Doctor-Patient Trust in Crack

Gong Ni[1]

I. Introduction: A Bloody Event in Hospital

The morning of 25 October 2013 was an extremely common one. Routinely, Doctor Wang Yunjie left home early at about 7 and headed towards the hospital for his expert out-patient service. Earlier, Lian Enqin – a villager in the Pu'ao Village of Ruoheng Town over ten miles away – stepped out of his home and got on the bus moving toward the hospital. As usual, Lian held the CT bag; nevertheless, he took along with him a sharp knife and a hammer. At 8 o'clock, Wang walked into his consulting room, and more then ten patients, including Lian, had been waiting there. Stealthily, Lian sneaked into the consulting room. Several minutes later, a quarrel was heard inside. Screaming, Wang struggled out of the room, followed by Lian who was holding a bloody sharp knife. At 8:27 that morning, Wang passed away. A week later, the medical workers in Wenling stopped their work and had a protest on the streets. This is not a film nor a novel, but a true story in Wenling, Zhejiang Province. As a matter of fact, it is not single case, since there were 13 other attacks on doctors across China in October and November, 2013. For those in the medical community, these two months are dark and even bloody ones.

On the same day, similar sharp noises could be heard in the In-Patient Department of X Section in Guangzhou X Hospital, where a patient refused to receive medical care and abused the nurses. In his eye, the nurses were about to hurt him by giving him useless medicine; he spent much money on it, but his health did not become better.

Here, we see that a worsening doctor-patient relationship would cause harm to both doctors and patients. In fact, the doctor-patient[2] relationship plays an essential

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[2] The phrases "physician-patient relationship", "doctor-patient relationship", or "*yihuan guanxi*" have been conventionally used in English and Chinese. We use the term "doctor-patient relationship" or "*huanyi*

role in enhancing the quality of health care and promoting the reform of the health system. Nonetheless, the Chinese society is confronting a severe crisis in the trust between doctors and patients. Such a crisis has not only resulted in serious consequence but also made doctors and other healthcare workers the victims of violence and hurt. Through an investigation into the current doctor-patient relationship and the social policies in China, this paper explores the distrust between doctors and patients in the country. From individual, institutional, professional and social perspectives, the author has a comprehensive analysis of the reasons for the distrust and then proposes suggestions on how to re-establish a mechanism for increasing the trust between doctors and patients in an overall way.

Trust is an essence for maintaining human relationships as well as a foundation on which the social organizations of human beings survive. (Larue Hosmer 1995 & Caroline Whitbeck 1995) The trust between doctors and patients is vital for enhancing the quality of healthcare and promoting the reform of the health system. Trust can create an atmosphere for the sincere communication between doctors and patients so that doctors can learn about the health of patients in an overall and culturally sensitive way, and it can establish adequate personal relationship between the two. Meanwhile, trust is also a basis for patients to fully understand and follow the advice of doctors. Doctors' trust in patients and patients' trust in doctors are essentially interactive and are extremely important for health and wellbeing. Therefore, trust has been directly or indirectly regarded as the core value of medical professional ethics ever since the healthcare history was recorded. In the medical history, establishing and developing the trust of patients is the core objective of many medical classics, such as *To be a Great Doctor* and *Seek a Factor as Honesty* by Sun Simiao in Chinese ancient times, *Hippocrates: The Oath of Medicine* in Western countries and the *Declaration of Geneva of the World Medical Association* (WMA) in modern times. Despite the fact that medicine is seen as one of the most reliable fields in the world, trust crisis can still be found in the medical care field of many countries. (O'Neill 2002; Imber 2008; Henaghan 2011; Pilgrim, Tomasini and Vassilev 2011). So what on earth is trust? Trust has always been a topic widely studied in various disciplines. In terms of

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guanxi" to emphasize that health care should be patient-centred and that medical professionals should treat the interests of patients as their first priority.

professional background, scholars in different fields would have different understandings of trust. In economy, trust is usually closely linked to personal economic rationality and is believed to a sensible behavioral choice when an economic man faces risky factors and the uncertainty of others' behavior in pursuit of benefit maximization; in political science, trust is regarded as a social rationality and all components of society make common efforts by signing a contract under the principle of impartiality to seek the maximum happiness of the majority; in moral philosophy, the understanding of trust focuses more on the demand for personal morals and virtues and highlights such moral principles as honesty and credit; in management, psychology and social science, trust is viewed as a psychological expectation which achieves profits and forms social relationships. Hence, we can interpret trust as a disadvantage of the trustor as well as a positive expectation on the future behavior of the trustee; meanwhile, it is also the possible well-meaning confidence and dependence the trustor has on the trustee, and such a requirement on goodwill directly bestows trust with moral attributes and ethical values. (Larue Hosmer 1995 & Caroline Whitbeck, 1995)

