

Being an oncologist in China: my notes about cancer treatment in China

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Today I read a popular article about the management of cancers in China (1). Although written by foreign doctors, it does utter some ‘unspeakable helplessness’, as commented by a netizen. Many unique dilemmas do exist, and must be honestly faced by government, industry, doctors, patients, and the society.

I was born in a remote village, had spent a few years as a medical student in a big city, and now am a tumor surgeon and hospital manager in a tertiary hospital in Beijing. Many of my patients have become my friends. I think I have a deep knowledge and understanding of people involved in the oncology.

Costs

One of my uncles is living in the rural area. He is almost 80 years old. After having suffered from increased eating problems for a few years, he was diagnosed as ‘adenocarcinoma of the esophagogastric junction’ last year. His children decided to not tell him the truth, and let him to receive conservative treatment. Then, he began to receive chemotherapy. However, after he knew his disease and consulted me, he received surgical treatment in a local hospital. He has recovered well since then. Furthermore, most of his treatment costs were covered by the New Rural Cooperative Medical System that has been promoted by the Chinese government in recent years. Unfortunately, in most cases, tumor treatment still makes families of tumor patients become desperately poor. Therefore, like many other Chinese doctors, I respect families that strive to provide every possible treatment for their members with cancers, but

also have the deepest sympathy to those who finally give up.

Hospitals and doctors

Countless patients are eagerly visiting a limited number of famous hospitals in Beijing, Shanghai, and some other big cities. With different accents, education degree, and customs, they have the same expectations. The doctors hope that patients will follow all the rules and procedures, whereas the patients wish that the doctors will treat them as family members when providing professional advices. The doctors need to know the patients’ disease conditions, family situation, economic capability, and even social status, which are important factors that will decide the treatment effectiveness, the risks, and even the availability of beds. In fact, the doctors must consider factors other than medicine itself. While few doctors experienced physical assaults in Beijing, our colleagues in other cities are not so fortunate. When the registration fee is only 1 or 2 dollars in the outpatient departments, it is particularly important for doctors to complete the tasks assigned by the medical institutions firstly. In a certain way, the hospitals, doctors, and the patients are striving to survive.

Guidelines

I had the privilege to be involved in the establishment of the Chinese version of some NCCN guidelines, during which I could feel that eager expectations of Chinese experts to grasp the most up-to-dated knowledge and information about tumor management and their willingness to improve

the current clinical practices. Guidelines, which read as 'compass' in Chinese, are developed to guide the doctors and patients to walk in a specific direction. However, they are neither rules nor laws. The NCCN guidelines were based on the currently available evidences and will be updated constantly along with research advances. Some conclusions are often thoroughly revised. Unfortunately, any optimal guideline will not be properly implemented without sufficient supports from a well-designed health insurance system, local experts, and/or the social culture.

Disciplines

The modern medical education has been uniformly introduced and developed worldwide (including in China), resulting in the diversely divided disciplines. Then, where was the origin of modern medicine? When a lung cancer expert meets a patient with acute abdomen, when a surgeon meets a patient with lupus erythematosus, or, when a special hospital receives a patient with a disease that is not specialized by this hospital, how can the situation be properly addressed? Should the general practice be more prioritized in modern medical education? This is not a unique issue in China. Rather, it happens worldwide. The treatment of cancer involves multiple disciplines including surgical treatment, chemotherapy, radiotherapy, and radiology/pathology (2,3). Notably, the recent multidisciplinary consultation and treatment for tumors in many Chinese tertiary hospitals may offer a new option (4-6). In such platforms, the doctors' personal experiences may collide with the guidelines (7-10), and the optimal or the most humanistic therapeutic approach may be proposed.

Future

China is a huge market for various health care providers. Both western medicine and traditional Chinese medicine can find their market shares. Since a general increase of the tumor incidences will be unavoidable in China in the coming decades, key issues need to be answered include: how to ensure everyone enjoy the right to basic treatment

and avoid unnecessary medical errors? And, how to ensure the respectable life for patients and offer them a reliable future?

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