

Facing up to the threat in China

As doctors, reading the Editorial "Chinese doctors are under threat" (Aug 28, p 657)¹ was such a consolation. The Chinese media certainly has an important role in the demonisation of doctors and nurses. However, there is a saying in China: "you can never make applause with one palm". The reasons are not always from the outside; some originate from the doctors and nurses themselves.

The low quality of medical service in China is universal. The access qualification for a physician is not as strict as in western countries. One can apply for a physician's licence even without formal college education, and this is granted if that person can pass the qualification examination, which is not actually difficult. For a nurse, the education period is shorter and the qualification examination easier. In previous years, a nurse, even one without a medical education background, could work as a doctor without the need for any qualification examination. Many of these "doctors" are still working in their positions today.

The Editorial cites a few Chinese media reports that have misled public opinion. Nevertheless, some reports highlight real cases of malpractice, and the most frequent reason is the doctor or nurse's lack of professional ethics. Without the deserved salary and respect, deterioration of professional ethics is perhaps to be expected in other professions. But a medical worker's lack of ethics directly harms patients. So it is no surprise that patients are usually treated as the victims in the public's opinion when medical disputes occur.

Moreover, for a patient subjected to malpractice, it is very hard in the current justice system to win a legal claim against a big hospital. If a patient cannot find protection from the law, revenge via violence is conceivable.

Although we agree that "China's health-system reforms cannot be successful without reforming the social and economic status of doctors",¹ we believe that improvement of the quality of medical workers and refining of medical practice laws are essential as well.

We declare that we have no conflicts of interest.

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1 The Lancet. Chinese doctors are under threat. *Lancet* 2010; **376**: 657.

As young doctors in China, we feel strongly about the grim situation in our country, which was mentioned in the Editorial entitled "Chinese doctors are under threat".¹ Improper health-care system reforms did not acquire Chinese doctors a deserved improvement in social and economic status. Owing to misleading media reports and public misunderstanding of the medical profession, Chinese doctors have become progressively demonised.

We are particularly excited by the Editorial's call for Chinese doctors to be involved more in shaping health policy, by giving voice to their own experiences and constructive ideas about the health system. Fortunately, the new health-care system reforms include more financial input from government and abrogating reversal of the burden of proof in medical disputes, which had been long requested by medical personnel. We can expect a promising future.

On the other hand, young trainee doctors such as ourselves should be quite clear what a good doctor is, and how we can become one, especially in the eyes of patients. Patients' priorities for general practice care include humaneness, competence and accuracy, involvement in decisions, and time for care.² Effective communication and correct assumptions about patients' preferences are important for dealing

with doctor-patient relationships in China. To face up to the threat in China, we should fulfil the Hippocratic oath, learn how to put ourselves at patients' disposal, and earn their trust.

We declare that we have no conflicts of interest.

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- 1 The Lancet. Chinese doctors are under threat. *Lancet* 2010; **376**: 657.
- 2 Wensing M, Jung HP, Mainz J, Olesen F, Grol R. A systematic review of the literature on patient priorities for general practice care. Part 1: description of the research domain. *Soc Sci Med* 1998; **47**: 1573-88.

We would like to offer our thanks to *The Lancet* for the Editorial depicting the threatened life of Chinese doctors.¹ It has become an immediate topic of discussion here. To gain further insight into the attitudes of Chinese doctors, we did a survey on *Ding Xiang Yuan*, the most popular biomedical website in China with a registered user base of over 2 million. By Oct 2, 2010, 14,577 doctors had participated in the survey, including 5710 residents, 5132 attending physicians, 2256 associate chief physicians, and 609 chief physicians.

When asked whether they were concerned about the health-system reforms in China and what their primary concerns were, 67% of doctors said that they were strongly concerned about the reforms, with 65% choosing safe medical treatments and 53% choosing cure of the patients as their primary concern.

When asked about the main reasons for the increased tension between doctors and patients, 66% said that their hospitals encountered one to three medical disputes per month; 78% blamed it on a lack of government funding to hospitals and 70% accused the public media for negative reports, with 86% of doctors believing that negative reports were



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used to increase audience ratings. In terms of false media reports, 49% of doctors took them as deliberate, and 37% thought that the media needed qualified scientific gatekeepers for their medical news.

