Communication, Narrative and Risk

Expatriate Treatment Narratives in Kunming, China

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Abstract

While studying Chinese in Kunming, China, in 2009, I noticed that anecdotes about experiences in the local biomedical health care system generated a lot of discussion amongst expatriates, and formed the basis for some kind of solidarity between them. This thesis takes a closer look at what I had observed informally, to see what these stories reflected about expatriate perceptions of the Chinese health care system, and what these stories suggest about the nature of being an expatriate.

Three central themes emerged from interviews with expatriates about their experiences of seeking medical treatment in Kunming – communication, narrative and risk. Unmet expectations about doctor-patient communication in the medical setting were often associated with unsatisfactory episodes of treatment, and were major elements in expatriates’ perceptions of their health care experiences. Expatriate encounters with the healthcare system were often the foundation for stories, or ‘narratives’, and this thesis looks at how these narratives are formed, and the role they play in the expatriate community for the storyteller and the listener in creating a sense of shared identity and experience. Finally this thesis examines the concept of risk, and how interviewees determine what is risky in an unfamiliar environment. Often these perceived risks are different to what they would be in the interviewees’ home countries. These three elements – communication, narrative and risk – are all interwoven into the ‘treatment narratives’ the expatriates in this thesis offer.
Declaration

This is to certify that

(i) this thesis comprises only my original work towards the Masters,

(ii) due acknowledgement has been made in the text to all other material used,

(iii) the thesis is 32,941 words in length, inclusive of footnotes, but exclusive of the bibliography and appendices.

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Jane Elizabeth Mary Brophy
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I have written and rewritten these acknowledgements several times as I struggle to find the right words to adequately express my thanks to my supervisor, Dr Lewis Mayo. Yet again he has challenged me and encouraged me to create a unique piece of work that has expanded the boundaries of my thinking, and has been a pleasure to work with during the entire process. I hope that this is not the end of the student-mentor relationship I feel we have established.

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Introduction

When spending time in China in 2009, I observed that stories about seeking medical treatment in China held a lot of social currency for the expatriates I met in Kunming. I also noticed their effect in creating solidarity amongst an otherwise disparate group of people. While expatriates engaged with Chinese society to varying degrees, some being heavily involved with it and others quite removed, they were all, equally, forced to engage with the local health care system as there were no specific services for foreign residents, as there are in larger centres like Beijing or Shanghai. Medical anecdotes not only created solidarity between expatriates, but also incorporated broader observations about Chinese society in general. It seemed that sharing these stories, or ‘narratives’, was part of expatriates collectively trying to understand the society they were living in. I decided this required further investigation.

My previous research had already looked at health care narratives in China in the form of an analysis of representations of health care events in an English-

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1 Kunming is a medium-sized provincial capital, with a population of 6.8 million, in the province of Yunnan on the borders of neighbouring Southeast Asian countries. Yunnan is home to 25 of China’s 56 recognised ethnic minorities. Jim Goodman (2002), The Exploration of Yunnan, Kunming: Yunnan People’s Publishing House, 46. Its cultural and ethnic make-up is also influenced by being so close to Thailand, Laos and Burma. As it lies far from the political centre of Beijing, it has a much more relaxed feel than China’s larger cities, which attracts many expatriates and Chinese from other provinces who are looking for a less pressured lifestyle in a warm place. While the fast-paced and globally integrated cities like Beijing and Shanghai tend to attract business-people and other professionals, Kunming tends to attract artists, musicians, students, and English teachers.
language Chinese magazine produced for a foreign audience, *China Reconstructs*.²

By analysing the narratives about health care in this magazine, I was able to identify some of the ways in which it sought to create a positive public image for the Chinese health care system on an international level. My interest here was in how the international community arrived at perceptions of the Chinese health care system at times when independent investigation was limited. This was one of my reasons for wanting to examine expatriate narratives of the Chinese health care system.

**Expatriates**

There is as yet little academic literature addressing the community of expatriates in China and their behaviour, and even less on their relationship with the health care system.³ As a social group, the expatriates in Kunming are difficult to

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² In 2008 I completed a minor thesis as part of a Postgraduate Diploma of Arts, entitled ‘Epidemic Brings Positive Change’: Narratives of Public Health in English-Language Chinese Print Media, From Mao to Now.’

classify neatly, and there are few statistics or other devices that would allow a more precise analysis of this demographic. They are predominantly semi-
permanent or impermanent residents. In Kunming, expatriates mostly fall into the categories of Chinese language student or employees working in Chinese or (less often) foreign organisations. There are also artists and musicians who mostly seem to be there on student visas, but do not attend classes. Most of the expatriates I encountered came from English-speaking countries, or else were able to use English as their main language of communication with other expatriates (often coming from Western Europe). The student population is much more ethnically diverse than the employee population, as many of the employees are English teachers, therefore are often native English speakers, or have native-level proficiency. There are some employees who work for international companies or run their own business (such as restaurants or bars), however they usually need to be able to communicate in either English or Chinese (or both) to succeed, which is not the case for students. A large proportion of students come from other Asian countries: Thailand, Burma, Laos, Korea and Japan (these expatriates have not been included in this study, which focuses on the Anglophone expatriate community). There are also a very small number of African students, who tend to be slightly more integrated with the English-speaking expatriates than the other Asian students, as they often have some degree of English proficiency. Some expatriates are in Kunming simply for the lifestyle, so take on whatever work they can find to secure a visa and

maintain their residence in Kunming. There is a small number of mostly older people (in their 50s, 60s, and 70s) who have made Kunming their home, and expect to remain there for the foreseeable future; however, the majority of expatriates in Kunming, who are students and/or English teachers (generally in their late teens, 20s, 30s and 40s), fall into the category of semi-permanent residents. Most tend to be unmarried and have no children. Usually they are quite well educated, or at least have travelled a lot and had a wide variety of experiences. The expatriate community has a high turnover compared to migrant or other non-local communities found in anthropological literature focusing on Western countries. When it comes to accessing medical care, many do not know where to turn, as other expatriates tend to have had just as little experience with the health care system.

The expatriates in Kunming tend to dwell on the fringe of Chinese society. They are neither fully separated nor integrated. They cannot exist entirely on their own; they rely on local schools and businesses to teach or employ them, and most importantly, provide them with visas. However they have no influence over local politics or social issues, and there is no formal political representation of their interests. Given that they have varying degrees of Chinese language skills and varying degrees of interaction with local people, they are neither a self-contained community nor a stratum with an acknowledged place in society. As a result, some prefer not to associate with other expatriates, while others tend to only socialise with other expatriates.
The potential reasons for people choosing an expatriate lifestyle are numerous. In the case of volunteers, Michael E Jones argues that

The motivation which takes volunteers from their home base to developing countries is complex. Factors include for many a sense of vocation, a sense of adventure, and for some, escape from unsatisfactory aspects of life in their home country.4

The desire for adventure often comes through in the treatment narratives in this thesis, with some of the stories conveying a sense that the narrators relished the challenges they faced, or somehow saw them as a ‘badge of honour’. In addition to the factors identified by Jones, many expatriates in Kunming enjoy a lifestyle they would not be able to afford in their home countries. This may also be a part of their decision to live there. My own experience is an example of the difference in material circumstances: I was able to afford a nice two-bedroom apartment on my own in a very good location, which would not be possible for me in Melbourne. I could afford to eat out every day, and often went out to bars and nightclubs. This life is fairly representative of an expatriate in his/her 20s on a student budget; China presents the obvious attraction of a lifestyle not possible on the same budget at home. As for working expatriates in Kunming, while their earning capacities differ, even on a relatively small salary most are able to live a life of relative privilege compared to the local people, allowing them to eat and drink in cafes and bars catering to foreign clientele (this is perhaps different to

4 Michael E. Jones (1999), 99.
other expatriate communities, such as in Japan, where living expenses are considered high and a privileged lifestyle is less accessible).

While they are not marginalised financially, many expatriates struggle to integrate with local society due to language and cultural barriers limiting their options for socialising. This means that the relatively small expatriate scene in Kunming is quite insular, with many expatriates at least knowing each other by sight, if not better than that. The area around Yunnan University, particularly a street full of Western-style bars and cafes, forms the main social centre for expatriates during the day. This area is also popular at night, but there are also a handful of bars dotted around Kunming frequented by expatriates that form a basis for expatriate social cohesion. The one slightly formal networking structure is a website called ‘GoKunming’, which hosts discussion forums, advertises events, things for sale and apartments for rent, and publishes local news stories in English.⁵ Although it is not intended as an exclusive expatriate website (and does attract many English-speaking Chinese users), many expatriates in Kunming use this as a way to connect with other expatriates, and to discuss larger issues about expatriate life and daily-life problems relating to being a foreigner in China.⁶ When contacted for information about the website, the founder of GoKunming, Chris Horton, explained that

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⁵ [http://www.gokunming.com](http://www.gokunming.com).

⁶ Chris Horton, an expatriate living in Kunming, initially founded GoKunming in 2005 as a site to post up-to-date English-language information about what was happening in Kunming. In 2006, after bringing in someone with programming experience, it was developed into the form it is now in – hosting discussions and forums, listing classifieds, posting articles about local current affairs and places of interest, and advertising local events and businesses. Personal communication from Chris Horton, founder of GoKunming, 29/4/11.
Our goal for GoKunming is to provide a platform that allows any English-literate people living in or visiting Kunming or Yunnan to find and share information. Despite being run by three expats, we’re not an expat site per se. More and more Kunmingers can read English, so the site now has a rapidly growing local readership. Essentially we wanted the site to serve as a bridge between the foreign and local communities, and we feel that we've achieved that goal.⁷

Despite its broader audience, this website serves as the main formalised forum that helps create a sense of community amongst expatriates.

**Expatriate Health**

The heterogenous nature of the Kunming expatriate community makes it difficult to create a comprehensive epidemiological profile. Epidemiological literature that does not relate to expatriates on business focuses on volunteers and aid workers who are living under traumatic or unhygienic circumstances.⁸ Recent research shows that the greatest risk to expatriate health in developing countries is road traffic accidents and, depending on the region, HIV infection, however this data also relates predominantly to development workers and volunteers.⁹ In

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⁷ Personal communication from Chris Horton, founder of GoKunming, 29/4/11.
⁸ See, for example, Barbara Lopes Cardozo, Timothy H. Holtz, Reinhard Kaiser, et al (2005), ‘The Mental Health of Expatriate and Kosovar Albanian Humanitarian Aid Workers’, *Disasters*, 29(2), 152–70. This research is not necessarily relevant to expatriates living in urban environment such as Kunming.
⁹ Stephen Jones (2000), 573. The *British Medical Journal* published an article showing that Dutch development workers in the 1990s had a mortality rate three times
contrast to short-term travellers, expatriates are observed to suffer less from ‘travellers’ diarrhoea’; however, they come in contact with diseases that short-term travellers tend not to suffer from, such as viral hepatitis and typhoid.

They are less likely to suffer from chronic illnesses as compared to their home populations, as this might preclude them from choosing to live abroad in the first place. With the age range in Kunming being skewed towards those in their 20s, 30s and 40s, they are also less likely to suffer from old-age-related illnesses. The World Health Organization’s health advisory for Yunnan province identifies the main risks for travellers as Yellow Fever, Malaria, and Rabies. A study by John C Licciardone that compared expatriates to short-term travellers found that though the former are willing to take the risk of travelling to a relatively unknown place, they were much more likely to visit a travel health clinic prior to their departure to attempt to prepare themselves for the new environment they were travelling to. This might suggest that expatriate travellers are perhaps more cautious than short-term travellers.

that of their compatriots at home. This was largely due to traffic accidents and increased rates of HIV infection. Schouten & Borgdoff (1995), 1343-4.

10 This is not to say that expatriates do not suffer from gastro-intestinal afflictions. See D. J. Fryauf, R. Krippner, P. Prodjodipuro, et al (1999), ‘Cyclospora Cayetanensis Among Expatriate and Indigenous Populations of West Java, Indonesia’, Emerging Infectious Diseases, 5(4), 585-8;


13 Licciardone (2001), 211.
The ways in which one seeks health care are necessarily informed by one's own cultural norms. This study looks at a sub-cultural group whose cultural medical norms – those of western biomedicine – seem to have been embraced by the dominant Chinese culture. This differentiates expatriates in China from migrant groups in developed countries, as they are encountering a biomedical system that appears to replicate their own health care system, and there are no financial barriers to accessing it. The health care institutions that exist in China, such as hospitals and pharmacies, look similar to those in Western countries, so expatriates arguably tend to expect them to operate in a similar manner. When

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14 Martha O. Loustaunau & Elisa J. Sobo (1997), *The Cultural Context of Health, Illness, and Medicine*, Westport: Bergin & Garvey, 1. As Skolnik observes, ‘[d]ifferent cultures vary in their perceptions of their bodies and their views of what is illness, what causes illness, and what should be done about it. They have different views on how to prevent health problems, what health care they should seek, and the types of remedies that health providers might offer.’ Richard Skolnik (2008), *Essentials of Global Health*, Sudbury: Jones and Bartlett Publishers, 99. From studies conducted of multicultural medical interactions in the West, Loustaunau and Sobo conclude that ‘[m]ulticulturalism presents a substantial challenge to bioethics, because cultural values and ethical frameworks are often in conflict. Respect for individual autonomy for example, is a basic principle of Western bioethics. In many cultures, however, such as some Asian or Hispanic groups, family, community, and interdependence are much more important than individual autonomy.’ Loustaunau & Sobo (1997), 138.

15 Loustaunau and Sobo define a dominant culture as ‘one whose norms, values, language, structures and institutions tend to predominate,’ while a subculture is considered one that ‘lives within the general norms of a dominant group while preserving, to an extent, the roots and lifestyles unique to them.’ Loustaunau & Sobo, (1997), 10-11.

they do not, this causes confusion and consternation for the foreign patient, as is evident in the interviewees’ comments.

The socially and linguistically peripheral nature of expatriates greatly influences their relationship to the Chinese health care system. Many of the interviewees’ narratives included a sense of ‘us’ versus ‘them’ in seeking treatment in the Chinese health care system. Marc Pilisuk and Susan Hillier Parks argue that following a period of immigration, people can experience social isolation, and as a result, a return to ‘tribalism’.\[17\] This means ‘a reaffirmation of an earlier tribal identity that rejects the values of the new culture and the social loneliness in the new setting.’\[18\] While expatriates are only temporary immigrants and do not come from a single community, they are at risk of the same sense of loneliness. This may influence their perception of the health care system as they may be just as likely as permanent migrants to be alienated from the health care system because of a sense of social isolation and thus to develop a form of tribalism. This in turn may explain why interviewees dichotomise their experiences along Western and Chinese lines, even though, in many cases, the experiences they go through could just as easily happen in their home countries. This ‘tribalism’ also creates a point of solidarity for the expatriates to bond over. By rejecting or criticising what they find in the Chinese health care system, they reaffirm their common values to create a sense of community in what is otherwise a disparate


social group. Following arguments of Mary Douglas, we might suggest that weak institutions, such as the expatriate community in Kunming, rely on discourses such as the anecdotes that expatriates share with one another about the trials of living in China to strengthen the bonds within the group by reminding one another of their shared situation and experiences.\textsuperscript{19} Therefore, it is argued here that these stories of seeking treatment in the Chinese health care system play a significant role in creating a sense of community amongst expatriates living in Kunming.

\textbf{The Arrival of Biomedicine in China}

The Western biomedical system is, of course, not endemic to China. It arrived in China by way of Western missionaries, and took hold amongst a small group of Chinese from the late 1800s onwards.\textsuperscript{20} It was only after the 1949 Revolution that biomedicine really began to take hold when the Chinese state began to promote it extensively. On a practical level, the large number of traditionally-trained Chinese doctors in comparison to the small number of biomedically-trained doctors, combined with a shortage of medical supplies, meant that the

\textsuperscript{19} For example, Mary Douglas (1986), \textit{How Institutions Think}, New York: Syracuse University Press.

\textsuperscript{20} Ralph C. Croizier (1968), \textit{Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change}, Cambridge: Harvard University Press, 50. As Paul Unschuld explains, ‘[a]fter an initial phase of reluctance and hesitation, Western medicine was welcomed by a vast majority of Chinese intellectuals, and its fast penetration of all echelons of Chinese society was linked to mainly two circumstances. First, after suffering defeats and humiliations by Western powers…many Chinese patriots considered traditional Chinese values and modes of thought…unsuited for rebuilding a strong nation…Second, Western medicine did not appear to the Chinese as an altogether alien body of knowledge.’ Paul Unschuld (1992), ‘Epistemological Issues and Changing Legitimation: Traditional Chinese Medicine in the Twentieth Century’, in \textit{Paths to Asian Medical Knowledge}, Charles Leslie & Allan Young (eds), Berkeley: University of California Press, 44-61, 45.
Chinese Communist Party (CCP) encouraged an enduring reliance on traditional Chinese medicine (TCM). The CCP’s preference, however, was for Western medicine as it was associated with modernisation. The CCP expected that it would naturally become the predominant medical system.\textsuperscript{21}

The collectivised health care system that had been implemented after 1949\textsuperscript{22} had faded into the past by the 1980s, as an emphasis on economic development superseded social welfare programs.\textsuperscript{23} Before the 1980s, people in all areas of China could expect to be able to access some kind of rudimentary health care without having to pay. With Deng Xiaoping's ‘reform and opening’ period, the provision of health care shifted towards a more privatised system, and it became the case that people missed out on care if they could not afford it.\textsuperscript{24} A new system developed during the 1980s whereby health insurance was predominantly issued through one’s workplace, leaving large sections of society out in the cold, including the self-employed, farmers and the unemployed.\textsuperscript{25} Although since 1998 the government has attempted to establish collective insurance schemes to cover

\textsuperscript{21} Croizier (1968), 157-8.

\textsuperscript{22} A program was implemented whereby members of work units were trained with rudimentary health skills in order to assist the provision of health care to as many people as possible. These workers continued with their ordinary jobs until their medical skills were required, so they were not exclusively doctors as such. The program was successful in improving the health care situation in China. Victor W. Sidel (1974), ‘Health Services in the People’s Republic of China’, in Medicine and Society in China, John Z. Bowers & Elizabeth F. Purcell (eds), New York: Josiah Macy, Jr. Foundation, 103-127, 106-7.


\textsuperscript{24} Dummer & Cook (2007), 8.

\textsuperscript{25} Duckett (2004), 156.
those not in a conventional workplace, such as the ‘Rural Cooperative Medical Scheme’, insurance coverage is still patchy at best and many people still miss out on adequate treatment. Since the 1970s, public funding for health services has steadily declined, and most medical institutions have to run on a ‘for profit’ basis. This has resulted in an increase in money-generating practices, such as the over-prescription of drugs and unnecessary services. Trevor Dummer and Ian Cook also argue that the lack of government supervision has led to a fragmented and disjointed system. We can suggest that, for the expatriates interviewed in this study, this fragmentation is often reproduced in their narratives, as they tell stories of bureaucratic confusion and disjointed treatment plans.

From Illness Narratives to Treatment Narratives

Arthur Kleinman’s work on doctor-patient interactions and ‘illness narratives’ provides the main theoretical basis for this study. Kleinman explains that ‘[t]he illness narrative is a story the patients tell, and significant others retell, to

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26 The cooperative health insurance schemes of the 1960s and 1970s were resurrected to attempt to better the health situation in rural areas. The new scheme encouraged farmers to pay a small sum of money, usually around the equivalent of AU$2 per year, to their village head to form a pool of funds to be accessed by any of the members when necessary. Despite this, Dummer and Cook report that by 2003, 80 per cent of China’s rural population was still without medical insurance. Dummer & Cook (2007), 11.

27 Medical resources have become more centralised in urban centres, so that rural areas are increasingly lacking in medical facilities and personnel. Dummer & Cook (2007), 9.

28 Ibid, 11.

give coherence to the distinctive events and long-term course of suffering.'

Discussing illness narratives, John Janzen explains further that

...the experience of sickness may be told as a story, with all the properties of a story: a plot, characters, a timeline with a beginning, an unfolding, a point of maximum tension or conflict between alternative forces and outcomes, and finally a denouement.

While Kleinman seeks to explain episodes of illness, my study seeks to explain episodes of treatment and the narratives that expatriates produce about them. The key difference between these two theoretical frameworks is that this study focuses on the expatriates’ experiences of seeking treatment rather than their illnesses per se. Nonetheless, the expatriates’ treatment narratives display all the plot characteristics of illness narratives as described by Janzen.

It is not just immediate interactions with medical institutions that affect the narratives that patients produce. It seems that there are two main processes in

30 Kleinman (1988), 49.
32 This thesis does not set out to examine the concrete health situations of the participants, but rather their perception of their health care experiences. I do not attempt to determine whether or not disease was present in the interviewees, but operate on the premise that the interviewee experienced illness and saw fit to seek treatment, whether it was necessary or not. I use the term ‘illness’ as separate from the term ‘disease’. As Loustaunau and Sobo explain, ‘it is quite possible to be ill without being diseased. Likewise, it is possible to have a disease without being ill.’ Loustaunau and Sobo (1997), 87. This thesis does not judge the medical practitioners’ treatment of any disease, but does look at how the interviewees experienced the doctors’ treatment of their illness.
constructing the treatment narratives we are about to encounter. First, the person constructing the narrative draws on broader experiences, not just from within the health care system. Tola Olu Pearce observes that

> When confronted with a health problem, individuals and groups make use of and integrate societal/cultural factors...with features drawn from the medical sector itself...as well as the physical and psychological dimensions of their own experience...to represent reality to themselves and others.\(^{33}\)

Secondly, in the words of Linda Garro,

> As persons talk about their experiences, past events are reconstructed in a manner congruent with current understandings; the present is explained with reference to the reconstructed past; and both are used to generate expectations about the future.\(^{34}\)

Thus the two processes of combining broader cultural observations and different temporal episodes are at work in the construction of expatriate treatment narratives, and assist the storyteller to understand and give meaning to their


own experiences. This is important to keep in mind as the thesis progresses, as the creation of an illness or treatment narrative is highly idiosyncratic, and the biases and perceptions that mold the story are created over a lifetime.

When a patient experiences an episode of illness, 'both the meaning given to his symptoms and his emotional response to them are influenced by his own background and personality, as well as the cultural, social and economic context in which they appear.'\(^{35}\) Ill health is first and foremost defined by the patient, and is based on his/her personal definition of good health.\(^{36}\) This is reflected in the illness narrative, where the patient’s departure from good health signals the beginning of the story. When a patient detects an episode of ill health, they make decisions about how to go about seeking treatment, and whether or not it is worth doing so.\(^{37}\) The thought processes that help the patient arrive at the decision to seek treatment also tend to feature in their narratives; indeed, most interviewees offered some explanation for the choices they made and the paths they took. But we also examine how problems with the treatment experiences help to establish possibilities for expatriates to create narratives about their own identity and their relationship with China.

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\(^{36}\) Loustaunau & Sobo (1997), 87.

\(^{37}\) Noel Chrisman proposes a framework for understanding health seeking behaviour, based on six steps: ‘symptom definition, illness-related shifts in role behaviour, lay consultation and referral, treatment actions, and adherence.’ Chrisman notes that steps may be skipped, or enacted out of order, but these classifications can be generally applied to most episodes of illness and treatment. Noel J Chrisman (1977), ‘The Health Seeking Process: An Approach to the Natural History of Illness’, *Culture, Medicine and Psychiatry*, 1, 351-377, 353.
The narratives in this thesis often highlighted the risks that were involved for the interviewees in their search for treatment. This thesis explores the idea of ‘risk’, as proposed by Mary Douglas and Aaron Wildavsky.\(^{38}\) They argue that as no-one can possibly know all the material risks they face, humans have developed a way of categorising certain risks to perceive some as more threatening than others, so that we can feel safe if the immediate risks are held at bay. One’s selection of what is risky is influenced by social, political, economic and moral factors.\(^ {39}\) Douglas seeks to explain this phenomenon through a study of the latent effects of organisational structures on people’s thoughts and preferences. She suggests that peoples’ cultural proclivities, judgements and biases are linked to their feelings about and involvement with institutions, and the kinds of institutions that they like or dislike.\(^ {40}\) This thesis explores how some expatriates define ‘risky’ conditions in the Chinese health care system in relation to Douglas’s ideas about organisation and chaos.


