



# RESPIRATORY DELEGATION VISITS CHINA

*by Dave Gourley RRT*

I had the privilege to participate in a healthcare delegation to China this past August. The delegation was led by Janet Boehm, MS, RRT, Professor at Youngstown State University in Youngstown, Ohio, and Past President of the AARC. The delegation was organized by People to People Ambassador Programs, based in Spokane, Washington. The objective of the delegation was to explore issues dealing with respiratory health and the health care system in China. There was a specific focus on Avian influenza, HIV/AIDS, tuberculosis, tobacco abuse, and the recent SARS outbreak.

The delegation, which included 19 respiratory therapy professionals and 5 guests, departed Los Angeles, California on August 13, 2007. We arrived in Beijing, China on Tuesday, August 14. After moving smoothly through customs, we traveled to the Crowne Plaza in Beijing. That evening, we enjoyed a welcome dinner at the hotel, and discussed our plans for the following day and for the entire trip.

On Wednesday, August 15, we participated in an in-country briefing. The national guide, who also served as our translator, provided us with information about China and the cities we would be visiting. We received an overview of our activities for the entire program. The professional program continued with Li Zhongjie of the China Centers for Disease Control and Prevention, Office of Disease Control and Emergency Response. Dr. Li provided an overview of infectious disease and control in China. He discussed the general health situation and reviewed the office's strategic framework. Dr. Li noted that the life expectancy in China has increased from 35 years to 71 years since 1949. He reviewed the top ten infectious diseases in China, which included viral hepatitis, TB, diarrhea, syphilis, gonorrhea, measles, malaria, scarlet fever, typhoid fever, and brucellosis. Dr. Li explained the national strategic plan for HIV/AIDS. The goal is to keep the number of cases below 1.5 million by 2010. The plan is extremely comprehensive, including free antivirals to poor and rural areas, and free exams for HIV in every province. Dr. Li also discussed emerging infectious diseases. This is part of national security and China is intensifying international cooperation with the United States, Southeast Asia, and the European Union. There is a five year agreement with the U. S. CDC for prevention and treatment of Avian Flu. As part of the planning for the Olympics, infection surveillance and screening is increasing in Beijing.

We visited a Respiratory Disease institution the following morning. The first respiratory therapy class graduated in 2004.

The respiratory therapists were proud to review the work of their fledgling profession. Their work in the ICU in Beijing was very similar to critical care in the United States, including the same VAP preventive measures. Unfortunately, this is not the case across China where respiratory therapists are essentially non-existent. The respiratory therapists conducted a survey of Chinese hospitals to evaluate the level of respiratory care. I believe the most impressive result of the survey was that greater than 90% of hospitals believed they needed respiratory therapists as part of their professional staff.

That afternoon, we attended the Sino-US International Academic Seminar of Respiratory Medicine in Beijing Hospital # 6. The program began with a presentation on Avian Flu. This included discussion of the 18 confirmed cases between October 2005 and May 2006. The speaker provided information on patient characteristics, clinical appearance, symptoms, and treatment. Western medicine was implemented in all cases. In addition traditional Chinese medicine was used in some patients. The results were inconclusive. The seminar continued with a presentation on smoking related pulmonary disease and was followed by two presentations on smoking cessation by members of our delegation. Due to the widespread use of tobacco in China, the Chinese attendees were very interested in smoking cessation programs in the United States.

On August 20, we traveled to Guilin, China. Guilin is a resort city in Southern China on the Li River. We heard discussion regarding their services to the patients and the high incidence of asthma. We then were able to tour the pharmacy where traditional Chinese medicines were prepared. In addition, we were able to observe acupuncture and massage therapy being administered to patients.

That afternoon we went to the countryside to a clinic. We received an extremely warm welcome, with healthcare professionals lining the driveway and applauding our arrival. This rural clinic was significantly different from the hospitals in Beijing. They lacked equipment that we would consider basic essentials, such as pulse oximeters, pulmonary function equipment, and a cardiac monitor. They had limited laboratory and radiology capabilities. The staff estimated that 60% of their patients suffered from respiratory disease. During our visit, the temperature was in excess of 90 degrees Fahrenheit, and there was no air



## *Photographs from our trip to China*



conditioning in the facility. I am happy to report that our delegation was able to present a gift of a pulse oximeter to this clinic.

The last city on our agenda was Shanghai, where we visited a modern hospital on August 23. It was a teaching hospital, performing education, research, and clinical care. The hospital had two campuses, with 1,500 beds total. The facility we visited had 1,000 in-patient beds. Their in-patient volume increased from 26,400 to 49,005 patients in five years. The hospital sees over two million out-patients each year. The reported asthma, lung cancer, COPD, TB, and pulmonary fibrosis as significant in their patient population. There were no respiratory therapists at this hospital. Respiratory care was performed by physicians, residents, and nurses. The staff was not exactly clear on the role of the respiratory therapist in the United States. Members of our delegation provided insight to how respiratory therapists fit in to the healthcare team. We concluded our visit with a tour of their Surgical ICU. The respiratory equipment in use was identical to that in the United States. The ventilators, bi-level units, and blood gas analyzers were all familiar to our delegation.

In addition to the professional experience, we were able to enjoy the culture of China. This included walking and enjoying the view at the Great Wall of China and visiting Tiananmen Square in Beijing. In the evening, we enjoyed a Kung Fu show.

In Guilin, we relaxed on a Li River cruise and took in the beautiful scenery. After the river cruise, we stopped at the South China Pearl Museum. This beautiful city had a river walk and pedestrian market. The hotel provided a waterfall show each evening at 8:30 PM. Lastly, in Shanghai, we started our visit with the Shanghai Acrobat Show. This show included incredible acrobatic acts and choreography. The next morning, the modern Shanghai museum was our first stop, followed by the General Silk Rug factory. We then visited The Old Town and Yu Gardens. After a long 12 day trip, we were treated to a traditional Chinese foot massage.

On August 24, we left Shanghai for Los Angeles, ending an incredible journey that will generate awesome memories for everyone who traveled with the delegation. The experience of seeing healthcare delivery literally halfway around the world was certainly one of the highlights of my professional career. The ability to interact with the healthcare providers hopefully can lead to continued open relationships and sharing with our Chinese colleagues. I am confident that our profession will play a major role in the growth of respiratory therapy in China

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