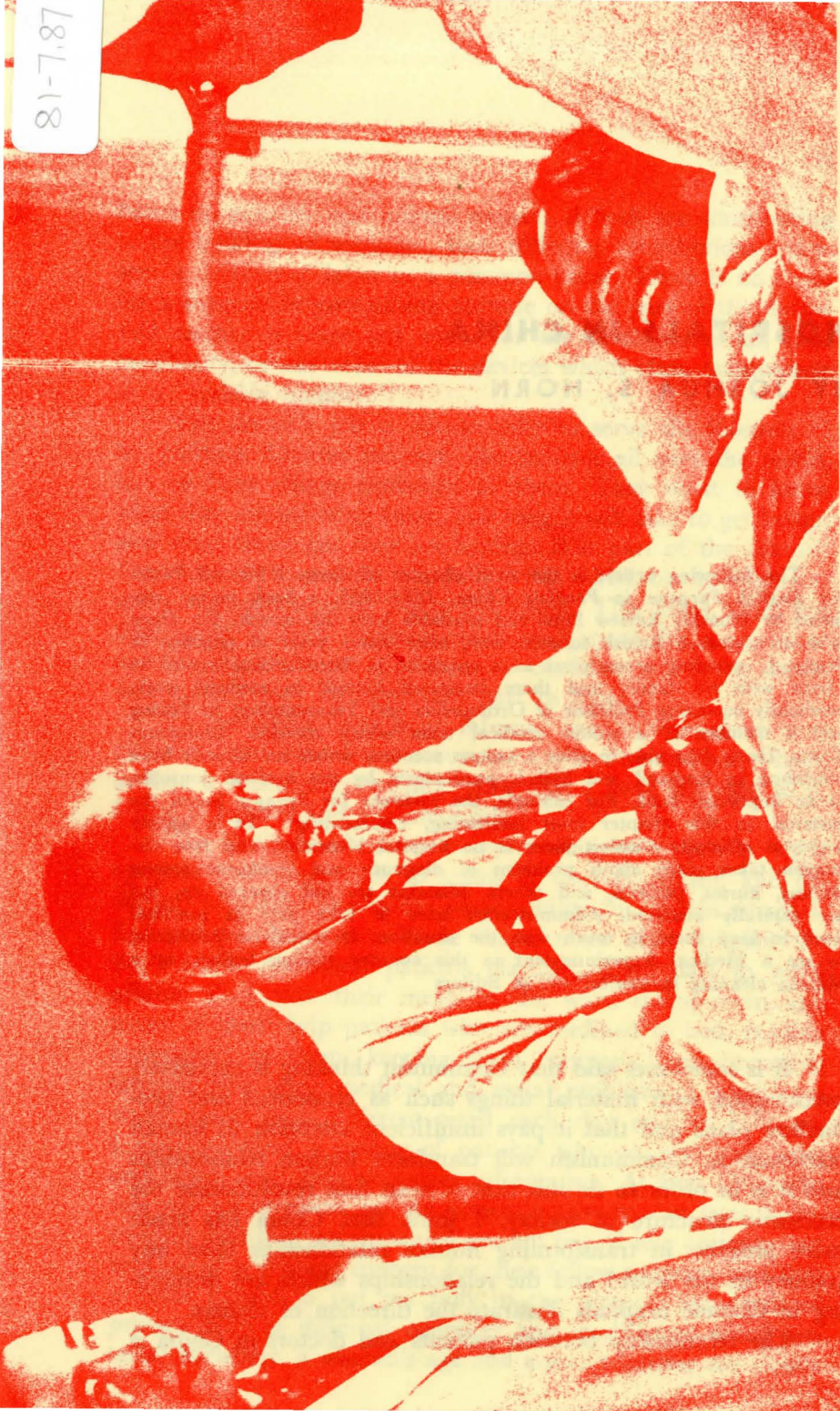


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HOSPITALS IN CHINA

by JOSHUA HORN

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## HOSPITALS IN CHINA

BY JOSHUA S. HORN

The following article is the sixth chapter of *Away With All Pests: An English Surgeon in People's China, 1954-1969*, a book being published by Monthly Review Press and available later this month. Dr. Horn is a distinguished British surgeon who, after many years of practice in England, including seven years as a specialist in Birmingham, moved to China with his family and there immersed himself in medical work, eventually becoming Professor of Orthopedics and Traumatology in Peking and a member of a mobile medical team which traveled throughout China. He is thus able to offer a unique account, which has already been published in England and hailed, particularly by the medical journals, as an important book. For example, the reviewer for *Synapse* found the material in this chapter most interesting, commenting: "In a society which is officially classless there is no hospital hierarchy, and free discussion takes place about problems of diagnosis and treatment among doctors, nurses, patients, and others. Mistakes are not covered up, but are carefully analyzed. Administrators have to take part in practical work to keep them in touch with the situation. It would be interesting to see a Medical Superintendent in this country stoking boilers, or a Matron cleaning lavatories!"—The Editors

