The vicious circle of patient-physician mistrust in China: health professionals' perspectives, institutional conflict of interest, and building trust through medical professionalism

The Vicious Circle of Patient–physician Mistrust in China: Health Professionals' Perspectives, Institutional Conflict of Interest, and Building Trust Through Medical Professionalism

Jing-Bao Nie, Yu Cheng, Xiang Zou, Ni Gong, Joseph D. Tucker, Bonnie Wong, and Arthur Kleinman

Correspondence:
Jing-Bao Nie, Bioethics Centre, University of Otago, 71 Frederick St., Dunedin, New Zealand; email: jing-bao.nie@otago.ac.nz.

ABSTRACT

To investigate the phenomenon of patient–physician mistrust in China, a qualitative study involving 107 physicians, nurses and health officials in Guangdong Province, southern China, was conducted through semi-structured interviews and focus groups. In this paper we report the key findings of the empirical study and argue for the essential role of medical professionalism in rebuilding patient-physician trust. Health professionals are trapped in a vicious circle of mistrust. Mistrust (particularly physicians' distrust of patients and their relatives) leads to increased levels of fear and self-protection by doctors which exacerbate difficulties in communication; in turn, this increases physician workloads, adding to a strong sense of injustice and victimization. These factors produce poorer healthcare outcomes and increasingly discontented and angry patients, escalate conflicts and disputes, and result in negative media coverage, all these ultimately contributing to even greater levels of mistrust. The vicious circle indicates not only the crisis of patient-physician relationship but the crisis of medicine as a profession and institution. Underlying the circle is the inherent conflict of interest in the healthcare system by which health professionals and hospitals have become profit-driven. This institutional conflict of interest seriously compromises the fundamental principle of medical professionalism—the primacy of patient welfare—as well as the traditional Chinese ideal of "medicine as the art of humanity". Through rectifying this institutional conflict of interest and promoting medical professionalism via a series of recommended practical measures, patient trust can be restored.

KEY WORDS

China, trust and mistrust, patient–physician relationship, health professionals, medical professionalism, professional ethics

In order to explore the nature and consequences of the Chinese crisis of patient–physician trust, in 2013 and 2014 the authors carried out a qualitative study by means of in-depth, semi-structured interviews and focus groups with 174 patients and health professionals in the southern coastal province of Guangdong. Although the study was limited to a single province (rather than going nationwide) and to two large cities—Guangzhou and Shenzhen—and one small city Yingde (i.e., rural areas were excluded), the data collected yielded unique first-hand information on the experiences and views of patients and their relatives, on the one hand, and healthcare professionals and officials, on the other, regarding healthcare in China today and particularly on the levels of trust and mistrust experienced between patients and physicians.[1] Altogether, 107 health professionals were interviewed, including 54 physicians, 21 nurses and 32 healthcare administrators, working in seven hospitals (including one hospital of traditional Chinese medicine) and two Bureaus of Health in Guangdong. In this paper, we report the key findings of our empirical study with health professionals and examine the major normative issues as they relate to the medical profession.

THREE CASES

Parental Refusal of Life-saving Surgery for a Child

Everyday clinical practice can be severely undermined by patient–physician mistrust, as the following case, based on a narrative by a Chinese physician, illustrates:

A 10-year-old child was admitted to hospital suffering from diarrhea and abdominal pain. After one or two days, the child's condition deteriorated. Health professionals diagnosed a ruptured appendix. Surgery had to be performed in order to save the child's life.

[1] Tucker JD, Cheng Y, Wong B, Gong N, Nie JB, Zhu W, … Kleinman A, the Patient–physician Trust Project Team. 2015. Patient–physician mistrust and violence against physicians in Guangdong Province, China: a qualitative study. *BMJ Open* 2015;5:e008221.doi:10.1136/bmjopen-2015-008221.

However, the child's parents did not trust the attending physician to make the right decision, either about the diagnosis or the urgency of surgery. They did not understand how their child's condition could have become so serious in just a couple of days. They could not imagine how their child's intestines could have developed "piercing holes" (*chuankong*) [as the medical term literally means in Chinese].

A second, more senior, physician was called in and the diagnosis was confirmed. However, the parents still did not believe what they had been told. They firmly refused the request for surgery and asked that pain-relieving medication be given. Several physicians, nurses and hospital administrators spent over two hours trying to convince the parents about the grave risks to their child. Nevertheless, the parents stubbornly refused to trust these health professionals. Instead, they became very agitated and angry, behaving as if they were being cheated.

Finally, the health professionals gave up trying to convince them, but insisted that the parents sign a document stating that they had refused surgery. In other words, the parents would have to take full responsibility for their decision if their child were to die. Fortunately, the parents ultimately came to their senses and consented to the surgery. It turned out that the doctors' diagnosis and their recommendation of surgery were correct. The child eventually made a complete recovery.

In the end, the parents thanked the physicians and nurses involved for the medical care provided to their child. At that point, the health professionals discovered that the parents had been unwilling to consent to life-saving medical treatment for their child because of their strong (but unspoken) suspicion that the health team involved were wanting to over-treat the patient in order to generate additional income for themselves and the hospital.

This case had a happy ending: the life of a child was saved through the painstaking efforts made by the healthcare team in a way that showed their medical professionalism. While the case began with high levels of mistrust, trust was re-established, but only at the end of a long and gruelling process.

The Case of "Eighty-Cent Gate"

Many participants in our study, especially health officials, referred to a well-publicised 2011 case in Shenzhen and Guangzhou, the main research locations of the study. This case has been nicknamed "*Bamao Men*" (Eighty-Cent Gate), alluding to the notorious

Watergate scandal in the USA. Mr. Chen, himself a medical professional, was the father of an infant suffering from constipation. Admitted to Shenzhen Children's Hospital (SCH), the infant was diagnosed with intestinal obstruction, enterocolitis, and Hirschsprung's disease (a congenital condition involving a blockage of the large intestine) following a series of examinations including several X-rays. The medical team recommended a surgical operation (renal biopsy ostomy) which would cost over 100,000 yuan (nearly 16,000 US dollars). However, Mr. Chen did not trust the physicians at this hospital and took the child to another paediatric hospital in the nearby city of Guangzhou. For the doctor he consulted here, surgery was not considered necessary. Paraffin oil was prescribed to relieve the child's symptoms, costing a mere 80 cents (about 12 cents in US currency). The infant's condition improved. Chen made a formal complaint to the Shenzhen hospital administration over the alleged misdiagnosis and their attempt to charge a large fee for "totally unnecessary surgery."