In China, the ever-worsening doctor-patient relationship, especially some extreme cases where healthcare workers were seriously harmed or killed, have been widely reported on public media. (Lancet 2010 & LaFraniere 2010) Academically, a large number of studies have been done to discuss the theme and relevant issues from different angles, including law, medical moral, sociology as well as medical economics. However, most of the researches and discussions on the doctor-patient relationship in mainland China are based on a separated subject, and few of them directly delve into how the trust between doctors and patients is formed and reduced. Worse still, there are an extremely limited number of valuable documents about the relationship, let alone the ones where normative frameworks are used to analyze medical moral and social policies. As far as the international academic circle is concerned, the English documents about the issues are also rare.

All these events have driven us to think about the followings questions: What is wrong with the hospital, which has turned into a bloody grave from a place originally for saving people's lives and curing their diseases? What have caused such a tense relationship between doctors and patients? What have resulted in the confrontation between the two? And what have led to the death of the medical workers in the

hospital? Despite the tragedies, many citizens still abuse doctors and believe that the victims deserve it. Why it is so? Based upon the three-month field investigation in the hospital, the author analyzes the problems in the mutual trust between doctors and patients from four dimensions, namely, historical culture, social policy, medical institution and individual.

II. From Traditional to Modern: National Medicine VS Western Medicine in China

In the history of traditional Chinese medicine, Xinglin (verbally apricot forest) is a proper noun for doctors. The origin of the word is as follow: In ancient times, doctors often helped some poor patients for free. To show gratitude after recovery, the patients planted apricot trees near the clinic or home of the doctors. With the passage of time, a forest of apricot trees formed around the clinic, and the family of the doctors were admired as a "Xinglin Family" because of the apricot forest around their gardens. From this story, we can see a harmonious relationship between doctors and patients in Chinese history. But in today's China, such a harmonious relationship has gone for ever, and going to hospital has been tantamount to provoking a fight. Typically, a patient must get up much earlier than ordinary times to queue for a registration; after meeting the doctor, he/she would be sent to have a physical examination; eventually, he/she would go back home with a pile of drugs, unaware of the causality between all these steps.

From the harmonious relationship in ancient times to the tense one today, the doctor-patient relationship in China has changed a lot. Does the current tense relationship have anything to do with the introduction of Western medicine? From the perspective of the author, the answer to the question is YES, but the scope of the discussion is confined to the Western medicine hospitals in China. Due to different systems, the Western medicine hospitals in China do not have exceptional community medical care, household doctors and general doctors which can be found in the Western medicine systems in Europe and the United States. But the author believes that the change to the doctor-patient relationship in China has much to do with the introduction of Western medicine and the influence of Western scientific ideas.

According to traditional Chinese thought, the body, hair and skin of a person are given by his/her parents and thus should not be harmed. For example, Xia Houdun, a general in Three Kingdoms Period (220-280), was injured by an arrow that shot into one of his eyes. But to ensure the completeness of his fresh and blood, he chose to swallow the injured eyeball. Therefore, the conservative Chinese would become skeptical when they receive Western medicine whose remedies involve the decomposition of body. And such an attitude still exists to date. In the investigation, an interviewee was quoted as saying,

"If I had seen a traditional Chinese doctor, I would have recovered by far. Why did I bother myself to leave the disease uncured for so long in a Western medicine hospital? Now I have received an operation, and my anus has gone."

It is very difficult for us to decide which medical model is better, but we must take into consideration the specialty of Chinese culture and history under the Chinese specific circumstance. From the perspective of subject, there are differences between traditional Chinese and Western medicines in the following four aspects: medical philosophy, medical principle, medical system and medical behavior.