It is sometimes said that Communist thinking is excessively preoccupied with material things such as economics and production plans and that it pays insufficient attention to human relationships. Communism will transform human relationships and it is in order to do this that it must first revolutionize the economic structure of society. I think that China has made more progress in transforming human relationships than any country in the world and the relationships which are developing in Chinese hospitals illustrate the direction of change.

The relationship between patients and doctors in China is

based on equality and mutual respect. If both are contributing to the building of socialism, their differing contributions represent a division of labor in a common cause. There is no room for a superior or patronizing attitude on the part of the doctor and neither is there any room for the bluff heartiness, false familiarity, or any other of the devices which often masquerade as a "bedside manner."

The doctor's job is unreservedly to serve the interests of his patients. Chinese patients, like patients all over the world, like to have things explained to them. They want to know what they are suffering from, how long it will take to get better, and what treatment they are having. It is part of the doctor's duty not only to explain this fully when asked, but to volunteer such information even when not asked. This takes time, but time spent in such explanations is well spent, for reassurance and the establishment of a bond of confidence between doctor and patient play an important part in cure.

In the wards there is an informal family atmosphere very different from what I was accustomed to in England and which, at first, I found disconcerting. Now that I have got used to it, I find it natural and advantageous.

The patients often select representatives to convey their opinions and suggestions to teams of doctors, nurses, and orderlies, who have day-to-day responsibility in relation to specified groups of patients. These teams meet daily to plan the day's work. Ambulant patients play an active part in ward affairs. They take their meals in the ward dining-room and many of them help patients who are confined to bed, reading newspapers to them, keeping them company, and becoming familiar with their medical and social problems. I conduct a ward round in a different ward each day and as I do so, I usually collect a retinue of patients who go with me, look, and listen, and often volunteer information. At first I thought this was an intrusion on the patient's privacy, but later I discovered that they accompanied me not out of idle curiosity but because of a genuine concern for their fellow patients, and that it often helped to put me fully in the picture. Standards of privacy vary in different countries and in different social systems; elsewhere, a woman's age and a man's income are closely



guarded secrets, but in socialist China there is no reticence about such trivia.

The children in the children's ward are valuable allies in medical care. In every ward there is always at least one bright youngster who knows all about the others and who can unravel mysteries which baffle the doctors. I was perplexed by the silence of a little girl who had sustained very severe burns and who steadfastly refused to speak a word for several months. Another child explained it to me in terms that even an adult could understand. "You see," he said, "when she got burned she was very frightened and thought she was going to die. Her mother and her little brother both died in that fire. Now she doesn't want to remember it and if you ask her questions and she answers them, she will remember it and feel very sad. At first she wouldn't speak to me either but now we are friends and she knows I won't ask her anything about the fire. Soon she'll start speaking to you too." And she did.

Not only patients, but also their friends, relatives and workmates feel responsible for ensuring that everything is done in the interests of the patient. Workers who have sustained industrial injuries are brought to hospital by workmates or administrators from the factory and if the injury is serious, they often stay with them in hospital until the outcome is clear. If possible, we find beds for such escorts; otherwise they stay in a nearby inn and spend most of the day at the bedside. Mothers of young children usually live in hospital and are irreplaceable in treatment.

A doctor's attitude to mistakes has a profound influence on the doctor/patient relationship. In China the attitude to medical mistakes is: prevent them, admit them, learn from them.

Prevention is helped by the daily meetings of the groups of doctors, nurses, orderlies, and patients' representatives who plan the day's work and allocate direct responsibility. All the doctors and nurses in a ward discuss major operation cases, exchanging opinions on the reasons for operation, the result to be expected, the operative procedure to be followed, difficulties that might arise during or after the operation, and points to pay attention to in the post-operative period. Final responsi-

bility rests with the surgeon in charge of the case, but the others, no matter whether they are junior or senior, are free to express their views. These discussions ensure that full preparations are made for the operation and that the post-operative care is conducted by a close-knit team.