Shenzhen News, a local media agency with some national influence, published an article entitled "Health Problem that Hospital Wanted over 100,000 Yuan to Fix through Surgery Was Cured for Only 80 Cents". The dramatic difference between the sums involved highlighted in this story illustrates the kind of sensationalism characteristic of the mass media everywhere. The news article predictably triggered public outrage, both locally and nationwide, not only against the Shenzhen hospital for its "overtreatment," but against the entire medical profession for allegedly prioritizing financial gain over patient welfare. However, it soon turned out that Mr. Chen's baby was indeed suffering from Hirschsprung's disease, and a renal biopsy ostomy was carried out at a hospital in a third city, Wuhan.

This second case also had a happy ending. The infant recovered, and both Mr. Chen and *Shenzhen News* publicly apologized to the Shenzhen hospital for their wrongful accusations. In an open and conciliatory letter, the hospital graciously accepted their apologies, expressed its understanding of what had happened and gave its pardon, and offered to treat and care for the child to the best of its ability whenever any medical needs arose in the future.

The Case of Li Liyun

However, there are numerous cases in which levels of mistrust have been intensified as patients' initial mistrust has resulted in poor healthcare outcomes or even injury and death, leading in turn to disputes or even violence against health professionals. Another highly publicized case which occurred in Beijing in 2007 involved the death of a young woman, Ms.

Li Liyun, in late pregnancy. Li and her boyfriend Xiao Zhijun were migrant workers who had moved to Beijing from the countryside. Suffering from flu-like symptoms and accompanied by Xiao, Ms. Li checked into the outpatient department of a very reputable hospital affiliated to Capital Medical University. Soon after arriving, her condition deteriorated quickly and she became unconscious. Although medical staff determined that a caesarean operation was necessary to save her life – although medically uncertain, it had a good chance of success – her boyfriend firmly refused to sign the consent document required by law. Without the operation, Ms. Li died as well as her unborn child. Li's parents sued the hospital for failing to treat their daughter. Although the courts decided that the hospital was not directly responsible for Li's death, the hospital offered financial compensation to Li's parents on compassionate grounds or, in the words of the hospital administration, out of "humanitarian" considerations.

The case of Li Liyun has been widely covered in the mass media and debated by the general public as well as in academic circles. One of the key issues it raises is that of patient–physician mistrust. As the hospital authorities stressed at the time, the patient's boyfriend, who was charged with giving consent as a presumed family member, did not trust the healthcare professionals charged with caring for Ms. Li and therefore failed to cooperate with them.

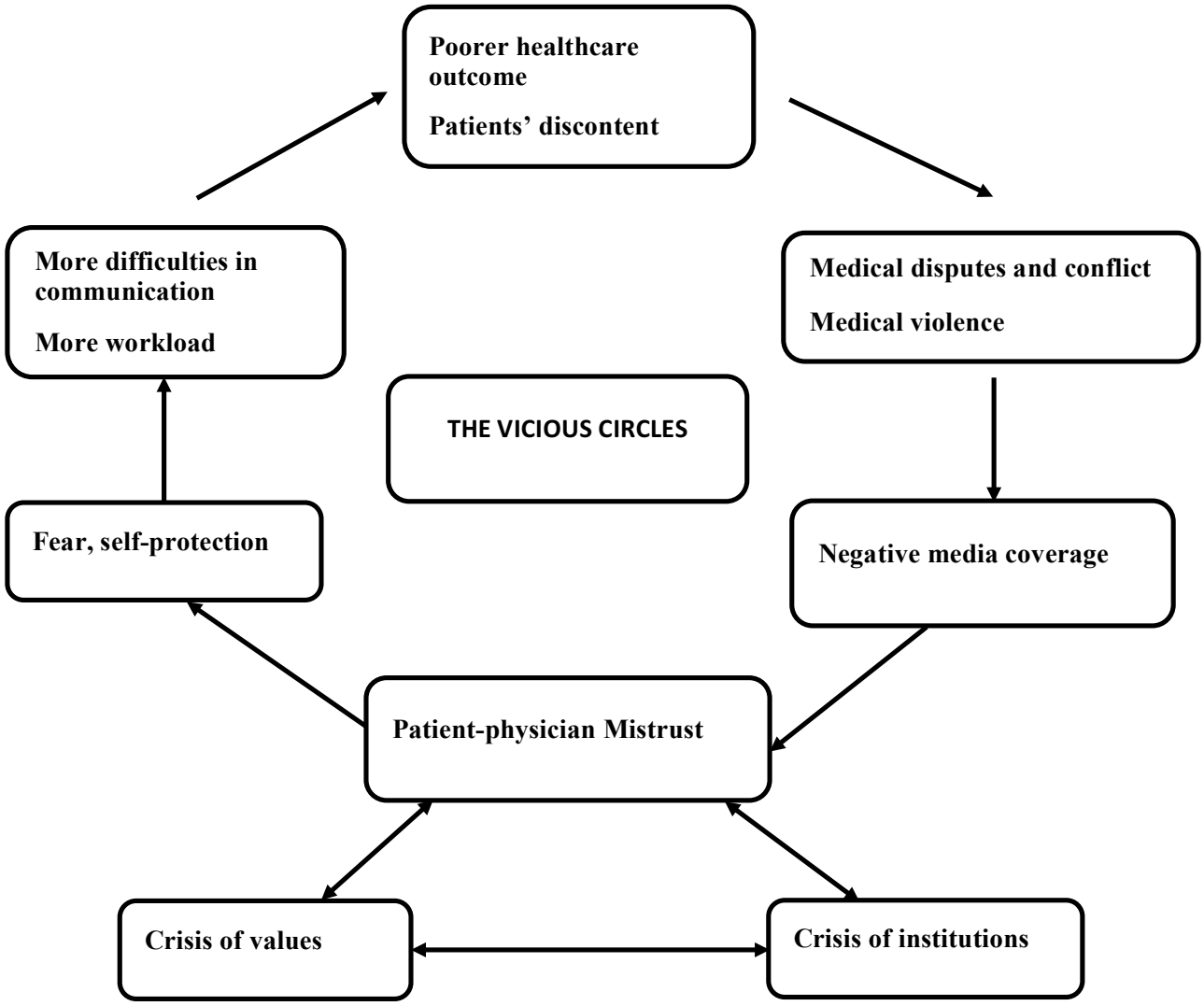
These three cases can be seen as three tiny drops in a vast ocean of mistrust. Although taking place in different healthcare settings in separate locations, they exhibit two typical features of patient–physician mistrust in China that this paper sets out to explore. First, they all illustrate the vicious circle of mistrust in which medical professionals and patients are trapped, encouraging them to make decisions that contribute to an ongoing lack of trust. Second, each case suggests how a renewed focus on medical professionalism can play a vital role in rebuilding trust.