First thing first, there are different medical philosophies and medical principles. As a subject with the philosophical principle of completeness, traditional Chinese medicine emphasizes Yin and Yang as well as the balance of Wu Xing (or the Five Elements – metal, wood, water, fire and earth). According to *The Medical Classic of the Yellow Emperor* – a classic in traditional Chinese medicine, "Those ancient people who focused on physical health could take advantage of the rules of the world and nature and knew well how to adjust themselves to their living environment. With a strict diet and a regular schedule, they did not work overtime nor had too much sexual life, for which they could maintain physical and mental fitness and live as long as over one hundred years. On the contrary, the modern people drink too much wine and tend to an irregular life: they have sex after they get drunk, and too much sexual life would run out their energy; they are addictive to their bad habits, which deplete their vitality; they are poor in maintaining their energy and controlling their will; they seek immediate pleasure while going against the biological features. All these have resulted in the fact that the modern people become old when they are just fifty years old." It can be seen from the above quote that traditional Chinese medicine is a

subject with a principle of completeness, combining medical care and longevity preservation and serving as an imitation of nature. In other words, traditional Chinese medicine is a subject based upon experience. According to the rules of nature, creatures keep awake and work after sunrise and fall asleep after sunset, including human beings. Western medicine, however, is a subject established on science and positivism and is an outcome of rationality. In Western medicine, all things are carefully classified and a person is regarded as a combination of organs, tissures and cells. And diseases are detected in such a classification. Therefore, Western medicine highlights those parts where diseases are detected. This, nevertheless, is seldom accepted in traditional Chinese medicine. According to traditional Chinese medicine which concentrates on completeness, the problems in feet may be caused by the ones in brain; hence, there is a famous saying in traditional Chinese medicine which reads, "Cure feet from the brain, and vise versa."

Second, there are different medical behaviors and medical systems. The different medical philosophies and medical principles result in different medical behaviors between the two, which leads to the two different medical systems. Under the principle of completeness, medical behaviors with emphasis on completeness are formed; therefore doctors of traditional Chinese medicine examine patients through looking, listening, feeling the pulse and asking. But if a patient goes to a Western medicine hospital in China, he/she has to be clear about which part of his/her body goes wrong before seeking help from doctors. In fact, this would probably lead to the problem that a patient with little knowledge of medicine would come across a wrong doctor, which would reduce the efficiency of curing diseases. Apart from suffering diseases, the patient would have to face the torture caused by uncertainty, which would make him/her mad.

Third, there are a larger number of migrant and witch doctors in addition to official hospitals in the traditional Chinese community, which has provided the second choice for those patients who need doctors but fail to go to hospital in time. Meanwhile, these migrant and witch doctors usually possess rich knowledge of herb and local conditions, so they are highly helpful in some specific regions. Nonetheless, they were regarded as a symbol of feudalism and were thus suppressed and even eradicated since the establishment of People's Republic of China in 1949. Today, the community medical care in China is not so complete and the medical conditions are

relatively poor, which has again created a blank of bottom medical care that was once filled by the migrant and witch doctors. As a consequence, a patient has to travel to a distant town and even a city to see a doctor. At the same time, the imbalanced distribution of resources has led to the fact that medical resources tend to flow to better and larger hospitals. As a result, the medical conditions of well-equipped hospitals would become ever better while community and bottom hospitals will struggle for survival due to the lack of support. From the perspective of the author, this is the first-level meaning of crack – difficulty in seeking medical care owing to the imbalanced distribution of resources.

As far as the current hospitals in China are concerned, the medical system formed under the guidance of scientism is, in fact, a complicated and exquisite system. The procedure of seeing a doctor in nearly all hospitals in China is like this: registration – consultation of the doctor – payment – physical examination – confirmation and prescription by the doctor – payment – medicine in hand. The author once followed and observed several patients from the moment they entered the hospital:

Suffering unbearable headache, Patient A went to see a doctor in Hospital X. In order to arrive at the hospital early, he got up at 6. By 6:45 when he reached the hospital, there had been a long queue in front of the registration window, but the hospital did not begin to work until 8 o'clock. When Patient A got his registration number, it was already 9:30. Although he had felt more severe headache by then, all he could do was to sit in the waiting room because there were nine patients before him. About an hour later, his turn finally came. After asking some simple questions about his symptom, the doctor recommended to take physical examinations: one was blood test; the other brain CT. To confirm the disease, Patient A had to pay the fee for the examinations with great reluctance. The blood test went very smoothly, which took only 15 minutes, but he had to wait until the afternoon for his brain CT. Without choices, he had to have a simple lunch with me near the hospital and then kept waiting. At 15:30, he finished the examinations and showed the doctor the results of the examinations. With a glance at the results, the doctor told him that there was nothing wrong with him and asked him to have a good rest and a regular life. After making a prescription, the doctor sent him away, which took place at 16:00.

As we can see in the above example, the complicated procedure of seeing a doctor in current Chinese hospitals has resulted in the problem that patients have to shoulder increasing burden and, worse still, bear the torture caused by diseases. In the classified system, each section serves as a separate part, but the link between each two parts is not a perfect one and is filled with a crack, which needs to be filled with the time of patients. For the author, this is the second-level meaning of crack – sufferings caused by a complicated procedure. But it is rather disappointing that the traditional Chinese medicine hospitals in China share a similar procedure with the Western ones; hence, the differences between traditional Chinese medicine and Western medicine in China today are not so significant. Moreover, some traditional Chinese medicine hospitals treat patients according to Western medicine theories.