If anything goes wrong, the duty of the surgeon is to admit it frankly and never conceal it from the patient. It would be considered shameful and a betrayal of trust for a doctor to use his privileged position to deceive a patient concerning a mistake in treatment, and it would be still worse if he rallied other doctors to join him in covering things up.

The principle of learning from mistakes is deeply rooted in the work of the Chinese Communist Party. "Taught by mistakes and setbacks, we have become wiser and handle our affairs better. It is hard for any political party or person to avoid mistakes, but we should make as few as possible. Once a mistake is made, we should correct it, and the more quickly and thoroughly the better."\* Mishaps in treatment are, therefore, discussed both by those who were directly concerned and by others who may be involved in a similar situation in the future. Exact responsibility is traced down, not for blame but in order to learn the appropriate lessons and prevent a repetition. Very often, behind a mistake which superficially seems to be of a purely technical nature, there is a shortcoming in attitude such as a lack of responsibility, conceit, complacency, or neglect of others' opinions, and the lucidation of such wrong attitudes contains lessons for everyone.

The attitude to complaints is that, if they are justified, one should learn from them and make amends, while if they are not justified, one should not blame the patient for making them, but use them as a warning lest they become justified in the future.

Complaints by patients are, therefore, dealt with very seriously, whether they are made directly to the doctor or are written in the "Opinion Books" which are kept in every ward and department. Letters of complaint go to a special office

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\* Mao Tse-tung, "On the People's Democratic Dictatorship," June 30, 1949, *Selected Works*, Vol. IV, p. 422.



which deals with some directly and passes others on to the person concerned. Sometimes complaints are made to newspapers, which either forward them to the hospital concerned or publish them if they have wider significance.

Litigation is very rarely resorted to, even though it is free of charge. It is unnecessary in a situation where conflicting interests between doctor and patient are reduced to a minimum, where the emphasis is on wholehearted service to patients, where every effort is made to avoid mistakes and where mistakes which do occur are freely admitted and corrected. Hospitals accept responsibility for losses incurred by patients as a result of negligence and it is not necessary to go to law about it.

The ideal of being "wholly responsible" in one's attitude to patients is one which doctors of all political persuasions can readily accept. However, the criteria of what this entails differ in different social systems. For me, the concept of full responsibility has taken on a deeper meaning since coming to China. Although in the past I always thought of myself as being responsible, it is becoming clear that to be fully responsible requires more than good intentions.

I can illustrate this by referring to a patient on whom I operated recently, after a mental struggle involving the principle of "responsibility."

He was a middle-aged peasant who had been overcome by fumes from a coal stove while cooking his supper. He had fallen unconscious across the stove and, since he lived alone in a remote cottage, he remained in that position all night. His padded trousers caught fire and both legs, from the buttocks to the toes, were charred to a cinder. The little cottage was filled with hot smoke which burnt his lungs and windpipe. When he was discovered, still unconscious, the following morning, he was rushed to hospital in a critical condition. He was black in the face from asphyxia and his vocal cords were so swollen that they almost obstructed the windpipe.

Within minutes of arrival we had made an emergency opening into the windpipe to relieve the obstruction and had sucked out large quantities of frothy fluid from the lungs. With oxygen, his color started to improve and after getting intravenous plasma, he regained consciousness.

At this point we paused to consider the problem as a whole. The outlook was extremely bad. Both lower limbs were completely destroyed from the buttocks downward and his lungs were severely burned. If he survived the next twenty-four hours he was almost certain to develop septic pneumonia and if that did not kill him, the burnt buttocks would soon become infected; with his resistance at a low ebb, he would probably die of septicemia. Some of the doctors thought it was impossible to save his life and doubted whether we should fruitlessly prolong his agony. If by a miracle he survived, he would be legless, with no possibility of fitting artificial limbs since he would have no stumps.

Two fellow villagers who had brought him to hospital, as though reading our thoughts, urged us to do everything possible to save him. They explained that he was the chairman of the Association of Former Poor Peasants in his commune, that everybody respected him for his unselfish service, and would look after him very well.

We resolved to do all we could to save him and discussed our plan of treatment. It was obvious that both legs must be amputated through the hip joints, but two opposing viewpoints emerged in the course of discussion. One was that amputation should be postponed until his lungs had recovered and his general condition had improved sufficiently to enable him to withstand a very formidable operation. The other was that time was not on our side and that, although early operation was dangerous, delay was even more dangerous. If we delayed, the huge burn would certainly become infected and his overall burden would be greatly increased.