TRAPPED IN THE VICIOUS CIRCLE OF MISTRUST: VIEWS AND EXPERIENCES OF HEALTH PROFESSIONALS

The findings of our empirical study of medical professionals and health officials reveal the vicious circle of patient–physician mistrust that is a common feature of healthcare in China (see Figure 1 below). Along with patients and their relatives, healthcare professionals are equally trapped in this vicious circle: mutual distrust between patients and doctors—especially health professionals' distrust of patients and their relatives—leads to increased fear and self-protection by doctors, which in turn exacerbates difficulties in

communication and adds to the already heavy workloads borne by health professionals. The burden of mistrust leads to poorer healthcare outcomes, increasingly discontented and angry patients, and physicians who themselves express a strong sense of injustice, anger and "victimization". These factors in turn escalate conflicts and disputes, leading to negative media coverage and the spread of a sense of "victimization" amongst patients, ultimately generating even higher levels of medical mistrust. Furthermore, particular features of the Chinese healthcare system (such as structural inequality and financial incentives for prescribing), along with the general crisis of values, social institutions and social trust in wider Chinese society, have exacerbated the vicious circle of mistrust between patients and health professionals.

Figure 1: The Vicious Circle of Patient–Physician Mistrust



The Deteriorating Patient–Physician Relationship

Responding to our question on the current status of patient–physician relationships, most medical professionals used phrases such as "*buhao*" (not good) or "*hen jingzhang*" (very intense). When participants were asked to give this aspect of the healthcare system a mark out of 100, most scored it 60 or 70 (in the Chinese education system, the pass mark is usually 60 percent). While several respondents scored the system 70 or 80, a few rated it at 50, some even 30-40 – a clear fail. Patient–physician mistrust is a widely acknowledged phenomenon in China. As one physician put it: "Nowadays, patients do not have much trust in health professionals. When they come to see a doctor, most of the time their position can best be described as half trust and half doubt (*banxin banyi*)."

This general assessment of the patient–physician relationship in China is confirmed by several nationwide surveys. For example, a survey carried out in 2008 showed that 80% of medical professionals agreed that the doctor–patient relationship was poor or very poor. And significantly more health professionals in general public hospitals – as opposed to those working in community healthcare centres, public hospitals specialising in traditional Chinese medicine and private clinics – agreed that levels of tension between doctors and patients were very high (42% vs. 26%, 23% and 23% respectively).[2]

Because of the location of our study sites (Guangzhou and Shenzhen), it was not surprising that some of the medical professionals interviewed named Hong Kong as a centre where the patient–physician relationship was in better shape. They mentioned such features of social and healthcare institutions as respect for the rule of law, the family physician healthcare system, and the greater time spent with patients, leading to better communication and greatly improved levels of mutual trust. Some doctors who treated patients from Hong Kong felt that those patients trusted them more than most Mainland patients did. The doctor who gave the lowest mark (30-40 out of 100) to the current patient–physician relationship referred to Hong Kong as the basis for comparison of his assessment.

Experiencing and Witnessing Abuse and Violence

The crisis of trust in Chinese healthcare has resulted in, among many others, a process of what can be called "the violentization of patient-physician relationship". The incidents of "*yiliao baoli*" (violence against health professionals) have been increasing rapidly in recent

[2] Zhang X, Sleeboom-Faulkner M. Tension between Medical Professionals and Patients in Mainland China. *Cambridge Quarterly of Healthcare Ethics* 2011; 20: 458-465.

years. An unprecedented phenomenon occurring throughout China is that patients, their relatives and other supporters gather in groups in hospitals to demand financial compensation and public apologies for alleged malpractice and mistreatment. "*Yinao*" is the Chinese term for this phenomenon.

A doctor who witnessed a "medical mob" described how one of his colleagues was assaulted by a patient and his supporters:

> A patient had died unexpectedly while being hospitalized. Just a couple of hours earlier, he had gone out to do some shopping and had watched TV after returning to the hospital. We had no clues as to the cause of death. … His family could not accept this and believed that his death had something to do with us. The relatives and their supporters gathered a medical mob to take revenge. They dragged one of my colleagues out of his office and publicly humiliated him throughout the hospital. He was also beaten and seriously assaulted. Although there were some police officers and hospital security staff in the area, they dared not intervene to disperse the mob. The relatives were not at all afraid of our hospital's security guards. While they seemed less daring in front of the police, the police were just standing around and didn't interfere. You know, there were nearly forty people on their side, but we had only four police officers and security guards on ours. They claimed financial compensation, but refused to have an autopsy done. In the end, the hospital had to pay out a large sum of money.

The doctor noted that while not all of the almost forty people present were relatives, they were most "*zhiye yilao"* (literally, members of a professional medical mob), a newly coined Chinese term referring to people who support families and their relatives in demanding financial compensation from hospitals following medical disputes.

The majority of medical professionals in our survey had either experienced directly or knew colleagues who had experienced verbal abuse and even physical assaults by patients and their relatives. Verbal abuse is common; nurses are more vulnerable than physicians to physical and especially verbal abuse. Our findings in this area are confirmed by the results of nationwide surveys. The 2008 survey cited above indicates that 3.9% of medical professionals reported having been physically assaulted within the past year and almost 50%

had been verbally abused.[3] The 2014 survey conducted by the Chinese Medical Doctor Association (CMDA) shows that the majority (60%) of medical professionals surveyed had experienced verbal abuse from patients and relatives and that 13% had been physically assaulted and harmed.[4]

Distrust of Patients, Fear, and Self-Protection

While stories in the mass media and previous academic studies have highlighted patients' mistrust of physicians, our research results reveal a widespread and deep mistrust felt by health professionals towards patients and their relatives.

