms of treatment (herbal medicine and acupuncture) as an integral part of psychiatry, legitimizing their action by neurobiochemical research. Also, raising the standard of barefoot doctors who still play a significant role in taking care of minor emotional problems at clinic level and rural hospital.

*Continued, page 73*



Laser Acupuncture



Patients in courtyard, Beijing Hospital

## HEALTHCARE IN CHINA, *cont'd*

recent years, there has been open exchange between China and America. I can see a tremendous influence on Chinese health care if this rapid expansion of exchange continues. We have returned to the U.S. with a positive impression about the Chinese government's efforts in providing health care to a population of over a billion and improving the system rapidly to raise the standard of care.

### BIBLIOGRAPHY:

Xy Jun Mian. "Some issues in the diagnosis of depression in China," *Canadian J. Psy.* June 1987, 32:368-370.

Parry-Jones, W.L., "Psychiatry in the People's Republic of China," *British Journal of Psychiatry*, 1986, 148:632-641.

Rosenthal, Marilyn. "Modernization of health care in People's Republic of China — the period of transition," *The Journal of Medical Practice Management*, April 1987, Vol. 2, #2.

Thorncrop, Graham, "Contemporary Psychiatry in China," *Openmind*, 1986, 19:10-13.

Tousley, M. M., "Psychosocial nursing in the People's Republic of China," *Journal of Psychosocial Nursing*, May 1985, Vol. 23, #5, 28:35.

Young, D., and Chang, M. "Psychiatry in People's Republic of China," *Comprehensive Psychiatry* 24:431-438 (1983).