

6年時個別計画実習 海外実習レポート  
1013652M 金子昌裕

4 weeks in China Medical University [2015/4/1-4/30]

• Basic information about China Medical University

China Medical University [CMUH] is one of the most historical medical schools in China. Manchuria medical school, which was built in 1911 by a Japanese company, South Manchuria Railway Co., and a medical school, which was run by Chinese Workers' and Peasants' Red Army, were merged to CMUH after WWII. Because of this historical relationship with Japan, CMHU opened Japanese language course in 1961. At the course, many students have studied medicine in Japanese, and CMHU have produced not only lots of great medical doctors or researchers in China but also many medical doctors who got PhD degree and/or license of medical doctor in Japan. Although most of world famous universities in China are located in Beijing, Hong Kong, or Shanghai, CMHU is the biggest and most authoritative medical school in northwest area of China [Liaoning, Chilin, and Heilongjiang province]. For Japanese, we can see some similarity between Hokkaido University and CMHU for their location, a big medical school in big city appeared in cold, grainfield-rich plain.



Photo 1 CMU from hotel room [Ibis hotel 26F]

I worked 4 weeks in the first hospital of CMUH, which is located in the central area of Shenyang, the largest city in Liaoning province. The hospital faces the Zhongshan park with statue of Mao Zedong on the north, and there are Taiyuan street, the second largest street in Shenyang, the 5 minute's walk south from the hospital and Shenyang station, one of the station for high-speed railway system, 15 minute's walk west from the hospital. The hospital has 5 main buildings. 1st and the largest one have 26 floors for outpatients and inpatients, and others are for laboratory, special examination, emergency department, or ward for VIPs. Compared to Japanese hospitals, the scale of this hospital is incredible. Its total bed number is larger than 3000, and over 10000 patients are hospitalized in a month. Surprisingly, this gigantic scale of hospital is not large enough to treat a lot of potential patients, and they have to wait for months to hospitalize to busy department ward such as

cardiology or gastroenterology. Of course, except for inpatients, the hospital is also opened for outpatients, and the outpatient area from 2<sup>nd</sup> to 6<sup>th</sup> floor is always crushed with patients and their relatives.

• My experiences

I rotated 4 department, Endocrinology, Infectious diseases, Thyroid and vascular surgery, and Oncology and spend 1 week for each department. In the Endocrinology department, I was greatly surprised in my first visit to outpatient office. The outpatient work in China is extremely busy, and one doctor sometimes treats over 100 patients in a day. Although only about 50-60 patients came to the office when I visited, the office is always filled with current patient and his/her relatives, next patient and his/her relatives, and a patient who want to ask something to the doctor. On occasion, the next-next patient and the next-next-next patient get into the office, and the office was becoming chaotic field (I don't know where "privacy" or "peace place for patient" has gone...). The



Photo 2 Professors at Endocrinology dep.

6年時個別計画実習 海外実習レポート  
1013652M 金子昌裕

aggressiveness of patient to doctors is also the different from typical patient-doctor relationships in Japan. Most cases in ward and outpatient office were diabetes and thyroid disease, but I could see several rare cases, such as polycystic ovary syndrome, Addison's disease, Turner's syndrome, and type II autoimmune polyendocrinopathy. Because we can seldom see these kind of patients untreated for a long time, the textbook presentation of these cases were much interesting for me. Endocrinology department is also elected as national concentrated center for research, and both basic and clinical research, mainly focused on thyroid disease, are proceeded. The quality of previous publication are really high and accepted to high reputation journals, such as New England Journal of Medicine, Journal of Clinical Investigation, or J Clinical Endocrinology Metabolism.

The second week, I was supposed to stay only in Infectious disease department, but I also stayed Rheumatology and Immunology and Communicable disease department. Infectious disease department treats patients with Fever of Unknown Origin, and it sometimes diagnosis brucellosis, aspergillosis, typhoid fever, or various parasite disease. These patients, however, usually come in summer, and they are transferred to other department as soon as it is diagnosed. Therefore, I only see the cases of severe pneumonia in this week. Because of shortness of typical cases, the last two days of the week I moved to other department. In Rheumatology and Immunology department I could see outpatient work of the professor. He is one of the most famous Rheumatology doctor in China, and many patients from all over China with rheumatic arthritis, systemic lupus, or ankylosing spondylarthritis came and saw him. Communicable disease department is unique department in China mainly treating viral hepatitis and HIV infection. This department is separated from other buildings for historical and social reasons (hepatitis and HIV infection is thought as "dirty" disease in China.). I could see several interesting cases, such as AIDS patients with pneumocystis pneumonia or military tuberculosis, or hantavirus infection, also known as epidemic hemorrhagic fever.