Medical professionals face many kinds of anxieties in their professional life. Fear of potential complaints, disputes, and even lawsuits remains a common concern. Strong administrative pressure exists to avoid complaints; and health professionals can be punished following complaints or disputes even if no malpractice is involved. One physician stated:

> If I were to be complained about or sued, the president [of the hospital] would blame me, regardless of whether or not I had done any wrong. I was once accused of sexual harassment for touching a female patient's breast. I didn't mean anything by it – it's just a normal diagnostic procedure. My salary was docked because of this and I got a bad reputation with my superiors and colleagues. Every doctor can expect to face complaints or conflicts, even if it's not your fault. Just wish me good luck that patients won't make trouble for me. … Many patients think that the hospital will always take the doctors' side. Wrong! In fact, we are more vulnerable to being caught up in medical complaints or lawsuits. We are constantly being punished just because we have been accused of something.

Another physician expressed the same fears:

---

[3] Ibid.

[4] Chinese Medical Doctor Association. White Paper on the State of the Medical Profession in China. May 28, 2015; available at http://www.cmda.net/xiehuixiangmu/falvshiwubu/tongzhigonggao/2015-05-28/14587.html. Accessed on July 30, 2016.

> Honestly, when I'm with a patient, I feel a bit scared. He is not just a patient, but a man who might sue me. Sometimes I think I shouldn't have so many patients. You know, the more patients you see, the more chance you have of making mistakes. Nobody can avoid medical disputes as long as you keep walking down this one-way street. No matter how competent you are, you are still a human being. You're bound to make mistakes.

A third physician talked about his fear of making mistakes and being sued, as well as his own method of self-protection (talking to patients as little as possible):

> What if my patient sues me? You know that the more you talk, the greater the chance that you will make mistakes. Usually I talk very little, sometimes saying nothing at all, but patients still complain about my poor attitude. I don't know why – I just don't want to make any mistakes.

Partly out of a fear of making mistakes, Chinese physicians often order unnecessary diagnostic tests and medical treatments. According to one physician:

> The reason we over-prescribe expensive tests is entirely down to the terrible state of patient–physician relations in China. If anything unexpected occurs as a result of your negligence, then you are as good as dead!

Another physician remarked:

> I agree that some tests are unnecessary. But the medical test is a kind of self-protection. Being a doctor now is not as easy as it was in the 1980s. …There are some patients who always like to ask you questions. In such cases, you should be very careful with these patients because you have no idea what they are thinking about. Also remember: never skip any medical test.

Understandably, most medical professionals in our survey suggested that workplace security be increased in order for them to be better protected. Some health professionals worried that the existing security arrangements in their institution were inadequate to safeguard medical staff. One physician said:

> Having additional security staff in the hospital is necessary to make our doctors feel safe, especially in the emergency department, where it is more common to see

> patients who get drunk and assault us doctors and nurses. Now, when that happens, you can't expect that the security guards will always be right behind you. And, in the eyes of most patients, they are not as good a deterrent as the police.

One dermatologist even suggested that an escape door was needed in his consulting room in case of medical violence:

> In the last five years I began to worry about being assaulted by my patients. … I am concerned about the flawed design of my clinical consulting room. There is only one door to exit if I'm attacked, and there is no other door out. Because of this [design flaw], some doctors have been assaulted by patients during their consulting hours. When the patient comes in and locks the door from the inside, you have no other way out and you must endure their violence. Or will you jump off the building? I know that, in some other large hospitals, there is usually a back door designed as an escape route for doctors in case of direct assaults by patients.

Anxiety and Fear over Unpaid Medical Bills

Another major fear of physicians and thus a further source of their distrust of patients is the possibility that patients may not pay their medical bills. This is becoming an increasingly serious concern, especially for lower-level hospitals or clinics in resource-poor areas. When a medical bill is unpaid, hospital policies often require the attending physician or the department concerned to cover the loss. One physician told us about a case involving him with a sense of outrage:

> In every department, there are always some patients who do not pay their medical bills following their treatment. Last month a patient in my department ran away after he had recovered. He was treated for over a week, but he didn't pay a penny! Every time after the morning round, we pressed him to pay. He promised that his family would collect the money and pay for him. So we didn't throw him out and carried on treating him. Finally, he ran away and left over 10,000 yuan unpaid. The debt will fall on us, and the punishment is double the cost. The hospital deducted our wages to the tune of 20,000 yuan! This is unfair! Why is it our doctors who have to pay the bills of these runaway patients? We cured you, and you repay us with debt. Do you still have a conscience? I am very concerned. I no longer easily trust patients and their promises, especially if they are poor or migrant workers.

Another physician shared his anger:

> Some patients are really shameless. Even though they tell you they don't have any money and just want to stay in the hospital, you can't kick them out – because this is a government regulation! I once had a patient who skipped out on a bill of 7,000 yuan simply because he just didn't want to pay. Because my salary was only 3,000 yuan per month at that time, over the following four months my wages were heavily docked. He presented as very polite and well-dressed when I first saw him. He looked as though he had the means to pay. But he just did this! He is shameless and totally untrustworthy! You can do nothing with these scoundrels – you have to treat them! We doctors are really vulnerable!

Negative Coverage by the Mass Media

The negative and sensationalist coverage of hospitals and health professionals by the mass media is frequently mentioned as one of the major causes of patient–physician mistrust. For health professionals and especially officials, the role of the mass media has been "*hen huai*" (very bad) or "*hen elie*" (abominable or disgusting). The second case study presented in the previous section was often cited by respondents as an example of the irresponsible attitude of the mass media in reporting medically related cases and issues.

> One physician was furious with journalists and the media:
>
> Some journalists are just ridiculous! The media only believes statements by patients. Journalist never ask for our opinions before bringing their stories to the public. I have witnessed too much bad medical coverage. I feel numb. I have to try not to care about them.

