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A MONTH IN QINGDAO, CHINA

Qingdao Municipal Hospital:

International Clinic:

Primary care – My precepting physician in China worked at Qingdao Municipal Hospital's International Clinic Qingdao, or ICQD, and it was here that I volunteered full days for the first week as I attempted to reclaim my knowledge of Chinese. For the second and third weeks, I only spent the afternoon there (mornings were spent in other departments), but returned in the fourth week to full days.

Far and away, the most common malady treated at the international clinic was entero-toxigenic *E. coli* (ETEC) infection, or traveler's diarrhea. Patients would complain of frequent loose, non-bloody stool, sometimes in excess of ten times daily for a time span ranging between one to ten days. Abdominal discomfort and vomiting were usually accompanying symptoms. Often there were reported episodes of incontinence. Moxifloxacin was the antibiotic of choice given increasing rates of resistance to ciprofloxacin in the area. For patients with relatively severe vomiting and diarrhea or a long course of illness, hydration was the top priority. IV fluid rehydration was occasionally necessary for those unable to drink water or Gatorade without vomiting. Pictured below is me with the staff at ICQD.



Mental Health – Depression, anxiety, and other forms of mental illness tend to increase in severity and frequency in those who travel to China from other countries, especially Western European countries and the US. The condition I want to highlight here is ADHD, a chronic yet manageable behavioral condition in which patients display characteristic patterns of inattentiveness, impulsivity, and hyperactivity. Most of the medical treatments involve stimulants very closely related to methamphetamine; thus, in the US, these drugs are not prescribed in quantities of more than a one-month supply. Post-dated prescriptions allow patients to circumvent seeing their family physician monthly, though. However, all but one of these drugs are not available in China. The only available drug, methylphenidate (Ritalin), is not available in extended release, and is only prescribed for three days at a time. Three days! That's it! Imagine being one of our ADHD patients and returning twice weekly to the clinic just to get another refill on a drug that for many adults is less-than-effective.

My colleague Jenn (another 1st year medical student from UMass spending the summer in Qingdao) and I decided to visit one of Qingdao's psychiatric hospitals in order to learn more about how Chinese psychiatrists treat and manage patients with ADHD. We discovered that only children and adolescents are treated for ADHD throughout most of China, and only specific clinics in major cities like Beijing and Shanghai treated adults. A psychiatrist could, however, prescribe 7 days worth of methylphenidate rather than 3, but again, this was restricted to juveniles. Jenn and I made no progress in regard to easing the burden on our ADHD patients, and we were shocked at what seemed like a lack of knowledge about the condition in those tasked with the responsibility of treating mental illness. In fact, the physician we interviewed had never treated a single case of ADHD because, as he stated, "I am not a pediatric psychiatrist. I work with adults." Psychiatric takes a back seat to other branches of medical science, and is scarce even in the larger cities and city hospitals (Holtz, 2008).

Joint examination – My precepting physician, Dr. David Yu, was a retired physician and professor from UCLA's medical school who spent part of his career as a rheumatologist researching and treating patients with ankylosing spondylitis. In fact, he wrote its UpToDate article (). Due to his specialty, he thought it necessary for us to learn how to effectively examine all the major joints in the body, including the shoulders, hips, elbows, knees, wrists, ankles, and all the joints in the fingers and toes. The examination assesses range of motion, pain, swelling, and any visible abnormalities like erythema or the presence of tophi.

Data collection from Red Cross – In order to assist the local Red Cross's volunteer relief efforts in local communities, the international clinic developed an idea to begin collecting patient data from the Red Cross's medical trips and compile these data into a report that analyzed the demographics and most common maladies to more appropriately plan medication purchasing and volunteer physician recruiting. I was tasked with drafting the resolution to begin this partnership.

Rheumatology Department:

Rounds – During my second week working in the hospital, I spent the first half of each day in the rheumatology department learning from what would be the equivalent of residents in the US. The first order of business each day was rounding with the medical team to visit and evaluate each patient on this floor of the hospital, ranging from 15 the first day to almost 40 by the end of the week. The residents practiced their technical medical English with me, and I learned useful Chinese medical vocabulary from them. This, of course, was in addition to learning about and evaluating patients with various

rheumatological conditions. We focused on a different one each day, where we would spend an hour or so learning about the basic physiological processes involved with a disease, its presentation, and the typical course of illness. Then we would visit a patient with the condition, talk with them about the history of their condition, and perform an extensive physical exam, especially of their joints, and then conclude by returning to an office to discuss treatment options. Day 1 focused on SLE, 2 on gout, 3 on rheumatoid arthritis, and 4 on ankylosing spondylitis.

English tutoring session – The chair of the rheumatology department was a phenomenal instructor and showed great hospitality during my visit. When he received an invitation to present at a medical conference in Hong Kong on the subject of gout, he asked me to help him review some recent American and European journal articles because his English was, well, less than perfect. I spent a few hours with him one afternoon deciphering complex sentences and defining words and concepts, most notably explaining the terminology associated with alcoholic beverages (excessive alcohol intake is a risk factor for gout). While the Chinese are undoubtedly making incredible progress in terms of developing a healthcare infrastructure as well as generating a significant amount of research, they still rely heavily on western medical journals and techniques. English, despite years of studying, is almost always quite difficult, even insurmountable at times, for Chinese physicians, and the vast differences between English and Chinese will continue to prove a challenge for China as it modernizes its healthcare system.