Gradually, through argument, it became clear that these opposing viewpoints did not result from different estimations of the medical aspects of the case but, in essence, reflected two different attitudes towards responsibility and taking risks. No surgeon likes to run risks—especially the risk of a death on the operating table, which is distressing to the surgeon and harmful to his reputation. Of course, it is wrong to run unnecessary risks but sometimes it is safer to run a risk than to run away from it. In such cases, concern for one's reputation and peace of mind may, even though unconsciously, influence a surgeon's decisions.



We approached the problem again, determined to be guided by Mao's insistence on a full sense of responsibility and were finally able to agree that operation as soon as possible would give the best chance of survival. Accordingly, on the second day, after making very thorough preparations, we disarticulated both hips, excised the burnt skin from the buttocks and perineum and applied skin grafts to the raw areas.

The patient stood the operation remarkably well and is now able to get about in a specially modified wheelchair. He is in good spirits and is looking forward to rejoining his fellow farmers and serving them to the best of his ability, for many years to come.

Dr. Chen, an ophthalmologist from Shantung province, has related her own experiences in breaking through restrictive old orthodoxies and developing a fully responsible attitude. The orthodox treatment for serious penetrating wounds of the eyeball is removal of the damaged eye, because of the danger that the remaining eye may become infected. Dr. Chen, worried by the distress of patients when they were told that they would have to lose an eye, looked up medical records over many years to calculate the risk to the uninjured eye and found that infection occurred in only 0.46 percent of cases. Since, with modern methods of treatment it is often possible to secure a favorable outcome in cases of infection, she adopted a policy of preserving injured eyes if they retained any sense of light. As a result, partial vision has been restored in many eyes which, according to orthodox teaching, should have been removed.

She describes how, with a growing determination to be guided by proletarian politics, her attitude to blind people in her locality changed from sympathy to determination to restore vision whenever possible. So she spent hours tracking down all the blind people in the town and surrounding villages and, out of a total of 219, selected 53 for operation. All regained some vision and one, who had been blind since childhood, strikingly illustrated the contrast between the old and the new society for, in the past, he used to beg outside that very hospital and had always been driven away with curses, whereas now, instead of being driven away, he had been sought out and invited to enter the hospital for treatment.



A veteran, who had been blinded in the revolutionary wars many years before, came to see Dr. Chen with the faint hope that he might regain some degree of vision. His condition was extremely complicated and Dr. Chen consulted her chief—the most experienced ophthalmic surgeon in the province. He examined the patient, looked up textbooks from all over the world and concluded that it was impossible to restore vision. But Dr. Chen was not easily convinced. She remembered Mao's teaching on the relation between learning from books and learning from practice: "Reading is learning, but applying is also learning and the more important kind of learning at that."\*

The realization grew that data in books can never represent anything more than the knowledge of certain men, from a certain angle, at a certain time and under certain conditions, and that most new discoveries involve unlearning what one has learned from books. She refused to be restricted within the confines of such knowledge and, after prolonged study, discussion, and experimentation, she operated on the blind veteran.

This episode was subsequently presented as a stage drama and I will long remember the final scene.

The time had come for removal of the bandages covering the patient's eyes. He was led into a room where the nurses and doctors who had been involved were assembled. The atmosphere was electric. As the last turn of bandage was unwound, the patient looked straight forward. He could see! And the first person he saw was the elderly consultant who had declared that restoration of vision was impossible and had opposed the operation. The patient, assuming it was he who had operated on him, approached with faltering steps and grasped him by the shoulder. Choking with emotion, he said, "The enemy blinded me. Now you have given me back my sight. I can find no words to thank you."

The consultant, haken out of his complacency and painfully aware that this victory had been won not by him but in spite of him, replied, "Don't thank me. I must thank you. I too have been blind for many years but now you and Dr. Chen have lifted the scales from my eyes."

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\* Mao Tse-tung, "Problems of Strategy in China's Revolutionary War," December 1936, *Selected Works*, Vol. 1, pp. 189-190.

The doctor/patient relationship is, of course, a two-way relationship which also involves the attitude of the patient to his doctor and to his treatment. This, too, is changing with the changes in Chinese society and particularly under the impact of the Cultural Revolution.