Another physician expressed concerns not only about the media, but also public attitudes:

> Most mass media portray us doctors and hospitals in a negative way. Cynicism is very much at work. I mean that even if a journalist reports positive news about physicians, people will question whether good news can be true. If you don't believe what I said, search the internet. Whenever there is some "good news" reporting about us, there will be more negative comments and questions. This is just the way the public thinks about us doctors, no matter how hard you try to to the right thing.

Health Professionals as Victims

There is a strong feeling among health professionals that they are being treated unfairly and are seriously underappreciated by patients and society. In China, the phrase "*ruoshi qunti*" has been increasingly used to refer to people who have been disadvantaged, deprived or marginalized by the massive economic and social transformations that have taken place in China over the past several decades. They mostly include rural migrants working and living in cities, "left-behind" children and elderly people in the countryside, those living in poverty in remote rural areas, urban residents with low incomes, and patients suffering from serious illness and their families. Many of the medical professionals we interviewed also saw themselves as a disadvantaged group. They perceived themselves as the victims of patient–physician mistrust in particular, and of an inadequate healthcare system in general.

It has been widely acknowledged that medical professionals' jobs are mentally and even physically demanding (*hen xinku*) and that Chinese physicians in particular work long and arduous hours. It is not uncommon for some physicians to see 50 to 100 patients each day in a single outpatient clinic shift. Patient mistrust has further exacerbated these already heavy workloads. Time pressures make it hard to communicate effectively with patients and their relatives. The communication process has become even more difficult as the result of patient mistrust, as the three cases discussed in the previous section illustrate.

These findings are consistent with national surveys carried out by the CMDA. In both 2011 and 2014, 70% to 77% of the health professionals questioned listed the same factors as the main sources of stress derived from work: heavy workloads, disputes over medical issues, frequent episodes of medical violence, and the high expectations of patients and their relatives. As for the causes of medical violence, 84%, 76% and 60% respectively of the health professionals surveyed in the three CMDA surveys listed the following three factors: negative coverage by the mass media, social prejudice against doctors, and patients' discontent with their treatment.[5]

THE CRISIS OF MEDICINE AS A PROFESSION: A MAJOR INSITUTIONAL CONFLICT OF INTEREST

Most of the measures being taken in China to address patient–physician mistrust (including many recommended by CMDA in their survey reports) focus on the symptoms, rather than the roots of the problem. Due to the unintended consequences of human actions,

[5] Ibid.

there are great *ironies* involved in some of these measures. For while they may appear to protect medical professionals, they can actually increase levels of patient–physician mistrust. For example, enforcing public security in hospitals may appear to boost the confidence of health professionals. But the heavy presence of police and other security personnel is a clear indication of a *lack* of mutual trust and may further encourage patient–physician mistrust. As for some health professionals' practice of self-protection, over-use of diagnostic tests and over prescription obviously deteriorates patients' general mistrust while it may appear to help prevent disputes in individual cases. Regarding health professionals' attitudes to the media, one may argue that this is a part of the dominant ideology of "blaming the messenger" in the official discourse and wider Chinese society.

Here, we draw attention to the fact that the damaging vicious circle of patient-physician mistrust reflects not only the crisis of patient-physician relationship but a crisis of medicine as a professional as well as institution. Underlying the vicious circle is a massive and pervasive conflict of interest in China's healthcare institutions: the financial interests of health professionals and hospitals vs. patient welfare and interests. One may call it the elephant in the room in the crisis of patient–physician trust in China.

Although most of the health professionals in our study were either unaware of this institutional conflict of interest or unwilling to admit it to us, several did point out this major source of patient-physician mistrust. One physician in a big hospital in Guangzhou stated:

> Nowadays, the patient–physician relationship mostly revolves around money. If seeing a doctor did not cost anything, there would not be this problem [of widespread patient–physician mistrust]. … In the current system, doctors' incomes are directly linked to the number of patients they treat and the cost of the diagnostic measures and drugs prescribed. As a result, they've become bad people. If you fail to make money, the department's income will suffer, as will the incomes of individual doctors. Few doctors have spoken out about this. I did not know all this earlier [when starting my job as a physician] because I was very naïve. Later, I learned that my income would increase if I saw more patients and prescribed more expensive tests and drugs. In this way [i.e., by making such institutional arrangements], it is easy for patients to feel that doctors are bad people, only concerned with making money. But this problem is really caused by [the nature of] healthcare institutions.

A doctor in a county hospital remarked:

> Currently, our hospital management is profit-driven. Our basic salary is quite low; most of our income is generated from medical tests and prescriptions. For instance, my fixed salary is only 4,000 yuan per month. But I have an additional income of usually around 5,000-7,000 yuan which is generated from my medical activities. I cannot guarantee that all our prescriptions are reasonable and dispensed in the best interests of my patients. What I can do is to balance these conflicting factors and try to be a conscientious doctor. It is not that we doctors have proactively become 'bad' – it is the external environment that is forcing us to take this path.

As illustrated by our three case studies, this conflict of interest is so visible, and so deeply embedded in the system, that many patients and their relatives find it hard, if not impossible, to trust health professionals to prioritize patient welfare over their own financial interests. Sociologically, as the paper by Cheris Chan in this special issue has demonstrated, this conflict of interest constitutes a primary source of mistrust at both the institutional and interpersonal levels. It is thus not surprising that, to quote from the provocative poem published in a popular online forum and cited by Chan at the beginning of her paper, from the patients' perspective, doctors have become "thieves dressed up as angels" who "rob you of all of your savings".[6]

However, it is definitely unfair to blame health professionals alone for this problem. Rather, this is by and large a consequence of massive institutional distortions. Since the early 1980s, the Chinese healthcare system has experienced numerous large-scale changes, all exhibiting two prominent and persistent features: the increasing commercialization of healthcare and the continuing retreat of the state from the health sector.[7] Under Mao's regime, the government played a dominant role in funding and organizing healthcare for the Chinese people. In the period of reform and openness that followed Mao, the Chinese state has retreated drastically from the public provision of healthcare, a predictable consequence of market-oriented economic policies as well as new health policies reflecting the altered

[6] Chan CS. Mistrust of physicians in China: Society, institution, and interaction as root causes. *Developing World Bioethics* (in this issue).

