

THE COMMON CHALLENGE OF CHRONIC DISEASE

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I was in China recently. I visited Nanjing – the old southern capital, Beijing being the northern capital – soon to be connected to neighbouring Shanghai by a bullet train.

Nanjing is a fine city with a tropical climate and lush vegetation, millions of people, huge modern civic and financial services buildings, boulevards, 2000 years of history that includes a WWII Japanese massacre of several hundred thousand people during an interval of military chaos and, of course, health services.

I met with cardiologist Dr Biao Xu at the Nanjing Drum Tower Hospital. The hospital has 1000 beds. The doctors work without weekends, and their holidays are brief and fitted around conferences. They pride themselves on being on call 24/7 and that patients with coronary problems who present during the night receive standard care, taking on average 30 minutes from presentation to catheterisation. The in-hospital mortality for patients with an acute infarct is around 3%. The cardiology unit of 100 beds treats 3000 inpatients and 50,000 outpatients a year.

I was there to discuss with Dr Biao Xu and his colleagues a collaboration to be formed among Pacific Rim universities that would address the growing challenge of chronic disease, foremost among which is cardiovascular disorder. In China, stroke dominates the agenda, but heart disease also matters. Millions die of it each year, one third of them aged less than 65.

My special interest is this: can we arrange optimal treatment for patients leaving hospital after a heart problem? We know that during this time of heightened vulnerability treatment with medication saves lives. It is prevention of a high order – and results accrue much faster than from most preventive manoeuvres, such as altering diet. Quitting smoking works as fast and as well but, in China, tobacco remains out of control.

Post-hospital treatment of this sort is honoured in theory and hard to practice – everywhere. In China, I learned that a recent government edict drew clinicians' attention to the need to follow cardiac patients once they left hospital, but the massive case load and stressed minimal primary care capacity meant that opportunities to do so often had, sadly, to be ignored.

Nothing daunted, Dr Biao Xu knew exactly what should and could be done. They are conducting several clinical trials at present and could see how our proposal might lend itself to assessment by this method of clinical research. They may be able to recruit an additional doctor to supervise the project, they said.

They took me to the coronary care ward. Patients greeted us with a smile. The technology was basic but modern, much made locally. The nursing staff was alert, bright, and happy to see us. Sheets had been stitch-repaired, to economise, I suppose, at points where economy was tolerable. There was no lack of disposable syringes and other equipment that we also now toss after single use.

China is embarking on a health reform project – oh no, not them, too, do I hear you say?! They assuredly need it as their hospitals are swamped by people travelling long and short distances seeking care not available in the community. Primary care, so much a part of the public health revolution of 50 and more years ago, fell to pieces as the economy picked up, and little-trained health aides quit in favour of better paid jobs. There is no universal health insurance and what primary care there is costs lots for poor people.

Now China is turning its attention to building a primary care system to meet the needs of its massive population. This will be necessary to maintain civil harmony as outbreaks of violent dissatisfaction are to be found in many large city hospitals, so much so that staff have taken to wearing riot protection helmets in the wards – I jest not.



Stepping onto another world – for such is China – is an experience rather like that recorded by the astronauts who first set foot on the moon, who looked back and were moved by the verdant and vulnerable magnificence of earth. Australian health care looks pretty good from China!

We have problems for sure and achieving integrated care for our patients with chronic problems, be they mental, physical or both remains our contemporary challenge. Others have this problem too, though.

Collaborating across ‘worlds’ may give us all more insight, equanimity and skill to do better for all our patients – whether here or in China.