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The Journal of Biomedical Research, 2017 31(3): 175–176

JBR

Perspective

Chinese medical service and medical education in urgent need of reform in the context of public welfare-based medical reform

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After six years' medical reform, about 7.8 billion person-times of medical service has been achieved by 2014, and the number of persons covered by basic medical insurance for urban employees, basic medical insurance for urban residents, and new rural cooperative medical insurance exceeded 1.3 billion, of which the coverage ratio reached as high as over 95%, establishing the largest basic medical security network in the world. In 2015, the reform of medical and healthcare systems focused on the reform of county-level public hospitals and solutions to the issue of compensation for medical cost through drug-selling profits, which further emphasizes the public welfare nature of medical service[1-2]. It remains unknown whether the medical institutions and the human resources cultivated by medical colleges are capable of coping with such a challenging reform in the context of major reform throughout the whole medical sector, and the complicated situation of economy and society, and especially the complicated doctor-patient relationships. Apart from imperfections of the policies on the reform of medical and healthcare systems, weak enforcement of laws and regulations, and lax social management, the medical science itself and biomedical mode show their structural defects, and have difficulty in adapting to market economy. The right to information, of choice and of life and health of patients are constrained by a mechanical biomedical model, and many conflicts between doctors and patients arise consequently. In the long term reform of medical and healthcare systems, new measures will be taken continuously, to form an optimized medical model integrating biology, psychology, and sociology, and apply the optimized model to medical service and training of medical personnel. In addition, reform in the following four aspects becomes urgent.

First, public hospitals should improve their management efficiency as soon as possible. Specifically, public hospitals should improve their comprehensive management level, including personnel management, medical management, department management, operation management, doctor-patient relationship management, law affairs management, scientific and educational management and logistics management. The current reform targeting county-level public hospitals is a systematic and comprehensive reform which focuses on management system, operation mechanism, service price adjustment, personnel and salary, and medical insurance payment and aims to move beyond the compensation system for medical cost through drug-selling profits, which is to be undertaken in all public hospitals in cities in 2017 as planned by the state. Apparently, active participation of the professional management personnel and key medical staff of hospitals, sufficient managerial knowledge and management ability of the aforesaid personnel, and service-oriented management and support by the government and authorities are indispensable for effectively carrying out the reform. Since traditional Chinese medical education has many short-

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Received 25 July 2015, Accepted 20 August 2016, Epub 26 May 2017

CLC number: R197. 1, Document code: B

The author reported no conflict of interests.

doi:10.7555/JBR.31.20150099

comings in the training of managerial knowledge and ability, medical workers are not fully prepared for carrying out such a deep reform[3]. Therefore, the priority is that the health authorities of the government, medical colleges, tertiary care hospitals and relevant social training institutions should attach great importance to the training of comprehensive management ability at hospitals at all levels to improve their management efficiency.

Second, medical workers should provide more effective humanistic care to patients. Every patient longs for consolation from the doctor. However, most hospitals focus on disease treatment. Universally, medical workers are not good at giving humanistic care. For example, they behave coldly when receiving patients, communicate with patients with excessively short and simple words or impatiently, or ignore respect or care when rendering medical services. Moreover, most hospitals lack the conditions of rehabilitation for patients who have just recovered or have not recovered from an illness, let alone psychological support by medical workers. Therefore, it needs to develop a humanistic environment in hospitals as a whole through training of medical humanistic quality via further medical education, strict assessment of medical ethics and morals, establishing a humanistic medical process and system, and relieving medical workers from heavy work, where doctors will turn from the mode of thinking that focuses on diseases into the mode of showing empathy, understanding, and respect to and communicating with patients habitually and vocationally[4].

Third, medical workers should encourage patients to participate in medical decision-making. The awareness of patients of protecting their rights is continuously raised, but patients still remain outside medical decision-making, which is unacceptable to patients in an economic society and a democratic society under the rule of law, and one of the major factors of dissatisfaction of patients. One of the causes of medical conflict is information asymmetry between doctors and patients. In other words, patients lack proper medical and health knowledge. Narrowing the gap between doctors and patients in respect to medical knowledge and information as far as possible is good for mutual understanding and cooperation of doctors and patients. Hospitals need to establish a new "medical education of patients" system, and implement the system as a basic medical process.

Fourth, the "bottleneck" of medical humanities and management ability training of medical education should be broken, which is of urgent need for the entire society and all doctors and patients. Traditional biomedical education does not cover medical humanities education. Thus, medical students lack sufficient humanistic sociology course, and relevant practice and training, so that their humanistic expression and social management abilities are far from meeting the needs of medical services. Several years ago, the Ministry of Education established a medical humanistic quality education committee to actively promote the popularization of relevant courses, including medical ethics, medical psychology, health law, and doctor-patient communication, and have made remarkable achievements. Under the context of new medical reform, medical colleges should pay more attention to the training of medical humanities, clinic work ability and social ability of students, constructively combine medical humanities with biomedicine, and continuously explore to stick to medical humanistic quality and competence training both in and outside class, both at and outside school, both for teachers and students, and both for theory and practice, and carry out medical humanistic education on a large scale to cultivate excellent medical workers adaptive to the needs of the current society.

It must be emphasized that the government and society must protect the lawful rights and interests of medical workers with justice and equity with the law, which is in urgent need of a solution in the situation where the doctor-patient relationship in China has been difficult for two decades. The main suppliers of medical services are doctors and nurses, who cannot guarantee the quality of medical services without ethical treatment and protection. Particularly, when their economic interests are to be reduced due to the medical reform, the governments at all levels should increase input and guarantee funds and properly raise the income of medical workers, and implement two-way hospital transfer to realize patient distribution, so as to relieve medical workers from hard work, maintain medical treatment order, and protect safety of medical workers.

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