\(^{40}\) Some individuals are strongly attached to hierarchy; others emphasise the value of egalitarian groups; others strongly affirm individual competition as the key principle for human interaction; yet others experience the world from a more isolated perspective, eschewing competition, hierarchy, and the demands of groups. These arguments are outlined in a number of her works, including How Institutions Think; (1996), Natural Symbols: Explorations in Cosmology, London; New York: Routledge; (1996), Thought Styles: Critical Essays on Good Taste, London; Thousand Oaks: Sage Publications; and (1992), Risk and Blame: Essays in Cultural Theory, London; New York: Routledge.
Methodology and Limitations

I conducted qualitative interviews with ten expatriates who were living for various periods of time in Kunming. Interviewees were invited to participate in one semi-structured interview through snowball sampling. Participants were chosen with the only criterion being that they had been to hospital in Kunming. The interviews were recorded and transcribed for later analysis. I chose this method as I was interested in the stories expatriates had to tell about their experiences in the Chinese health care system. As noted, Kunming does not have foreigner-specific medical facilities, so the interviewees were forced to interact with the local system. While foreigner-specific facilities exist in Beijing, Guangzhou and Shanghai, expatriates who choose to live anywhere else have no option but to seek treatment in the Chinese system. The Kunming case offers insights into the ways in which foreigners construct stories about their interactions with Chinese society when they are obliged to engage with it.

A number of limitations can be identified with this study. Due to the nature of snowball sampling, I was only put into contact with people from their late teens to late 30s. This prevented a generational comparison and, as there were people

41 My definition of ‘expatriate’ was informed by a 2001 study of expatriates visiting a travel health clinic in the United States, where Licciardone classified expatriates as those whose period of travel exceeded 181 days (just over 6 months). Licciardone (2001), 210. See Appendices I-X for specific time periods interviewees spent in Kunming. Exceptions were made for interviewees who had spent significant periods of time in Kunming in the past, even if their current stay was under six months.

42 See Appendices I-X.

of all ages living in Kunming, skewed the age representation (although it could be argued that the age group represented in this study is the largest in the Kunming expatriate community). Secondly, the participants were all childless. As there were a number of families living in Kunming, it may have been useful to get a perspective from that demographic. It would have also been interesting to speak to some doctors in China about their experiences of treating expatriates; however my Chinese language skills were not up to conducting fieldwork in Chinese, and employing a translator would have created a volume of work beyond the scope of this thesis.

The fieldwork I conducted to some extent elucidates the health care preferences of the foreigners I spoke to. I expected to find that they would be open to seeking treatment by traditional Chinese doctors as well as Chinese biomedical doctors, but this was not always the case. Libbet Crandon-Malamud’s research suggests that in diverse societies, people utilise multiple medical ideologies. To some extent the position of expatriates reflects this tendency. However, they often relied on advice from their home countries regarding what treatment to seek and to accept. I also expected to find a high level of anxiety and confusion in accessing an unfamiliar medical system, sometimes further exacerbated by a language barrier. The language barrier was indeed an issue for most interviewees; however, the unfamiliar bureaucracy and unfamiliar behaviour from medical practitioners was a much greater problem for them.

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As we meet each interviewee and read their stories, this thesis creates a new narrative. While each interviewee expressed ideas and concerns that could relate to each one of the chapters, I have chosen to focus on specific features which struck me as distinctive and which illuminated larger trends in the attitudes of interviewees. In Chapter One, we meet four expatriates whose narratives relate to the element of communication in their medical interactions. I suggest that, in the eyes of the interviewees, good communication is central to a positive experience in the Chinese health care system. In Chapter Two, we meet three more expatriates who attempt to explain their somewhat confusing and distressing experiences of seeking treatment by framing them in relation to their ideas about Chinese society in general. This helps them to understand the behaviour they encountered, and makes it easier for them to rationalise the experience. We also address the idea of ‘professionalism’ and how a perception of a lack of it in the Chinese system informs the interviewees’ narratives of life in China. This chapter also highlights how these narratives of troubling medical experiences are easily transformed into engaging anecdotes that create bonding opportunities amongst expatriates based on shared experiences. In Chapter Three, we meet the final three expatriates and see how their treatment narratives relate to questions of risk. These interviewees all identify situations they encountered which might be classified as posing risks to them; however, their understandings of what constituted a risk differed vastly. My discussion attempts to analyse the reasons for this. Finally, at the end of Chapter Three, we look at the main alternative to the hospital system: the pharmacy, which some interviewees identified as preferable to a visit to the hospital as a less risk-filled
treatment option. Using the themes addressed in all three chapters, I suggest reasons why this might be the case. The Conclusion adds closing remarks on the function of narratives as bonding devices in the expatriate community.
Chapter One

Communication

As set forth in the Introduction, this thesis examines the ‘expatriate treatment experience’. One of the key issues for the interviewees in their overall experience was the nature of the communicative relationship they had with their doctors. The term ‘communicative relationship’ refers to the ways in which the participants in the interaction communicate and how this conveys power differences between them. For patients, the success or failure of the communicative relationship can determine how much confidence they have in their doctor. From what the interviewees expressed, a picture has emerged of what constitutes a ‘good’ doctor-patient experience, and expectations about communication seem to be a key part of that. More specifically, there are three elements that arguably form a successful medical experience. First, the doctor listens to the patient, and is expected to respect their narrative even if they disagree with the patient’s explanations. Secondly, the doctor speaks authoritatively and provides a definite diagnosis, and in doing so displays their professional competence. Thirdly, there is an appropriate use of medical technology, which treats the patient effectively in an objective sense. This chapter examines interaction between these criteria for a good treatment experience in the context of expatriates in the Chinese health care system.

The interactions between these three criteria of a ‘good’ treatment experience serve to validate the patient’s claim to illness. Talcott Parsons argues that when
one falls ill, one requires validation by a medical professional to excuse him/her from his/her ordinary role in life, so he/she can then legitimately take on the ‘sick role’.\textsuperscript{45} It is possible that the dissatisfaction the interviewees feel stems from their inability to elicit a validation of ill health. In the cases where they were seriously ill, the communicative aspect did not seem as important, as their bodies spoke for themselves to prove their claim to sickness.

This also suggests something about the way the biomedical system in China operates. For those who had medical emergencies, they were admitted into hospital and treated, and did not require a communicative relationship in order to feel that the treatment had been successful. This suggests that the biomedical system in China functions primarily as a provider of emergency medicine, and the kind of communicative relationship other expatriates with non-emergency cases were seeking is not heavily featured in the system. However when one expatriate went to see a traditional Chinese medical (TCM) practitioner, he found the communicative relationship he was looking for. This suggests that the TCM system includes attention to patients’ communicative needs, while the biomedical system functions best in situations requiring emergency medicine. This is also true of hospitals in the West, however without primary care providers (such as general practitioners) in China, the interviewees are forced into the hospital systems for problems that would usually be best tended to outside of the hospital system.

The importance of the communicative relationship in the medical setting has been the subject of anthropological works for decades now. In his analysis of cultural differences in the medical setting, Eliot Friedson argues that,

There is the difference to be found between an American physician and, let us say, an Indian peasant. There the difference does not lie solely in the lack of formal education in medicine, but in the very premises about the nature of health and illness, the etiquette of consultation, and the proper roles for patient and healer.\(^4\)

This points to the differences in expectations about the communicative relationship that can arise between doctor and patient. For my interviewees, such differences were a significant element in the expatriate treatment experience in China. As Friedson argues, the Western biomedical setting is structured in such a way that ‘a professional’s advice should be obeyed because it is a professional who gives it, not because the advice is or can be evaluated on evidential merits.’\(^5\) The doctor gains his or her authority, in large part, from the communicative relationship norms that have developed over time. Because these norms are culturally specific, while the Chinese medical system may look

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familiar in terms of technology and bureaucratic structure, the differences in communicative norms can account for much of the confusion or discomfort that the interviewees expressed.

It is important to note that interactions between doctors and patients that involve a perceived lack of communication could just as easily happen in the interviewees’ home countries. Even so, the expatriates often created a Western/Chinese dichotomy to explain the situation. For example, an interviewee from Australia may have a deeper understanding of the pressures placed on doctors in the Australian health care system, so may be more understanding if the doctor does not have the time to communicate fully (although the expectation for good communication does remain). However, without an equivalent understanding of the Chinese health care system, the same person may see a lack of communication as a personal fault of the doctor, and may misinterpret certain behaviours as culturally motivated, rather than a product of the structure of the medical system. Whether the doctor wishes to communicate more or not does not matter if the system does not allocate him or her enough time to do so. However, most interviewees did not draw this conclusion but rather focused on the perception that the doctors just did not ‘care’.

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Communication is also an issue for clinical practice in Australia. For example, in a 2000 study of patients’ concerns at the Royal Adelaide Hospital, poor communication was found to be the basis for most complaints about medical practitioners to the hospital. ‘Draft Report from Physicians Committee Working Party on Communication by Physicians’, 26/3/2000, supplied by Committee Chair, Dr Mary Brooksbank.
Another factor contributing to the perceived lack of communication is the fact that interviewees are in a linguistically subordinate position. In their home countries, they may be able to elicit behaviour from doctors to meet their expectations. In China, this may not be as easy, and can leave the patient feeling powerless and frustrated. Without an understanding of communicative norms in the medical setting in China, the interviewees are not able to elicit the behaviour they want from the doctors simply by acting out the roles they normally would in a Western medical setting. The main priority for a patient in medical consultations is, of course, to obtain satisfactory medical treatment. At first glance, this may appear as simple as the doctor using appropriate medical technology to return the patient to health. However, while most interviewees left their medical interactions on the path to being physically restored, their inability to elicit or establish the communicative relationship they see as central to a positive doctor-patient interaction left them feeling as though something was missing from the treatment experience (most likely the legitimising effect as discussed above). The first interviewee to be discussed, Anna⁵⁰, required emergency treatment. In this situation, the communicative relationship became subordinated to the technical treatment. In other cases involving other interviewees, as the medical problems lessen in seriousness, the communicative relationship becomes much more of a focus in the treatment narrative.

A pattern emerges in which the seriousness of the illness corresponds to different communicative needs on the part of the patient. Successful communication seems to be made up of two elements: empathy and legitimation.

⁵⁰ Names of the interviewees have been changed to protect their privacy.
These are not mutually exclusive, and they are not necessarily equally desired in all situations. In the case of a medical emergency, the illness is already legitimised; communication, if it occurs, tends to be for the sake of empathy. Depending on the condition of the patient, this can be sidelined in favour of effective medical treatment and the patient may still consider it a good medical interaction. In cases that are not emergencies, communication is geared more towards legitimation, although empathy may also be a factor. If this is what the patient is seeking, communication (to provide legitimation) is essential for a good treatment experience. If the doctor does not listen to the patient, he or she is preventing them from being able to plead their case for ill health, as it were, and the patient feels as though their concerns were not fully appreciated. As we shall see below, complaints about a lack of communication often coincide with the interviewee’s inability to elicit a pronouncement of ill health from the medical professional. Thus, when considering ‘communication’, we can see that it covers a continuum that extends from empathy to legitimation, depending on the seriousness of the medical complaint.

Interviewees interpreted the difference in communication norms in various ways. The first interviewee to be discussed in this chapter, Anna, felt that, in a non-emergency situation where her symptoms did not speak for themselves, the doctor could not diagnose her properly without adequate communication and discussion. The second interviewee in this chapter, James, felt frustrated by the lack of explanation given by the doctors for their treatment (or lack of it). The third interviewee, Andrew, interpreted the perceived lack of communication as egotism on the part of the medical practitioner, and generally saw his attempts
to communicate his symptoms as ‘a waste of time.’ The final interviewee discussed in this chapter, Kate, encountered a communicative doctor, and perceived the thorough discussion of her symptoms and treatment as having a high therapeutic value. This discussion of what made an experience positive, rather than what was missing, provides a context for these four interviewees in terms of what they might have come to expect or want from a positive doctor-patient interaction. Expectations about the doctors’ communicative responsibilities are thus critical to perceptions of the adequacy of the treatment in non-emergency situations.

Anna

Anna’s first experience of the health care system in Kunming was in 2004, with what turned out to be septicaemia (blood poisoning) originating from an infection in her left knee. By the time she sought treatment, her knee was extremely swollen and had turned black, and she was in a lot of pain. Being new to Kunming, she relied on a Chinese-speaking friend to take her to a hospital close to where she was staying.

So we went there and we lined up, and a doctor was walking past and he saw that I was white, so he said “come with me, I’ll see you now”. And so then we went into the consultation room, and there was a guy just screaming in agony on the bed and he kicked him off the bed and just said “you, get on the floor”, so I could have the bed, and I was really...I had a wheelchair, so I didn't need the bed, and yeah, just the lack of empathy for their fellow man to make me feel better made me feel really embarrassed.
So I was diagnosed; they took blood tests – the blood tests were much more efficient than in New Zealand. Within the space of about fifteen minutes we had all the results from the blood test...that kind of thing takes days in New Zealand, and they found out that I had septicaemia, so I went to the hospital for three days for intravenous drips...They saved my leg, I could have lost my leg, and I could have lost my life, so they actually did a good job. And I was so sick at the time that I don't really have any feelings about how I was treated, except that they got me better, and they treated Chinese people badly...[however] I've found that the couple of occasions that I've been to doctors, they don't encourage open communication and asking questions. They rely on the diagnostic tools that they have rather than listening to the patient.\textsuperscript{51}

Anna’s story supports the hypothesis that the Chinese biomedical system is primarily oriented towards emergency medicine and that, therefore, communication is not a central element in treatment in the hospital system. In a medical emergency, Anna did not desire a communicative relationship. In this situation, for Anna, the authoritative and competent use of medical technology was far more important than a communicative relationship. The anecdote about the Chinese patient being kicked off the bed also alludes to the emergency-focused mentality of the doctors. The comment she finished with, about the lack of communication, seems to apply more to her subsequent experience (discussed below). Her later encounters with the Chinese medical system were not in an

\textsuperscript{51} Appendix I, ‘Anna’, 132-3.
emergency situation; she herself was more lucid, and the communicative relationship increased in importance.

For Anna, the main concern in her story about the lack of communication was that she felt she was not being listened to. Her second trip to hospital was in 2009, when she thought she might have broken a rib after a sporting accident. The doctor she consulted paid minimal attention to her in a room full of other patients waiting to be seen and, after looking at her X-ray, informed her that nothing was wrong. Whereas she had been given priority treatment in the emergency situation, she was now subordinated to others who were in greater need, which again suggests an emergency medicine orientation on the part of the doctors. Her dissatisfaction, however, seemed to be less with prioritisation than with the brevity of the treatment she received, and the corresponding low level of communication. Without a communicative relationship in line with her own norms for medical interactions, she felt that the consultation was unsatisfactory.

I didn't trust their diagnosis because I felt, as I said before, that they hadn't even looked at me, you know...I just felt that they were very...dismissive. They are actually technically very good at their job, like when they say there is no problem, there is no problem, but because they don't even look at you as a person who's not feeling well, or empathise in any way, I guess it's very different from health care in New Zealand. So when they said there was no problem, I didn't have confidence that there was no problem. And looking back, even now, I actually think that even
though the X-ray said there was no problem, I think there may have been a hairline fracture or something like that.\textsuperscript{52}

Anna’s stories of receiving effective treatment for septicaemia but then not trusting the diagnosis in this second case seem to present a contradiction. Anna even expressed the belief that the medical professionals she has encountered are ‘technically’ good at their jobs, but then goes on to suggest without appropriate levels of communication (by her standards), she finds it difficult to trust their diagnoses. This suggests that opinions about the health care system change on a case-by-case basis. Her good opinion of the system after her first interaction is largely lost after the second situation has fallen short of her expectations. In the first scenario, medical technology was effectively employed to return her to good health, and communication was not particularly important. In the second case, she is mistrustful of both the medical technology and the doctor’s diagnosis. This may be due to the doctor’s failure to communicate authoritatively to assert his expertise. We may conclude that where one element of the three criteria for a good treatment episode (the doctor listening to the patient; the doctor offering an explicit and authoritative diagnosis; and the application of medical techniques) is lacking, the other two are thrown into doubt. This was further influenced by her obviously positive memories of receiving medical care in the New Zealand health care system, where she acquired her expectations of communicative relationship norms between doctor and patient.\textsuperscript{53} When she

\textsuperscript{52} Appendix I, ‘Anna’, 137-8.

\textsuperscript{53} Anna had previously experienced a long-term illness in her home country, so had expectations based on her many experiences of the New Zealand medical system.
talks about empathy in a non-emergency situation, she may in fact be talking about legitimisation: that if the doctor looked at her ‘as a person’, they might be more inclined to legitimise her feelings of ill health. However, because they failed to address her in a way that took her illness narrative into account, when her gut feeling told her that she had damaged her rib, she was more inclined to trust her own intuition and to persist in that opinion. When the doctors do not perform the role that Anna expects them to in the communicative relationship, she is less likely to accept their authority and trust their opinion.

Anna explicitly identified the language barrier as a part of her reluctance to seek treatment in China, including the difficulties involved in navigating an unfamiliar bureaucracy in a second language – a theme that reoccurred in most other interviewees’ narratives. However, overwhelmingly, she identified the cause of communication problems as the attitudes and behaviour of hospital staff, rather than a language barrier per se.

The reason why I avoid hospitals in China is language issues, obviously; the bureaucracies of the hospitals...not knowing the system kind of makes you feel uncomfortable; they’re not clean; the doctors show very little empathy, they’re not really interested in me as a person, like, you get the feeling they just want to get rid of you; lack of privacy. Probably the main reason is I feel unconfident in their diagnostic skills, I don’t feel confident that they can diagnose me correctly, so I tend to self-diagnose, rather than

Unlike other interviewees who admitted their experiences in hospitals in their home countries were very limited, Anna had a lot of experience to inform a comparison.
going to hospital. I think [the lack of confidence] mainly comes from the
fact that the two times I’ve been to a doctor I’ve felt like they haven’t
listened to me and my symptoms, and I’ve felt like I can’t ask
questions...And so I feel that if they're not listening to me describe my
symptoms, how can they diagnose me properly?  

Anna has many reasons for avoiding Chinese hospitals. Two are to do with the
physical conditions of the hospitals; the standards of both cleanliness and
privacy are below her expectations. The disjointed and confusing hospital
bureaucracy also motivates her to avoid Chinese hospitals. The other two
reasons – lack of empathy and lack of individualised treatment – stem from her
expectations of the communicative relationships in a medical setting. In the
emergency situation, Anna was reassured by the use of objective medical
technology; in the non-emergency situation, the doctor’s reduction of her to a set
of symptoms let her to assess him as indifferent to her as a patient.

It should not be assumed, however, that the brusque treatment she describes
equals a lack of interest from the doctor. Numerous accounts from medical
students and doctors tell of a process of detachment from the patient in order to
provide the most objective medical care. Biomedicine has not traditionally been
a patient-centred institution; doctors listen to symptoms, not to patients. In a

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55 Opinions about the cleanliness of hospitals will be discussed in Chapter Three.
Oaks: Sage Publications, 40. Susan DiGiacomo, based on her own experience and
research, writes ‘Biomedicine as commonly practiced in the U.S. simultaneously
textbook aimed at preparing medical students for the ethical issues they will face as they progress through their training, Richard Selzer describes his experience of training as a surgeon in the West, and how it changed him.

In the operating room the patient is anesthetized in order that he or she feels no pain. In the operating room the surgeon too is in a sense anesthetized in order that he or she be at some emotional remove from the white heat of the event, the laying open of the body of a fellow human being...The surgeon dons a kind of carapace, a turtle shell, to be able to do the work dispassionately without panic.57

This detachment came under scrutiny from the 1970s onwards, and a shift in the training and behaviour of doctors has taken place since then. The generation to which all the interviewees belong has come to be able to expect a certain level of communicativeness in a medical interaction. However, this kind of practice does not seem to have made its way to China. This is not to suggest that it should, but

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rather to point out where the differences in expectations about clinical practices have their origin.

Conversely, the clinical practice of some forms of TCM place a high value on communication with the patient. Elisabeth Hsu spent eighteen months in Kunming studying acupuncture and moxibustion⁵⁸, and observing the mentor-student relationship she experienced and witnessed while learning from experienced practitioners. The first doctor she writes about, Zhang,

...had only a few patients; they were almost always ‘old friends’ (*laopengyou*) who would engage in long conversations with him while being treated...I felt that my presence at the bedside was intrusive...the maintenance of a harmonious personal relationship between the doctor and client had priority over the transmission of knowledge between the mentor and a follower as tenuously linked to him as I was.⁵⁹

It would seem that at least some TCM practitioners see the therapeutic value in having a strong relationship with their patient built on communication and trust. It is possible that in order to differentiate themselves from TCM practitioners, biomedical practitioners in China deliberately eschew a communicative relationship with their patients for a technical one. Biomedical practitioners may

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see their role as purely technical, with the expectation that if a patient wants to be listened to, they will go to a TCM practitioner. This would fit with Anna's experience of finding the biomedical system technically competent, but lacking in sympathy for her experience of illness.

The next interviewee to be discussed reinforces this possible theory. James seems to seek out a therapeutic relationship from a TCM practitioner after not getting what he wanted from the Chinese technically-oriented biomedical system. Hence, we move from a patient who does not need the communicative aspect in an emergency situation, but otherwise regards it as essential, to a patient who deliberately seeks out a communicative relationship with a TCM practitioner when the biomedical doctors have failed to give him a clear diagnosis or legitimise his claim to illness on several occasions.

**James**

James visited a hospital on three occasions, and stated that each time he felt frustrated by the lack of communication on the part of the medical staff and a perceived lack of precision and depth in the consultations and recommendations. On the first occasion, he was experiencing strong chest pains.

It had been going on for a couple of days, so I went and they gave me chest X-rays. And nothing really came out of it, they didn't really give me a definite result. They just, sort of, they were like “just see how you feel in a few days and come back if there's a problem”...I think they took a blood
sample too, I got those back and then I went back to the consultant, but he wasn’t, like, really sure what was wrong. It was, like, quite indefinite.  

James gave up on seeking a diagnosis. The symptoms subsided with time, but this illness was still a concern for him at the time of interview. While the doctors may have been correct in not seeing any serious problem (given that the symptoms did subside), James’s perception of a lack of resolution to the situation made him feel a lack of confidence in the Chinese medical system. For James, the second aspect of the communicative relationship (whereby the doctors are able to explain their actions and decisions when required) was missing. For him, this part of the interaction is only fully realised with a diagnosis or conclusion of some kind. Even though the doctors examined his symptoms, he didn’t trust their judgement, as they didn’t provide him with an explanation for his symptoms or grant him the status of being sick, and this resulted in him feeling the treatment experience was incomplete.

On the second occasion, James was knocked unconscious, and immediately went to get a CT scan for peace of mind.

So [the doctor] gave me a brain scan… and we went back to him and he said "yeah, it looks like you’re ok, but if there’s anything wrong, come back in 3 days if you’ve got a sore head, ’cos your brain might be

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60 Appendix II, ‘James’, 143.
bleeding”...So again, he didn’t...treat it, he was just like “it should be fine”.  

