



A COUNTRY UNDERGOING HEALTHCARE REFORM

Text by A/Prof Tan Sze Wee
Photos by Chinese Medical Association

CHINA, which has the world's largest foreign exchange reserves at US\$3.7 trillion (S\$4.7 trillion) and is the second largest economy globally, is frequently highlighted in the international media for its economic progress. Meanwhile, the country is also making headway in its journey of reforming its healthcare system to support its 1.3 billion people.

This information was shared during the welcome address delivered by Dr Chen Zhu, President of the Chinese Medical Association (CMA), at the recent CMA Medical Science Conference held in Beijing on 8 January 2014. SMA President A/Prof Chin Jing Jih and I were hosted at the Beijing Conference Center, alongside delegates from the World Medical Association, Medical Association of Thailand, Federation of Medical Societies of Hong Kong, Korean Medical Association and Takeda Science Foundation.

Key healthcare reforms in China

Dr Chen, who was China's health minister from 2007 to 2013, updated the delegates on the key healthcare reforms in the country, which are:

- Accelerate the construction of the basic medical insurance system;
- Preliminarily establish national essential drug system;

- Improve grassroots-level medical and healthcare service system;
- Steadily promote universal access to basic public health services; and
- Advance public hospital pilot reform.¹

These five key reforms will help "reverse the for-profit mode of public hospitals; enable significant numbers of urban and rural populations to access medical insurance and quality public health services; effectively resolve predominant problems in the current health industry; and lay a solid foundation for achieving the long term goals of the medical and healthcare system reforms".¹

Dr Chen noted that these reforms have, in recent years, helped to increase the life expectancy rate of Chinese citizens to 75 years. However, he acknowledged that there will be challenges ahead as the country needs to expand its delivery of primary care by training more general physicians. To that end, over the past few years, 360,000, 160,000 and 1.37 million health workers have been trained for township hospitals, urban community health service organisations and rural village clinics respectively.

In his address, Dr Chen also covered recent disclosures of the extensive bribery in Chinese public hospitals by

Facing A/Prof Chin Jing Jih and A/Prof Tan Sze Wee (third and fourth from right respectively) with CMA officials and the other conference delegates

Right CMA President Dr Chen Zhu (centre), flanked by A/Prof Chin (left) and A/Prof Tan



foreign healthcare companies, also known as “BribeGate”.² The compensation mechanism used in public hospitals is still undergoing changes. For example, the three current compensation channels of service charges will be gradually transferred to two channels by removing the hospitals’ reliance on income from the sales of medicines. To resolve the reduced income or induced losses, several approaches will be employed, including: adding pharmaceutical service fees, adjusting certain technical service charge standards, and increasing government input.¹

Dr Chen also highlighted the importance of good doctor-patient relationships, so that the medical community can regain the trust of the people. This is in light of the increased media reports of violence committed against Chinese healthcare staff as a result of the public’s dissatisfaction with the outcomes of medical treatment. It was estimated that there were 620,000 incidents of violence against doctors in China in 2012.³ There is a need for improved communications between the healthcare community and the public, as well as continued reform of the healthcare system, to solve the problems of affordability and access, coupled with overprescription

and over-treatment issues in the hospitals. Trust is a two-way street, and it is a long term relationship that we have to maintain. **SMA**

References

1. Chinese Medical Association. Five key tasks in healthcare reform in China. Available at: http://www.cma.org.cn/ensite/index/HealthcareinChina/20101115/1289827560757_1.html. Accessed 20 January 2014.
2. Yang Z, Fan D. How to solve the crisis behind BribeGate for Chinese doctors. *Lancet* 2012; 379(9812):e13-5.
3. Huang Y. China’s doctors are under attack. *The Atlantic* 3 December 2013. Available at: <http://www.theatlantic.com/china/archive/2013/12/chinas-doctors-are-under-attack/282002>. Accessed 20 January 2014.



A/Prof Tan is the Deputy Executive Director of the Biomedical Research Council at the Agency for Science, Technology and Research. He is also an adjunct associate professor at Duke-NUS Graduate Medical School. A/Prof Tan is currently the SMA Honorary Treasurer, and also chairs the Finance Committee of the SMA Charity Fund.

54th SMA Annual General Meeting

Date: 6 April 2014, Sunday

Time: 2 pm - 4 pm (Lunch will be served at Ka-Soh Restaurant from 1 pm)

Venue: Arthur Lim Auditorium, Level 2, Alumni Medical Centre

SMA mailed a registration form for the Annual General Meeting to members in January. To confirm your attendance, please return the response slip to SMA via fax: 6224 7827 or email: sma@sma.org.sg. You can also register online at <http://www.sma.org.sg/agm>. To assist us with catering arrangements, do indicate if you will be coming for lunch as well. For more information, please contact the SMA Secretariat at 6223 1264.