Neurology Department:

Rounds – The two most common reasons for hospitalization in the neurology department at Qingdao were stroke and vertigo. Meningitis and encephalitis were a little less common but still present. Essentially, cerebrovascular disease resulting from cardiovascular disease, smoking, poor diet, and poorly managed hypertension and hyperlipidemia, all of which are common in America, and specifically the poor, were present also in China. In fact, modernized Chinese cities seem poised to reach the same pedestal as those of the US and European ones, and it would follow that the developmental pattern followed by the West which led to its current health outlook would yield the same outcome in China. Indeed, heart disease, cancer, stroke, and COPD (all of which are contributed to by smoking rates of almost 70% in men) are all major causes of morbidity and mortality (Holtz, 2008).

Each morning at 8:00am, the entire neurology department (physicians, nurses, students) would meet and learn of any updates from overnight. We would then embark upon rounds: 53 patients in about 3 hours! Two things really stood out to me during this week – the first of which was the integration of western and traditional Chinese medicines. Partially paralyzed patients would have an MRI image of their brain lying on their bedside table while an IV full of nearly-fluorescent neon herbal medicine slowly dripped at their bedside. One doctor even had to leave a bit before lunch one day for her own doctor's appointment. She returned later that afternoon feeling much better having had acupuncture. The other surprise came as we began to discuss a patient's recent stroke and see how he was doing. Upon entering the room and viewing the patient, the neurologist exclaimed (in rough translation), "Oh! You're too fat! It probably caused your stroke." Well, yes, perhaps obesity contributed to his condition, but to be so blunt and pointed seemed less than sensitive, less than ideal. But perhaps only I was offended, and not the patient? After all, very rarely did I encounter anyone who tried skirting around issues or couching uncomfortable truths in pleasant language. Most people I talked to were indeed quite blunt.

English Reading – My biggest contribution to the neurology team was each Thursday morning before rounds, when the physicians met for a half-hour English journal-reading workshop. I was asked to read sentence by sentence as the chief neurologist translated. This not only reinforced medical knowledge but also served to identify and review English medical vocabulary and pronunciation.

Summary of Hospital Experience: All in all, I very much enjoyed my experience at the Qingdao Municipal Hospital. The majority of patients were both incredibly friendly and incredibly poor. Privacy was hardly of concern to anyone in the hospital, and cleanliness/sterile technique/hand hygiene was minimal at best. Overall, though, it functioned, and it provided relatively high quality services to thousands of people each day at only a fraction of the cost to patients as would be seen in the US. For example, an MRI in China costs ¥350, or \$50, if you are admitted and in the hospital. Outpatients and foreigners paid \$150. Unfortunately, even these low prices far outweigh the growth in income seen by working Chinese, and medical care ultimately remains too expensive and unavailable for too many Chinese (Holtz, 2008).

Red Cross Relief Trip:

One weekend each month, the Qingdao Red Cross takes a medical relief trip to rural, impoverished villages in the outlying areas surrounding Qingdao. I spent my first weekend whilst in China accompanying their cheerful medical team on such a trip to Chengyang, a poor farming community some 60 miles north of the city. Over the course of 7 hours, our team of 40 saw 332 patients amongst our various services, including pre- and post-natal care, dental care, mental health services, traditional Chinese treatments including acupuncture, and management of chronic diseases such as hypertension, diabetes, and congestive heart failure. I spent the first half of the day taking blood pressures, and it was not uncommon amongst these patients – men and women, middle-aged and elderly – to see systolic pressures over 180. As apricot farmers in an economy where cheap prices are valued over workers' rights, their harvests provided only a minimal return for their investments of time, money, and effort. After a quick lunchtime break, I followed a physician volunteer who was fluent in both English and Chinese. He let me listen to patient interviews and assist with the physical examination for each patient, and as I went along with things, I struggled to make sense of the rapid Chinese conversations. Patient interviews in a foreign language, I soon learned, were to prove exceedingly difficult. The clinic finished in the late afternoon, and as we were packing all our supplies away, we were presented with a gift. The Red Cross had purchased from the farmers multiple baskets of apricots, enough for each volunteer to have their own. This solidified in my mind that this organization had given quite a bit of thought to their medical relief trips and truly strived to aid the rural poor in as many ways as possible.



New Day Creations, QingYunDian, Beijing:

For my last weekend in China, I decided to visit a friend named Faith in a small, rural village several miles south of Beijing. Faith recently got engaged to my college roommate, and she is spending six months volunteering at a community development project in the QingYunDian township. Not only did I get to see her new bling (wedding ring), she took me on a tour both of the village and of New Day Creations' facilities, which include an orphanage for developmentally challenged children, a private school, and a craft goods manufacturing center. The latter two were designed to help financially support the orphanage, which houses about thirty children and provides care for another fifty or so that are housed with community members until they get adopted. The orphanage staff consists of a physician, two nurses, and a physical therapist, as well as several international volunteers with training in special education,

speech pathology, child and family development, psychology, etc. It was truly amazing to find such a well-designed and well-developed community organization. Its mission, the multiple operational arms that fed resources into each other, and its sustainability were all congruent with the theory and practice of community development that I've learned, and this provides an excellent example of how to effectively utilize the needs of a town to generate engagement, solidarity, and agency (Bhattacharyya, 2004, and Swanepoel and DeBeer, 2006).



Works Cited:

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