Again, the lack of resolution of the situation bothered James, particularly after the doctor had casually raised the possibility of his brain bleeding but did not recommend any further investigation. This experience compounded James’s perception of Chinese biomedical doctors as being indifferent to his situation. There may indeed have been nothing wrong, but without the doctor’s speaking with authority and enacting the communicative relationship, James felt unsure about the doctor’s conclusion. Again, as in the case of Anna, when the doctors do not validate his claim to ill health, he feels he has not obtained what he was seeking from them.

James’s third trip to hospital was a result of severe stomach pains. His Chinese wife and her family took him to their preferred hospital for treatment. After an ultrasound showed something ‘big’ (which the doctor had trouble explaining, hence James’s wife couldn’t understand or translate), James was given two different medications, which seemed to be a combination of Western antibiotics and Chinese medicine. He took the medicines and his symptoms went away, although it was not explained to him what they were for, or what they were targeting. James reasoned that,

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I know that a lot of Chinese people, if they get sick, they just stick them on a drip right away, just so it clears everything up, so I thought that was probably [the doctor’s] idea, with the antibiotics.  

Again, without an explanation for the doctor’s treatment decisions, James is left to infer the reasons for the antibiotics based on more general observations about Chinese hospitals. He was given no precise diagnosis, and was not consulted about his preferred course of treatment. The fact that his wife was likewise unsure about what was happening either suggests that the lack of communication was not just a result of the language barrier; that even when a common language was shared, there seemed to be a gap in communication. After these three experiences, James saw a pattern emerge.

None of [the three doctors I saw on separate occasions] gave me any definite reasons why I was feeling ill, or, like, what might happen, or what I should do. The only one where I got something was the antibiotics. It doesn’t really fulfil [my expectations] because they don’t give me reasons at all. [One main reason I go to a hospital is for] a bit of peace of mind. I’m not, like, really seriously ill, but every time, if I go to, like, a [traditional] Chinese doctor, they always give me a definite diagnosis of what’s wrong. I mean, they’ve got the pulse and the tongue diagnosis, and I guess if they’re a good doctor they can, sort of, work it out, and work out a formula for herbs...The time I had chest pains, after [going to the hospital] I went to a [traditional] Chinese doctor. And I’m not sure if it was taking

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the medicine or if it was just better over time. It’s something hard to know. But, I mean, I took it and it didn’t do me any harm. So at least he had more of a definite answer, and what could help...he was like “your body's too hot, like, stop eating stuff that's making you hot”. 63

James is clearly articulating his need for an explanation and definite diagnosis as part of a communicative relationship, which forms the basis for a positive therapeutic experience. His dissatisfaction seems to stem from the fact that he expects biomedicine to give him a precise diagnosis, but that, biomedical doctors in China (as noted) seem only to address the bodily symptoms without needing to inform the patient about what is happening. If there are no discernable symptoms of ill health, the doctors do not address the patients’ psychological needs as explicitly as James would like. It is the TCM doctor who provides the resolution James needs by providing a diagnosis and conclusion to his treatment episode. In essence, this means allowing James to be legitimately 'sick'.

For James, an important part of seeking medical treatment is to be offered a spoken diagnosis. A lack of a diagnosis, even in the West, can arguably leave the patient feeling frustrated, and as though their illness is not being recognised. Having one's illness legitimated by a medical professional can be an important part of being 'ill'. Parson argues that every individual plays a role in society, and

this includes those in temporary or chronic ill health playing a ‘sick’ role. As Parsons explains,

...illness is a state of disturbance in the “normal” functioning of the total human individual, including both the state of the organism as a biological system and of his personal and social adjustments. It is thus partly biologically and partly socially defined.  

If a person feels unwell enough to want to excuse him/herself from his/her normal social role, a validation of this new ‘sick’ role is often required for the change in roles to be socially acceptable. As Parsons acknowledges, this legitimation guards the sick person against accusations of ‘malingering’. The legitimation also tells others that the sick person needs to be cared for, and that it is not simply a case of their own attitude needing to be improved. Parsons then goes on to argue that once legitimation has been granted, the sick person implicitly enters into an unspoken contract to seek appropriate care and strive to return to full health. So while being granted the status of being ‘sick’ excuses a person from normal duties, he/she also has to accept the responsibilities that come with this status.

64 Parsons, 1951, 431.
65 Ibid, 437.
66 Ibid.
67 Ibid.
A related issue in terms of the legitimation of illness is that of resources. If someone strongly believes they are ill, and they have trouble convincing a medical professional of it, this can deny them access to the kinds of services and tests that they are seeking. Judith Lorber has argued that

...[patients] have to seek doctors’ help because the physician in Western medicine is the official expert and also the ultimate gatekeeper to most of the services a patient needs, such as prescription medicines, diagnostic tests, and hospital care.\textsuperscript{68}

In a country where medical resources are limited, medical professionals may not be so keen to grant access (and perhaps especially in the case of outsiders) to all the resources that are made available once someone is pronounced ‘ill’. This may add to the interviewees’ sense of a struggle to be granted the status of being ill.

James was seeking access to the status of ‘being ill’; however, without a definite diagnosis, that status appeared to be withheld. This could explain his need for a diagnosis, or his desire for recognition that he is experiencing illness by the pronunciation that something can be done to alleviate that illness. His frustration seems to stem from the doctors not recognising his point of view that he is in ill health and not validating that opinion. Conversely, he finds comfort in the TCM system, where he is granted access to the status of being ill. The arguably mild nature of traditional Chinese medical treatments means that some

\textsuperscript{68} Lorber (1997), 43.
kind of treatment plan can always be employed if the patient is seeking one.\textsuperscript{69} As Unschuld points out, traditional practitioners are able to try multiple treatment plans to reach the desired therapeutic goal, whereas Western medicine is much more limited.\textsuperscript{70} In this sense, Chinese medicine could be more appropriate in some cases, as it may provide the legitimising effect the patient is looking for but is unable to elicit from the Western biomedical model.

The lack of diagnoses during James’ experiences leads him to question the diagnostic ability of the medical professionals, just as Anna did above. If the same situations had occurred in Western settings, it is possible that the doctors might have given James what he wanted, i.e. the legitimization of ill health by recommending changes to his behaviour, prescribing generalised medications, or simply allowing James to tell his narrative of illness. In James’s experiences in China, however, the biomedical doctors did not seem to consider these options as a way to legitimise the patient’s feeling of ill health, or were not aware that it


was legitimation that he was seeking. Ultimately James draws the conclusion that his experiences are representative of the Chinese health care system as a whole.

So far everything’s been really vague, that they’ve told me. I think if I go again, I’m probably not expecting that I’m gonna get an answer. I mean, everything’s there, and the hospitals seemed alright, like, they seemed fairly well equipped and stuff, but I’ve never had answers...which is quite strange...I just don’t think they know what’s going on, like, I don’t think they know what’s wrong with me....That one time [the antibiotics] worked, but I think it was just, like, he wanted to give me something that would clear everything out in the hope that I would feel better...Any time I’ve gotten medicine, it’s not been really targeted, so like, really general.\textsuperscript{71}

James, like Anna, expressed mistrust of the doctors; in James’s case, his mistrust stemmed from the fact that Chinese doctors did not explain their diagnoses (or the lack thereof), while Anna felt unable to trust their diagnosis because they had not listened to her as a patient. It is not the medical technology as such that is the source of their doubts, but rather the doctors’ approach to their patients and how this makes both Anna and James feel.

The third interviewee in this chapter, Andrew, seeks out a chiropractor who trained in Europe. While chiropractic practice is not traditionally part of Western biomedicine, Andrew finds this doctor in a Western-style hospital; but the doctor behaves in a manner similar to that described by Anna and James. This may

\textsuperscript{71} Appendix II, ‘James’, 151.
suggest that the lack of communication is not just specific to biomedicine, but is found with other non-TCM practices as well. This perhaps supports the hypothesis that in order to differentiate themselves from TCM, non-TCM practices eschew the communicative relationship.

Andrew

Andrew suffers from intermittent chronic back pain. In his home country of New Zealand he would regularly visit an osteopath, but he had not found any medical professionals in Kunming who could give him the treatment he preferred. He eventually heard about a Chinese biomedical doctor who had trained in Switzerland as a chiropractor practicing in Kunming, and decided to see if he could get treatment equivalent to that which he would receive when in his home country. The consultation, however, was less than successful.

This guy was kind of yanking and pulling and, yeah...I just find the ego gets in the way, you know? He'll click and then he’ll stand back with a big smile on his face like he’s proud of himself and, you know, “aren’t I wonderful?” and I actually went out feeling worse than I went in. ‘Cos like I say, he seemed to force it the wrong way, and it was really quite painful.72

When asked if he had been able to tell the doctor about his discomfort during the session, he replied,

Yeah, but they just, they know better, you know... He didn’t really seem to listen to me very well... so I haven’t been back for treatment on my back since... [I was] disappointed I guess, ’cos I was thinking “oh god, maybe there is an actual heath professional” as I would consider it, that can actually do something, you know, give me some sort of relief, but you know, every time you go to a health care professional here, you leave thinking “why did I bother?”

Andrew interpreted the lack of communication as egotism on the part of the doctor. This relates to the aforementioned point that the communicative relationship expresses the power relationship in the doctor-patient interaction. If a doctor expresses too little authority, they are accused of being untrained (as we shall see in Chapter Two), and if they exert too much authority, as in Andrew’s case, they are at risk of being labelled egotistical or dismissive. Getting the balance right is obviously an art on the part of the medical professional. Andrew expressed the same feeling of disappointment as James in not having been able to get his point of view across and have his concerns addressed. Andrew also echoes Anna’s argument that the lack of communication makes it difficult to trust the Chinese doctors’ ability to diagnose the patient correctly if they have not listened to their whole story.


74 Andrew continued, ‘I don’t know if this is just a problem with doctors, or if it’s Chinese in general, but they seem to listen to the first couple of words you have to say and assume they know what your problem is or what you’re actually trying to tell them, and just switch off to everything else you’ve got to say. Either that or it’s that, er, ok they listen to the first bit of the sentence and then… they have to kind of display how wonderful their skills are, rather than actually listening… I just don’t really have the confidence in their diagnostic skills. Appendix III, ‘Andrew’, 160.
Andrew is not seeking legitimation, however. His dissatisfaction is primarily with the use of medical techniques, and with the fact that he did not feel that the doctor was able to employ them correctly. In this case, Andrew did not feel listened to, and did not feel that medical techniques been used effectively; this left him dissatisfied with the treatment process. The comment about ‘an actual health professional’ suggests that because the Chinese doctors he encountered did not engage with him as a patient in a way that enabled him to grant them the status of ‘professional’ by Western standards (that is, by activating all three elements of a good treatment experience), Andrew generalises this to conclude that doctors in China are not ‘real’ doctors. Chapter Two further discusses how the interviewees judged ‘professionalism’ in the Chinese medical system. Andrew’s grievances about the lack of communication he encounters support the argument that the type of communicative relationship outlined at the beginning of this chapter is necessary in order for expatriates to feel that the medical interaction is effective and complete.

The final interviewee for this chapter, Kate, finds a doctor who complies with these requirements, and Kate is very happy with the interaction. This happens only after she has gone through a very unsatisfactory consultation, so she is perhaps more aware of precisely which elements made the positive experience so successful.

Kate
Kate went to two different medical facilities for the same illness. She was experiencing genital discomfort, and initially went to a clinic that had been recommended by a friend, as the doctor there spoke excellent English and had spent a significant amount of time in the West.\textsuperscript{75}

[Going to the clinic] was a very stressful experience. Because I went there, and...even before having a check-up as such, just after a few questions, I was told that I had herpes, which is something quite serious in my opinion, and this was prior to any check-up or tests, so that was quite shocking and upsetting for me...I look at it now and I think “well that’s just ridiculous, why did I even...listen to what the doctor was saying, and maybe why did I even suspect that what he was saying might be true?” because there were no tests done and he hadn’t even...[given] a check-up...But at the time, I guess you tend to think more irrationally, once you’ve become a bit shocked, so I wasn’t really thinking about that, I just thought ‘whoa, this is serious, this is really worrying and shocking!’\textsuperscript{76}

Although the doctor assumed an authoritative style of communication and listened to her narrative, upon later questioning by Kate he was unable to substantiate his diagnosis, as he had conducted no tests or examination. Despite this, at the time, Kate believed what the doctor was saying, and it gave her a big

\textsuperscript{75}Kate is unsure about the specifics of his background. She suggests that he is either Chinese-American or a Chinese person who had spent a significant amount of time in America. She had the impression he was in Kunming contributing to some form of research, and conducting clinics by request on the side. Appendix IV, ‘Kate’, 163.

\textsuperscript{76}Appendix IV, ‘Kate’, 163.
shock. It might be suggested that because the doctor had spent time in a Western country, he was aware of the convention of giving some kind of suggestion or preliminary diagnosis at the end of the consultation, even before tests are done (in order to appear professional and knowledgeable). This may be precisely what Chinese biomedical doctors appear to try to avoid, at the risk of being labelled ‘vague’ by some of the interviewees. Kate’s story of being diagnosed before the doctor had begun any analysis of the physical symptoms also shows the importance of the appropriate use of medical technology in tandem with a communicative relationship in order to produce a good treatment episode.

The doctor recommended that Kate go to a hospital specialising in women’s health, the Maria Hospital of Obstetrics and Gynaecology. There she consulted with a doctor who was communicative and reassuring. Kate felt as though her concerns were addressed, as well as her symptoms, which turned out to be nothing serious and were easily treated. This doctor seemed to comply with all the norms of a communicative relationship that Kate required in order to feel reassured and cared for. Furthermore, she was able to experience the right balance of communicativeness and technical skill.

Kate’s experience with a communicative doctor at the Maria Hospital enabled her to overcome a negative experience and retain a positive attitude towards the Chinese health care system.

I think I’m kind of torn [about accessing health care in China] ’cos I guess the last experience I had at the Maria Hospital was fantastic. They were
very professional, she was very reassuring, and I think even though my Chinese is limited...I’d go as far to say that she was trying to make herself more understood, and so she was using words that maybe she thought I’d understand, ’cos um, she was very easy to chat to about stuff...all the time throughout all the tests, being reassuring and just you know, made me feel at ease...[so] I’ve just got two completely different experiences, so I don’t really have any conclusions as yet. I guess if I did have something not so serious, but I did think that it’s worth me seeing a doctor I still wouldn’t hesitate to see a doctor here.77

Like Kate, many other interviewees expressed the opinion that they would seek treatment again in the Chinese medical system if the problem was not too ‘serious’, but added that for more serious treatment they would go elsewhere (such as Thailand, Taiwan or Hong Kong), or fly back home. This appears to suggest a belief that in these other countries, they would be able to find a treatment experience more akin to what they could expect back home. Arguably this signifies a preference for a treatment experience that combines medical technology and communication. While interviewees often framed this preference in terms of better-quality treatment and equipment, upon analysis of these four interviewees’ comments, the dynamics of the doctor-patient relationship seem to be of equal, if not greater, importance for their sense of trust in the Chinese medical system.

77 Appendix IV, ‘Kate’, 168.
In the next chapter, we meet three more interviewees who construct and frame their treatment narratives within broader narratives about China. These narratives also involve explicit comparison with other countries; the interviewees also more clearly express the opinion that they would seek treatment in countries other than China if they were seriously ill. I will also highlight how these narratives fit into the social ritual of building solidarity among other expatriates in Kunming.
Chapter Two

Narrative

In Chapter One we met expatriates who identified the doctor-patient relationship, and specifically its communicative dimensions, as a source of dissatisfaction in their experiences of the hospital system in China. In this chapter, the interviewees again express dissatisfaction with their experiences; this time, however, they make use of macro-level generalisations about Chinese culture to explain their experiences, rather than just focusing on the medical interaction itself. This means that they draw upon broader observations from their time in China in general to give context to their experiences with the Chinese health care system. These broader observations form part of the interviewees' treatment narratives, as outlined in the Introduction; an idea that will be explored further throughout this chapter. As Janzen points out, when constructing illness narratives, the patient 'gives meaning to both the suffering and the therapeutic actions by putting them within a larger story or framework.'\(^{78}\) In the case of the three interviewees we are about to discuss, this means creating their own treatment narrative that is framed by their understanding of China in general. In retelling their experiences of illness, they invoke a broader picture (for example, based on ideas about the way people treat each other) that they have acquired while living in China to explain what happened. Expatriate medical stories seem to have their own style of narrative.

In this chapter, the interviewees’ stories all involve physical and psychological discomfort, unexpected plot twists, and the drawing of broad conclusions that attempt to give meaning to their experiences. These narratives also form part of the process of creating solidarity amongst the wider expatriate community.

Another element in expatriate medical experiences discussed in this chapter is differing expectations about the ‘performative’ aspect of clinical medicine; that is, the part of clinical medicine that could be described as performance. This encompasses how the doctors dress, how they behave, and how they address patients and other people in the medical setting. Because the doctors they encountered did not behave, or ‘perform’, in the way that the expatriates have come to expect in their own countries, the interviewees discussed in this chapter questioned the doctors’ qualifications and ‘professionalism’. The doctors’ behaviour subsequently becomes part of the treatment narrative, often in terms of a ‘lack of professionalism’, and provides points of interest in the narrative to draw the listener into the story.

The first interviewee I will discuss in this chapter, William, explained his experiences within a narrative of himself as someone who was in China as a precursor to doing further academic research in the region. This suggests that he was already inclined to tie together his different experiences of everyday life in China to draw some meaningful conclusions about China in general. Like the interviewees in the previous chapter, he observed a lack of communication in the doctor-patient interaction, but placed this in the context of a heavily burdened medical system that put doctors under strict time constraints. The second
interviewee in this chapter, John, constructed his treatment narrative around the idea of a lack of professionalism on the part of the doctors. Professionalism in this context, or lack thereof, can be understood as the doctors not performing their roles in the way John expects them to. Part of his analysis involved the creation of a dichotomy between Western medical systems and Chinese health care systems, and this helped him to rationalise the way he was treated. The third interviewee in this chapter, David, used his understanding of Chinese history to narrate his experience. Like John, he also presented a narrative of a lack of professionalism, but placed this in the context of his concept of the development of the Chinese health care system, and how that has influenced current practices. For all interviewees in this chapter, their narratives incorporate their own analyses of why the health care system is the way it is. As opposed to the interviewees in the first chapter, they do not just tell their stories, but also offer possible explanations for their experiences. This chapter will demonstrate that for some expatriates, interpreting unfamiliar and unwelcome behaviour in a medical setting by placing it in the context of larger narratives about the nature of Chinese society helps them to excuse such behaviour, and also to experience a sense of closure.

William

William had been living in China for close to three years at the time of interview. He had lived in three other cities before moving to Kunming, where he had been for nine months. He was mostly making a living teaching English, but was in the process of formulating a PhD topic based on what he had observed while living in China, so framed his own experiences with reference to broader observations.
about Chinese society, seeing his encounters with the medical system as emblematic of wider phenomena.

William sought medical care in Kunming on two occasions. His two experiences in Kunming were framed by several hospital trips in other cities, but most specifically by a previous experience seeking medical care in Beijing.

[While in Beijing], I had severe sinusitis, which was affecting all the parts that sinusitis can affect – my forehead and down the back of my throat with the sinus drainage really caused a significant amount of pain, I could barely swallow, and [the doctor] was trying to give me some Chinese medicine for it. Now...quite frankly, it was one of those ones where you needed antibiotics. I could barely swallow, it was awful. I said “well do you have an IV for it, ’cos right now I can’t swallow, and it might actually be a good idea for rehydration too”, and [she] said “no, we don’t, but I can give you this one, and we can give you the other one to take home”, at which point I snapped, and I...was like “ok, no, ok, you’re gonna give me this medicine”, and she was like “well I would prefer, I want to give you this other Chinese medicine thing” and I was like “I want that one, I’m gonna take that”, and she was like “ok, I can only give you three days of that”, at which point there was a small ‘nother snap in my brain and I was like “no, you won’t give me three days of that, you’re going to give me the full course”, which was, I think, seven to ten days, and as far as I can tell, antibiotics 101 is to complete a full course or you create super-resistant bacteria...basically I bullied her into giving me six days, and then I went
back for another three days after that, to complete a nine day course. But
the fact that I could bully a doctor, one: worried me, but the fact that she
was also going to prescribe me three days of antibiotics and say that that
was enough was even more scary. So in that sense it doesn’t inspire
confidence in the Chinese medical system.\footnote{Appendix V, ‘William’, 183-4.}

After he had found himself able to exert considerable influence over his doctor’s
prescription decision, the narrative he later created about his experiences in
Kunming often focussed on whether or not the medical staff behaved
authoritatively and were, in his eyes, credible. It seems that after that first
experience, William took much more control over his medical encounters than
he might have in his home country of England, due to the lack of confidence he
had developed in Chinese doctors’ abilities to oversee treatment responsibly.
This was manifested in his two subsequent medical interactions in Kunming. The
treatment narratives he created often involved him playing some kind of role
that is usually ascribed to a medical professional, which seems to stem from and
confirm his opinion that the people he consults are not ‘full’ doctors (an opinion
we first encountered in Chapter One with Andrew). William’s process of
evaluating the conduct of a doctor appears to have two stages: firstly, as he is
confident in his own medical knowledge (as the son of a pharmacist), he is
confident to challenge a doctor on his/her diagnosis and prescription if he does
not agree; secondly, if the doctor caves into his challenge, this denigrates
him/her further in his eyes as not being confident enough to stick by his/her
diagnosis.
On his first occasion of seeking treatment in Kunming, he had sustained an injury playing soccer, which caused a lump on his chest that didn’t seem to be getting smaller, and he thought he may have broken a rib due to the persisting pain. When asked to describe how he went about seeking treatment, he explained that,

Basically...you seem to be able to almost self-diagnose to an extent, in the sense that I just asked for an X-ray, because I knew that’s what I needed, and then I went with the results to see a doctor afterwards.  

While William himself could not interpret an X-ray, he felt confident enough in his own lay judgement to go for an X-ray without consulting a doctor first, as would be the usual method of operation in the West. It is probably also the case that William had lived in China long enough to know that one is not required to see a doctor in order to get an X-ray: you can walk into a hospital, pay your money, and have one taken. In this narrative, however, William seems to place himself fully in control of the unfolding events, deciding how much or how little to involve doctors. As I will discuss further below, Erving Goffman posits that when people do not behave in the manner ascribed to their role (for example, if a doctor does not behave like a doctor, and a patient not like a patient), this can cause confusion and anxiety for those with expectations of what that behaviour should be.  

William’s confusion, expressed by his comment that ‘you seem to be

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able to self-diagnose to an extent’, may stem from his taking on of the role of the doctor and his taking responsibility for his own diagnosis and treatment. This also suggests that William is confident in his own judgement that he is sick (the lump is definitely there), so does not require the input of a medical professional to validate his opinion.

While modern convention in the West involves patients taking an active role in decision-making in relation to their treatment,\(^\text{82}\) patients generally are not given the level of autonomy that William describes here. William’s case seems to be in opposition to the complaints that Anna and Andrew expressed in Chapter One, which included not being given enough agency in their treatment experiences. While patients nowadays are charged with monitoring their own health and making judgements about their treatment, generally they are guided by a commonly understood medical bureaucracy that usually invests the medical professional with the final decision, which patients usually understand to be made in their best interests.