Finally, 91% of doctors strongly agreed that China's health-system reforms could not be successful without reforming the social and economic status of doctors.

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1 The Lancet. Chinese doctors are under threat. *Lancet* 2010; **376**: 657.

Is antiretroviral therapy modifying the HIV epidemic?

Julio Montaner and colleagues (Aug 14, p 532)¹ present data from British Columbia, Canada, on the association between rates of HIV diagnoses, coverage of antiretroviral therapy (ART), and average HIV viral load. They are incorrect in describing their study as a "population-based cohort study". It is an ecological study, because the data on exposure (ART and viral load) and outcome (HIV diagnoses) do not come from the same couples. This is a crucial distinction because population associations found in ecological studies often fail to reflect individual-level biological effects.²

Montaner and colleagues do not consider the most important confounding effect—namely, the rate of unsafe injecting in injecting drug users. Montaner's group has reported data which show that policy changes led to a greater than 50% decline in syringe borrowing, and reductions in HIV incidence in British Columbia.³ Reduction in unsafe injecting has been acknowledged as an important reason

for decreased HIV incidence in this population.

HIV diagnoses have increased over the past decade in men who have sex with men in developed-country settings, including Canada.⁴ In Australia, HIV diagnoses among such men have increased despite very high levels of HIV testing and treatment, and declining average viral load.⁵ Thus, ecological data from comparable settings do not support the idea that lower viral load has led to decreased HIV transmission in men who have sex with men.

Ecological studies can only suggest hypotheses, they cannot confirm them.² Ultimately, the results of randomised controlled trials are needed to define the role of ART in HIV prevention.

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- 1 Montaner JS, Lima VD, Barrios R, et al. Association of highly active antiretroviral therapy coverage, population viral load, and yearly new HIV diagnoses in British Columbia, Canada: a population-based study. *Lancet* 2010; **376**: 532–39.
- 2 Rothman KJ, Greenland S, Lash TL. *Modern epidemiology*, third edn. Philadelphia: Lippincott Williams and Wilkins, 2008.
- 3 Kerr T, Small W, Buchner C, et al. Syringe sharing and HIV incidence among injection drug users and increased access to sterile syringes. *Am J Public Health* 2010; **100**: 1449–53.
- 4 Sullivan PS, Hamouda O, Delpech V, et al. Reemergence of the HIV epidemic among men who have sex with men in North America, Western Europe, and Australia, 1996–2005. *Ann Epidemiol* 2009; **19**: 423–31.
- 5 Falster K, Gelgor L, Shaik A, et al. Trends in antiretroviral treatment use and treatment response in three Australian states in the first decade of combination antiretroviral treatment. *Sex Health* 2008; **5**: 141–54.

Antiretroviral drugs have clear potential to reduce HIV transmissibility. However, the ecological association Julio Montaner and colleagues¹ find between increased individuals on treatment, declines in viral loads, and declining new HIV diagnoses in British Columbia, Canada, does not provide good evidence that

treatment reduces population-level incidence. The appropriate variables were not measured, timing of the associated changes lacks biological plausibility, and their findings have better alternative explanations.

First, their surrogate for transmission—new diagnoses—is not new infections. Many new diagnoses represent infections that occurred years previously.² Notably, the main decline in diagnoses Montaner and colleagues saw occurred at the outset of highly active antiretroviral therapy (HAART) in the late 1990s, when HAART was too new and too limited to appreciably affect new diagnoses. Yes, numbers on treatment increased as new diagnoses declined, but such declines are common in new programmes. The easiest are reached first; the diminishing residual are reached with more difficulty.

Second, Montaner and colleagues do not report true community viral loads, but from among those who reach testing and continue on treatment. Importantly, they omit people with high-viral-load acute infection, so crucial to HIV propagation³ and who receive no HAART. Rather than true declines in community viral loads, their declines probably reflect a treatment cohort effect. Initially, such viral loads represent individuals not yet or just starting treatment—with relatively higher viral loads. But over time, successively more tests represent individuals under ongoing treatment with much lower viral loads.

Antiretroviral drugs offer promise for prevention intervention, especially in some targeted application, but we need solid research.

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