[7] E.g. Blumenthal D, Hsiao W. Lessons from the East — China's Rapid Evolving Health Care System. *New England Journal of Medicine* 2015; 372(14):1281-1285. Yip, Winnie and William Hsiao. What Drove the Cycles of Chinese Health System Reforms? *Health Systems and Reform* 2015; 1(1): 52-61.

priorities in Communist Party ideology. [8] As a result, Chinese governmental expenditures on healthcare and pensions have been persistently and significantly below China's growth rates in terms of GDP and global averages.[9]

Due to enormously insufficient governmental funding, even public hospitals and clinics are forced to become profit-driven in order to survive. According to a health official,

> The funding from the government subsidizes only 10% of hospitals' total costs, hospitals have to earn the remaining 90%.

Using her own hospital (a middle-sized institution by Chinese standards) as an example, one physician-official put the issue in a nutshell:

> The government subsidy for healthcare is minimal. It was just over one million for our hospital in the last year. But our annual budget was 800 million. If we relied on government financially, we would all die!

Over-treatment and the excessive use of high-tech diagnostic tests constitute one of the major problems of healthcare in China. While self-protection can be responsible for these developments, as discussed above, the most decisive factor is financial motivation. Almost every diagnostic measure or treatment prescribed in Chinese healthcare institutions is directly linked to the income of health professionals and hospitals. Physicians heavily rely on over-prescription and high-tech diagnostic tests to generate profits for hospitals and to supplement their incomes. In 2009, the government introduced a new drug-prescribing policy to check soaring prescription rates. While the new policy may have reduced over-prescribing, it has exacerbated the excessive use of high-tech medical tests, as one doctor reported:

> Now the over-prescription of drugs has been prohibited and is less than it used to be. The hospital demands that prescriptions drugs should constitute less than 30% of a patient's total medical costs. This means if the bill amounts to 100 yuan, the cost of

---

[8] Duckett J. *The Chinese State's Retreat from Health: Policy and the Politics of Retrenchment*. London and New York: Routledge; 2011.

[9] Nie, JB. Erosion of Eldercare in China: A Socio-Ethical Inquiry in Population Aging, Elderly Suicide and the Government's Responsibility in the Context of the One-Child Policy. *Ageing International* 2016; 41 (4): 350-365.

drugs should be less than 30 yuan. If it exceeds 30 yuan – like 45 yuan – the hospital will deduct the extra sum from my own wages. But, to get around the policy, one can order more high-tech diagnostic tests to increase the total medical costs. So a good doctor should also be a good accountant, always calculating costs.

There is no doubt that some health professionals are benefitting massively from this "grey income". Yet, medical professionals, like patients, are the victims of the vicious circle of patient–physician mistrust on a deeper institutional level – a market-dominated health system which serves as a giant engine to generate mistrust even before a patient sees a doctor.

Pioneering research into the ethical implications of this subject has demonstrated how reform of China's healthcare system and hospital finances has produced a crisis in the patient–physician relationship in clinical practice.[10] A revival of medical professionalism can therefore help reform the contaminated patient–physician relationship into a healthier "fiduciary" relationship.[11] In law (and more generally), a fiduciary relationship is one in which the fiduciary or trustee (in this case, health professionals and institutions) should not use their professional position for their own advantage (or that of a third party) without the clear and free consent of the beneficiary (the patient). In the following section, we argue that the institutional conflict of interest inherent in the Chinese health system systematically undermines the fundamental principles of medical professionalism. (i.e., the primacy of patient welfare) and the traditional Chinese definition of medicine as the art of humanity (or humaneness).

THE PRIMACY OF PATIENT WELFARE: REVIVING MEDICINE AS THE ART OF HUMANITY

It is necessary for Chinese society to acknowledge that health professionals have become victims of widespread patient–physician mistrust. A great deal needs to be done to improve the conditions under which health professionals practice medicine in China today. And a great deal needs to be done to develop social and legal mechanisms so that physicians and nurses are treated fairly whenever disputes or complaints arise and, above all, to ensure that they are provided with safe working environments and protected from verbal abuse,

[10] Tao J. editor. *China: Bioethics, Trust, and the Challenge of the Market*. Berlin: Springer; 2008.

[11] Hui EC. The Contemporary Healthcare Crisis in China and the Role of Medical Professionalism. *Journal of Medicine and Philosophy* 2002; 35:477-492.

physical assaults or even threats to life. In other words, like those of patients, the rights, dignity, and interests of medical professionals have to be recognized, safeguarded and improved through better health and social institutions.

At the same time, it is necessary to critically examine the current status of the medical profession in China. For the medical profession to fall into a mentality of victimization will do nothing to address the issue of patient–physician mistrust and build positive relationships with patients and society. After all, due to their professional knowledge and skills, health professionals in general are less vulnerable and enjoy more power than patients in the patient–physician relationship. It is a truism that trust cannot simply be granted, but has to be won.

Medical Professionalism Globally and in China

Medicine has long been treated as a special occupation—a vocation—both by practitioners themselves and society at large.[12] In response to the wide range of challenges facing medicine today, medical professionalism, understood as a system of values that should underpin medical practice, has been developing on a global scale. "Medical Professionalism in the New Millennium: A Physicians' Charter" (hereafter "The Charter") is probably the most influential contemporary international effort to articulate and promote the moral commitments owed by the medical profession to patients and societies. Although initiated by a number of American and European medical bodies, medical organizations in many different countries – including some in China, such as the CMDA – have endorsed this international document.[13] The Charter advances three fundamental principles: the primacy of patient welfare, patient autonomy, and social justice. The first is "based on a dedication to serving the interest of the patient. Altruism contributes to the trust that is central to the physician–patient relationship. Market forces, societal pressures, and administrative exigencies must not

[12] Parsi K, Sheehan N. *Healing as Vocation: A Medical Professionalism Premier*. Lanham and Oxford: Rowman & Littlefield; 2006.

[13] Hu L, Yin X, Bao X, Nie JB. Chinese Physicians' Attitudes Toward and Understanding of Medical Professionalism: Results of a National Survey. *Journal of Clinical Ethics* 2014; 25 (2): 135-147.

compromise this principle".[14] The Charter further encompasses a set of definitive responsibilities which the medical profession collectively and health professionals individually should uphold and aspire to. They include commitments to professional competence, honesty with patients, improving the quality of care, the just distribution of finite resources, and maintaining trust by managing conflicts of interest.

