

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

We are deeply grateful towards Dr Han Ji, Dr Zhang, Dr Cui Miao and all staff at Putuo Hospital for accommodating us these past weeks. It was an eye-opening experience and we have learnt a great deal about healthcare in China as well as Traditional Chinese Medicine.

At the hospital, we had the opportunity to see various aspect of the healthcare system in Shanghai. We were attached to different departments, some using purely Traditional Chinese Medicine while others integrating both Chinese and Western Medicine.

One of the departments we were attached to was the Tuina department, which was a purely Traditional Chinese Medicine (TCM) speciality. It is a speciality that encompasses a lot of basic TCM principals and hence, our mentor wanted us to be introduced to TCM through it. Tuina deals mainly with musculoskeletal problems and the common problems treated are cervical spondylitis, back pain, sciatica and other muscle aches. Patients had a quick history taken, and were put through 4 main treatment sequences; acupuncture, cupping, manipulation and moxibustion, These were all very new treatment modalities, with only acupuncture being the only treatment being used in the NHS currently. Acupuncture involved the placing of needles at meridian points. Meridian points are based on energy flows and are not related to nerve or vessel anatomy. However, when learning acupuncture, the TCM doctors have to go through intensive anatomy lessons which included dissection as it was important to know where these meridian points were in relation to the neurovasculature as well as bones and muscles. Cupping was recently made well known internationally by the media after olympic athletes used them as part of their post work out routine. Manipulation was likened to physiotherapy and chiropractic. Moxibustion invovled the burning of dried herbs on the patient's body, this was to help with the flow of energy. We knew little of these treatment modalities and the principles behind them and had to keep an open mind. This was especially difficult seeing that TCM is almost frowned upon in the NHS and we have been taught in school that the use of TCM as a form of alternative medicine can be dangerous and thus, should be discouraged. In stark contrast are the use of these methods of treatments backed by TCM, in these government public hospitals. In these hospitals, TCM is used widely and as part of regulated medical treatment. We had to look at these methods objectively and to listen with an open mind. To assist us in making an objective deduction, we did online research as well as read medical books explaining TCM.

One of the most eye-opening experience was sitting in on an outpatient clinic session with the TCM consultant. He was an internal medicine practioner. The patients he saw came in with varied presentations and most had seen western medicine doctors, but were not satisfied with the treatment options provided or the outcome of treatment. During the consultation session, he would discuss the difference in clinical assessment between western and TCM. It was quite surprisingly how well versed he was with the western medicine way of clinical assessment as well as coming up with differentials. In TCM, there are 4 main parts to a clinical assessment; face, tongue, history and pulse. Looking at the face, tongue and feeling for the pulse are aspects that are very different to western medicine. During the consultation session, he recounted to us that the biggest difference he has

observed between western and traditional Chinese medicine. Western medicine is more focused on diagnosing a condition, treating the symptoms of it and then curing it by using medications or surgery. Traditional Chinese medicine he feels, does not focus on the diagnosis and curative treatment. Its aim is more of fine tuning the body and its immunity, and allowing it to either live with the disease or find its own way of getting rid of it. It is quite an abstract concept but the way he describes it, TCM feels more an art than western medicine. He mentions that 20 TCM practitioners will have 20 different ways of helping a patient and all these methods might all produce similar results. TCM sounds a lot harder to regulate and its efficiency can differ from practitioners to practitioners.

There are several differences in the provision of healthcare in Shanghai as compared to the UK. Some of the main ones include the health system, provision of primary healthcare and the presence of traditional Chinese medicine Hospitals as an option of care. Majority of the Chinese working citizens will be covered by the national insurance scheme. This covers a percentage of their medical consultation and medication fees, but are limited to basic medical care. There is a list of medical services that are covered under the scheme, and there is also a maximum amount that is covered under the scheme. The average cost of a basic consultation is about £8, and medications are relatively cheap. Some worries shared by the locals include the increasing cost of medical care, and the limited coverage that the insurance provides. Another possible limitation of the national insurance scheme is that it might be that it only covers the working class citizens. In contrast, the NHS has a fixed prescription fee for primary care and full coverage in secondary care and above. The services covered under the NHS are also not as limited. Primary healthcare provision is one of the major differences in Shanghai as compared to the UK. In Shanghai, it is provided by the hospital, there are no general practitioner clinics, and the concept of family doctors do not exist. Pharmacies are able to dispense medications for symptomatic treatment but there are strict regulations for antibiotics. This is in contrast to more rural areas of China where 'Barefoot Doctors' provide door to door primary healthcare to villagers. They deal with common ailments and promote public health messages. Speaking to the locals, a majority of them do not seek medical attention for common flu and cold, they rely on home remedies and basic knowledge of traditional Chinese medicine. Patients also prefer attending traditional Chinese medicine Hospitals for certain ailments such as musculoskeletal problems. Waiting hours at the emergency department can be very long. In the UK, general practitioners are at the forefront of primary care provision, and are a vital part of the healthcare system. Emergency departments see conditions that require more immediate medical care. Even with various campaigns to push for more considerate use of the A&E, it still faces overcrowding. Long waiting hours at the emergency department seems to be a common problem faced by both hospital systems despite differences in healthcare provision structure. Finally, there are traditional Chinese medicine hospitals that patients can attend. These hospitals do not have an emergency department. Patients are seen as outpatients, and it works by on a daily basis, with patients having to obtain a queue number on the day of being seen. There is a limited number of queue numbers that are given out (ie 20 for a morning session lasting 3hours). This is quite similar to the NHS GPs appointment system. Traditional Chinese medicine in China used to be quite segregated, with Doctors working in village clinics all around. In recent years, the government has provided funding to build hospitals, congregating TCM services, for easier access and better regulation. TCM is also a recognised form of

medical care and is covered under the national insurance scheme. This is in contrast to the UK, where TCM is seen as a form of alternative medicine that is mostly not recommended. An exception is the use of acupuncture therapy for certain musculoskeletal problem.

All in all, this attachment has been a really enriching one. It is very eye-opening to see how medicine is practised in a different country. There are differences all the way from patients expectations, patient-doctor relationship to medical services provided and healthcare systems. A common thought that resounded was the importance of putting patient's care before everything else. The doctor's we have met have been very passionate about that, and have made many sacrifices in their daily lives in order to ensure that they are constantly improving their skills and doing right by their patients. It was heartwarming and inspirational to see that spirit still going strong even post retirement. One of the doctors we met had retired recently, but he is still going in to clinics once a week in order to follow up on a couple of his patients as well as to mentor doctors. Despite differences in practice and approach to medicine, certain core values as doctors are still the same. The following few months as junior doctors can be quite trying ones, but it will be important to hold on to these values, I certainly hope I will be able to.