I recently visited a coal mine in Shansi province where I was told that the miners objected to having to obtain a doctor's certificate in order to go on sick leave. They said that this obsolete regulation reflected distrust of the workers. Accordingly, it was abolished and the interesting thing is that, since then, the number of workers absent for health reasons has fallen sharply.

An aviator named Yuan Zhao-xiang crash-landed when his plane went out of control in a mountainous area. He sustained multiple injuries, including a fracture of the spine and was not expected to resume flying. However, he was determined to do so and he co-operated so enthusiastically in all aspects of treatment that, when he was told to exercise the muscles of his back, he did so with such vigor that his bed was often soaked with his sweat. To increase the effectiveness of the exercises he put weights on his shoulders and within a few weeks could raise a weight of sixty pounds in the prone position. He resumed flying duties within three months, having left a deep impression on the doctors and nurses involved in his treatment.

### **Relationships Between Members of the Hospital Staff**

In order to weld hospital workers of all grades into a team, every member of which is dedicated to the service of patients, it is necessary to combat rivalry, selfishness and careerism, to stimulate initiative and promote thoroughgoing democracy. Political study, and especially study of the works of Mao Tse-tung, helps in this but, to be effective, study must be linked with actual problems.

For example, some time ago a noticeably bad atmosphere developed in one of the wards in our traumatological service. Patients started complaining of indifference and carelessness and some doctors and nurses asked to be transferred to other wards.

The Party Committee asked the staff to read Chairman



Mao's article "Our Study and the Current Situation,"\* and then a meeting was held to discuss the problems in the ward in the light of this article. The meeting proceeded in a relaxed, informal manner in the ward office. An orderly started by reading aloud from the article: "Many things may become baggage, may become encumbrances, if we cling to them blindly and uncritically. Let us take some illustrations. Having made mistakes, you may feel that, come what may, you are saddled with them and so become dispirited; if you have not made mistakes you may feel that you are free from error and so become conceited."

A young resident doctor, who had been sitting in a corner, interjected: "I think that applies to me. I have made mistakes and gradually I have lost my confidence and zest for work. I missed the diagnosis in that old man with a fracture of the neck of the femur and two of my operation cases became infected. I used to be keen to be given responsibility but now I prefer safe routine jobs. I think you all look down on me and consider me a flop."

"That's right," said a pert young nurse. "Many of us think you let the ward down and give it a bad name."

"You shouldn't think that," said the orderly who had been reading. "Doesn't the Chairman say that the only people who don't make mistakes are those who don't do any work? It seems to me that some of you nurses have become a bit conceited because you are young and haven't made too many obvious mistakes—yet!"

The senior surgeon intervened. "There's some truth in that," and he went on to read from the article. 'Even one's age may become ground for conceit. The young, because they are bright and capable, may look down on the old; and the old, because they are rich in experience, may look down upon the young.' Maybe I look down on the young from the height of my advanced age," he said with a disarming smile.

"No, you don't do that," said the head nurse. "You are very nice to our young nurses and encourage them a lot. Your

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\* Mao Tse-tung, "Our Study and the Current Situation," April 12, 1944, *Selected Works*, Vol. III.

fault is different. The Chairman says: 'Any specialized skill may be capitalized on and so lead to arrogance and contempt of others.' When Dr. Guo misdiagnosed the fracture of the neck of the femur, your attitude to him was very bad. Instead of explaining things to him in a comradely way, you pompously gave a lecture on the subject in front of everybody and made him feel very small. That did harm, not good."

The discussion continued, sometimes heatedly, sometimes gently, but always with great frankness and honesty of purpose. Many simmering problems which had strained relations and impaired the work were brought to light and analyzed.

Within a few months, this ward became one of the best in hospital.

Most new medical graduates take up rotating resident appointments which give them practical experience in every branch of medicine and surgery so that within a few years they are able to work independently in any field.

My own hospital has gained some reputation in traumatology and orthopedics and we receive a regular flow of surgeons for training in these subjects. Our postgraduate courses, both for nurses and doctors, usually last one year during which the trainees participate fully in the work and life of the hospital. They live in quarters provided by the hospital and are soon blended with our own staff who help them in every possible way.