This new-style contemporary patient in the West may have come to feel a much stronger sense of developing their own narratives that tell of how they have taken responsibility for their own health, rather than leaving it entirely up to the doctor. William’s narratives may be a very strong expression of this new type of

\(^{82}\) Recently in Western countries, ‘[i]t is possible to identify a shift in the form of social regulation in relation to health from an external to an internal approach…people are being increasingly induced to monitor their own health and are being instilled with healthy attitudes. The control of health must therefore come from within the person.’ Sarah Nettleton (1995), *The Sociology of Health and Illness*, Cambridge: Polity Press, 240.
patient, demonstrating that he was responsible in managing his own illness and
treatment in a situation where he did not see enough demonstrated authority on
the part of the medical staff.

Perhaps due to the unsatisfactory levels of communication from the doctors (or
the lack of authority demonstrated by the doctors, as in William’s case), it
appears that the interviewees trusted their own illness narratives over what
they were told by the medical professionals. Even if they could not produce
enough physical evidence for the doctor to support their claim to illness, they
continued to listen to their bodies telling them they were sick. While people in
China may take as much responsibility for their own health as people in the
West, an investigation into the conventions of Chinese treatment narratives is
beyond the scope of this thesis. What is clear from the interviews in this study is
that the expatriate patients are not getting enough information from the doctor-
patient interaction to create a new narrative about themselves and their illness
in partnership with the doctor – a convention which has emerged in Western
medical interactions in recent decades. Without help from the doctor to create a
new narrative, the interviewees are left to produce one by themselves.

While William took control of his own treatment, he expected the doctors to
behave in a way that would guide him in his decision-making, primarily by taking

83 Mass public health campaigns in China in the past have relied on ordinary people
taking control of their own health. As Kenneth Levin explains, ‘everyone in China has
become a health-worker of sorts…The practice of medicine and public health would
thus become the responsibility of the community and one of those integral but
invisible parts of the lifestyle of every citizen.’ Kenneth Levin (1973), ‘Medicine and
Chinese Society’, in Modern China and Traditional Chinese Medicine, Guenter B
Risse (ed), Springfield: Charles C Thomas Publisher, 103-123, 115.
an interest in him as an individual patient and discussing his options with him. When this discussion and guidance did not occur, yet he was able to elicit the treatment he thought appropriate from the doctor, he was even further dissatisfied. The doctor’s acquiescing to his demand for a particular type of medicine further confirmed his opinion that she was not in control of the situation, and indeed she was essentially admitting that she had been wrong in the first place. While in his own country, William is used to bringing his own narrative to the medical consultation; the narrative is usually then negotiated with the doctor, in the form of a discussion of symptoms and the development of a treatment plan by the doctor in concert with the patient, which creates a new treatment narrative for him. William’s annoyance seems to stem from a clash between his sense that he should control his own treatment, and his desire for a doctor to further contribute to his narrative in an authoritative manner. This relates back to the communicative relationship discussed in Chapter One. Without the requisite amount of communication and performed expertise that some expatriates expect, the treatment narrative seems incomplete and the patient is left to make conclusions on their own, which leads to frustration and raises questions about the doctors’ skill level.

When William consulted a doctor with his chest X-ray and was told brusquely that there was no fracture, he felt frustrated at the lack of attention he received, and hence, the lack of a narrative to contextualise the lump. At this point, William’s narrative then becomes a meta-narrative about the lack of attention one receives in the Chinese health care system, rather than about the medical concern that initially took him to the hospital.
You have other members of the Chinese population who do not see a hospital as a place where you have private space...Obviously back home you’d expect them to wait outside, sat down with the door closed, but here it's not necessarily the case. So doctors, in a way, get pressure put on them to see the next patient, which meant that, I didn’t think, in a way, he fully appreciated my concerns...In most of the West you expect a doctor to address your full concerns, both your mental concerns and the physical ones, not just look at the physical results. You expect a degree of empathy with your situation...You know, I don’t know if he assumed the limitations of my Chinese to an extent, and so didn’t see the point of, he didn’t try to explain further, I'm not really sure, but I thought mainly he just saw the physical side of things, said “there’s no break, there’s no evidence of anything like that on the X-ray, so, er, don’t worry about it”.

Like the interviewees in the previous chapter, William interpreted the lack of communication from the doctor as a lack of interest in him as a patient. We also hear echoes of the argument from Chapter One that unless they are given a chance to plead their case for being granted the status of ‘sick’, they feel as though they haven’t been listened to. However, once William had framed the behaviour of the doctor in the context of an over-burdened health care system, he was able to excuse it. William identified another possible reason for the perceived lack of communication: perhaps the doctor felt that the language barrier was too much to overcome, so trying to explain the situation would have

been in vain. This is another attempt by William to examine his experience and try to understand it in the context of behaviour he has already encountered while living in China.

In the Chinese biomedical system, it seems, the doctor and the patient do not necessarily collaborate on creating narratives of illness and treatment. Indeed, the patient's narrative appears not to be taken into account, and patients are not expected to understand the medical information and assimilate it into their stories. Dr Ye, a doctor in the field of oncology in Shanghai, explained to me that patients are not informed of the reasons for treatment decisions if they are judged to have low 'medical literacy'. Indeed, patients are routinely not informed if they are dying. The discomfort of that conversation overshadows the need to give the patient a correct narrative of their illness. In William's case, while his assumed lack of medical vocabulary in Chinese may disqualify him from being invited to discuss his situation in more depth, it is more likely that

85 Withholding information is not a feature of the Chinese biomedical system alone. Loustaunau and Sobo explain that '[e]ven Hippocrates advised concealing information from patients. The rationale included the lack of knowledge on the part of the patients, as well as their inability to understand or interpret medical information. This rationale has not entirely disappeared today, but numerous social forces have altered the attitudes and approaches for doctor-patient communication. Better educated patients, the wealth of medical and health care information to the public, increasing interest in and practice of self-care, the growing problems of chronic illness, the growth and use of technological means of diagnosis and treatment – all have created pressures for change and a more “patient-centred” medicine.’ Martha O. Loustaunau & Elisa J. Sobo (1997), *The Cultural Context of Health, Illness, and Medicine*, Westport: Bergin & Garvey, 133.

86 There are also many other explanations for not informing patients fully. Loustaunau and Sobo note that in Japan, information is commonly withheld from patients, so it is possible that this is the widely accepted model of clinical practice in China also. Loustaunau & Sobo (1997), 135. Anecdotally, this is the case for patients in China with terminal illnesses. Personal communication from Dr Ye, via Dr Mary Brooksbank.
the medical staff do not see the need to communicate with him further after a
pronouncement of good health (or indeed after one of bad health), as we have
seen with other interviewees.

Being a student of Chinese society and culture, William actively tried to examine
small details and frame them within a larger explanatory story about Chinese
society. This included a variety of aspects of his experiences of hospitals in
Kunming, including the state of the hospital itself. He suggests that,

The cleanliness of the Chinese medical system is something that needs to
be looked at, but at the same time, I think it reflects a wider societal
attitude to cleanliness, which seems to come from taking care of...taking a
more holistic view of health, that it’s all about what you eat and teas you
drink and these kind of things, rather than the external environment so
much. I agree to an extent that that of course has to happen, but the germ
theory does not seem to be prevalent.87

William’s broader analysis of the health care system and societal attitudes to
hygiene and health contributed to his ability to explain and excuse some aspects
of his treatment, such as the lack of communication and the language barrier.88

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88 William notes that ‘[t]he level of English among the medical community is, well,
pretty appalling, and I suppose the proportion of patients that would need them to
speak English, especially in a city like Kunming, is fairly low. Beijing and
Guangzhou were better than here. I mean, I think even amongst the general
population. But Beijing…I actually went to an international SOS clinic, and so it was
almost native level, so there was no issue there…But I’d say in terms of level of
access, fine for me. Level of care, maybe not so.’ Appendix V, ‘William’, 185-6.
He had obviously also observed the practice of drinking teas and regulating diets to contribute to good health, and had assimilated this into his explanation of cleanliness (or lack thereof) in Chinese hospitals. By opting for these large-scale generalisations about the hospital system and Chinese society in general, he is trying to tell a story not just of his illness and treatment, but about Chinese society in general. This meta-narrative in turn explains his confusing and upsetting experiences of seeking treatment in the biomedical system. As opposed to other interviewees who simply commented on such aspects such as hygiene, William wanted his observations to mean something, hence he constructs this meta-narrative that brings meaning to otherwise meaningless details of his experiences.

William encountered a cultural gap when it came to staff behaviour and protocol. He was quite distressed about one particular incident, where the nursing staff embarrassed him while he attempted to seek treatment.

I've never seen hospital staff giggle before. And obviously it doesn’t make the experience that much more pleasant. It’s a personal area anyway. But basically, I was trying to see a doctor, you know, “I have a problem”, just “with my bottom” – I was trying to finesse the issue somewhat, and there was lots of giggling and pointing of various places to go...I got pointed to about six or seven different departments around the hospital...I can’t remember the full extent, but I was pointed back to previous ones as well, [which demonstrated] an appalling lack of knowledge from the members of staff about where I should go. And having to ask six or seven extra
people about my bottom is not really something I wanted to do! It's not exactly fun.\textsuperscript{89}

Having to negotiate an unfamiliar bureaucracy was stressful enough, but when the nurses behaved in a manner he found belittling, this created a high level of discomfort for him in that situation. This kind of embarrassing situation, however, is what takes his treatment narrative from a personal to a public one. Without such twists and turns, it would not be the entertaining anecdote it is, and hence would not be told and retold amongst other expatriates as part of the bonding ritual over quirky and/or troubling medical encounters. These narratives tell the listeners what risks the storyteller is willing to take to live in China, and lay the basis for bonding with others who are willing to do the same.

Douglas points out that 'solidarity involves individuals being ready to suffer on behalf of the larger group.'\textsuperscript{90} The interviewees’ stories offer up their suffering to the larger expatriate community to show what they have endured as part of their commitment to expatriate life in Kunming. This is also why we find a dichotomisation of China and the West. Douglas states that 'writing about cooperation and solidarity means writing at the same time about rejection and mistrust.'\textsuperscript{91} Here, rejection and mistrust help to create cooperation and solidarity. If there is an ‘us’, there is necessarily a ‘them’. Because the interviewees all come from Western countries, it is easy for them to create a distinction along those lines.

\textsuperscript{89} Appendix V, ‘William’, 176-7.
\textsuperscript{90} Mary Douglas (1986), \textit{How Institutions Think}, New York: Syracuse University Press, 1.
\textsuperscript{91} Douglas (1986), 1.
When William finally reached the correct hospital department, he felt as though the doctor could have been more communicative. Nonetheless, he was able to find a comforting explanation for the doctor’s behaviour.

There was no discussion of what she was going to do. And obviously in an area that’s private, and a process that’s as invasive as that was, you would expect a degree of “what I need to do is...”. At least try! And this is the thing – don’t assume that, because I’m a foreigner, [I can’t speak Chinese]. She already knew I could speak some Chinese, ‘cos we talked about what the issue was...she was very business-like, cold, and straight to the point...again, it’s just the difference between Western and Chinese attitudes to both the function and, er, attitude of the way they want to be, need to be treated. The mental side of things is not something the doctors seem to concern themselves with - making sure the patient understands what’s going on. I suppose, in a way, Chinese people have a much harder life, much rougher treatment of each other, they can be a lot more brutal in the way they talk to each other in everyday life, and so that translates sometimes to the way you’re treated. You don’t expect someone to be overly nice and to explain everything. But, also, as I say, maybe a general ignorance of medicine means that trying to explain to a nongmin\(^{92}\) about the intricacies of medicine is pretty pointless.\(^{93}\)

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\(^{92}\) Person from the countryside.

\(^{93}\) Appendix V, ‘William’, 177-8.
While William bases his insights on broad generalisations about social interactions in China, he does come close to pinpointing what it is that makes him uncomfortable. By ‘mental side’ we might assume that William is referring to patients’ concerns, which doctors participating in a communicative relationship with their patients in Western medical practice usually try to address. His explanation for this difference is based on a generalised meta-narrative about the harshness involved in daily interactions in China. Whatever explanatory power we accord to this view, it does not account for the fact that almost every interviewee saw a lack of communication as characteristic of Chinese hospital interactions even though many of them did not concur that Chinese society was characterised by pervasive harshness. The hypothesis that communication may perhaps be deliberately excluded from the biomedical experience to differentiate it from TCM (outlined in Chapter One) perhaps provides a better way of explaining the lack of communication between doctors and patients than does William’s global moral judgment. Further to the idea that patient consultation is simply not a part of biomedical clinical practice in China, William tells of having had medication administered without warning and without the doctor having obtained consent.

She put a suppository...er, but there was no explanation. She actually didn’t even tell me that at the time, I kind of figured it out myself. She had a fiddle around, and applied some cream of some kind, although I wasn’t sure, it just may have been cleansing the area, and then something was put up there, and bandaged over, and she said “you need to leave that for a few hours”. And so I assume it’s a suppository, however I cannot be a
hundred percent clear as to what it was, as there was no explanation actually offered. Even when I asked, she said “medicine”...There was no consent obtained in that...as I say, she was a very nice person, and I don’t think she was in any way in dereliction of her duty or anything like that, but I just think that’s the way they operate.  

His explanation of the reason the doctor acted the way she did helps him to be understanding of the interaction and, again, to excuse the behaviour. His meta-narrative seems to take into account that while the medical staff can be ‘nice’ people, Chinese clinical practices are simply different from those in the West. This creation of an East/West dichotomy makes it easier to use his treatment narrative to connect with other expatriates, based on the ‘us versus them’ division.

William again expressed concern over attitudes to drug prescription, as he did previously in relation to his statement that patients seem to be able to self-diagnose. After the doctor performed the examination and administered the suppository, William asked about the necessity of taking further medicine after he left the hospital.

Both her and the previous doctor [who looked at the X-ray], I said “is there any medication I should take?” and they both looked at me and asked me “do you want medicine?” and I said, “well do I need medicine?”  

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and they both asked me again, “do you want some?” and it’s as if I was the doctor. They were just, sort of, pushers, it was a bit strange. These two experiences of being offered medication seemed to cement in his mind the opinion that one can assert one’s own diagnosis in the Chinese health care system. This, along with the aspects that caused William the most ire – giggling nurses, doctors asking him if he would like medication, the lack of privacy and communication – are all episodes that fit into the narrative he has constructed about the Chinese health care system and the problems one encounters when attempting to seek treatment within it. William is unable to order his treatment narrative in the way that he is familiar with (for example, he feels ill, goes to a doctor, discussed his illness, and receives a diagnosis and perhaps medication at the recommendation of the medical professional, and then he gets better), so he creates a larger alternative narrative based on a model of his understanding of Chinese culture, which enables him to give meaning and make sense of otherwise disrupted and confusing stories of seeking treatment, but which also creates narratives that he can use for bonding, and perhaps differentiating himself from, with other expatriates.

John

John had been living in Kunming for nine months, making a living as an English teacher and writing in his free time. He had an ongoing health problem that began while he was living in Kunming, which at the time of interview had not

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been resolved. When he was first hospitalised, he was immediately diagnosed as suffering from a lack of potassium (hypokalemia), which can affect the neuromuscular system and heart. In John's case, it caused general muscle weakness, to the extent of temporary paralysis around his mouth and jaw and in his hands. His first 'episode' was on a public bus in Kunming. Other passengers on the bus came to his aid and eventually contacted his boss after finding his business card on his person, to arrange for him to be transferred to a hospital.

They carted me off and they hooked me up to a drip. It seems to be standard procedure – if something goes wrong they just put a drip in you, you know, doesn’t matter what it is.

Like James in Chapter One, John had the impression that a drip is used as a blanket primary treatment in China. Once the doctors had diagnosed hypokalemia and put him on a drip containing potassium, John felt better. They sent him away with no further recommendations. A few days later, however,

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96 At the time of interview, this diagnosis was assumed to be correct, however John was still trying to find the root problem that was causing the potassium deficiency. As the hypokalemia was ongoing, he had ruled out dietary deficiencies (which can be addressed and the deficiency improved relatively quickly), and was investigating other possible causes.

97 PubMed Health, http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001510/, accessed 11/4/2011. According to other expatriates and Kunming locals, this is not an uncommon affliction in the area, however no-one was able to explain exactly why it was such a problem in Kunming, other than offering vague explanations about the soil quality and the nature of the food locally available.


99 For James, this contributed to his feeling that treatment was vague and imprecise, but John seemed to see it as a lack of tailored, individual treatment in the hospital system. James’s criticism stems from his perception of a lack of diagnostic ability, whereas John’s comes from a perceived lack of personalised attention.
John suffered another episode. This time he was able to get himself to a hospital in a taxi as he felt the symptoms coming on.

Well I got there and I collapsed, so I got there just in time, and they did the same thing; they put me on a bed, put me on a drip. And this time, as I was starting to seize up and stuff the nurses were all laughing at me...they were just laughing, like, I was drooling, I was, like, spastic, and they were just giggling away and I was just so...I don't know how to explain it, but...They were laughing and it was just ridiculous....They just did the same thing, and this time there didn't seem to be anything wrong, but the tests were very limited. They just did the same three or four tests, didn't really look into it any further, and said, “oh, you'll be fine”...And then after about four, five hours they said “well we're not gonna do anything else, so go.” So yeah, waste of time. 100

Like William, John was appalled at the way the nurses appeared to respond with mirth to his situation, which was already distressing. John’s narrative began with his relatively uneventful first trip to hospital; just as in the case of William, the story of feeling humiliated by the medical staff gives the narrative a turning point which disrupts the storyline and indicates its not going to follow the steps of a treatment narrative that his Western listeners might expect. As we will see below, John also fits such disruptions to the standard treatment narrative into a meta-narrative of Chinese society to give them some kind of meaning. Ultimately, however, this unwelcome behaviour transforms his treatment narrative into an

anecdote that can be shared with other expatriates in the process of building solidarity.

The lack of resolution to his medical problem was a matter of concern to him. Like Andrew in Chapter One, his frustration led him to see the quest for treatment in the Chinese medical system as ‘a waste of time.’ John decided to seek further advice on his illness from alternative sources.

What happened was I actually had my Sri Lankan friend, [and] his dad’s a doctor in Australia, so he got me in touch with him and he told me all the tests I needed to get done. So I took this list of tests to Richland, $^{101}$ ‘cos I wanted these tests done, and [an English-speaking nurse I met at Richland] said, “...we can’t do any of these tests here...basically what I’ll do is I’ll go after hours with you”, it was all very under the table. [She said] “we’ll meet up on Monday...after work” at this other hospital out in the west [of Kunming], which she used to work at, so she can kind of get in the back door. You know, I pay her like 100 $\text{kuai}$$^{102}$, and she can get in the back door and get all the tests done immediately. If I’d gone by myself, then I would have had to wait a long time, but she knew everyone there, and she lubricated the wheels a bit, you know.$^{103}$

$^{101}$ A hospital that advertises that it has English-speaking staff.

$^{102}$ A colloquial Chinese term for RMB, the currency of China. At the time of writing, AU$1 is roughly equivalent to 7RMB.

$^{103}$ Appendix VI, ‘John’, 194.
Again, the nurse's behaviour, while helpful to John in the long run, was outside the realm of what he expected of normal nursing behaviour. Yet although her behaviour further disrupted his sense of narrative order, she ultimately gave him a means to explain his illness and receive possible treatment by facilitating the tests. It also gave him another anecdote to exchange with other expatriates.

After failing in his attempt to be treated with some degree of seriousness and respect as a patient, and having to resort to unorthodox methods to further his treatment, John felt very disillusioned with the Chinese health care system. He finally offered this meta-narrative he had constructed to make sense of his experiences.

I don’t have any faith in the health care system at all. I think if you really have problems here as a foreigner, I think the only option for you is go to Bangkok, or back home. I’m going to Europe in a few weeks, so I’m going to get everything sorted out there. Yeah, where people actually care. Like, you can contrast the difference, you know, I’m meant to be with these heart specialists here who don’t really know [what to do], and then there’s a GP back home, just a simple local GP in Australia, who just has got all these suggestions...[in China] they generally care less. And you know, I’ve tried to analyse it, and I mean, you’ve got population pressures here obviously, which probably is the reason why you get that indifference... China’s become very cutthroat nowadays...And I guess as Westerners, we’re imbued with a sense of professional work ethic, which is actually a foreign concept – professionalism. And I guess that hasn’t
really infiltrated Chinese society yet, that sense of Western professionalism. I’m not saying it should do...[but] there’s something about seeing a doctor smoking in the hospital...or on a cell phone, you know, having a giggle with his friends, it’s obviously a cultural difference there, but it’s still an obstacle I haven’t really overcome.104

John’s conclusions echo William’s in his use of the same device of contrasting Chinese and Western practices. The narrative John invokes to explain the behaviour he witnessed amongst the medical staff involves a lack of professionalism as one of the main differences he perceives between Chinese and Western medical systems. The idea of professionalism that John refers to on this occasion is most likely the performative aspect of being a doctor or nurse, which is a significant part of medical training in the West.105 This includes not only communication but also how the health professional dresses and behaves in the medical setting, projecting a sense of authority and control of the surroundings, regardless of how he or she actually feels.106

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105 Medical students in the West are keenly aware that a patient will treat them differently if they know they are students, and not ‘real’ doctors. Kushner and Thomasma document students’ experiences of introducing themselves as doctors in order to get the authority they need from the patient. Thomasine K. Kushner & David C. Thomasma (eds) (2001), Ward Ethics, Cambridge: Cambridge University Press, 172-3.
106 Kushner & Thomasma (2001), 33-42. The performative aspect can become problematic if it is not carried out in a satisfactory manner. Schieffelin argues that ‘...genres of performance are, for those who participate in them, both fundamentally interactive and inherently risky. There is always something aesthetically and/or practically at stake in them, and something can always go wrong.’ Edward Schieffelin (1995), ‘On Failure and Performance: Throwing the Medium out of the Séance’, in The Performance of Healing, Carol Laderman & Marina Roseman (eds), New York: Routledge, 60.
caring yet authoritative doctor often allows the patient to feel they can surrender to the process of getting better, as overseen by the doctor. For patients who are used to this, such as some of the expatriates interviewed here, it can be very unnerving if a doctor does not create this feeling.

Goffman argues that in successful social interactions, individuals create identities for themselves and act in accordance with how that particular identity is expected to act.  

This enables others to respond to this identity appropriately based on mutual understandings of that identity’s expected behaviour. When people do not act according to the social norms that correspond to particular identities, this can create confusion and discomfort. The identities in question are constructed in narrative form. For example, the way in which one understands what a ‘doctor’ is often relates to a story about what a doctor does. One possible narrative for a doctor in the West would be that the doctor gets up, goes to work in a hospital or clinic, dons a white coat and a stethoscope, meets with patients and treats their physical symptoms while listening to and placating their concerns (all with respect and empathy), maybe tends to an emergency or two, takes off the white coat, goes home, and goes to bed early so they can get up and do it all over again. Of course this would only be representative of a small percentage of medical professionals (if any), and many variants of this narrative are acceptable to patients; however, this basic narrative is often how patients in Western countries tend to understand the identity of a doctor. If a doctor or nurse in China deviates from the narrative that the expatriates have assigned to their identity (based on their expectations and experiences in the West), they

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107 Goffman (1959), 9.
experience a crisis of narrative; as a result they feel unable to assign these people the status of ‘doctor’ or ‘nurse’. For John, having a doctor who smokes or talks on a mobile phone, or nurses who giggle at him, represents a troubling departure from behavioural norms ascribed to doctors in West, behaviours that consciously or unconsciously put him at ease and make him feel that he has been afforded the status of ‘sick’. Nonetheless, this lack of conformity to a role again contributes to a narrative that can be shared with other foreigners, which has value in itself.