III. Individuals in the System: Individual Bewilderment

"*The problems in the system are the root causes for the current tense relationship between doctors and patients.*" I heard this complaint from more than one doctor. Such an opinion seems to have become a key word that can explain the doctor-patient relationship. So, what are the problems in the existing medical system in China? To answer this question, let's review what happened in Chinese history.

In 1970-80s, the Chinese society entered a brand-new historical period: in the process where the entire society underwent a transition from a planned economy into a marketing one, the medical care cause which aimed to safeguard the health of all people in society began to evolve in the reform of marketization. On 1 January 1979, the Ministry of Health P.R. China proposed that "all health departments must work according to economic rules", which marked the beginning of the sensational health reform. (Fu Wei, Chen Yingchun & Yao Lan, 2000) The reform included the following events:

1) The *Report on Some Policies and Issues about Health Work Reform* in 1985 marked the implementation of the reform. The focus of the reform was to promote the enthusiasm of hospitals and address the "three major problems" (in seeing a doctor, being in hospital and receiving an operation), which were caused by the shortage of medical resources. The operating mechanism of hospitals was changed so that it could become an "interest subject" with independent economic calculation and awareness which gathered capital and sought development through loan and certain amount of

subsidy from the government. The cooperative medical system gradually disappeared. (According to the statistics released by the end of 1989, the administrative villages that had adopted the cooperative medical system only accounted for 4.8% of the total number of administrative villages across China (Wang Hong, 1998). And user fee had become the main payment for the medical care of the vast number of peasants.)

2) In 1992, *Opinions on Deepening Health Reform* was issued; there was a reform of the medical security system; the circulation of medicine was marketized. With the constant development of the marketing economy reform, the reform in the field of health care completely entered the phase of "marketization". While the governement gradually reduced the health investment in medical institutions, the circulation of medical products like drugs and medical devices also underwent a transition from planned management into market-oriented configuration. Meanwhile, the medical security system was reformed. The government-sponsored medical care of traditional institutions and enterprises, along with the labor-protection medical care of state-owned enterprises in cities and towns, was replaced by the new security system which combined social planning and individual account, with medical fees proportionally shared by the state, enterprises and individual Under the new medical security system, the payment of medical institutions also turned into medical care at designated agencies, the catalogue of specified basic drugs, reimbursement scope and the payment based on service unit (average number of medical consultation and average daily expenses for being in hospital).

3) In 2000, *Opinions on the Reform of Health Care System in Cities and Towns* was issued, which marked the classified management of hospitals, the reform of property right and second-level calculation. According to "encourage the cooperation an d merge of various medical institutions", "co-establish medical service groups and profitable medical institutions", "Relax the constriction on the price of healthcare service, undertake independent operation according to the law and pay tax in accordance with relevant regulations" in the document, healthcare institutions implemented the reform of property right, various kinds of ownership coexisted and a large amount of private capital flew into the field of health care. Additionally, under the fierce competition in the market, the medical institutions which implemented classified management were controlled by the government in terms of administrative organization and management. Meanwhile, they began to carry out the fiscal system

of second-level calculation in themselves. In other words, large devices would be purchased by the hospital while other expenses would be paid by the sections so as to implement the economic contract responsibility system and specify the target for the revenue of operation. According to the incentive mechanism, the income distribution of a doctor was directly linked to the economic profit of the section he/she was in; in addition to a fixed amount of salary, he/she would have some bonus.

4) In 2005, *Comments and Suggestions on the Reform of the Chinese Health System* was released, which involves seeking progress through exploration. Given the ever changing medical reforms and the problems in them over the previous two decades of reform and opening up, the Project Team of the Development Research Center of the State Council of P.R. China issued a report on 28 June 2005, with which it drew the conclusion that "the medical reform was not a success". Apart from denying the reform direction featuring "commercialization and marketization", the Project Team made the principle and objectives for the future development of the medical care cause, which included seeking fairness, ensuring that all social members were able to obtain basic healthcare service and improving the performance and outcome of health investment.