China has often been perceived as having little conception of medical professions with their own autonomy in the modern Western sense. Those who have closely studied China's healthcare system have argued that "the lack of a widely shared tradition of professionalism has complicated China's efforts to create a health care workforce that its leaders and the public trust to do the right thing".[15] It is true that medical professionalism is at present less than adequately established in China and that the Chinese language contains no expressions for "professionalism" or "medical professionalism". According to a nationwide survey on Chinese doctors' attitudes toward medical professionalism, while 81% agreed that the physician–patient relationship should be one of trust based on professional altruism, only 63% of respondents concurred with placing patient welfare above their own private financial interests.[16] This result diverges markedly from the attitude of their U.S. peers, 96 % of whom would place the patient's welfare above private gain.[17] When asked about major medical errors and incompetent colleagues, only 51% of Chinese physicians agreed that physicians should report them to the relevant authorities while, for American doctors, the figures were 93% and 96% respectively. These results confirm the relatively low level of support shown by Chinese doctors for patient welfare as a fundamental principle of medical professionalism.[18]

---

[14] The Medical Professionalism Project of the ABIM Foundation, ACP-ASIM Foundation, and Europe Federation of Internal Medicine. Medical Professionalism in the New Millennium: A Physicians' Charter," *Annals of Internal Medicine* 2002; 136 (3): 243-246.

[15] Blumenthal & Hsia, op. cit. Note 6: 1284

[16] Hu et al, op. cit. Note 13.

[17] Campbell EG, et al. Professionalism in Medicine: Results of a National Survey of Physicians. *Annals of Internal Medicine* 2007; 147 (11): 795-802.

[18] Hu et al, op. cit. Note 13.

However, contemporary attitudes notwithstanding, the spirit of medical professionalism as embodied in the Charter, including the principle of the primacy of patient welfare, was clearly enunciated in traditional Chinese medical ethics. In traditional China, although healing was sometimes disparaged as a trade or craft, it was also defined as a great Dao, in contrast with the little Dao of mere craftsmanship or artisanal work. Medicine is "the art of humanity" because, by serving the sick, healers embody core Chinese Confucian moral values such as *ren* (variously translated in English as "benevolence," "perfect virtue," "love," "altruism," and "humanity"). The *Lun Dayi Jingcheng* (On the Proficiency and Sincerity of the Master Physician) of Sun Simiao (c. 581-682), one of greatest physicians in Chinese history, lays out the moral characteristics of what Sun called "the Master Physician". A good physician must first cultivate a genuine and deep compassion for human pain, suffering, and distress. The Master Physician should always show a selfless commitment to his patients. Given the broad social, economic and political forces shaping and confronting contemporary medicine, especially the commodification of healthcare, these ancient Chinese ideals are particularly relevant to the medical profession in China today, and indeed the world.[19]

Studies on various professionals in China have presented the available choice as *either* embracing Western ideals and models *or* having a set of radically different values and practices rooted in Chinese history and socio-cultural context.[20] Against this dichotomized approach, we argue, from a perspective of ethical transculturalism, that it is necessary to engage with the ethical principles of *both* contemporary international (mostly western) medical professionalism and traditional Chinese medical ethics in the development of medical professionalism in China.[21]

Ideals of Medical Professionals

The spirit of contemporary medical professionalism and the traditional Chinese view of the moral nature of healing are strongly echoed in the following remarks made by a middle-aged woman physician:

---

[19] Nie JB, Smith KL, Cong Y, Hu L, Tucker JD. Medical Professionalism in China and the United States: A Transcultural Interpretation. *Journal of Clinical Ethics* 2015; 26(1):48-60.

[20] Afrod WP, Wisston K, Kirby WC. Prospects for the Professions in China. London: Routledge; 2011.

[21] Nie et al, op. cit. Note 19.

> It is not the case that all physicians see their work merely as a job. When you were admitted to medical school, the first thing you did was to swear the oath required of medical students. When as a physician you started out on the path of practising clinical medicine, this become your profession, your duty. This is not a profession you can take lightly or playfully. When patients entrust their lives to your care, this is an extremely serious responsibility. In fact, for every physician, it is this sense of responsibility, this sense of vocation, that demands that you try your utmost to provide the best care you can to your patients. What I've said here no doubt expresses the heartfelt aspirations of ninety-nine percent of physicians.

This physician had obviously over-estimated that almost all her Chinese colleagues shared her beliefs about medicine as a vocation (not merely an occupation) and patient welfare as a doctor's primary professional duty. Nevertheless, she is certainly not alone with the moral commitment. A male surgeon also remarked:

> As a doctor in China, you need to have some ideals. These ideals are not just about how morally motivated you are, nor just about being a professional doctor. More importantly, you should try to be a good person first and treat your patients with a clear conscience. I am a very serious and responsible type of person. I do care about how patients feel and what they think of my medical practice. When a patient recovers from illness and returns to a happy life, that is the moment I feel very happy and satisfied. … When that happens, earning money is no longer my chief concern.

Another physician stated:

> When I put on my white coat, I feel a sense of commitment. … If it's necessary to ask me to sacrifice my life for my patients, like during the SARS period, I will definitely do so! I still remember the first time I saved car accident patients in the emergency room – I felt a great sense of achievement!

FROM ETHICAL IDEALS TO MORAL PRACTICE

The positive development of medical professionalism can be achieved through two mechanisms:

> 1) promoting among health professionals ideals and principles such as the primacy of patient welfare and medicine as "the art of humanity";

2) reforming the institutional arrangements of the Chinese healthcare system so that these ideals can be realized in clinical practice.

Like medical ethics in Western and other societies, traditional Chinese medical ethics have focused on the role of individual physicians through their cultivation of personal virtues and their adherence to professional commitments. In contemporary Chinese medical training and professional ethics, great attention is given to enhancing the individual ethics of health professionals. For us, the second mechanism is even more urgent than the first. Good-quality care and patient trust cannot (and should not) merely rely on individual medical professionals, however virtuous, but on sound healthcare and social institutions, especially a medical profession dedicated to patients' welfare and serving their interests. Only when the twin moral principles of the primacy of patient welfare and medicine as the art of humanity are secured *institutionally and collectively* by the medical profession as a whole can genuine patient–physician trust be established, sustained and hopefully enhanced.