If ‘being a doctor’ is successfully performed in front of a patient, it can also affect patients’ perceptions of their own health.¹⁰⁸ For example, when most interviewees expressed dissatisfaction with the behaviour of the medical staff, they had often also left the interaction unconvinced that they were not unwell, even if they had been told otherwise. Conversely, when Kate found a doctor who adhered to her cultural expectation of how a doctor should behave, she happily accepted the doctor’s conclusion without question. This suggests that the

¹⁰⁸ Laderman and Roseman present several cases where the performative aspect of healing influences the outcome of a healing episode. While all the cases involve localised, ‘alternative’ modes of treatment, such as shamanism, the theories about the importance of performance to healing can be applied to the biomedical system. As Laderman and Roseman argue, ‘[t]he power of performance is a heightened intensity of communication, an enhancement of experience.’ Carol Laderman & Marina Roseman (1996), ‘Introduction’, in The Performance of Healing, Carol Laderman & Marina Roseman (eds), New York: Routledge, 1-16, 2. This enhancement of experience is what takes the biomedical interaction from simply a transaction between a doctor writing a prescription for a compliant patient to an episode of healing, where the patient develops confidence in the doctor and thus confidence in the healing process. Schieffelin notes that ‘[p]erformances – whether ritual or dramatic – create and make present realities vivid enough to beguile, amuse or terrify. They alter moods, attitudes, social states and states of mind.’ Schieffelin (1995), 59.
performative aspect of ‘being a doctor’ plays a large part in the success or failure of a medical interaction.

John, like previous interviewees discussed above, interpreted a lack of communication he experienced to mean a lack of caring. While William’s explanatory narrative of the health care system enabled him to be forgiving of his negative experiences, John is less forgiving of what he perceived as undesirable behaviour in a therapeutic setting. Thus we are presented with two different narratives of what are essentially similar experiences. John’s meta-narrative to explain his experiences seems to offer less closure than William’s. While both William and John based their narratives on a contrast between China and the West, John framed his in terms of a missing element that he cannot identify. Without this missing element, John is unable to construct a coherent narrative about his episode of treatment. He therefore turns to this meta-narrative to help explain what he went through.

I guess in China people grow up and they learn they just have to look out for themselves, you know, you see it on the streets all the time when you’re trying to catch a bus and so on...you’ve just gotta look out for yourself, so I guess people don’t really care so much...I can’t imagine how a [universal] health care system would work here...I mean it’s bad enough as it is. They’ve got all the equipment, and they seem to have the expertise, but I think there’s a long way to go before they achieve that kind of standard of good health care. I know the life expectancy’s about 10 years lower here than it is in the West as well, which is an indicator. It’s
like there's something missing, it's like an X-factor that's missing. Again, this could just be like, what's the word when you view something from your own cultural perspective and expect the same standards...it could just be like, what's the word when you view something from your own cultural perspective and expect the same standards...it could be just that. But in hospital, I saw them treat the Chinese with the same indifference...But I don't really have much standard for comparison, apart from New Zealand, 'cos I haven't really been through a health system, apart from China, so I wouldn't know. I don't know if it's just as bad in America or England.109

The 'X-factor' that John refers to seems to be a combination of norms relating to doctor-patient communication, behaviour on the part of both doctor and patient in a clinical setting, and what he perceives to be a general 'cutthroat' attitude in China that affects the therapeutic nature of the health care system. This indicates a belief that a health care system is more than the sum of its parts (i.e. competent medical staff and adequate equipment), and that it requires a general sense of empathy with the patient experience and communication between all parties involved. While William's narrative enables him to be somewhat forgiving of his experiences, John remains frustrated by his, which lacks the sense of closure and definitive explanation that William's contains. This can possibly be explained by William's confidence in his ability to construct an explanatory narrative without the guidance of a medical professional, whereas John seems to require the collaborative process that often occurs in the West in order to feel satisfied.

David

David’s first trip to hospital in Kunming was a result of what he later suspected was salmonella poisoning. He did not choose where to seek medical treatment but was rushed quickly to the closest local hospital because of the severe pain he was experiencing. He described his experience as follows.

The hospital was dirty, there were doctors smoking cigarettes in the treatment room. I also didn’t like how unprofessional the doctors looked. They were dressed in street clothes with their lab coats thinly hanging on. They didn’t look sharp, their shirts were untucked. Maybe this is a bit superficial of me, but it still didn’t reassure me. I was mixed together with a variety of other patients in one main operating room. I felt that the doctors and also the nurses didn’t ask me very many questions. Maybe this is a bit childish of me, but I was a little bit unnerved by how unsympathetic they seemed to be toward me. At one point I remember retching, I vomited on the floor, and the nurse cried out and screamed, and turned away disgusted, which caused my friend to snap at her and tell her she was being unprofessional. I mean, that’s a human reaction to vomiting, I understand, but it just seemed to me that they were kind of a cowboy outfit, they weren’t really prepared for this sort of thing to happen. However, once I got on the drip and was able to think more clearly, the doctor who treated me was kind and reasonably concerned about my condition. But in general, having to pay upfront, if I hadn’t had my friend, I would have found the experience almost unbearable. Having to pay upfront, and then being told, while I was lying with an IV drip half-
asleep, that if I wanted to spend the night I had to pay extra money – that sort of thing really gave me a distinctly negative impression of the hospital. But having known lots of people in Kunming who have been hospitalised, it was far from out of the ordinary. It's standard, unfortunately.  

There is a similarity between the three narratives discussed in this chapter. All of them begin with arrival at a hospital, which for both David and John meant being hooked up to a drip; they include examples of ‘unprofessional’ (that is, unexpected) behaviour; and they conclude with broader comments about the health care system. Lack of professionalism plays a key role in the narrative, and David adds an aesthetic element to his assessment of professionalism by commenting on how the doctors were dressed and how they presented themselves. Though he experienced the doctor in charge of his treatment as displaying empathy towards him, the nurses’ behaviour and the doctors’ dress and lack of questioning still led him to the conclusion that the hospital was lacking in professionalism. Like John, David also encountered nurses who did not seem to be trained to keep calm in the presence of patients. This fed into his comments on the lack of professionalism.

My impression was that the hospital had maybe one or two doctors on hand who were trained. The nurses didn’t seem to be trained necessarily. They seemed to be able to fill in forms, and to do very, very basic functions, like draw blood, or whatever, but none of them expressed the

slightest bit of expertise when I talked with them. That issue is what I remember most. The hospital itself was quite small, the equipment looked outdated, although I’m not an expert, but it just seemed to be old.\footnote{Appendix VII, ‘David’, 209.}

Just as with the previous two interviewees, these elements of dissatisfaction are ingredients that strengthen his narrative and lead to his ultimate conclusion that the Chinese medical system is sub-standard. David’s assessment of the medical staff’s skills seems to stem from their appearance and deportment, and the appearance of the equipment. In his assessment of the nurses, apart from their not expressing ‘expertise’ when talking to him (it is unclear how he arrived at this judgement), and them behaving in a manner he was not accustomed to, he does not provide any concrete evidence that they were ‘untrained’. In his assessment of the doctors, he mainly comments on how they presented themselves in relation to his appraisal of their qualifications. This indicates that for David, the performative aspect of being a medical professional is a key element in his assessment of whether they can treat him adequately or not, and this becomes a central theme in his narrative.

David’s second visit to a hospital was to have a suspected broken arm examined after a bicycle accident. Again, professionalism was in the forefront of his mind when assessing his experience of the hospital, and he explicitly equated the appearance of the hospital with the quality of his care.
That hospital was much more professional-looking, there were many more doctors on hand, the equipment looked to be much more modern, which suggested to me, ‘cos I’ve also accompanied people to the Richland hospital, that there’s a wide variation in Kunming. Some hospitals are fine, some frankly aren’t. This was one of the better ones I’ve been to; the X-ray equipment was fine, everyone seemed to know what they were doing. Maybe this is over-sensitive on my part, but I was in a lot of pain, and the doctor kind of brusquely moved my arm, and I yelled out, and he gave me a look as if I wasn’t cooperating...that was the only kind of annoying part of that experience, but otherwise it was completely satisfactory. But the first one was not completely satisfactory. 112

Continuing the theme of other interviewees, and following a similar narrative structure, David identifies a lack of empathy as a source of discomfort in the therapeutic setting. This discomfort seems to be the key element in turning an ordinary medical experience into one that will keep listeners involved in the story – in essence, it gives their treatment narratives the social weight of an anecdote about surviving an ordeal in a foreign country.

Like William and John, David also attempts to place what he has seen in the Chinese medical system in the context of what he understands about the historical development of Chinese health, and society in general. David also puts his analysis in the context of neighbouring and other developing countries.

In my personal opinion I think that the state of health care is scandalously bad in China, even in consideration of the level of development here. As a basis of comparison, I have accompanied friends to hospitals in Thailand in the past. Thailand is also a developing country, although it may have a higher standard of living on the whole than Yunnan province. However, I found that hospitals there were much more professional. The nurses and doctors were much more competent. In general they just seemed to be much more up to a first-world standard of health care. China on the other hand...a lot of it comes from the Cultural Revolution tradition of barefoot doctors...there was sort of a society-wide feeling that professionalism was completely overrated and non-needed, and that amateurs could do a professional's job, and at the time rural health care was taken care of by completely untrained personnel, and called barefoot doctors for that reason. While obviously in the ensuing 35, 40 years they’ve made a lot of improvements in health care here, and now they have a process of educating doctors, I think that sort of idea still pervades to a certain extent, where doctors are dressed in street clothing. There’s a casualness that wouldn’t be tolerated, I think, certainly not in America, and probably not in countries like Thailand, or Hong Kong, or whatever. To be honest, I have always maintained health insurance back in the US, despite having it in China...I’ve always, always felt that if I had any need of any sort of operation I would immediately fly, if not the US, then to a place where I felt confident in the quality of health care – whether that be Thailand, Hong Kong, Japan, some place like that. So for simple operations, the state of China is generally satisfying, but I have heard far too many horror
stories, and some are outrageous. There’s also the issue that they make people pay cash upfront. That to me, and you know, as an American I’m aware that our health care system is largely inadequate, but this is something where this is very, you know, I think it’s a scandal. I knew a friend who died in the waiting room of a Chinese health care facility while his friends rushed out to try to get enough cash to pay for him after he had been stabbed. So there are horror stories. But, you know, like all things with China I try to be optimistic, but this, I think this is still one of the biggest examples of how China is not yet developed, China is not yet to that level of development that others might think.¹¹³

Like William’s and John’s stories, David’s narrative ends with a broader conclusion about the health care system. David’s conclusion seems more like William’s in the sense that it gives him a sense of closure to his experience – that he is comfortable with filing his experiences in the medical system away as an inevitable part of living in China, despite the alarming example of his friend dying. For William and David, putting their experiences in the context of China in general helps them to employ a level of understanding towards perceived inadequacies and provides them with closure to their experiences. One might conclude that the capacity to construct a complete narrative (somewhat hindered in John’s case by a lack of resolution to his medical situation) is central to dealing with unsatisfactory treatment episodes. These treatment narratives are important for the interviewees to understand and explain their medical

interactions, which often left them feeling confused, frustrated, or angry, and then to move on in a way they are at peace with.

In Chapter Three we look at the concept of risk that is evident in these treatment narratives, through a discussion of three more expatriates. The stories told so far have often implied a certain level of risk, or at least perceived risk, and Chapter Three attempts to understand what exactly expatriates understand as ‘risky’ in the Chinese medical system. We also look at pharmacies as alternative health care providers, and try to identify why most interviewees construct narratives of them as lower-risk places than hospitals in China.
Chapter Three

Risk

Chapters One and Two looked at the role of doctor-patient communication and the nature of self-narratives in expatriates’ stories of their experiences in the Chinese health care system. These discussions relate to the subject of this chapter: risk.¹¹⁴ For the interviewees in Chapter One, a lack of communication from the doctor constituted a perceived risk, and they required a high degree of communication in order to reduce their sense of exposure to risk. In Chapter Two, the narratives that interviewees constructed often made reference to the perceived risks to which they were exposed. This arguably helped to enable interviewees and other expatriates to bond over a sense of a shared set of perceived risks. The discussion in this chapter is informed by Mary Douglas’s work on risk, and it seeks to address the questions that Mary Douglas and Aaron Wildavsky pose; ‘How...do people decide which risks to take and which to ignore? On what basis are certain dangers guarded against and others relegated to secondary status?’¹¹⁵ According to Douglas and Wildavsky, risk perception is

¹¹⁴ Bennett clearly explains the role of risk perception. ‘Risk is essentially to do with chance – an unpleasant outcome is possible, but how likely is it?...The problem is not so much lack of intelligence as ingrained patterns of thought – simplified ways of managing information…that serve well enough in most situations, but give misleading results in others.’ Peter Bennett (1999), ‘Understanding Response to Risk: Some basic findings’, in Risk Communication and Public Health, Peter Bennett & Kenneth Calman (eds), Oxford: Oxford University Press, 3-19, 11. If something is perceived as too risky (that is, if the likelihood of an unpleasant outcome is deemed too high), then one may choose not to participate in the risky venture.

related to the biases of an individual. The creation of these biases is a life-long process; while culture, socio-economic status, and political environments (just to name a few) may influence one's biases, they are ultimately highly personal and individualised. The differing narratives of risk presented by each expatriate in this chapter support Douglas and Wildavsky's theory. Their questions are applied to three expatriates' comments to identify some of their perceived sources of risk in the Chinese health care system. Here, risk is defined as the likelihood that hospital environments in China are sources of discomfort, confusion, and even danger.

The first interviewee, Peter, identifies many aspects of the health care system as potential sources of risk, including disorganisation, ageing buildings, unhygienic conditions and equipment, and the language barrier. For the second interviewee, Sarah, these were not major concerns; however, she saw her lack of access to her own medical information and lack of control over her treatment as a potential source of risk in the face of what she perceived as 'unconfident' doctors. This suggests that being more informed about her treatment would remove some of the perceived risk for her. For the third interviewee, Michael, the profit-motive of the health care system constitutes a risk to his receiving the most appropriate treatment. These three different narratives tell us that risk biases are highly individualised, and this chapter sets out to explore why these interviewees are concerned about the specific risks that they mention.

The hospital system seems to pose a set of risks that often puts the interviewees off seeking treatment within it. Therefore the final section of this chapter looks at an alternative, and often more preferable for the interviewees, site of accessing Western medicine: the pharmacy. The discussion of pharmacies encompasses all three major themes addressed in this thesis – communication, narrative and risk. Some interviewees tended to prefer pharmacies to hospitals as they generally found pharmacists to be more communicative than doctors; a pharmacist would listen to their concerns and engage in the process of narrative building with the customer, thus reducing the sense of risk. In the context of a pharmacy, the expatriates can choose whether they are a patient (many pharmacies have one or two doctors who are available for consultation in a private area) or a customer with buying power and therefore have much more control over the situation. As we elucidate the concept of risk through a discussion of the final three interviewees, it will also become clearer why pharmacies may be seen as less risky by the interviewees than hospitals.

**Peter**

Peter had been living in China for just over three years when I interviewed him. Most of that time was spent in Shanghai, and he had only been in Kunming for three months at the time of interview. He had been to hospitals in Shanghai twice, but only once in Kunming, when he suffered from what turned out to be tonsillitis. Based on previous experiences in Shanghai, Peter approached the health care system with some trepidation.
I was reluctant to go to the hospital at first because it is always kind of an ordeal, going to the hospitals in China...it's always really crowded, and chaotic, and disorganised, and the language barrier. So it's time consuming, so I tend to just sort of self-diagnose myself on the Internet.\textsuperscript{117}

Peter’s perception that seeking treatment involved risk was based on the fact that he saw the hospital as a place of disorganisation – the hospital being ‘crowded’ seems connected to his belief that it is disorganised (these ideas are uttered in the same sentence), as there are people without definite roles and their own space to inhabit. As Douglas argues, that matter out of place (whether it be ‘dirt’ or people) offends our sense of order and creates a sense of disorganisation.\textsuperscript{118}

Peter also identified the language barrier as a source of risk that could prevent him from finding the treatment he seeks or communicating effectively with the medical staff to get treated properly. This could relate to issues of legitimation as a patient; alternatively, the sense of risk could come from not knowing whether he will be able to elicit the appropriate usage of medical technology in his treatment. The fact that a trip to the hospital may be time consuming also seems to heighten Peter’s discomfort with the system, however he does not elaborate on this and it may simply be a matter of inconvenience rather than risk. All of these factors combine to put Peter off seeking treatment in the Chinese health care system, and instead push him to do something that others may in fact deem

\textsuperscript{117} Appendix VIII, ‘Peter’, 215.
\textsuperscript{118} Mary Douglas (1966), \textit{Purity and Danger}, London: Routledge, 2.
as being higher in risk: self-diagnosing on the Internet. The risk of using the Internet to self-diagnose has been well documented.¹¹⁹ What, then, leads Peter to prefer this to seeking treatment in the Chinese medical system?

It is possible to conclude that Peter saw a greater risk in organisational dysfunction than in an unexpert diagnosis. In the West, the organisation of a hospital could be seen as a source of comfort: if one falls ill, one can enter into the organised medical system and surrender to the process and procedures in place to facilitate recovery. In China, the fact that Peter doesn’t seem to trust the unfamiliar structure and the seemingly disorganised hospital institution, means that he sees even engaging with it as risky. To put it another way, perceived organisational coherence in a hospital is seen as an antidote to disease, which represents a disorganisation of “normal” bodily functions. If the hospital system is perceived as disorganised, it may seem less capable of battling bodily disorganisation. Douglas and Wildavsky argue that risk is associated with an individual’s view of institutions and the relationship of these institutions with the self.¹²⁰ This argument offers an explanation for why disorganisation is collocated with risk in Peter’s narrative.


¹²⁰ Douglas & Wildavsky (1982), 89.
Despite Peter’s sense of hospitals as risky places, it became necessary for him to seek medical treatment and he was able to arrange for a friend of a friend, a local woman, to accompany him and guide him through the unfamiliar bureaucracy. For Peter, having a personal connection with this woman, and the fact that she took him to a specific doctor whom she trusted, brought the added benefit of putting him somewhat at ease when it came to trusting the medical advice. Having someone who knew the system took some of the risk out of the situation. This suggests that his bias is towards individual control of the treatment process and he is suspicious of systems that seem to operate according to rules he does not understand. He also saw the environment of the hospital as a risky place.

My impression of the hospital was one of kind of shock…and this was my first experience of going to a hospital in Kunming, and the hospital was really old. You know, the building looked about 100 years old, and it smelt; there were people smoking everywhere in the building… I just didn’t want to spend my time in hospital, ‘cos of the environment and the conditions, and I thought I’d probably come out worse than I went in!  

Peter facetiously suggests that the ‘unhygienic’ environment of the hospital posed a greater risk to him that not seeking treatment at all. Although he decides to stay at the hospital, his narrative focuses on the high level of risk he perceived in doing so. According to Douglas, hygiene is not simply an objective issue, but relates to broader ideas about disorder. She argues that ‘dirt is essentially disorder. There is no such thing as absolute dirt: it exists in the eye of the

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Thus, one’s assessment of hygiene is often tied up with one’s organisational biases. For Peter, not having individual control over the amount of ‘dirt’ in the context of an organisation he doesn’t understand, poses a risk. When I asked him if he thought the surroundings affected whether or not he would receive good quality treatment, he replied,

Um...no, actually, because, I mean at the end of the day, I felt the level of care that you get is probably adequate or in my experience it's usually been pretty accurate, pretty adequate, so I knew I was in good hands, knowing that this girl knew this friend of mine.  

This suggests that Peter does not equate the surroundings with the skill level of the medical staff. Peter seemed happy with the skill of the medical professionals he consulted; however, he had strong reservations about the facilities. This supports the theory that the risk comes from organisational dysfunction, rather than the individuals within it. This could perhaps be informed by a previous experience in another country, where out-of-date medication was used. However, as he suffered no ill effects from the medication, his risk perception again seems to be informed by his aversion to systemic disorder, with the concrete example of it potentially doing him harm. This could translate to a heightened awareness of the age of the medical equipment and medicines, even though it does not affect his perception of the medical practitioners themselves.

[My attitude to accessing health care] is quite fatalistic...it's an unpredictable experience, you never know what you're gonna get. I mean I've had a very negative experience, a very dangerous experience in another country before. A very poor, troubled country, a war-torn country, so it was to be expected that their health-care systems weren’t working as well. I’d had an accident where I stepped on a stonefish, and went to the hospital there, and they gave me a shot of adrenaline into my foot, and that adrenaline was about 10 years out of date. And they gave me some antibiotics that had expired as well, so that was quite a dangerous experience, and thankfully that has never happened in China so far. But you could imagine it might, in a smaller, remote, kind of village or town.124

This story arguably comes back to his fear of disorganisation; expired medication is a symptom of a medical system that is not organised. Peter also equates the size of a city to the quality of medical services; being in a larger provincial capital such as Kunming alleviates some of the worry in relation to seeking medical care in China. This suggests that the closer he is physically to elaborated systems of order and hierarchy, the safer he feels. While the hospital he visits in Kunming is perceived as disorganised in comparison to a hospital in Australia, his home country, he expects a rural medical facility to be even less organised, and hence riskier. While the material risk to Peter in accessing health care in China is debatable, his assessment of the risk involved seems to be based on how far he thinks he can rely on an institution to be predictable.

If it was something really serious, like appendicitis, I just worry, would I be able to communicate it? Would I be able to get to the right hospital in time? And what kind of level of care would I get? And would the needles be clean? And what are the chances of an infection or complications after something like that in a developing country like China? Yeah, I worry about that.¹²⁵

All of these questions relate to the perceived unpredictability of the Chinese health care system. The point is not that these concerns are unfounded or that there are no material risks to be found in the Chinese health care system, but that his aversion to the disorganisation of the health care system leads him to put greater faith in self-diagnosis on the Internet. He is not confident that the Chinese health care system has procedures in place to address these issues, so feels more at ease with self-diagnosis, which allows him a high level of individual control. The next interviewee, Sarah, also has a bias towards individual control, however she seems to see the greater risk not in organisational dysfunction, but in being excluded from decisions relating to her treatment plan.

**Sarah**

Sarah’s first experience of the health care system in China came in 2006 when she was a student in Beijing. She contracted a kidney infection and was taken to an international hospital. She described her experience there as wholly positive.

¹²⁵ Appendix VIII, ‘Peter’, 222.
Her recent experience in Kunming, however, was a different story. It began when she was having dinner with a friend and she began experiencing severe stomach pain, similar to the kidney infection symptoms she remembered from 2006.

And so what ended up happening was I was almost outside of the city, having dinner, really far northwest, and [a local doctor called by a friend] insisted, he wouldn’t tell us what hospital to go to, he insisted on driving us...So we drove to the northeast side of the city, picked up this other doctor, and then they drove to the southeast side of the city with me. And this doctor was supposed to help facilitate me being able to get checked in a lot faster. But of course it took two and a half hours for me from the time I was like “I’m in so much pain, I need to be hospitalised” to actually getting to the hospital. So I thought that was interesting because they were really insistent that the best thing for me would be to have a doctor with guanxi\textsuperscript{126} to get me through the registration process faster than it would be [to go straight to the hospital].\textsuperscript{127}

Sarah was in severe pain, but knew she wanted to be taken to a specific hospital that she head heard of, which reportedly had English-speaking staff. However, in what she described as ‘a matter of saving face’, she allowed the doctor to do things his way. The doctor insisted that the fact his friend had a personal connection with the hospital he was taking her to would be beneficial for her, and as she was not reluctant to go to this other hospital for any other reason

\textsuperscript{126} Connections

\textsuperscript{127} Appendix IX, ‘Sarah’, 225.
than the time-consuming drive, she acquiesced. This suggests that Sarah saw a greater risk in upsetting the doctor, and losing his guidance at the time, than in delaying treatment or attending a hospital other than her preferred one. However, despite the doctor’s recommendation that she be admitted to the particular hospital he took her to, she became dissatisfied with it.