Frequent consultations between doctors help in postgraduate training. Consultations within wards on difficult cases are the rule, while more complex cases are often discussed by all doctors in the Orthopedic and Traumatic Department at regular Saturday morning meetings. The doctor in charge of the patient reads the case history and demonstrates the physical signs after which, if the patient has no objection, those who wish to examine him do so. Then, diagnosis and treatment are discussed, the custom being for junior doctors to speak first. In preparation for such meetings, a surgeon often analyzes the results of treatment of similar patients and another may review the relevant medical literature. The hospital has a library containing medical books and periodicals from many countries and



we have a special department to translate and summarize important articles. All our doctors have studied a foreign language, mostly English, and many are able to read foreign medical articles in their original language.

When a new hospital is built (and more than ten have been built in Peking alone since I have been here), it is staffed by transferring people from well-established hospitals, on the principle (not always observed) that the best people should be transferred. The "parent" hospital then takes on a long-term responsibility for the smooth development of the new hospital and, to help in this, senior members of its own staff may conduct regular clinics or ward rounds in the new hospital. This process of staffing and maintaining responsibility for new hospitals is called "laying an egg." My own hospital has laid several such eggs, some many hundreds of miles away.

In 1958, during the Great Leap Forward, the practice developed of holding nation-wide, large-scale consultations on cases presenting special problems. My own experience of such large-scale consultation was largely in the treatment of burns covering more than one half of the entire surface of the body, one of the most formidable tasks a doctor can be confronted with. China lacked experience in this field and was determined to catch up with and, if possible, surpass the world's most advanced levels.

I deal with this subject in more detail elsewhere. Here I will only recall the large-scale consultations which have left an indelible mark on my memory. On many occasions we assembled as many as twenty or thirty specialists in various fields to work out the best treatment for a severely burned worker. They had been invited by the Ministry of Health which arranged air transportation for them from all over China and provided hotel accommodation for as long as necessary. Consultations often went on all night. During that time I put up a camp bed in my office so that I could snatch a few hours' sleep when the opportunity presented. I often acted as chairman at these mammoth sessions, but I lacked the tact and diplomacy necessary to give everybody a chance to air his views without prolonging the affair beyond the limits of endurance. Specialists

are touchy people no matter what their nationality and, having travelled some thousands of miles, they usually feel obliged to expound their views at some length, even though what they say has already been said by others in a slightly different phraseology. It seems to be a law of nature that specialists, no matter whether they are surgeons, physicians, biochemists, endocrinologists, hematologists or bacteriologists, are firmly convinced that their field of work holds the key to success.

In retrospect, these large-scale consultations had both positive and negative aspects. On the one hand, they ensured that the most varied experience was placed at the disposal of the patient and we all learnt from each other and got to know each other. On the other hand, they were very time-consuming, they over-emphasized the importance of technique and specialized knowledge, and sometimes by the time we had agreed on a course of action, the patient's condition had changed.

Gradually the practice fell into abeyance and was replaced by another much more valuable type of collective work. This was to send out teams of doctors and nurses to supplement the local staff whenever they were asked for. They went at a moment's notice to any corner of the land. Their task was not just to consult, but to help with the actual work. When a number of steel workers in the northern steel city of Anshan sustained severe burns, a colleague and I spent more than a month there, participating in the treatment and operating every day. On another occasion one of our surgeons flew to distant Sinkiang to re-operate on a patient whose severed limb had been successfully reattached but who had developed a blood clot in the joined-up artery.

Many lives and limbs have been saved and advanced knowledge and techniques widely disseminated by the nationwide co-operation that characterizes Chinese medical services.

### **Democracy versus Bureaucracy**

Not a few foreign visitors to our hospital have commented on the democracy which is apparent even on a brief visit. I have worked in the hospital ever since it was built in 1956 and I have encountered a deep-going democracy such as I have not met elsewhere.



Doctors, nurses, orderlies, boiler-men, administrators, Party functionaries, maintenance workers, and gardeners, nearly 900 of us, all eat together in one huge dining-room. We collect our own food and pay for it in food tickets bought once a month. My lunch, on an average, costs the equivalent of about sixpence. We all belong to the same Trade Union, the fee for which is one percent of the salary. No one does any private practice and everybody knows what everyone else earns.

A few years ago, the Government decided that 43 percent of all workers, including, of course, hospital workers, should get an increase in salary. Some guidelines were suggested as a help in deciding who should get an increase: the higher-paid should be less eligible than the lower-paid; the attitude to socialist construction should be taken into account; those with heavy family commitments and those who had not had a rise in salary for some time should get priority; working ability should be rewarded. Discussion meetings in the light of these guidelines were held in every department, and a list of names was proposed and sent to the administration. The administration made a few modifications in the light of their own estimation and sent the list back for further discussion. After several weeks of discussion, a list recommending 43 percent of the hospital staff for promotion was agreed on and in due course they received increases in salary.