From the review on key policies mentioned above, we can summarize the reform of Chinese medical system with two key prahses – medical marketization and supporting hospitals with drugs. Under the great banner of marketization, all hospitals have taken the path of supporting themselves. According to incomplete statistics, each hospital can merely get from the state a subsidy which accounts for 10% of its total cose for operation while the remaining 90% is created by the hospital itself. In order to maintain their operation, hospitals have to take the path of marketization. What is the core of marketization? The answer is to go profit-oriented. So, the nature of hospitals has changed, and they have started to transform themselves from an institution for public interest into something like an "enterprise". As a result, the chairman of a hospital has to be adept at administration and management while the doctors must have medical knowledge and, more importantly, serve as a qualified accountant, actuary and salesman.

To maintain operation and meet the demand of marketization, hospitals have also made a series of regulations, asking all their doctors to implement these marketized

and profitable regulations. So, Hospital X requires all its sections to make a monthly income of RMB 3 million yuan. If the doctors in a section fail to meet the requirement, they would not get a full-amount of their bonus; but if they make it, the amount of bonus would increase proportionally. A doctor was quoted as saying,

"*It is tiresome, both physically and mentally, to work as a doctor in modern times. Sometimes, I know well that several pills alone would be enough for a patient to recover. But I cannot do that for the following two reasons. First, the interest of my section doesn't allow me to do so, for my performance is based on the target set by the section. All doctors have to try hard to make income for their sections. Without bonus, we would have to depend on a low salary. Second, some patients long for an immediate effect of medicine, or they would abuse us. For example, if my boy becomes ill, I would have to put him on a drip though I know that it is bad for his health. Or my wife and mom would scold at me, which would drive me mad.*"

Meanwhile, Chinese policies about medical security have, to some extent, worsened the problem. The existing policies about medical security in China are very complicated and are classified into several types in terms of people and work, namely, medical insurance for urban residents, new rural medical cooperation, government-sponsored medical care and other commercial insurances. These medical insurances differ from each other in the proportion, amount and form of reimbursement, but they share a basic similarity: there is a maximum amount (normally RMB 12,000 yuan) of reimbursement for all kinds of diseases. If a patient's amount of reimbursement is over this number, the extra amount would be paid by the hospital. Therefore, the hospital would ask its doctors to prescribe certain proportion of drugs at patients' expense so as to reduce the cost of its operation and increase its profit. Generally, these drugs at patients' expense are high in price, but patients can do nothing but to pay for them. In this case, a doctor is not merely a medical worker but also a competent accountant and salesman, for he needs to constantly calculate the remaining amount of his/her patients and decide on what drugs at patients' expense he should prescribe. Moreover, he/she needs to explain to the patients why there are so many drugs at their expense. But if fact, it is very difficult to explain:

"These doctors are gangsters who concentrate on making money by putting us on a drip. I have been here for five days, with medicine flasks throughout each day. What

can these water do is still a mystery to me. Sometimes, I just want to leave here and leave my disease uncured!"

From what has been mentioned above, it is easy to see that hospitals have gradually changed from an originally pure medical institution into a complicated commercial one, and both doctors and patients have been forced to be opposite to each other. Like a careful dancer, doctors have to please the hospital and the section they work for as well as the patients they serve, with the former determining their future while the latter their livelihood. In such a constantly changing process, doctors are put in the middle of the hospital (the system) and patients, serving as a bridge of communication and balancing the interest of the two. Meanwhile, they are also the group of people who have a face-to-face communication with patients. This contributes to the third-level meaning of crack – the gap between the system design and the demand in reality, which has led to the confrontation between doctors and patients, who fight for their survival and interest. Without a rational communication mechanism, the confrontation between the two has become an extreme form of fight for interest. In such a fight, trust has been gradually eaten away. Therefore, many patients try to find a reliable doctor through the recommendation of their friends, while others attempt to obtain a concentrated treatment by sending gifts and money to doctors.

IV. Conclusion

All in all, the trust between doctors and patients, the author believes, has gradually disappeared due to the crack in the process of a patient's seeing a doctor. The meaning of the crack can be interpreted from at least the following three levels: (1) difficulty in seeking medical care owing to the imbalanced distribution of resources; (2) sufferings caused by a complicated procedure; (3) the gap between the system design and the demand in reality. If we fail to solve the problems in the system within a short time, it would be highly important for us to do researches on how to improve the existing system and reduce the harm brought by the lack of mutual trust between doctors and patients. Additionally, re-constructing the trust between the two cannot be done by hospitals alone, since it entails the common efforts of the government and society. As a matter of fact, it is also the trust re-construction among different societies. Last but not least, the doctor-patient trust is not confined to what

has been mentioned in the paper. It is complicated system which requires our further study. Therefore, the author will delve into the content and mechanism of the doctor-patient trust in his next study.

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