Douglas Noble
brings an update

Jian Hua – BUILD CHINA

We first reported in 2001 on the medical work of the Jian Hua (Build China) Foundation in Qinghai province in rural China.[1] We sent annual short term medical teams from 1999 until 2001 – the last brought 40 international health professionals and received much interest, including from the BBC. These early teams were foundational for establishing relationships with local government, yet from 2002-2007 opportunities were confined to pioneer work in rural communities around the capital.

Recently we have negotiated contracts to appoint experienced overseas doctors as medical directors or consultant-trainers in emergency medicine, surgery and obstetrics – based in a teaching hospital in the capital with 1,050 beds and 18 operating theatres. All our doctors have spent several years in China learning medical Chinese and gaining experience, and uniquely have been granted medical licences.

Chinese healthcare

China operates a market driven healthcare system, but since 2007 has introduced a national insurance scheme. This partially funds treatment and is means-adjusted. Rural residents pay the lowest premiums and receive more financial support, but the quality of rural healthcare is invariably low and despite better provision overall, health inequalities are widening.

Day to day practice is driven by market forces and hospitals compete openly for business. Over-investigation to generate revenue is routine, and doctors are encouraged to perform caesarean sections. Changing this culture has been a major task. China has resources to fund CT, MRI and laparoscopy but skill in their use and interpretation is often lacking.

Despite these challenges, having our team operating at the highest level within the hospital has started to change practice. Key to success has been the buy-in of the hospital president and vice-president. With their support, and the status given to our team as consultant-trainers, grassroots change is emerging. One early improvement was introducing the WHO safe surgery checklist, now used for every operation.

Ethical questions

A principal issue is the value of human life – abortion up to third trimester is common. Attitudes to termination of pregnancy are indifferent; it is seen as a normal part of life. Pregnant mothers are encouraged to have abortions if there is the possibility of an abnormality. Interestingly, despite frequent abortion, physician assisted suicide is not an issue.

Cost is another major factor. If treatment is unaffordable care does not take place, and middle aged adults with significant cardiac disease or cancer commonly return home untreated.

Our doctors have been able to demonstrate a different way that values every patient regardless of financial means or ethnic background. This has involved teaching that there are alternatives to abortion. Much work has also been done to improve diagnostic skills, which has reduced investigations.

Proclaiming a consistent ethic of life

This is central to our work and the lives of many patients and local staff have been transformed. A large scale project to repair paediatric hernias will give almost 700 children the possibility of avoiding disability and complications, and we hope this training can be expanded across the province. As many of these patients come from grossly under-privileged families, it has been a testimony to the hospital staff who are coming to see how practising medicine involves treating every patient equally, with dignity, and seeing that each life is important.

JHF started a Samaritan Fund to help poor patients, often babies. Local partners assess the financial situation, help us decide on our contribution, and visit the patients in their homes after discharge – with opportunities to share.

M B-b was a girl born to a farming Hui family (Chinese Muslim) at 36/40, small-for-dates (1.5kg), with a cleft lip. The paediatrician didn't encourage the poverty stricken family to help, so they gave up on her and relatives took her home and fed her cow's milk. When we heard, we encouraged them to bring the baby back the same day. She already had a very distended abdomen and signs of pneumonia, but responded quickly to treatment and thereafter steadily put on weight. A government project will grant them a free operation on the cleft lip.

Opportunities

This work has taken years to develop – the early short term teams laying the groundwork. Sadly, some personnel have not been granted visas to remain, and there are future challenges, including civil unrest in adjacent provinces. However, at present there are opportunities for medical students, doctors, ITU nurses and physiotherapists (preferably Chinese speaking). We also have a growing network of consultants available to give prompt diagnostic advice via email. If you are interested in working in China or supporting us, please contact: *douglas.noble@jhf-china.org*. Web *www.jhf-china.org*

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reference

1. Noble D. Jian Hua - Build China. *HealthServe* Issue 1, March 2001 *www.cmf.org.uk/publications/content.asp?context=article&id=2465*