The actual level of wages and salaries in China, if translated into English currency, is low; but in my experience, very few Chinese regard themselves as being poor. In fact, they are not poor. They do not have much money but it is enough for their needs, with some left over. They pay no income tax, food and clothing are cheap, rents are nominal, and frugality and plain living rather than ostentation are the order of the day.

My experience during fourteen years in China is that the Chinese people have a richer cultural life, are more articulate, use their leisure time more profitably, and have a clearer understanding of where they want to go and how they are going to get there than any people I have ever met. That makes them rich, not poor.

I think most of my colleagues in England would agree

that doctors and hospital administrators seem to be natural enemies.

That is not so in China. All important administrative decisions are taken on the recommendation of a committee composed of elected representatives from every department. Administrative workers and Party functionaries, in accordance with regulations in force throughout China, are expected to spend one day a week doing such manual work in the hospital as sweeping the floors, stoking the furnaces, or serving food. This keeps them in touch with the actual situation and is a powerful corrective for incipient bureaucracy. When a hospital director cleans a ward, he does so under the direction of the ward orderly, who can form a first-hand estimate of his attitude and deflate any tendency towards superiority.

Some regard it a waste of time for a skilled administrator to clean lavatories or shovel coal. There is, in fact, a contradiction between the scarcity of trained personnel on the one hand and the requirement that they spend part of their time in relatively unskilled labor on the other.

The view of the Chinese Communist Party, however, is that the main contradiction lies not here but in the tendency for those in positions of authority to become bureaucrats who issue orders from their offices without investigating the problems they are dealing with, and who gradually put their own interests first. This tendency is very powerful and, although exceptional strength of character may resist it, administrators can easily become bureaucrats unless they are confronted by a powerful corrective such as regular participation in manual labor.

The shortage of trained personnel is only temporary, but the necessity to maintain the closest links between administrators and Party functionaries and the mass of the people, and to nip bureaucracy in the bud, is permanent.

Therefore, no matter that "ten thousand tasks cry out to be done, and all of them urgently," the Chinese Communist Party insists on regular participation of administrators and Party functionaries in manual labor.

My experience has been not that too much time has been spent in this way, but rather too little, since in the few years preceding the Cultural Revolution there was a tendency for this excellent practice to go by the board.



The relations between nurses and doctors in Chinese hospitals differ strikingly from those I encountered in England. For one thing, the sex relationship is different. Whereas in the West many young doctors regard pretty nurses as natural prey, this is not so in China. Many visitors to China regard the Chinese as being puritanical in their attitude to sex and this is understandable, for flirtatiousness is discouraged as being out of tune with the new society. This is too big a subject to be discussed here, and I will only say that there are very good historical and social reasons for the Chinese attitude to sex. Of all the tremendous changes that occurred in China after Liberation, the change in the status of women was one of the biggest. From having no rights, they became politically, economically, and socially equal with men, and this transformation naturally has profoundly influenced the relationships between the sexes. A loose attitude to women is regarded not as a personal peccadillo, but as something politically reactionary. What is puritanical and what is licentious can only be decided by reference to the overall moral and political standards of society.

Many Chinese nurses are married and have children, for nursing here is not a pre-marriage interlude but an honorable lifelong career. My hospital has a day nursery for the children of all grades of hospital workers, including nurses. Naturally, many nurses marry doctors working in the same hospital, but they are just as likely to marry other types of hospital workers. The relationship after marriage is also different from what it is in the West. Married women in China keep their original surnames and retain their own identity in every respect. They are never referred to as "Mrs. So-and-So," but as "Comrade So-and-So," or by their full names. In the dining-room, husband and wife do not necessarily sit together but often sit with their immediate colleagues. During the Cultural Revolution, husbands and wives have sometimes found themselves in opposing political camps, in which case they attend different sets of meetings, raise different political slogans, and put up sharply contrasting Big Character Posters. Usually, however, this does not affect the harmony of their private relationship.