In Thyroid and Vascular surgery department the surgeons operate thyroid and any vessels except the area that needs open heart/scalp surgery, and they also give Interventional Radiology [IVR] operation targeted all vasculature. In this 1 week, I could participate in various operations including thyroidectomy, stripping of varix, abdominal aortic artery replacement, or IVR for chronic dissection of aortic arch. What is exciting for me, a Japanese medical student, in this department was that I could work as 1st to 4th assistant and have chances to sew, ligate, aspirate or other minor process that are done by residents in Japan.

The last week, I rotated on Oncology department. Although the departments giving chemotherapy to patients are Oncology and every surgical department, Oncology department treat patients who did not get benefits from 1st/2nd line standard therapy or did not accept standard therapy for medical or economical reasons. They have about 1000 such complicated cases in a month, and doctors seem to be amazingly busy. It



Photo 3 Doctor's office at Oncology dep.

also have big basic research laboratory as endocrinology department and challenge the mystery of drug resistance mechanisms or developing novel drug. My impression is that this department directly reflects the growing economic discrepancy in China. Relatives of a patient with metastatic breast cancer went to the US to buy recently developed molecular targeting drug that expects 3 month longer life extension. Another patient with metastatic lung cancer decided not to check mutation profile of his cancer because his economic status and insurance could not accept gene-targeting drugs that cost 1,000,000 to 2,000,000 yen per month. One patient who came to outpatient office with clinically malignant mass asked a professor to prescribe cheap anticancer drugs without histological diagnosis with "expensive" biopsy. These cases seems to be magnified view of economic discrepancy in China exaggerated by rapidly advancing chemotherapy trend.

•Two points different from Japanese society

One of the most impressive things I felt in my experience in the hospital is that the patient-doctor relationships in China. Compared to patient-doctor relationships in Japan, it is almost flat or even rolled upside down (patient >> doctor). Chinese patients have strong opinion to their sickness, and sometimes they do not believe doctors advice. They aggressively discuss with doctors and only accept treatment they think as reasonable. They do not hesitate second opinion, and they often tell their



6年時個別計画実習 海外実習レポート  
1013652M 金子昌裕

doctor that they cannot believe their doctor's opinion and go to another better hospital. If they get some relationship with a doctor, they think they have right to get advice from the doctor without any costs at any time. It is almost impossible in Japan that patients without any appointment directly come to doctor's office and require checkup, but such practice is a part of daily life for doctors in CMUH. I don't think its reasonable relationships between doctor and patient, but I feel such relationships in Japan should shift a little to that in China.

Another thing surprised me is that the percentage of female doctor in CMUH. As you see from the picture in Endocrinology department, the number of female doctors is larger than that in Japan. According to doctors and students, this is because social acceptance of gender equality is high, women do not have to give up their carrier in general, and achievement of women is usually better than men. This trend is not limited in the field of medicine, and it is broadening to law or other high status professions. Although in the field of politics Chinese women equality is making problem, we, Japanese, must follow this good example of our neighbor.



Photo 5 中央大街 in Harbin



Photo 4 大悦城, the biggest shopping mall in Shenyang

•My life outside hospital

There are various department, restaurant, shopping mall around the hospital, and subway station is also close to the hospital. I could not feel any problem with my daily life in this central area of Shenyang. Famous foods in northeast China are Jiao-zi or other dishes made from grain and pork. In my impression, restaurants cost more than 400 yen/plate are more or less sophisticated and fit our tastes. The cheaper restaurants that cost less than 400 yen/plate and serves true home cuisine, however, often fail my expectancy of my tongue...

On weekends, thanks for my Japanese class friends' help, I could visit other cities in northeast China. One of them is Harbin. This city is the capital of Heilongjiang province, northern end of china, and historically it was developed by Russia. Chinese culture usually re-use existing architectures, and we can enjoy unique street view. A former Russian residence is used as school, a former bank is developed as department, and a former chapel is re-arranged as museum. At first glance, we feel as if we were walking in an old street in St. Petersburg, but everyone around us are Asian people, and all characters are Chinese. It is really unique and funny city view. My favorite spots are night view of Zhongyangdajie Street, and sophisticated atmosphere of Gogol's bookstore.

As mentioned above, there are lots of difference between hospital in China and that in Japan. However, the most precious idea I got from this 4-weeks is that we are not the different living things, human beings. I saw people in China laugh, cry, get angry, and have fun in almost the same situation to us, people in Japan. Although our societies do not have good impression each other recently, but I believe this is only caused from our geographical separation or few chance to communicate each other. We have different and respective culture each other, and we are living in really closely. It is nothing other than waste that we do not want to understand each other. I hope to share my experience in China with as many people as I can, and tell them what is going on in China, what Chinese people are thinking, and how we are similar to each other.

Finally, I have to say many thanks to Dr. Liu and staffs in student exchange program in CMUH and Kobe University, my precious friends of Japanese class, Ms. Teng, Ms. Tang, and Mr. Wan. I cannot imagine my 4-weeks without their help.