And after 3 days I was frustrated with the service [at the first hospital]...it was just really difficult to get anyone to respond to me with a call, within like, I don’t know how long it was, but depending on the severity of what I was asking for, sometimes I thought it was too long. I’m sure it never surpassed five, ten minutes, and if it did I would press it again...The doctors were very sweet, but there was a severe communication issue. I mean, I could understand that I had a kidney infection, I learned the word for infection, I learned the word for blood tests. But I didn’t know the name for all the tests they wanted me to do, and I couldn’t ask them [or] understand what the causes were...I think that in the situation where I felt I’d had a loss of control because I was sick, having the extra loss of control, without [having the] full amount of information, or the frustration of communicating in another language when I was that sick...I thought [this] was making me more exhausted than I had to be.\(^{128}\)

As the previous chapters have indicated, being informed about their treatment was a large part of the interviewees’ concept of a good patient experience in the West. For Sarah, it was part of being able to have some control over how risky

pursuing treatment was. Compared to Peter, Sarah only expressed minimal discomfort with the material conditions of the hospital. The language barrier combined with the attitude of the medical staff was what made the experience stressful for Sarah. This first hospital (unbeknownst to her) diagnosed her with a kidney stone. She was keen to be able to discuss her condition and treatment options with people she knew back home, including medical professionals in the family. She felt she needed to understand more about her condition in order to discuss it better with her outside sources, so she decided to transfer to Richland hospital, her original choice, which had a reputation for having English-speaking staff. It also offered a nursing service along Western lines, complete with meals, which Sarah required at that stage because she did not know enough people in Kunming who could bring her all her meals and care for her, which is common practice in Chinese hospitals. This is a direct result as her position as an expatriate, and it creates risk for her as she had to survive her in-patient stay without the support network the hospital assumes is there. In addition, at Richland she did not have to rely on unfamiliar communicative protocols throughout her treatment, as the doctor-patient relationship she experienced at Richland was closer to Western norms than her experiences at the first hospital.

So I got to Richland, and when I got to Richland it was the first time that they read [my medical records], and they read the papers that were written by the previous doctor, and they were like “oh you have a kidney stone.” And I was like “oh, that would explain my previously

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129 Sarah only commented on the large number of mosquitoes in her room. Appendix IX, ‘Sarah’, 227.
unexplainable kidney infection." So I don’t know what happened...Richland was a totally different experience and had its own ups and downs. [The rooms are] nicer than a typical US hotel room...they look like a spa or something, it’s incredible. So I came to Richland and my biggest relief, really, was that I needed someone to be able to give me meals everyday, and to take me to the bathroom and back...So that was definitely worth it, going to Richland...Their nurse service was, like, 24/7 and they have a meal service if you are an inpatient...they also have a translator service, so all their doctors can speak some English, but they also have an official translator that will be there. That’s when I learned that I had a kidney stone.\footnote{ Appendix IX, ‘Sarah’, 228-30.}

Having that extra knowledge about the situation helped Sarah to feel much more in control, and able to actively contribute to decision-making about her own treatment. Also, she was able to reduce some of the perceived risk by accessing the services Richland provides in lieu of family members. The combination of greater access to treatment information and the existence of a support network helped Sarah feel she had reduced many of the risks she faced in the previous hospital.

During her time at Richland, Sarah was on intravenous (IV) antibiotics, and after three days she felt well enough to leave. She wanted to go home to rest, and to change to taking the antibiotics orally so that she didn’t have to return to the hospital every day for treatment, as she saw travelling back and forth between
her home and the hospital as counterproductive to her recovery. The hospital let her go, but would not give her the drugs in oral form, so she was required to return to the hospital daily to receive the antibiotics through an IV. Sarah questioned this decision by her doctors.

So I sat down with one of the doctors, and she was like “listen, your kidney stone is 2 centimetres wide...we really need to keep monitoring you, because it’s going to, at some point, move to a point where we can do surgery on it.” And I had this extensive conversation with her and the translator... and they actually advised me to talk to my American doctors about it. And I was like “oh, that’s not reassuring”, so I was very upset, obviously, I had a two centimetre wide kidney stone...[and] as I was leaving I saw the other doctor who had actually spent more time with me, but he was the 'under' doctor, and I told him “I'm gonna need surgery, it's really upsetting” and he was like “no, not necessarily...your kidney stone is only six millimetres wide.” And I was like “I was just told it was two centimetres”, and he was like “she’s wrong”. And I saw the translator, and the translator was like “the doctor that told you it’s only 6 millimetres is wrong because he’s the lower doctor.”¹³¹ And then I went back the next day...and they were both like “oh, the doctor you were talking to on

¹³¹ Though it may seem that the doctors in this case were compromising their claim to objective medical knowledge by covering up a misdiagnosis, there is evidence of a broader professional ethic among doctors that requires professionals not to comment on the work of their peers in such cases. In the American Medical Association’s Code of Ethics of 1847, when a doctor took over care of a patient from another doctor, they were not supposed to criticise the previous doctor as a matter of professional courtesy. Tom L Beauchamp & James F Childress (1994), Principles of Biomedical Ethics (Fourth Edition), New York: Oxford University Press, 7.
Monday thought you were a different patient, who has a 2 centimetre wide kidney stone and is an old male”...so I came in the next day and they asked me to do a final ultrasound...and I’m like “I need to know specifically where the kidney stone is in my kidney...I need to know exactly how wide it is, to know if I can pass it”. And she...was poking around, and she goes “which one is it? Which kidney?” And I was like “the right one”, and she was like “oh you don’t have a stone, you don’t have a kidney stone”. 132

At the time, Sarah saw the greatest risk as agreeing to invasive treatment in a foreign environment. While she seemed less concerned than Peter with the level of organisation within the institutions she interacted with, it would seem in her case the institution, and the diagnostic confusion, posed the greatest material risk to her with its recommendation of unnecessary surgery. Sarah’s analysis of the risk seemed to be based on the technical side of her treatment (surgery). Despite being able to reduce some risks by moving to a different hospital, she still found risk in the hierarchies that led to a conflicting diagnosis; the hierarchical nature of the system became a source of risk for Sarah. In her narrative she talked about what she was feeling at the time, rather than focussing on how this has made her feel about the system since that time. This emphasis may point to the possibility that she assumes the risk is self-evident for the listener, and therefore that she does not need to draw attention to it specifically. Therefore the “objective” problem that she seemed to assume is self-evident stemmed from the level of organisation in the health care system,

however she seemed to feel that the greater access she had to treatment
decisions, the better she could guard against this risk.

During the 1980s and 1990s, in the West, patients began to take on the role of
consumers as well. With the increasing availability of medical information
through books, television programs, and more recently the Internet, they have
taken a much more active role than before in decision-making about their
treatment.\textsuperscript{133} This shift may see patients feeling placated about risks involved in
seeking treatment (rather than risk related to the illness itself) by being more
involved in their consultation and treatment decisions. Many patients, as we
have seen represented in Chapters One and Two, have become accustomed to a
communicative doctor-patient relationship, and bring their own illness
narratives to the consultation to tell the doctor; they can then move on together
to create a treatment narrative. Having a coherent narrative seems to give the
patient a sense of control over the situation, and helps with the reduction of
perceived risk.

Only recently, with increased health literacy, has it been seen as risky to not be
fully informed. The development of Kleinman’s theory of explanatory models\textsuperscript{134},


\textsuperscript{134} ‘Explanatory models are the notions that patients, families, and practitioners have about a specific illness episode.’ Arthur Kleinman (1988), \textit{The Illness Narratives: Suffering, Healing and the Human Condition}, New York: Basic Books, 121. While Kleinman’s work is mostly descriptive, he shone a spotlight on issues in the doctor-patient relationship that contributed to a dialogue in society about the ways in which patients understand their illnesses, and how this should impact upon clinical practices.
and Engel’s ‘biopsychosocial model’\textsuperscript{135} led to a more general shift in focus among doctors and anthropologists to the patient experience in the 1980s and 1990s.\textsuperscript{136}

Most of the interviewees grew up in Western countries with medical systems that took patients’ beliefs and explanations for their illnesses into account. It could be argued that this change resulted in a shift in risk perception whereby the power of the doctor is seen as a source of risk, and should be guarded against by monitoring the doctor’s behaviour and making him/her accountable for his/her decisions. If this new trend has not been incorporated into current practices in China, this gap in expectations could be a powerful explanation for what interviewees express as a lack of communication, and could contribute to and increased sense of risk. Sarah is arguably an example of this disjuncture.

Sarah has decided that when she returns to her home country she will get a check-up, but in the meantime she will not return to a Chinese hospital to monitor her kidneys. She was particularly unimpressed with the doctors at Richland Hospital.

I also went [to Richland] with a friend of mine who had a respiratory problem, and they just diagnosed her as quickly as possible, with a diagnosis for something she’d had a long time ago, and I didn’t really think

\textsuperscript{135} This states that health is determined by not just biological factors, but also by psychological and social factors. George Engel (1977), ‘The Need for a New Medical Model: A Challenge for Biomedicine’, \textit{Science}, 196, 129-36.

\textsuperscript{136} For an example of works that led this trend, see Cecil G. Helman (1990), \textit{Culture, Health and Illness: An Introduction for Health Professionals (Second Edition)}, Oxford: Butterworth-Heinemann, 86. Also Byron J. Good (1994), \textit{Medicine, Rationality, and Experience: An Anthropological Perspective}, Cambridge: Cambridge University Press, 36.
they were very thorough. I think the diagnosis process is really important, and they didn’t do that at Richland. I never had that done. But the part that was relevant, the kidney stone part, was really botched. The feeling that I got from Richland was that they were there for my comfort, but not necessarily confident doctors. I mean, just telling me to ask my American doctors, and they were really happy to send the tests, to put them into formats that I could send to the US, because they were admitting that they thought I should get advice from another country. And it was extremely expensive, compared to a regular hospital, and I went for the care, [but I didn’t] feel like I could heal with them.\footnote{Appendix IX, ‘Sarah’, 233-4.}

In identifying a lack of confidence amongst the medical staff as being directly related to the effectiveness of her treatment, Sarah implied that the healing process involves more than just the treatment of symptoms. As discussed in Chapter One, as a patient, she is seeking a treatment process that involves a communicative relationship with a doctor where her illness narrative is listened to; the doctor explains his/her diagnosis and treatment plan authoritatively; and she feels that the medical technology is being employed in an appropriate and effective manner. Like Peter, she identifies their lack of confidence – and hence her being unable to submit herself fully to their expertise – as a source of risk. While the doctors may have seen giving her the option of consulting her doctors back home as helpful, for Sarah it only confirmed her opinion of them as lacking
in confidence.\footnote{138} Again, this points to how central the performative aspect of being a doctor is. Behaving in a confident manner can help the patient to feel as though they are not taking a risk with that therapy/physician. This contrasts with other interviewees’ perceptions of doctors as too confident and “unprofessional” because of their supposed indifference to patients. Like the interviewees in Chapter Two, Sarah’s narrative turns to the hospital system as a whole to conclude the interview.

I think that I have decided that I have to lower my standards. I think that there are plenty of things that are cultural standards. Things like the nurses’ attitude towards you, or things like the amount of times a doctor spends with you face-to-face.\footnote{139}

Insufficient time spent with a doctor is seen as a source of risk for the patient. The risk comes from the medical staff seeming less accountable if they are not spending time explaining their actions to the patient. However, the lack of time that doctors spend with patients may not necessarily be a cultural issue. Chinese people may want more time with their doctors too, but with the current structure of the medical system, doctors and nurses do not have the time they would like or need to spend with their patients. The perceived risk may also stem from the idea that the institution obeys its own rules rather than

\footnote{138} It is possible that if Chinese doctors are unused to the idea that they have to listen and explain themselves to patients, they might not know how to respond when a patient questions them and therefore may appear to waver in their diagnosis. This highlights the importance of appearing authoritative, as it may contribute to breaking down patients’ anxieties about prescribed treatments.

\footnote{139} Appendix IX, ‘Sarah’, 234.
responding to the needs of the community it serves, thus affording the patient very little control over the kinds of treatment processes they have access to. It could equally be seen as evidence of an institution that is not “complete”, something manifested in the perception that the doctors lack confidence and their actions are unpredictable.

Sarah interprets the lack of a Western-style nursing service as a culturally determined lack of caring. It is common practice, however, for family members to carry out many of the duties in Chinese hospitals that people in the West would expect nurses to perform. Sarah explains how family members of other patients helped her understand the conventions of the first hospital she was in.

When I was in the first hospital the [patients] around me were really wonderful, they were all very sick, they all had multiple family members taking care of them, and they would come wander over to me, and be like “hey...they’re supposed to take you to that test, aren’t they?” and I’d be like “oh yeah, that test...well if they want, they’re the doctors, they’ll come and get me, right?” and they were like “pft, no...you gotta call them again, call them again, call them again”, and it’s just like it, for me, culturally, demonstrates a lack of care, or sympathy, and a lack of interest. But for them it’s just like, it’s your health, they’re here to help you, they will help you when they have time, just bug them until they help you, and that’s how the relationship works. And honestly I think next time, especially because I have insurance for Chinese hospitals, I will find a hospital that my co-workers recommend, because my co-workers kept asking me why I
went to this original hospital and saying that it wasn’t known to be a good hospital...[So I had to get] used to the idea [that] they don’t have enough time to coddle you, therefore you hire someone for 40 kuai a day to help you go to the bathroom, and help you get meals, or you have friends do it...it’s considered separate from medical treatment and medical service, and I think as long as I’m able to accept that and have sickness in the future that, where it’s not so reliant on just care, then I’ll probably go to a Chinese hospital without much qualms about it.

The Chinese health care system appears to be based on the assumption that family members will take an active role in the patient’s treatment, and they are central to reducing certain risks patients face, such as missing appointments, accessing adequate nutrition and tending to other non-medical needs. The narrative around whether the staff ‘cared’ or not suggests that she felt she could not trust the institution as it was too dependent on the personal principles of the staff (and whether they cared or not), rather than on standardised procedures for making sure all patients’ needs were met. Not having a support network to perform the duties families are usually tasked with posed a risk to her wellbeing. For this reason the move to Richland hospital, where the nurses provided this service, was essential in reducing her sense of risk.

Nonetheless, an acceptable conclusion to a medical anecdote amongst the expatriate community involves an acceptance of the health care system as part of

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140 Appendix IX, ‘Sarah’, 234-5.
living in China, and demonstrates a willingness to take such risks as part of committing to expatriate life in Kunming. Sarah concludes that,

I’ve kind of decided that it’s one of those things that I have to get used to, just living here, but no, I’m not, I guess my answer would be I’m not confident that my sickness would be treated with top-notch, or the most reliable treatment...I guess I would trust myself to know if I were in such poor conditions that I needed special treatment, that I would probably leave the country.141

Sarah’s experience of being misdiagnosed left her wary of being able to have a serious illness effectively treated in China. However, it has not affected her desire to remain in China. The ability to share these perceived sacrifices (for example, not getting ‘top-notch’ treatment when ill) through anecdotes plays a large part in creating solidarity amongst the small expatriate community in Kunming, and providing some level of shared experience for a group that has few other cohesive elements. These narratives of undertaking risks in the medical system, including problems with communication and disorderly treatment narratives, create solidarity amongst expatriates who have been through similar experiences.

Several years earlier, Sarah had to go to hospital for a kidney infection while studying in Beijing. This experience seems to have been a low-risk situation for

141 Appendix IX, ‘Sarah’, 235.
her, as the doctors spoke English and behaved in a communicative manner that was familiar and comfortable for her.

They [at the Beijing International SOS Hospital] were great. They spoke almost every language. And they spoke fluent English and they would even teach me Chinese when I asked them to, ’cos I was there for so long! But they were fluent in English, and first approached people in English as well. I had never really been hospitalised in the States...so before that I had never been in the hospital before, and I was pretty comfortable. I was their only inpatient, so I was kind of spoiled! I remember every time a new doctor was on, they would come in and talk to me. Again, I think because I was the only patient. But I think they were pretty clear. I mean I was really young, and I didn’t have an adult with me, so I didn’t have any standards of what amount of medical depth they need to go in to, but I felt pretty comfortable, and I felt like I understood what was going on. 142

A large part of Sarah feeling comfortable was her ability to communicate and to feel part of the decision-making process in relation to her own treatment. This reinforces the fact that Sarah sees communication as a central part of risk reduction, and key to mitigating against certain forms of risk associated with not being able to monitor and double-check the treatment she is receiving. This fits with the general sense that an institution’s disjointed systems are a source of risk and must be monitored. It can be argued that the process of creating a treatment narrative through a communicative doctor-patient relationship is a

142 Appendix IX, ‘Sarah’, 224-5.
way of doing this, and is a necessary part of risk reduction. The process of communication shows her that the institution is functioning according to her personal expectations (which are based on the institutional structures of the West, where, for example, the family has no clearly identified role in the provision of treatment), and allows her to relax and surrender to the healing process.

The next interviewee, Michael, also found comfort in monitoring the medical advice he was given, although this primarily stemmed from his perception that the greatest risk lay in the profit-motive of the medical system. Here, the risk lies in the perceived unpredictability of the hospital system’s structure, of which the profit-motive potentially superseding patient care in importance is a symptom.

**Michael**

Michael sought treatment for a rash he developed on his right arm while travelling outside Kunming. He decided to see a doctor when he returned to Kunming, about three days after the rash’s initial appearance, as it continued to spread slowly to other parts of his body. Michael did not find the hospital’s bureaucratic system vastly different from what he expected to encounter in his home country.

You know, you go to one window, you pay, you see where you have to go, what department you have to go to, and then you go to another window, you get told to wait. Those things, I guess, are kind of similar to what I’m used to, but the consultation was just...there was no real communication.
I’d explained to the student [who had come along to translate] what I was feeling and how I thought I had got it, and then there was just a written prescription, that was it.¹⁴³

Like most other interviewees, Michael cited a lack of communication as a source of concern and a key source of risk arising from the treatment. This highlights again how important communication is for reducing perceived risk for expatriates in a medical interaction. Even though he had an English-speaking Chinese student with him, he still struggled to get information out of the doctor, and was never given a diagnosis, or even a suggestion as to what might have caused the rash. After being given his prescription, Michael purchased all the medicines he was told to buy, and ended up with ‘6 bags of glucose drip, IV drip, a box of maybe 6 vitamin C injections, what I later found out was some medication for hayfever, and there was some...steroid-containing cream...I used the lotion, and that was all.’¹⁴⁴ Michael himself described this treatment as ‘excessive’, and before deciding to use any of it, contacted a doctor in his home country (Australia) for input. It is possible that from the Chinese doctor’s point of view, the excessive prescription was a way of assuaging the patient’s sense of risk in not being effectively treated. Alternatively, the doctor could have been influenced by the financial reality that hospitals are largely left to fend for themselves; a cynical reading would be that he was attempting to bring in more funds through drug sales. This is the interpretation Michael seems to favour. After showing some photos to the doctor in Australia, Michael was diagnosed

¹⁴⁴ Ibid.
with an allergic reaction to the lacquer on some cane furniture that he had been in contact with on his travels. The Australian doctor simply recommended that Michael use the cream he was given.

Michael identified the profit-motive of the Chinese health care system as a potential source of risk, and believed that the welfare of the patient was not the only motive for treatment recommendations. It would appear that the risk really arose from the fact that, in Michael’s opinion, the hospital institution did not have enough autonomy from market pressures to operate by its own rules. In order to stay economically viable, the hospital has to obey market rules, which obviously do not take patients’ needs into account. When asked about seeking treatment in Chinese hospitals in the future, Michael was ‘…wary that it might not be appropriate, largely because there’s a drive by the pharmaceutical companies for doctors to prescribe more than the necessary drugs.’ The medicines prescribed to Michael were the most expensive part of the medical experience; the consultation only cost 30RMB, while it cost 400RMB to fill the prescription. This has made him reluctant to seek treatment in the hospital system, and has led him to seek out alternative ways of accessing medical advice in China. After this episode, he asked around his workplace for advice about alternative ways to seek medical attention in the future.

I also now know that there are other ways to access health care. I can go to a drugstore, apparently they have qualified doctors working there, so if

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145 Appendix X, ‘Michael’, 244.
there's anything for a, for a minor rash, they can actually diagnose you
and give you the right medicine, right there.\(^\text{146}\)

Being able to seek treatment outside the hospital system seems to lessen the risk for Michael. While there is no ostensible reason a pharmacy will be less motivated than a hospital by the prospect of profit, Michael seems to feel happier about seeking treatment in a pharmacy rather than a hospital in the future. Other interviewees also expressed this opinion. Pharmacies seemed to avoid much of the criticism that was directed towards hospitals. In fact, many interviewees\(^\text{147}\) praised the service they received at pharmacies in Kunming. The final part of this chapter explores why this might be the case.

\(^{146}\) Appendix X, ‘Michael’, 244.

\(^{147}\) The impression one gets from reading the interview transcripts is that pharmacies are generally seen as less problematic than hospitals; interviewees did not have any anecdotes arising from bad treatment episodes resulting from visits to pharmacies. Michael, Anna and David were all positive about their experiences in pharmacies. Andrew liked the fact that he could get what he wanted, but would also see a doctor if he actually required guidance in choice of medication. Kate was happy that she was able to buy sleeping pills as a quick fix to insomnia, but mentioned that this was not sustainable and that she would have sought medical advice if the condition persisted. William was reserved about the benefits of the pharmacy. While he was able to get what he wanted, usually on the recommendation of his pharmacist mother, he was troubled by the fact that the pharmacy did not regulate medications. Sarah said that, in her experience, pharmacists explained the medications well, but she would never rely solely on recommendations from the pharmacist and sought input from local friends and medical family members. Peter raised the issue of the profit motive, and did not seem to see pharmacies as particularly preferable to hospitals. John also mentioned the drawback that he felt crowded by the sales staff (with the implication of profit-seeking), but other than buying electrolytes to supplement his diet, he had not attempted to self-medicate, so had no opinion about pharmacies versus hospitals. James preferred not to self-medicate by going to a pharmacy without guidance from a doctor.
Pharmacies

It may be suggested at the outset that pharmacies seem less risky than hospitals because their internal institutional structures are far fewer and less complicated, hence hold fewer sources of potential conflict with expatriates’ expectations about how they should function. When Anna discussed in Chapter One that she found a pharmacy (at the Richland Hospital) staffed by people willing to listen and communicate, and who spoke English well, she explained that,

Language isn’t a barrier with the pharmacists up there, and they listen, you know? I really go out of my way to go and see those people up there.\textsuperscript{148}

There are two aspects to Anna’s approval of this particular pharmacy: the fact that language isn’t a problem, and the fact that the pharmacists listen. It would seem that the ‘listening factor’ is the most desired element in a therapeutic interaction. David (Chapter Two) was also happy when he found that some pharmacists took the time to explain medication, even when language difficulties existed.

Every time I buy medicine at the pharmacy I ask the pharmacist directly how to take it, and they give me very clear instructions, and it’s usually,

\textsuperscript{148} Appendix I, ‘Anna’, 139.
even a couple of years ago when my Chinese was much more limited, the instructions were very simple and I was able to understand them.\textsuperscript{149}

This could be a product of the different institutional environment of a pharmacy compared with that of a hospital. Pharmacists are not under as much pressure to ‘see patients’, and so will often have the extra time it takes to listen to symptoms and explain products. There could also be a different expectation of what is appropriate behaviour from a pharmacist compared to a doctor. Pharmacists may only be expected to explain very simple medications to treat simple maladies, while doctors may have to attempt to explain more complex diseases, and while under heavy time-constraints. This may be the reason for the perception among some interviewees that pharmacists are more communicative than doctors. This increased communication seems to reduce the perceived risk for some of the expatriates. As we saw with Sarah, having a better understanding of the biological side of her illness helped her feel in greater control of the situation.