This was illustrated during a recent ward discussion on the Cultural Revolution. Many of those present had praised a

young surgeon for being politically "left," sympathetic in his attitude to patients and professionally skilful. Towards the end of the meeting, a very pretty, kittenish, young nurse who had always struck me as being shy and retiring, surprised me by speaking at length and with great passion. After sketching the course of the Cultural Revolution in the hospital, she directed her fire at the young surgeon who had been praised. "I know he's a good doctor," she said, "but he's no leftist. I know what I'm talking about. He's my husband, and when he comes home in the evening he tells me all about the beautiful operations he's done, but he never tells me why he does them, whether it's to become famous or to serve the people. He reads surgical journals for hours on end, but as soon as he picks up a volume of Mao, he gets sleepy. He's quite happy to be overburdened with clinical work so as to have an excuse for being inactive in the Cultural Revolution. He's a little hard of hearing, but whenever I speak to him about politics, he gets quite deaf. This revolution has touched most of us to the soul, but it's got nowhere near his soul. He's certainly no leftist. At best he's a middle-of-the-roader. And if he's not careful, he'll become a rightist!"

She stopped abruptly, her dimpled cheeks flushed with excitement.

It was a striking demonstration of political integrity. She loves her husband and, because she loves him, she feels strongly about his political flabbiness.

There is much more equality between doctors and nurses in China than in the West. Medical students and doctors both participate in nursing work under the supervision of trained nurses. Nurses join the doctors in ward rounds and work with them in teams in which there is a division of responsibility. There is not much difference in the salary scale as between doctors and nurses, and the type of accommodation provided is exactly the same.

The boundaries between their respective spheres of work are much less sharply drawn than in the West and are progressively being broken down. Chinese nurses regularly carry out procedures such as intravenous injections, which are usually done by doctors in the West. More and more nurses are learning to



administer anesthetics and the operating-room nurses usually assist at operations.

Moreover, since the policy has been to orient the health services towards the countryside, a number of experienced nurses have been selected for special training to equip them to work as doctors. This may cause some eyebrow raising among colleagues in the West and I must confess that I too experienced misgivings, which no doubt reflect a habitual conservatism in medical matters.

However, after seeing the results of promoting nurses to become doctors, I am now not only reconciled to this innovation but actively support it. Common sense, devotion to the patients' interests, practical experience, and a sense of responsibility are, after all, the most important requirements for medical work and there is no reason why an experienced nurse should have less of these than a young doctor just because he has studied for a few years longer. I am not belittling the importance of theoretical study. I believe that a good grasp of theory is of great value. But I agree with Chairman Mao that applying is also learning and the more important part of learning at that. Those senior nurses who are selected for training as doctors are relieved of all other duties for at least six months and go through an intensive course of medical education.

The former head nurse in our hand-surgery ward has now become a doctor in the same ward. During ward rounds, I often ask her questions and she impresses me with her grasp of the complicated anatomy and physiology of the hand. She assists other surgeons in difficult operations and they assist her in simple ones. She is modest, keen to learn and dexterous, and I am sure that within a few years she will become a competent surgeon in this field.

Most nurses who become doctors are allocated work in villages, factories, or mines. In the villages they are a great help to the peasant doctors who are being trained in large numbers, as described elsewhere in this book. In factories and mines they supplement existing industrial medical service.

It is emphasized that such promotion is not a reward for talent, but a method of enabling senior nurses to increase their usefulness to the people.

In this chapter I have tried to give a picture of the relationships which exist between doctors and patients and among staff members of Chinese hospitals. What I have written is based on my own experience, which is necessarily limited.

I do not want to give the impression that deeply-rooted attitudes and prejudices have been abolished as though by magic and that all problems have been solved. What has been accomplished has been the result of unremitting struggle and there is still much room for improvement. Selfishness, irresponsibility, and careerism are still to be found among our medical staff. Avoidable medical mishaps still occur. Patients sometimes complain unreasonably. Some administrators and Party functionaries pay lip-service to the virtues of participation in manual labor but, when it comes to the point, consistently evade it. The trade union, by and large, has become little more than a welfare organization.

These and other defects do not negate the essence of the situation in Chinese hospitals, which is one of solid achievement and remarkable advance. All the existing defects will sooner or later be exposed and put right. Especially now, during the Cultural Revolution, everything that does not fit in with China's socialist system, everything that is shabby or second-rate, is being mercilessly criticized, discarded, and supplanted.

Were I to be writing this book a few years hence, I am sure that there would still be many things to criticize, but they would not be the same things that I criticize now; I would still be able to indicate problems that cry out for solution, but they would not be the same problems that vex us now.

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