Chinese Medical Association anxious to establish ties with CMA

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In brief

INCLUDED IN CHINA'S HEALTH CARE REFORMS are plans to forge ties with businesses and physicians in Canada. The current challenges centre around the standardization of medical education in China, issues that a Chinese delegation raised during a recent visit to Canada.

The Chinese Medical Association is establishing business ties with Canada and wants to create formal ties with the CMA. During what the Chinese association called its first official visit to Canada, delegates announced plans to launch a Web site, establish an office in Toronto and collaborate on medical-training ventures.

These and other initiatives were outlined in a memo of understanding signed Aug. 11 by the Chinese association and CanPacific Group Inc. The Toronto-based company was founded in 1996 to develop business and communications projects in China. It has already created a highly acclaimed television series that teaches Western business customs and English to the Chinese. Dasban and friends visit Canada is watched by 20 million Chinese viewers each week.

CanPacific plans to work with the Chinese association to develop educational programs on health care and work on business projects of interest to pharmaceutical companies. “Training is a first step that could lead to other things,” explains project manager Maggie Xu. “Physicians are extremely influential as to what the government decides.”

A CMA with 430 000 members!

The president of the Chinese Medical Association also serves as China's minister of public health. Based in Beijing, the organization is the world's largest medical association, with 430 000 members. The 83-year-old association, which includes 75 subspecialty societies, manages China's health care education and clinical trials, evaluates drugs and sponsors more than 100 medical conferences annually. It also publishes 66 medical journals, including an English version of its Chinese Medical Journal, and translated versions of the Journal of the American Medical Association and the British Medical Journal.

The country's health care system is undergoing radical reforms in an effort to serve 1.2 billion potential patients. “We’re on the cusp of great change in the next 5 years,” says Dr. Zeyi Cao, the executive vice-president and the organization's third-ranking physician after the honourary president and president. He says insurance reforms, to be announced by year's end, are part of the proposed changes; only 10% of Chinese now have private insurance.

One of the biggest challenges involves standardizing medical education, residency and continuing education. China is now devising physician standards of
clinical practice, changes that Cao describes as “very important.”

A vast health care marketplace

Bailing Xia, a consultant with CanPacific, says not all Chinese doctors have medical degrees; most have undergraduate degrees, and in rural areas some have less than the equivalent of a community college diploma. The “barefoot doctors” in rural areas aren’t “real doctors,” says Xia.

Cao cringes visibly at the term barefoot doctors. “They’re countryside doctors,” he says, adding that improvements have been made. Solitary doctors in remote areas are being retrained, and in 1994 the Chinese government started a community medicine project in rural and urban areas by setting up clinics that are staffed by 3 to 4 physicians. This is a radical move in a country where access to health care has been, until now, delivered exclusively through hospitals. “We need more clinics,” says Cao.

The country also needs more GPs. There are very few family doctors in China because new medical school graduates go straight from the classroom to hospital wards and begin to specialize.

The Chinese Medical Association’s 20-year goal is to raise the level of education and set standards. Cao says China will begin nationwide examinations for new physicians in 1999. Practising doctors who want to leave hospital practice to work in one of the new clinics must obtain a licence, and may require more education.

One CMA to another

Cao says his association is very interested in establishing ties with its Canadian counterpart because “we would like to widen our perspectives to include other medical groups.” Specifically, he says, the Chinese association is very interested in Canada’s standards for continuing medical education, examinations and licensure.

In exchange, Canadians could learn about Chinese medicine and how the Chinese have successfully merged Eastern and Western medicine. Some hospitals specialize in Chinese medicine, and Western-style hospitals have a division where Chinese medicine is practised. Each province has a traditional Chinese medical school, where students graduate with a 5-year baccalaureate degree. As well, students in China’s Western-style medical schools must take 60 to 80 hours of instruction in Chinese medicine. Doctors use a combination of Western drugs and traditional herbal remedies and therapies, such as acupuncture. “The combination is very useful,” says Cao.

He refused to talk about China’s genetics policy, an issue raised in a recent issue of *CMAJ* (152;1998:153-5), but he did admit that smoking is a growing problem. Cao said the government is considering banning smoking in public places. He describes antismoking drives as difficult because smoking generates a lot of tax revenue.

Cao, who led the association’s 6-member delegation during an 8-day visit to Canada, adroitly steered all conversation toward the advantages of the association’s new relationship with CanPacific. He said a Web site will be one of the first joint projects. He is also enthusiastic about the possibility of creating a liaison office in Toronto to foster relationships with Chinese doctors in Canada and introduce Chinese health care to Canada and North America. “We hope we can do something not only for medicine but also to improve understanding and cooperation between us,” says Cao.

Business relationships

Richard Cousineau, CanPacific’s managing director, says the company hopes to develop a business relationship with the Chinese association, but first it is concentrating on building a relationship. CanPacific has been meeting with association representatives since early 1997 and sponsored them during their August visit; during the trip the company announced a $30 000 research grant to help bring 2 postdoctoral students from China to work on a 2-year research project at the University of Toronto. “The grant is a goodwill gesture,” says Cousineau.

The first concrete business venture between the Chinese association and CanPacific should be announced following a visit to Beijing in November. Cousineau says this will likely centre on developing protocols to be used for training and may involve some pharmaceutical companies. “Most [pharmaceutical companies] are in China now,” says Cousineau, “but some haven’t connected with the Chinese on a relationship basis. They need a conduit — a third party between the Chinese Medical Association and business interests — that can interpret what each side wants and needs and develop those things.”