



Newsletter 1

The third China-US conference on medical professionalism was held in Peking University Health Science Center on October 20th-21st, 2008. The conference celebrated the opening ceremony of the China-US Center on Medical Professionalism, PUHSC. Deputy Director of PUHSC, Professor Fang Weigang and Professor David Rothman from The Institute on Medicine as a Profession (IMAP), Columbia University unveiled for the center opening ceremony. Yang Jing, the vice president and secretary-general of Chinese Medical Doctor Association, the delegate on behalf of the Ministry of Health, participated in the opening ceremony and delivered a speech.

The physician-patient relationship, the role of physicians, medical errors, physician payment and public policy were carried out in five thematic seminars.

The Introduction to Third China- US Conference on Medical Professionalism

1. Physician-patient relationship and professionalism

Professionalism with distinct characteristics of the career contacts closely with the professional activities. Professionalism reflects the focus on the special interests of the profession and demand based on the particular occupational physicians practice. The most obvious problem of physician-patient relationship in China is that both sides lack of trust, the fundamental reason is that patients with the overall professional image of physicians do not have a more positive assessment. Professionalism is aim at improving the physicians to remodel their better professional image. The patient's overall cognition and evaluation are gradually changed by the way of concerning about the patient's interest. A good foundation is laid by the way of rebuilding a harmonious relationship between physicians and patients.

2. The China-US physicians' role in improving the health care service

At present, improvement of health care service has been expanded from medical technology to patient's right, humanistic benefit and so on. Physician is the direct provider and executive of health care service, Professionalism is specific to be strict with physicians to improve the quality of health care service by enhancing the identity and responsibility on profession.

Professor He Quanying from Peking University People's Hospital

3. How to reduce medical errors

Medical errors in health care are the behaviors of departing from the expectations and



standards in the medical process. Any of the links and different places in hospital may occur. According to the China's current situation, there are still a considerable number of gaps on the rationale related to medical errors, such as the different factors and mechanisms on medical errors, prevention and regulation founded on cause research and so forth. A wide range of medical errors seriously violates the interests of the patients, especially physician-patient relationship, challenges the hospital management. For this reason, although there are no alternatives to cause medical errors, it would be reduced to a minimum. In the prevention of medical errors, we look forward to forming the physicians' self-discipline with the related construction of professionalism, although this is a long and difficult process.

The Chinese and foreign experts and scholars participating in this meeting mainly discuss how to reduce medical errors from the methodological point. Zhang ZhongLu and Director Li Songlin point out the different perspectives on the management to reduce medical errors. Professor Cong Yali indicates that to reduce medical errors should change the forward tell within a routine after she conducted a survey of medical errors in four cities of China. Professor Sharon Levine raises the suggestions to develop the culture of safety, culture of system to prevent errors.

4. Research on obstacles to medical professionalism

Professor Sharon Levine concerns about the influence of insurance industry to medical professionalism. She stresses that any insurance scheme must meet three requirements: (1) To meet patients need is the primary ethical obligation. (2) The obligations of the physician expand to include others in the risk pool. (3) In the distribution of patients under the framework of distributive justice and resource tube. If any above-mentioned conditions are not satisfied, the plan will face losing because of the risk of public trust failure.

Professor Ma Qiang and Dr. Hu Linying agree that in China the biggest obstacle to the development of medical professionalism is the low payment for physicians. Dr. Hu Linying proposes to set up the patient-centered bonus system to provide the best health care service the patient needs. Allan Korn shows the blueprint of harmonious society—happier doctors, healthier patients.

5. Medical professionalism and public health report system

The development of modern society makes the domain where physicians play the main role break through the limitation of physician-patient relationship gradually. The specialized skill ability gives physicians greater responsibility for public health, especially for the public health policies. The physicians are more closely with people's daily life safety, which put forward stricter ethical requirements for physicians. Professionalism needs to construct the corresponding support of public health system. The building of the public health report system promotes the development of medical professionalism.