To rebuild patient–physician trust, a number of measures need to be taken to treat the roots of mistrust at the societal, institutional, professional and interpersonal levels as we have recommended in the White Paper written by our team.[22] Here we highlight four practical dimensions.

First, because the inherent institutional conflict of interest in the current Chinese healthcare system significantly compromises the twin fundamental principles of medical professionalism, it is imperative to reform the healthcare system so that this systematic conflict of interest is removed. It should be emphasized that rebuilding patient–physician trust through advancing medical professionalism has to go well beyond the healthcare sector. Without the active participation of both state and society, the major institutional conflict of interest in the Chinese healthcare system can never be removed. For instance, the unpaid medical bills should not fall upon physicians and hospitals but the central and local governments. More generally, a genuinely universal healthcare system (giving greater coverage and increased equity, especially with reference to the rural–urban divide), which has long been overdue in China, will reduce the financial burden on patients and their families and, as a result, ease another major source of tension in the patient–physician relationship.

[22] Tucker JD, Wong B, Nie J, Kleinman A, Patient-Physician Trust Team. Rebuilding Patient-Physician Trust in China. *The Lancet* 2016; 388:755.

The general crisis of values and social institutions, of which patient–physician mistrust is a part, albeit a salient part, will need to be dealt with in Chinese society as a whole.

Second, medical education is a key element of medical professionalism. Partly because of the perceived problem of patient–physician mistrust, increasing effort has been put into teaching the medical humanities in the medical education curriculum throughout China. There are well-established medical humanities programmes including those in Peking University Health Science Center and Dalian Medical University and brand new one such as the Centre of Medical Humanities at Sun Yat-sen University Medical School in southern China. A key challenge for the medical humanities in China, as elsewhere, is to make them to be indispensable to healthcare practices.

Third, because patient-physician trust and mistrust are far beyond merely interpersonal relationships, in order to address the widespread and intensive distrust of health professions and institutions in Chinese society through medical professionalism, it is essential to identify and implement socio-culturally appropriate models of effective community engagements. The Chinese medical profession can learn a great deal from the existing successful models in developed societies such as the UK, the USA, Australia and New Zealand as well as African countries and other less-developed locations.[23]

Fourth, medicine is ultimately about caregiving in everyday clinical practice, and caregiving is the moral foundation and end of the fostering of patient–physician trust.[24] Structural reform aimed at enabling health professionals to practice caregiving without any significant conflicts of interest, especially institutional ones, is both necessary and urgent in China. But this is far from sufficient. A perennial challenge for medical professionalism is to deliver high-quality care to the individual patient. The ethical principles of medical professionalism can never be realized, nor can patient-physician trust be nourished, without adequate caregiving in everyday clinical encounters.

CONCLUSIONS

In this paper, we have documented the existence of a vicious circle of patient–physician mistrust in China and have argued for the essential role of medical professionalism

[23] We thank one of anonymous reviewers for suggesting this important point.

[24] Kleinman A. Caregiving as moral experience. *Lancet* 2012; 380: 1550-1551.

or professional ethics in breaking this negative cycle. In particular, upholding such contemporary and traditional Chinese principles as the primacy of patient welfare, as well as "medicine as the art of humanity," requires the removal of the damaging institutional conflict of interest (especially financial interest) inherent in China's healthcare systems. The current crisis in patient–physician trust presents valuable opportunities for the Chinese medical profession as a whole to restore the trust from patients and society through the positive development of professionalism.

Commercialization of healthcare and the public distrust over health institutions and professionals acting for patient welfare and above their self-interest constitute a daunting challenge for the medical profession almost everywhere globally, not merely in China. The positive development of medical professionalism can substantially help to rebuild patient-physician trust in China. Meanwhile, Chinese advances in the area of medical professionalism can significantly contribute to and potentially transform the global pursuit of reviving and redefining medicine as one of oldest professions and vocation of humankind in ever-changing socio-cultural and medical environments.

BIOGRAPHIES

Jing-Bao Nie, BMed, MMed, PhD, is Professor at the Bioethics Centre, University of Otago, New Zealand; Adjunct Professor at Peking University Medical School, China; and Associate of Harvard University Asia Centre, USA. His publications include *Behind the Silence: Chinese Voices on Abortion* (Rowman & Littlefield, 2005), *Medical Ethics in China* (Routledge, 2011), and a co-edited thematic issue on the methodologies of transcultural and global bioethics in *Kennedy Institute of Ethics Journal* (2016).

Yu Cheng received his Ph.D. from Sun Yat-sen University (SYSU) and his M.A. from South Central University for Nationalities. He was a post-doctoral fellow at Yale University, He is Professor in the Department of Anthropology at SYSY and the Director of the Center for the Medical Humanities at the Zhongshan School of Medicine at SYSU. His current research interests focus on migrant health, elderly care and the patient-physician relationship in China.

Xiang Zou received her M.A in anthropology at Sun Yat-sen University in China and is currently a PhD student at the Bioethics Centre, Otago University, New Zealand. Her PhD

thesis explores healthcare for elderly people at a rural community hospital in Guangdong, southern China, through an integrated anthropological and bioethical methodology.

Ning Gong, PhD, is Associate Professor, School of Nursing, Sun Yat-sen University, China.

Joseph D. Tucker, MD, PhD, AM is an Assistant Professor of Medicine at UNC Chapel Hill and Director of UNC Project-China. He co-leads a five-year research study on the social science and ethical implications of HIV cure research. He has a special interest in nurturing and instilling patient-physician trust in the Chinese context.

Bonnie Wong is a PhD student in the joint UC Berkeley/ UCSF program in Medical Anthropology, and an MD candidate at Stanford School of Medicine. She received her MSc in Medical Anthropology at Oxford as a Knox Scholar and her BA at Harvard in Biology.

Arthur Kleinman is professor of medical anthropology in the Department of Global Health and Social Medicine and professor of psychiatry at Harvard Medical School. He is the Esther and Sidney Rabb professor of anthropology in the Department of Anthropology in the Faculty of Arts and Sciences (FAS), and was the Victor and William Fung Director of Harvard University's Asia Center from 2008-2016.