When Healthcare Systems Collide: An International Elective Student's Perspective

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What do you do when you're searching for the ideal restaurant? You might decide on a particular type of cuisine, look up the top-rated restaurants online, and ultimately choose a place with an excellent reputation that does not break the bank.

If you replace the patrons with patients, the restaurant with a hospital, and the menu with physicians, the food industry suddenly leaves us with a remarkably similar depiction of healthcare delivery in China.

As part of the Ottawa–Shanghai Joint School of Medicine, the world's first Chinese–Canadian joint medical school, I had the opportunity to observe the inner-workings of the Chinese healthcare system. As a Canadian medical student at the Renji Hospital, affiliated to Jiao Tong University, Shanghai, China, I was keen to observe the many healthcare differences between the two nations; differences such as medical education, physician compensation, and disease epidemiology caught my attention. However, I was most intrigued by the culture of healthcare delivery as a service, as opposed to a social right, as most Canadians are used to.

This contrast is most evident in the way that patients are able to select their physicians, as demonstrated by the food industry analogy. Patients first have the freedom to select the type of specialist that they would like to see. Since primary care physicians are rarely seen in China, referrals to specialists are often not required. For instance, if a patient's chief complaint was chest pain, they might choose to see a cardiologist, respirologist, gastroenterologist, rheumatologist, physiatrist, or any combination thereof, depending on the patient's personal beliefs as to the etiology of their chest pain. Next, the patient would select a hospital, often based upon reputation. Chinese hospitals are organized according to a 3-tier system, much like the Michelin 3-star ratings for restaurants, based on their ability to provide quality medical care, medical education, and research. For instance, a primary hospital is one that typically provides minimal healthcare and rehabilitation services, a secondary hospital is one that provides comprehensive health services and medical education with some research, while a tertiary hospital is one that provides specialist health services, superior education and high-quality research. Accordingly, many rural residents travel to large nearby cities, seeking care from university-affiliated tertiary hospitals. In this service-based healthcare model, patients are able to "shop around" for the healthcare they desire.

Once the specialty and hospital are selected, patients have the additional option of selecting from further subdivided clinical tiers, a decision balanced by quality and affordability. During my rheumatology rotation, for example, I learned that patients have the option of seeing a rheumatologist from an "ordinary," "special," or "ultra-special" clinic; each tier referring to the skill, experience, and prestige of the physician. Upon arrival, patients register by taking a number from one of the three queues, thereby committing to payment of 60 Renminbi (RMB), equivalent to approximately $5 CAD, 160 RMB ($32 CAD), or 350 RMB ($70 CAD) for a rheumatologist from an ordinary, special, or ultra-special clinic, respectively. Much like a prix fixe menu, China's service-based healthcare provides patients with a variety of pre-arranged options, from the choice of specialty, hospital, physician to its affordability.

I found that though the majority of patients found this freedom of choice empowering and to their benefit, China's culture of healthcare as a commodity translated into a very different patient–physician relationship as a result. For instance, one afternoon when I was shadowing a dermatologist well into seeing her 60th patient of the day, a frustrated patient cut in line to ask a quick question, which drove six others to clamor into the physician's small office, using their physical proximity as a marker for priority. As I sat there, surrounded by angry patients all demanding to be seen next, I wondered how healthcare could be so different between the two nations.

Upon my return to Canada, my initial reaction was to critique one nation's system as better than the other. To be fair, the goal of the longstanding debate of healthcare as a service versus a right has always been to reach a similar conclusion. However, upon further reflection, I realized that this was an overly simplistic view. While comparisons are frequently made between nations' healthcare quality, cost, and outcomes, it is impossible for healthcare systems to be transplanted from one nation to another. Just as it is impossible to fairly judge a person without careful consideration of their social context, it would be impossible to fairly judge a country's healthcare system without consideration of its political, social and economic currents. Healthcare systems are deliberately designed to serve the needs of the nations in which they exist. With this in mind, China's healthcare needs are vastly different

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than those of Canada. The city of Shanghai alone is responsible for the care of over 35 million people, a population comparable to that of all of Canada. China's culture of healthcare as a service, though far from perfect, does bring with it a spirit of efficiency and the ability to serve enormous populations.

In truth, I think healthcare is neither a service nor a social right, but a blend of the two. While there is no denying that healthcare is a business with financial costs that will always need to be considered, it is important to remember that the healthcare industry is not like any other business and that patients are not like any other customers. While a superficial, one-size-fits-all approach may efficiently serve the nearly identical needs of a large group in other business models, such as the food industry, a therapeutic relationship must be developed between physicians and patients to accommodate the precise healthcare needs of each individual.

In conclusion, I believe each nation's healthcare system has its merits, with something to be learned from the other. In the ideal world, we would be able to combine the merits of both, attaining a system that integrates a most humane and personalized care approach for each individual, while upholding efficiency and capacity.