Pharmacies in China tend to operate much the same way as they do in the West, with the exception that some medications that can be bought over the counter would be restricted to prescription-only in the West. The familiarity of the pharmacy ritual – you become ill, you go and discuss your symptoms with a pharmacist, they give you medicine you both agree on, you get better – also seems to offer safety to expatriates. Without the confusing bureaucracy, there seems to be less that can go wrong in the process. With fewer steps in the

\textsuperscript{149} Appendix VII, ‘David’, 212.
process, again we find fewer potential sources of risk or ire to the
patient/consumer. The pharmacy also provides the treatment narrative that was
discussed in Chapter One: interviewees are listened to, they get an authoritative
verdict (which is usually necessary if the pharmacist is to recommend a specific
medication), and they receive medical technology they can employ on their own
terms.

Not every interviewee expressed this opinion, however. James (Chapter Two)
felt that without good language proficiency, trying to self-medicate at a
pharmacy was more dangerous and risky than going to a hospital.

I wouldn’t go in [to a pharmacy] myself, not to get medicine...I wouldn’t
know what to get, and I don’t think I’d be confident enough in my Chinese,
or in the English of [the pharmacists], or the instructions on the packets
they give.\footnote{Appendix II, ‘James’, 150.}

This is not just the language barrier at play, but also a lack of familiarity with all
Chinese health sectors. In the face of an unfamiliar health care system, James
sees safety (i.e. less risk) in relying on greater guidance from medical
professionals, instead of attempting to self-medicate. This raises the pertinent
point that not all pharmacists behave in the ways that Anna and David describe.
Without proper guidance, self-medicating can pose a serious material risk to
someone who may not fully understand the medicine they are taking. Andrew
(Chapter One) expressed precisely this risk perception. He felt as though the
pharmacists he encountered would just give him what he wanted without questioning his choices.

I think with foreigners they just give [prescription medication] across the counter, because, I don't really know why, I'm not sure if...they let Chinese do that or not. I would assume you'd first have to see the doctor, but no, they're just sort of a dispensary.  

While Andrew was usually seeking medications with which he already had experience (certain painkillers and anti-inflammatories for his back), he highlights the fact that some pharmacies play the role of dispensary without offering guidance. Therefore, it seems that James and Andrew's risk biases are the opposite of Anna and David's; it is precisely the lack of institutional complexity that makes the pharmacy seem safer for some compared to the more complex hospital system that James in particular sees as risky.

While pharmacies in China potentially pose material risks to the expatriates, they are perceived by most interviewees to be safer than hospitals. To return to Michael's narrative of the profit-motive posing a risk to getting objective treatment in the hospital system, we might conclude that one of the reasons he sees less risk in pharmacies is his perception that you can find a purer consultation, unburdened by the commercial pressures that the hospitals face. Whether or not this is the case, Michael's view strengthens the argument that organisational dysfunction is a large part of risk assessment. For Michael, over-

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151 Appendix III, ‘Andrew’, 158.
prescription is symptomatic of confusion about whose rules (and priorities) govern the hospital system, and is a sign of organisational dysfunction (if it allows the market to influence its practices). As argued above, if medical institutions are perceived as dysfunctional, their ability to cure bodily dysfunction is called into question. Pharmacies therefore seem safer, as less ‘organisation’ (bureaucratic structure) means less organisational dysfunction.
Conclusion

I set out on this study to explain why anecdotes about health care are so commonly told amongst expatriate groups. The three themes explored throughout this thesis, namely communication, narrative and risk, combine to create a picture of why narratives of treatment in expatriate communities hold so much social currency. Rather than simply entertaining their audience, the narrators are engaging in a complicated bonding ritual which signifies solidarity with other expatriates and affirms their commitment to the arguably risky adventure that is being an expatriate in China. It is precisely the stories of discomfort and risk that come out of unsatisfactory medical encounters in the Chinese health care system that create a captivating anecdote which can be used to demonstrate solidarity with other expatriates. In Kunming, expatriates have few alternatives to the Chinese health care system if they require medical attention; for this reason, health care experiences are a common denominator for the expatriate community in Kunming, which otherwise has very few shared defining features.

The stories we have heard in the preceding chapters are generally stories of treatment episodes that are unsuccessful for a large variety of reasons. However, the more disruption is found in the story of treatment, the more confusing or disturbing the behaviour of the medical professionals, and the more inexplicable the system, the better the anecdote is for the audience. In essence, a bad treatment experience equals a good anecdote. A ‘good’ anecdote is one that
performs several functions: first and foremost, it is a good story that holds the attention of an audience by displaying the plot features of an interesting story; secondly, in the case of some expatriates, it might demonstrate the narrator’s knowledge about China by their attempt to contextualise and explain a strange experience; thirdly, it tells the listener that the narrator has made peace with the perceived risks involved in accessing health care in China as part of their commitment to expatriate life; fourthly, it demonstrates solidarity with other expatriates who have had to, or are yet to, face similar risks; and, finally, it provides material over which they can bond to form a sense of community.

In Chapter One, we met Anna, James, Andrew and Kate. Their stories wove together to illustrate the importance of three elements in a good treatment experience: being listened to by the doctor, the doctor explaining the diagnosis and treatment plan authoritatively, and the appropriate application of medical technology. With the exception of Kate’s narrative and Anna’s septicaemia narrative, the interviewees told stories of unsatisfactory treatment experiences, which usually hinged upon a lack of communication from the doctor and the doctor’s failure to give them the legitimation they needed as patients. Crucially, however, their dissatisfaction and confusion is exactly what takes an otherwise ordinary story of seeking medical treatment and transforms it into a treatment anecdote that can be used to bond with other expatriates.

In Chapter Two, we met William, David and John. These interviewees all took their stories of unsuccessful treatment experiences a step further: by offering explanations and context for their anecdotes, and turning them into meta-
narratives about China in general, they attempted to convey to their audience a sense that they have a better understanding of Chinese society than the average expatriate. These meta-narratives are also useful for bonding, specifically with the smaller section of the expatriate community that tries to bring larger meaning to their time in China by attempting to draw broader conclusions from their everyday experiences. These meta-narratives are crucial for bonding amongst this milieu of the expatriate community in Kunming by implicitly differentiating the narrator from the average expatriate. However, they built upon the same issues other interviewees identified, namely communication and risk.

In Chapter Three, we met Peter, Sarah, and Michael. A narrative of risk emerges as another essential part of the bonding experience. While, objectively, dirt is seen as risky, and a dirty hospital therefore becomes a high-risk location, this is not the main source of risk identified by the interviewees. More often, hospitals are characterised as high-risk places due to communication issues, hierarchy, and systemic dysfunction. The reason these narratives are so successful as bonding tools is that most expatriates are in similar social situations, and are therefore vulnerable to the same set of ‘risks’ that the interviewees identify. This makes them different from, say, a migrant community in a Western country, because the expatriates are all equally peripheral to the system and do not have any formal channels to access support in negotiating an unfamiliar medical system (whereas migrant communities in the West often have specific social bodies or services set up to assist them). Stories of Chinese hospitals as risky locations express the peripheral position of expatriates and their alienation from
Chinese institutional life, as well as showing the relatively weak internal structures of the expatriate community. Due to the peripheral nature of expatriates in Chinese society, there are no processes or institutions that exist to recognise and legitimise their bad treatment episodes equal to the way that a patient may make a complaint to a Medical Board in a Western country. By sharing these treatment narratives, expatriates legitimise each other's suffering, and these shared narratives of suffering lay the basis for connections to be formed within the expatriate community.
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Appendix I

Anna

Can you tell me how long you’ve been in China for?

Um, 4 years.

Is that in one place?

Oh, erm, we’ve been in Kunming from 2006 to 2010. Er, we spent 6 months in Shanghai in 2005, and a year in Kunming in 2001.

How would you describe your Chinese level?

Er, I’d say above average.

So do you feel confident to use it with a doctor or pharmacist?

Oh, actually no, um, my Chinese vocabulary for medical terms is really, really basic, so yeah.

How would you describe your health condition compared to before you came to China?

Actually I find that I’m a bit healthier in China, because I don’t suffer from asthma here, and the lifestyle’s a bit more active and the food is better, so I would say I feel healthier in China than I do in New Zealand.

Roughly how many times have you been seriously ill in China?

Um, I’ve been seriously ill once, and I had an injury that I needed to get seen to once. So 2 times in total.
Two trips to the hospital?

Yep.

Are you accessing health care more or less than you would at home?

Much less, much less. I avoid going into the health care system if I can.

Is that a general thing, or is that to do with being in China?

Oh, no, specifically because I’m in China. Yeah, I avoid Chinese hospitals if I can.

Can you explain your reasons for that?

Yep. The reason why I avoid hospitals in China is language issues, obviously; the bureaucracies of the hospitals, you need to go in and you get a ticket for this at this office, and then you go to this office, and then you go to another office and, um, er, so not knowing the system kind of makes you feel uncomfortable. Er, they’re not clean, and the doctors are, they show very little empathy, they’re not really interested in me as a person, like, you get the feeling they just want to get rid of you. Ah, lack of privacy, and um, probably the main reason is I feel unconfident in their diagnostic skills, I don’t feel confident that they can diagnose me correctly, so I tend to self-diagnose, rather than going to hospital.

Where does that lack of confidence come from, do you think?

Actually I think it mainly comes from the fact that the two times I’ve been to a doctor I’ve felt like they haven’t listened to me and my symptoms, and I’ve felt like I can’t ask questions, like me asking them questions is a kind of insult to their, um, ‘doctoriness’, shall we say. And so I feel that if they’re not listening to me describe my symptoms, how can they diagnose me properly? So that’s why I feel that way.
Ok, so let’s talk about those two times you went to hospital. Can you maybe describe and talk about them one at a time? What they were for and how you went about seeking treatment.

Ok, so the first time was in 2001, when we were on our honeymoon, and I got septicaemia in my left knee, ah, blood poisoning, and my knee swelled up like a balloon, and we had no Chinese at that stage at all. So a friend that spoke good Chinese took us to the hospital...

Was that a Western friend, or a Chinese friend?

A Western friend. An American guy. And that was the hospital just down from the Hump on Jinbi...I think Kunming People's First Hospital. So we went there and we lined up, and a doctor was walking past and he saw that I was white, so he said “come with me, I’ll see you now”. And so then we went into the consultation room, and there was a guy just screaming in agony on the bed and, um, he kicked him off the bed and just said “you, get on the floor”, so I could have the bed, and I was really...I had a wheelchair, so I didn't need the bed, and um, and yeah, just the lack of empathy for their fellow man to make me feel better, made me feel really embarrassed. So I was diagnosed, they took blood tests – the blood tests were much more efficient than in New Zealand. Within the space of about 15 minutes we had all the results from the blood test. They took blood, it went into a centrifuge, we took our docket, they got the results, and that kind of thing takes days in New Zealand, and they found out that I had septicaemia, so I went to the hospital for 3 days for intravenous drips and, erm, that was the first experience. They saved my leg, I could have lost my leg, and I could have lost my life, so, um, they actually did a good job. And I was so sick at the time that I don’t really have any feelings about how I was treated, except that they got me better, and they treated Chinese people badly, and it was unclean. The second time was in, er...

152 A backpacker’s hostel
Can you just elaborate on what you mean by ‘unclean’?

Oh, er, the toilets were unclean and unsanitary, like, there was piss and shit and they don’t clean them with hot water or disinfectant. Um, there’s not a culture of hand washing. Oh, there’s no food, so of course people need to bring in… the floors are unclean, the windows are unclean, the bedding is clean; the bedding wasn’t unclean, but um, compared to a hospital in New Zealand or Australia – really, really unclean. And people spitting and, um, yeah so…that made me feel a bit distressed actually, in a vulnerable situation. When you’re feeling vulnerable, you want to feel more safe, I think, so that did distress me more that I was in that kind of environment.

And that time, what factors were present in your choice of that particular facility?

It was close, it was close. That was the reason why we went there.

And you mentioned you had a Chinese-speaking friend with you. Through him, were you able to effectively communicate with the doctors?

No, not at all. I found that, er, I’ve got quite limited experience, but I’ve found that the couple of occasions that I’ve been to doctors, they don’t encourage open communication and asking questions. They rely on the diagnostic tools that they have rather than listening to the patient. Yeah, so no, I don’t feel at all...

Ok, but you wouldn’t put that down to a language barrier as such at the time? It was more the unwillingness to communicate?

No, I wouldn’t put it down to a language barrier, and also it was, er, the site of infection was clearly...he didn’t even need to rely on me to communicate, ‘cos the site of infection was clearly there, so...

So were you satisfied with the course of treatment recommended by the doctor?
Yes, I think it was, I think it actually saved my leg, saved my life. It was a really serious infection that they diagnosed. Isn’t that interesting? After I say I don’t feel confident with their diagnosis, they did actually, they diagnosed that I had a serious infection and they gave me the appropriate antibiotics, which were very cheap as well. And they did make me feel better, so I was satisfied, yeah.

*After those 3 days, did you have to take further...?*

Yeah. I was bedridden for about a month, and my knee went black. And at that stage, after the infection was...so they killed the infection in hospital and then I was left with the tissue damage from the knee being so swollen, um, and that’s when they suggested Chinese medicine. Probably what would have happened in a hospital in New Zealand was they would have cut the knee open and drained the fluid. But in China they preferred to use Chinese medicine, so it was slower, but I didn’t need an operation. So, um, I had poultices, I had Chinese medicine that you drank...

*Did you understand what the medicine was?*

No, no, no. It was just like...

*So did you feel comfortable taking medicine that you didn’t fully understand?*

Yeah, it was because it’s Chinese medicine, and that’s, so it’s kind of not like real medicine. But, um, I think it’s, um, different people have different levels of comfort, but for myself I feel much more comfortable if I know “what is this pill, why are you giving it to me, what will it do?” and I didn’t understand any of that when I was sick, but um, I was in a lot of pain and discomfort. So yeah, they gave me poultices, which eventually drained the fluid in the knee, and I drank Chinese medicine everyday, and after about a month, I couldn’t walk on it, I had to be helped to the bathroom, and after about a month I started walking with a cane, and 9 years later I have no problems at all. Like, maybe in winter it gets a bit stiff and sore, but that’s all.
Did you take all of the medication that they prescribed to you?

All the Western medication, or...?

Er, just everything after the hospital.

I think so, I think, um, because I was bedridden Phil prepared the medication and the poultices, and er, yeah, he's really good about stuff like that. I think I actually, um, oh, you're not gonna say my name are you? I think I smoked quite a bit of weed as well, because I was in pain and I was bedridden, and, um, I don't know whether that had a detrimental or positive effect. Yep, I did that 'cos I was in pain...

That was pain management?

Yep.

So you didn't prepare the medication yourself...

No.

As far as you know, were there any problems understanding how to take it?

Oh actually the doctor that prescribed the medicine was a Taiwanese doctor and he spoke very good English, and um, he was very, he was very clear with Phil. Um, Phil knew exactly what to do, so there were no problems with that.

Ok, so lets move on to the second time...

Ok, so the second time was, um, about May last year, and I, um, I thought I broke my ribs at karate. So, um, after about 4 or 5 days of feeling really uncomfortable, my friend, er, took me to the hospital on Xichang Lu, which is the number one
hospital in Kunming, it’s where they train the doctors, it’s supposed to be the best hospital. And there you have the same procedure, it doesn’t matter how much in pain you are, or how unwell you are, you’ve still gotta go to this window and get this ticket, and you have to pay for everything upfront as well, I might add. So, um, there’s no question of whether or not you’re satisfied with the service ‘cos you’ve already paid. Um, so you have to go and pay for everything, so I went for an X-ray and, um, before having an X-ray I had to go into a consultation room that had about 6 or 7 Chinese people, also waiting to see the doctor. And the doctor was sitting in a chair and, um, didn’t even really look up at me, and I stood over him, and a crowd of people came over to see what was wrong with the laowai\textsuperscript{153}. So I’m really glad I didn’t have the clap or anything like that! And, er, he said “what the matter”, and I said, “I think I’ve broken my ribs, I need an X-ray”.

*Were you speaking in English or Chinese?*

Chinese. And, er, so he wrote a slip of paper, handed it to me, didn’t look at me. And this is the way Chinese people treat Chinese people all the time, so it’s not like he’s being deliberately rude, but um, yeah, I didn’t like it at all. So then we went to get the X-ray and, um, like, they’re fine at their job, you know, those X-ray technicians, but they’re cold, they’re not interested in you as a person, or a patient and, um, they’re very, very disinterested. And they took an X-ray, but while they were taking an X-ray, this random woman who saw a laowai go and get her X-ray just walked into the office where they take an X-ray, and had a look at me standing there without my shirt on, which really pissed me off. You don’t even, you know, I’ve never had to take my shirt off in New Zealand for an X-ray. Maybe you take your bra off and you take your necklaces off, so...so those were two things that really irritated me, that I had to be naked when there really wasn’t a need for it, like, that’s um, a bit humiliating, and it makes you feel vulnerable when you don’t need to feel that way. And then to have such a lack of respect for my privacy or my comfort, and just have this random Chinese woman walk in and check out the laowai’s tits really pissed me off. They should have

\textsuperscript{153} Foreigner
procedures in place, like, that's unprofessional, and you know, that woman, maybe she wasn’t, I don’t actually blame that woman for doing that, I blame them for not having the appropriate systems in place. Yeah, so after that I got the X-ray, and they didn’t show it to me, I had to say “can you show me the X-ray please?” and so they showed it to me, and said, "look, no problem, and that’s it, off you go”, and um, yeah, that’s the only time I’ve, those are the two times I’ve been.

So, again, why did you choose that particular facility?

Oh, well, actually we, er, first we chose the hospital at Ligong Daxue, because it was only 30 kuai for an X-ray, for financial reasons, but they were closed so then we went to that hospital because it’s supposed to be the biggest, best hospital in Kunming.

So that particular time, you just communicated yourself with the doctor?

Yeah, I did, but I went with a friend and his Chinese was actually a little bit better than mine, and he’s also had a couple more X-rays, so he was familiar with the procedure and the vocabulary, although X-ray is just ‘X-guang’. So linguistically speaking, I didn’t have any communication problems as such.

How did you feel about them telling you there was no problem?

I didn’t trust their diagnosis because I felt, as I said before, I felt that they hadn’t even looked at me, you know, like, they could have been talking...yeah, I just felt that they were very, um...

Dismissive?

Yeah, yeah, dismissive. They just, um, like, maybe they are actually technically very good at their job, like when they say there is no problem, there is no problem, but because they don’t even look at you as a person who’s not feeling
well, and who's hurt, or empathise is any way, I just, um, I guess it's very different from health care in New Zealand. So I guess what I would say is I don't have confidence. So when they said there was no problem, I didn't have confidence that there was no problem. And looking back, even now, I actually think that even though the X-ray said there was no problem, I think there may have been a hairline fracture or something like that.

*Did you seek any further treatment?*

No, no, I didn't. Basically I wanted the X-ray for peace of mind, um, because I thought, well, if it's broken then there's nothing you can do about broken ribs, but its better to know if it is broken, then I can modify my behaviour a bit, maybe. So yeah, the reason why I went was basically for peace of mind from a machine so I could see with my own eyes that, yeah...

*So lets move on. You said you prefer to self-medicate. When you do self-medicate, are you able to effectively communicate with the pharmacist about what you want?*

Yeah. Actually if I ever need to buy medication, I go to Richland hospital, which is the hospital up north, and er, they've got, I've never been to see the doctor there, but I've been to the pharmacy there many, many times to buy, er, mostly over-the-counter drugs, but you can also buy restricted drugs if you know what to ask for.

*Can you give me any examples?*

An example would be sleeping pills for example, or um, hmm, no that's the only thing I've ever bought.

*Do you mean ‘restricted’ in New Zealand?*

Yeah, in Australia and New Zealand. So, um, I've been really satisfied. The pharmacists up there, some of them speak English, some of them don't, so what
you often will do is just go with the brand name and they’ll look it up on the computer and, oh, the one thing about the Chinese medicines you get over the counter is they’re much, much weaker than what we get in New Zealand. So for example, if you were to get an antihistamine for hayfever in New Zealand, you’d probably get one that’s 10 milligrams, and here you get one that’s 3 milligrams, and it ‘costs, like, 9 jiao for, you know, it’s really, really cheap. So I go up there to get antihistamine eye drops, um, antihistamine tablets, and Ventolin for asthma. But I’ve had asthma for long enough that I’m very aware, like, if I start, I don’t really get asthma that bad here at all, um, but I’ve had it for long enough that I know if I’m starting to have problems with it, and I go and seek medical attention. So, um, yeah, no, language isn’t a barrier with the pharmacists up there, and they listen, you know?

*Do you feel like that influences your choice of pharmacy?*

Oh definitely. I go, I really go out of my way to go and see those people up there. And also because I know they’ve got Western brands, and I’d rather take Western medicine rather than maybe a generic medicine made in China.

*Can you elaborate on your reasons for that?*

Er, well, one is for, um, maybe for example, if we talk about Claratyne, or Ventolin. So these are medicines I’ve taken my entire life. I know that they work. I know that they do what they’re supposed to do. I know that, I believe that there’s no issue with fakes, fake medicine or anything, because they’re imported. So, so the reason why I choose to do that is for, I guess, because I know they work, and because I believe in the brand, I feel the brand is safe.

*Are you always able to receive what you want from the pharmacy?*

Most of the time, but interestingly the pharmacy up there, like, for example, if you go and say “I’ll have 2 Ventolins”, they’ll say “oh, we’ve only got one”, because they, I don’t know how they do their stocktaking, but you know, usually
in New Zealand by the time you get down to one, you’ve reordered. And so things that…they don’t have the continuity of product, which I feel like you should as a healthcare provider, but, um, this is China, so…Yeah, so, a couple of times I haven’t been able to get it, so I would never leave it, I’d never leave myself in a position where if they didn’t have any medicine, I wouldn’t have any medicine.

*So given these experiences, in hospital and in the pharmacy, how do you feel about your ability to access health care adequately and to an acceptable level?*

Well I’ve never been, um, the reason why I didn’t go to Richland for the X-ray was because it’s the most expensive hospital in town, and an X-ray machine is an X-ray machine. I’ve heard good things about Richland hospital, like our friend’s wife had her baby there. Oh they are very, like, they’ll push tests on you that you don’t need because they’ve got a profit model, so they wanna get as much money out of the patient as they can. They’ll pressure you to stay in hospital longer than you need to ‘cos they want you to pay their 600 kuai a night, so…those kinds of issues aside, I do think that if the shit hit the fan, and I really needed to go to hospital, I would go up to Richland.

*Do you feel like they would take care of you to an acceptable level?*

I think so. Yeah, I think so. I think that they definitely, while you’re so vulnerable, they’d try to sell you more of their products or services so to speak, but from a medical point of view, it’s very clean, and a lot of the staff speak English, which is really good, and I think a couple of the nurses have been trained in New Zealand, so of course that makes me feel…like they’re real nurses – I know that’s a terrible thing to say, but um, that gives me a bit more faith in them. So I think, I’ve never been, um, but I think I could get my needs met up there.

*That’s all the questions I had. Was there anything else you’d like to add?*

Um, I don’t think so. I’ve never gone out of my way to access Chinese medicine, and I know that a lot of people believe in it, and I think it probably does work,
but I just prefer not to be involved in the whole system full stop, to be honest, so yeah.
Appendix II

James

Can you just tell me how long you’ve been in China for?

