At the Children’s Hospital in Hangzhou

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After morning rounds, the medical students in the Children’s Hospital would trickle one by one into the doctor’s lounge at the end of the hall, a small room crowded with computers, patients’ charts, and books. Sipping hot water from thermoses, they would look up conditions in English-language medical textbooks, occasionally consulting their phones for the Chinese translation. As they worked, they kept up a spirited discussion about the merits and faults of various attendings.

They were not much older than we were – Chinese medical students enter five-year programs immediately following high school – and even through the double lens of culture and difference in skill, we saw in them a glimpse of our future selves. Like medical students everywhere, they faced the pressure of caring for patients without really knowing whether they were capable of doing so. Their official standing didn’t matter once they put on white coats. In the eyes of patients and their families, they were already doctors.

Some of the challenges the Chinese medical students will need to deal with sound too familiar to us: structural inequalities and the challenge of providing universal access to health care. Others are very different: the prevalence of certain infectious diseases; a massive population, mostly rural and poor; a standard of care at local hospitals very different from that at large city centers.

Parents regularly visited the doctor’s lounge to ask the medical students and fellows, futilely, whether they could take their children out of the ward for lunch. One man came to fetch the medical records for a baby discharged the previous week. He had ridden for hours on motorcycle to get from the surrounding countryside to the hospital, but without proof of relationship, the hospital could not release the patient’s paperwork. The man protested that the child’s mother couldn’t come; he was working too far away, in another city. What he did not say left a terrible helplessness hanging in the air: a single absence from work could easily get a factory worker fired.

The five of us who were part of that summer’s Hangzhou exchange program did not know at the outset how much this trip would change our conceptions of medicine. From our experiences in other hospitals in Hangzhou, it was tempting to conclude that Traditional Chinese Medicine has been incorporated seamlessly into the Chinese medical system, but if we have learned anything, it is that facile narratives about China do not capture the complexity of the situation on the ground. In a nation where the medical system is pushing for rapid modernization and progress is so often measured by the attainment of Western standards, the med students at the Children’s Hospital had little incentive to study what they viewed as outdated beliefs. One student asked what we were studying in Hangzhou and looked politely incredulous upon hearing acupuncture and herbal medicine. Rounding with them opened up the realization that medicine is rarely simple, and that it usually manages to challenge our expectations.

One afternoon, my attending asked if I’d like to help with the day’s outpatient nutritional consults. I found myself taking the measurements of impatiently-squirming kids. Three or four families were squeezed into the exam room, and more parents and grandparents were waiting through the door and down the hall. Height, weight, head circumference. Height, weight…I was slow, the line seemed endless, and suddenly the reality of what I was doing was overwhelming. This was the first time I had ever been directly responsible for real patients. At the other desk, Dr. Ma was beginning her next consult. The baby in front of me was stirring from her nap, and her family was waiting for me expectantly. I looked up at them and in my shaky Mandarin I said, “She’s got her mother’s eyes, doesn’t she?”

Some things about doctoring transcend the barriers of language and experience. As they smiled, and as some of the tension slipped from their faces, I took a deep breath and went to work.

The coursework we are doing now at Brown sometimes starts to seem like an end in itself. It is so easy to take refuge in studies and lose sight of the real purpose we are here, so easy to forget that at the end of it all, we will be serving other people. When that happens, I will need to think back to those moments of vulnerability we experienced in Hangzhou: the vulnerability of being lost in another country, or of taking responsibility for a patient I was not sure I had the ability to care for. Many such moments of doubt and uncertainty will undoubtedly be waiting for us in the years of training to come. And in those times, I must remember what it felt like in the Children’s Hospital to be entrusted with another person’s well-being: such a privileged feeling, no matter how far you are from home. ✤