Er, I’ve been in, oh, on and off since I was a kid. This is my fourteenth time in China.

Is that just in Kunming?

Er, Kunming, Wuhan, Beijing, mainly, but I’ve been to, like, most of the cities in China.

So how long have you been in Kunming for this time?

This time, about 3 weeks so far, but I'll be here for, like, 3 months.

And how would you describe your Chinese level?

Er, probably intermediate.

Do you use it to communicate with doctors or pharmacists?

Yeah.

Let’s just say, since you’ve been an adult, I mean I take it you were here with your family when you were younger in China…

Yeah, yeah.

So since you’ve been here by yourself, roughly how many times have you been sick?
Like, 3 times, I’ve been to a Western hospital.

*So lets talk about those 3 times individually. Can you just say a little bit about what each of them was for?*

Yep. The first time I had, like, really strong chest pains, and I had to go to the hospital. It had been going on for a couple of days, so I went and they, like, gave me chest X-rays. And nothing really came out of it, like, they didn’t really give me a definite result. They just, sort of, they were like "just see how you feel in a few days and come back if there’s a problem".

*Ok, so when you went into the hospital, were you able to effectively explain what was wrong, and what kind of treatment you wanted?*

I sort of just, like, told them what was wrong and they told me what sort of a diagnosis they had given. And then after they gave me X-rays, I think they took a blood sample too, I got those back and then I went back to the consultant, but he wasn’t, like, really sure what was wrong. It was, like, quite indefinite.

*So how did you feel about that when you came away?*

Actually, three times that I’ve been here, that’s happened every time. I wasn’t really that worried. They were like “come back in a couple of days if it doesn’t go away”, and it did go away.

*Did you feel concerned at all that they weren’t able to diagnose you with something?*

Yeah, not, like, overly concerned, but it was quite, it was like, “oh, ok, you don’t have an explanation”, that was quite strange, it was like there wasn’t really much point in going. They were just like “come back in 2 days if anything’s wrong”.

*Right, so they didn’t recommend any kind of treatment?*
That time they didn’t.

*Ok, so the second time?*

The second time I was, like, running out of a café and I, like, ran into the fire exit sign.

*Into the...?*

Have you been to Speakeasy?

*Yeah.*

Like, the one above the door. I, like, ran into that and knocked myself out!

*You knocked yourself out?!!*

Yeah, but luckily there’s, like, a hospital next door, so I just wandered down there with my...

*That’s the Kunming First...*

Yeah, I think so, it’s right by the Halfway House. Um, we went in there and, but they couldn’t do anything ‘cos it was, like, in the middle of the night.

*Was that because there was no staff?*

Yeah, there was just a night nurse on. So they sent me to another hospital in Zhuantang, you know, behind the Walmart on the other side. And I went there and the guy, the doctor, he only spoke in English, like, he wouldn’t speak in

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154 A bar.
Chinese, and my wife\textsuperscript{155} was there, and she was like “no, it’s cool, I’ll, like, translate, it’s totally fine”, and he was like “no, it’s fine, I’ll speak to him”.

And what was his English like?

It was pretty poor, which was the weird thing. We were like, “oh ok”. So he gave me, like, a brain scan and, yeah, he gave me the brain scan and we went back to him and he said “yeah, it looks like you’re ok, but if there’s anything wrong, come back in 3 days if you’ve got a sore head, ‘cos your brain might be bleeding”.

But the scan didn’t show up...

He was like “it seems to be ok”, but he was like “if there’s anything wrong, if you feel bad in a few days, just, like, come back”. So again, he didn’t, like, give me, sort of treat it, he was just like “it should be fine”.

Did you have to pay for the scan?

Yeah, yeah.

Do you remember how much it was?

It was, like, it was about 150, 200, it was like, yeah...

Did you feel like it gave you peace of mind, or that it was necessary?

Not when he said my brain might be bleeding, I was like “oh my god, that’s, like, pretty serious”, so um, yeah, that was quite shocking.

Ok, and the third time?

\textsuperscript{155} Local Chinese
Yeah, the third time was this time. I had, like, really bad stomach pains and, like, cramps, so my wife’s father took me to the hospital. And they wanted to take me to, like, the Western part, but we were aware that it was gonna be, like, really expensive, so we made sure we went to, like, the Chinese part. And I spoke to the consultant, and he was, he spoke to me in Chinese and I, anything I wasn’t sure about, my wife translated, and he was fine. I had to, like, give a urine sample and a blood sample, and get a, I’m not sure what it’s called, you know when you have a CT scan? No...the one when you have a baby ...

*An ultrasound?*

Yeah, that’s the one. I had to get an ultrasound scan. The blood and the urine sample were totally fine, but then the ultrasound scan...he was like, there’s something called ‘*ni de pita*’, like this word ‘*pi*’, and nobody could understand, there was, like, something inside my stomach that was, like, big. He was like “it should be fine”, and he was like “I don’t think it should be a problem”, and again he wasn’t, like, sure at all. So he prescribed, like, two medicines. One that was a mixture of Chinese medicine and Western medicine, and one that was, like, Western medicine...

*Did he tell you what...?*

Well he just, like, wrote it on a note and I went to the chemist and bought it.

*And was it tablets?*

Yeah, it was tablets.

*So you said it was Western. Do you have any idea what they were?*

It was like a really strong antibiotic, the Western one. And the first one, um...I can’t remember what it was. I think it was the same sort of idea, but mixed with the Chinese...That hospital was on Renmindong Lu. I can’t remember the name of
it. Yeah, so, like, he was quite unsure as well. He couldn’t really tell me what was wrong, and he was like, “yeah, there’s something in there that’s, like, quite big” and that’s about it.

*And did you feel comfortable taking the medicine, given that you didn’t know what was wrong with you in the first place?*

I know that a lot of Chinese people, if they get sick, they just, like, stick them on a drip right away, just so it clears everything up, so I thought that was probably his idea, with the antibiotics. And it worked, but I don’t know if it, like, got everything. He was like “just be careful. Ok…”

*So he didn’t recommend, maybe, checking the size of the thing later?*

Yeah, he was like “maybe get it checked out now and again, just in case there’s, like, anything wrong”. Again, he wasn’t sure why…

*So when you chose those hospitals, what were the factors present…?*

The most recent one, I know it’s quite a good hospital, ‘cos my wife’s family use it...

*Right, so it was a recommendation?*

Yeah. The other one, it was at nighttime, so it was, like, an emergency…

*And it was the closest…*

Yeah. And the first one…oh, the first one was the same as the last one, ‘cos it was recommended.

*Oh, you went to the same hospital?*
Yeah, yeah.

*And each time, do you feel like you were able to effectively communicate and understand what was going on?*

Err, yeah. Like, most things I could understand in Chinese, and whatever I couldn’t, he’d, like, make sure I understood it, he’d explain it. And if I still didn’t understand, he’d make sure someone would translate it. Apart from the emergency guy – like, he couldn’t really speak English, and he wouldn’t speak Chinese. That was, like, really strange...

*So did you understand what was going on? Was he able to...?*

Like, he got the message across, but it was, like, really unclear.

*With each experience, did you feel satisfied with your treatment?*

No. I mean, none of them gave me any definite reasons why I was feeling ill, or, like, what might happen, or what I should do. The only one where I got something was the antibiotics. So not really.

*So how does that fit with your expectations, or what you want out of a situation like that?*

It doesn’t really fulfil them because they don’t give me reasons at all.

*Right, so a large part of going to a hospital is to seek a definite explanation, is that what you’re...?*

Yeah, exactly. A bit of peace of mind. I’m not, like, really seriously ill, but every time, if I go to, like, a [traditional] Chinese doctor, they always give me a definite diagnosis of what’s wrong.
Do you have any opinions as to why that might differ?

Um, I mean, they've got, like, the pulse and the tongue diagnosis, and I guess if they’re a good doctor they can, sort of, work it out, and work out a formula for herbs.

Have you ever thought about going to see a Chinese doctor after you’ve been to the hospital?

Yeah, the time I had, like, chest pains, after I went to a Chinese doctor. And, like, I’m not sure if it was taking the medicine that I got better with, it had, like, herbs and stuff, or if it was just, like, better over time. It’s something hard to know. But, I mean, I took it and it didn’t do me any harm.

Did that doctor give you a diagnosis?

Yeah, he was like, like, I was, like, too hot, and I should stop eating...well I’m a vegetarian, and so he was fine with that, but he was like “don’t drink any, like, caffeine or alcohol”. Yeah, like, stay away from hot foods, like chilli and garlic and stuff, so I had to, like, stop that for a week and stuff. So at least he had, like, more of a definite answer, and, like, what could help.

And he gave you some kind of guidelines of what might help...

Uh huh, and he was like “your body’s too hot, like, stop eating stuff that’s making you hot”.

Ok. So when you were prescribed medicine, were the instructions clear on how to use it?

Um, yeah, he, like, he also told us how many to take, and also it was on the packet too when you buy it, so that was pretty clear.
And your Chinese is adequate to read the instructions?

Yeah, and most of them are written in English as well. Actually, one of them didn’t, one of them was just Chinese, and once I had a look there was, like, a leaflet inside and it was in English, and the doctor, like, wrote down how much to take.

Aside from trips to the hospital, do you ever self-medicate, self-diagnose, like go and get medications for yourself from a pharmacy?

Yeah, if I’ve got, like, stomach pains and stuff, sometimes, like, my wife’s family give me medicine.

So they recommend to you what to take?

Yeah. Like, mostly Chinese stuff.

And do you understand what it is, or do you trust them...?

Yeah, just trust them, I don’t really know what it is. Like, a lot of the time they give me, you know, ‘fishin’ pills, they’re called, from Thailand. It’s like a little brown bottle with an orange label, and, like, any time I feel sick they always give me them, and it seems to, like, work.

Do you ever go into the pharmacy yourself?

Mmmm, I wouldn’t go in myself, not to get medicine.

Why is that?

I wouldn’t know what to get, and I don’t think I’d be, like, confident enough in my Chinese, or in, like, the English of them, or, like, the instructions on the packets they give.
So usually if you’re feeling ill your first stop is your wife’s family?

Yeah, and if I’m, like, feeling really bad, then I’ll go to hospital.

Ok, so given all those experiences, how do you feel in general about your ability to access health care that would be appropriate to you?

So far it’s been, yeah, everything’s been really vague, that they’ve told me. I think if I go again, I’m probably not expecting that I’m gonna get an answer. I mean, everything’s there, and the hospitals seemed alright, like, they seemed fairly well equipped and stuff, but I’ve never had, like, answers and stuff, which is quite strange.

Do you feel like they’re not able to treat your illness?

I just don’t think they know what’s going on, like, I don’t think they know what’s wrong with me.

You told me that despite the fact that they weren’t able to explain it, you felt like the medication they gave you for your stomach worked?

Yeah, that one time it worked, but I think it was just, like, he wanted to give me something that would clear everything out in the hope that I would feel better.

Right, so it was a pretty broad-spectrum antibiotic that would just fix anything.

Yeah, and I was pretty dozy for the whole time I was taking it.

So you don’t feel confident in, maybe, their diagnostic abilities?

Yeah, I think that’s probably what it is. I mean, um, any time I’ve gotten medicine, it’s not been really targeted, so like, really general.
**Do you feel like it would be different if they explained to you more why there wasn’t a problem?**

Yeah, I think that...there was mostly just lots of confusion. I don’t think they could have explained it, ‘cos I don’t think they themselves knew what was wrong. And we were all like, “oh, ok, you don’t really know”.

**How did your wife and wife’s family react to those outcomes?**

Actually they were sort of ok with it. They were like “ok, so you should feel better after taking that medicine”. The first time they were, like...after I got the chest scan, I had, like, chest pain, and the were still, like, quite worried about it, but sort of when we left they were like “ok, it should be fine”. And that’s what the doctor said, so if it goes away then it should be fine. That one’s, like, quite vague, and it’s still a bit of a worry.

**Did you express concern to your wife and wife’s family about the vagueness?**

Yeah, I told her dad, and he was like, like, he was concerned about it too, but after a while it just sort of went away. That’s still, like, actually quite concerning. I should probably go and get checked out when I get back.

**Ok, so you might actually chase up some of these issues in the Western medical system.**

Yeah, the others were fine, but that one was just, like, there was no reason at all for it.
Appendix III

Andrew

Can you just tell me how long you’ve been in China for?

This time about 4 years, plus a year beforehand.

That’s mostly in Kunming, is that right?

Yep.

And how would you describe your Chinese level?

Um, decent. I wouldn’t say it’s fantastic, but yeah, I get by in most things. I have to deal with a lot of people to get things done...

Is that for your business?

Yeah, it’s for my business.

Do you feel confident to use it to communicate with a doctor or pharmacist?

Yeah, although I don’t really know all the appropriate vocabulary in a lot of cases, I can get ‘round it.

How does your health condition compare to before you came to China?

About the same, yeah.

Are you accessing health care more or less often?

Um, probably, yeah about the same I’d say.
Roughly how many times have you been to hospital since you came to China?

In the last 4 years? For my own treatment? Probably 4 times. 4 or 5 times.

Can you tell me what they were for...

Ok, um, just really, er, I went to Richland once for, to see, I heard that they had a chiropractor there, to see what he could do about my back, ‘cos I’ve always had back problems, and it sometimes gives me a bit more problems than other times. Oh and I’ve been to have, it’s about, I cut the top of my thumb off, and had that looked at, nothing really too serious. The odd time for a cold, and that’s really about it.

Ok, so I might just ask about those two experiences that you mentioned. Going to see the chiropractor, is that because you were in serious need of treatment, or you wanted to see if they could improve...

Oh that was ‘cos of, yeah, I was in a lot of pain at the time. I just wanted to see if something could be done about it, ‘cos there’s no physios here, there’s no osteopaths. Back in New Zealand I’d normally go to an osteopath, but there isn’t that here, so...

So can you just tell me a bit about that experience, and your reasons for choosing that facility?

Well I chose that place ‘cos I heard that there was a guy that had trained in Switzerland, erm, as a chiropractor. When I went and saw him...

Was he Chinese?

Chinese guy, yeah. He spoke, his English was ok, so yeah, and he’s got a nurse to assist him who speaks pretty good English, so language wasn’t a problem.
Between my Chinese and their English, it was fine. Erm, but yeah, I wasn’t that impressed, to be honest. He put me on the bed and clicked a few places, but I just didn’t really get the feeling that he was as accurate, shall we say, as my osteopath for example back home, who can just seem to, who actually takes the time to take a look at the, to feel around and feel where the problem is, and targets the exact spot, and then will, if he needs to click something, it’ll be “that, right there”. This guy was kind of yanking and pulling and, yeah, I found the, I’ve seen this guy a couple of times, he’s also the guy that stitched my thumb, well didn’t stitch my thumb, but had a look at my thumb, and um, yeah, I just find the ego gets in the way, you know? He’s kind of, you know, he’ll click and then he’ll stand back with a big smile on his face like he’s proud of himself and, you know, “aren’t I wonderful?” and I actually went out feeling worse than I went in. ’Cos like I say, he seemed to force it the wrong way, and like, it was really quite painful.

Were you able to tell him that during the experience?

Yeah, but they just, they know better, you know?

He didn’t take what you were telling him into account?

Yeah, yeah. He didn’t really seem to listen to me very well. Yeah, so, hence I left feeling in more pain than I did going in. So I haven’t been back for treatment on my back since.

So aside from your added pain, how did you feel about that experience?

Well, disappointed I guess, ’cos I was thinking “oh god, maybe there is an actual heath professional” as I would consider it, that can actually do something, you know, give me some sort of relief, but you know, every time you go to a health care professional here, you leave thinking “why did I bother?” and it was kind of, yeah, exactly the same, so...

Did he recommend any further treatment after that?
No, other than going back and seeing him, which, yeah...

*And you didn’t...*

No, I was actually in more pain for the two days, he made it worse.

*So the time that you cut off your thumb, you said you did go back to that doctor, why did you choose him again?*

Oh, ‘cos I went back to that hospital, and he’s, he is actually the better of the bunch of the doctors that are there, and he speaks the best English, and erm, yeah, I just won’t get my back treated with him, by him again.

*Right. So can you tell me about the process of seeking treatment for your thumb?*

Oh, well, that’s Richland, which is probably the most expensive hospital in Kunming, and you can, you just walk in there, you say “I want to see the doctor”, you pay your, er, well you give them your card...

*Your credit card?*

Oh, you’ve gotta have a Richland Hospital card, which you just, they swipe it and you go in, and it just ties up the computer system so he can put stuff into that and you can pay when you leave. Erm, but you just go in there and say “I wanna see Doctor Yang”, go in there, he’s usually sitting there reading a magazine or reading a newspaper, not doing much, um, you go in there, you don’t have to wait, you don’t have to go through any complicated registration process, it’s pretty straightforward, so...and their dispensary is quite good as well, so, for convenience really.

*Did he perform surgery on your thumb?*
Well, no, actually, no, ‘cos I did it the day, the night before, um, and, because the hospitals were closed, and I went up there that night and it was...you know, normally it 'costs about 30 kuai to see the doctor, but they’re like “well, it's after hours, so it'll ‘cost you 240”, and I'm like, “well it’s just my thumb, so...” Erm, he said he would have stitched it up if I had done it straight away, but because it had been left overnight it had already swollen, so they couldn’t stitch it, so he just put some, he just bandaged it up, basically.

*Right, so he bandaged the wound, but didn’t sew anything?*

No, he didn’t sew anything back on. No, it was, kind of, I think I actually did quite a good job of, er, butterfly stitching it myself, so it was kind of, I put it back into place.

*So when you hurt yourself you tried to treat yourself so you wouldn’t have to go to hospital?*

Yeah.

*So choosing to go back to Richland, was that because you expect the best treatment there?*

Um, convenience, I’d say, just because you can walk in, give ‘em your card, go and see the doctor, and be out of there in, like, 10 minutes, if you need to. It’s not as crowded. Er, usually I’d go up there to buy medicine because if you want some medicine you can actually give them the name of something and they’ll look it up and if they’ve got something on their system they’ll be able to see it. So it’s convenience. Erm, it’s clean. You know, a lot of other hospitals aren’t, I don’t know, pretty shocking really. Um, yeah, I’ve been to other hospitals, not to be treated, but you know, there’s the doctor sitting there behind the desk smoking a cigarette and five other people in his office. You, you get a bit more privacy, it’s just a nicer experience, yeah, or lack of horrible experience should I say.
So after the doctor patched up your thumb, bandaged it up, did he recommend any particular treatment after that?

Er, just to come back and have it cleaned a few days later, to have him check it. Which I did.

You did do that?

Yeah, which I did, I did that. He just said it seemed to be healing fine, so away I went.

And so were you satisfied with that?

Yeah, that was a pretty straightforward injury, yeah.

Ok, so we’ll move on to a self-medication. Do you self-diagnose and self-medicate?

Um, I probably do actually. Well, you know, I take anti-inflammatories for my back sometimes. They don’t have the ones that I use back in New Zealand, but I’ve, it’s diclofenac sodium, that’s pretty standard, but I managed to find a different brand here, so I get that from Richland as well. Like I say, you know, you go in there, “have you got this”, they just looked up sodium diclofenac and...

So when you ask for that medication, do they try to advise you about how to use it, or ask you about your problem?

At the dispensary? No. I think with foreigners they, er, they just give that across the counter, because, I don’t really know why, but um, I’m not sure if they do that with, they let Chinese do that or not. I would assume you’d first have to see the doctor, but um, no, they just, um, they’re just sort of a dispensary. I mean, if I had more questions of course you’d go and see the doctor.

Are you always able to get what you want? Do they give you what you want?
Yeah, pretty much. Well, close enough. They may not have the exact brand or what have you, but they’ll have something similar.

*So overall, given your experiences in hospitals and pharmacies, how do you feel about your ability to access health care that’s appropriate?*

Well nothing’s really seriously happened to me yet, so...if I ever needed an operation, er, if possible I’d be straight on a plane to Thailand. Yeah, I don’t, I wouldn’t trust them with a serious operation. They seem a bit lax and a bit cocky about their own status, rather than actually...

*Do you feel like the attitude of the doctor is a big factor in...?*

I think so. And you just hear horror stories about, you know, about operations in China. We’ve got a, we know this girl who had her appendix taken out, you know, which, it’s a serious operation, but it’s a pretty straightforward operation, and they just don’t seem to care. She’s got this massive scar all the way up her stomach. You know, it’s just, kind of, you know, chop her all the way open with a carving knife or something, it’s pretty horrific, you know, it should just be a dot of a scar and instead she’s got this, like, 5 inch long...

*Your preference to go to Thailand, is that based on experience in the Thai health care system?*

Yeah. I went and met my uncle who had just, er, actually when we were last in Laos, a couple of days after we left, he had a heart attack and, um, needed, had stents put in his heart in the hospital. He’s since had bypass operations there as well and, yeah, the facilities are just fantastic...the, er, the doctors are really, really well trained. Yeah, it’s just world-class – way better than back home!

*Your analysis of whether they’re well trained or not, how do you arrive at that?*
Um, well, when I...in Thailand?

*Er, both.*

Well, I don’t know about the ones here. The ones in Thailand, from what my uncle had told me, ‘cos he’s been living in Laos for 21 years and at this hospital he, you know, had the president of the hospital come into his hotel – ha, ‘hotel room’, ‘cos it was like a hotel room! Into his, er, hospital room to talk to him about stuff, and erm, just things he mentioned about...they just seemed to know what they were doing, and you know, seemed to listen, er, listen to the patients, and yeah, just...and from what I’ve read on the internet, erm, and kind of done a bit of research on er, well, a certain operation, and er, yeah, it just gives me confidence in that. Chinese doctors on the other hand...haha! Yeah, like, just, yeah they just don’t give me that confidence like that, they don’t really listen to you very well. They kind of, I don’t know if this is just a problem with doctors, or if it’s Chinese in general, but they seem to listen to the first couple of words you have to say and assume they know what your problem is or what you’re actually trying to tell them, and kind of just switch off to everything else you’ve got to say. Either that or it’s that, er, ok they listen to the first bit of the sentence and then the doctor, they have to kind of display how wonderful their skills are, rather than actually listening or, erm, yeah, I just, yeah, don’t really have the confidence in their diagnostic skills.
Appendix IV

Kate

Can you just tell me how long you’ve been in China for?

I’ve been in China now for about 3 months.

And previously?

Previously I was in another town, Yuxi, for a year. Now I’ve been in Kunming for 3 months.

And how would you describe your Chinese level?

Er, upper-intermediate.

Would you use it to communicate with a doctor or a pharmacist?

Um, yes I have done on a few occasions, used it to communicate with a doctor.

And was that effective? Were you able to understand each other?

Yeah, I got my point across ok, so um, I guess in that respect there were no problems.

How many times have you been to the hospital in Kunming?

Er, I've been, I'd say about three times.

Do you think you’re accessing health care more than you would when you’re at home? How does your health condition compare?
Um, I guess I am, I actually thought about this, I think I am because, um, it’s weird, I think maybe I get a little bit more paranoid about health when I’m overseas, ‘cos I don’t usually, I rarely see the doctor when I’m in Melbourne, and for some reason since I’ve been in China, I’ve seen a doctor a few times, and um, I guess, in Australia it wouldn’t be such a, I don’t know, a pressing issue to go and see the doctor about these sort of things that I have.

*Right, you might give them some more time, or...*

Yeah, yeah. And I might not be so worried about these sort of things. I don’t know if it’s something about living overseas, or something.

*Do you think that’s exclusive to being in China, or have you noticed the same when you’re in other places?*

Um, I don’t know. I guess I’ve, the only other place that I’ve lived for a longer period of time was in France, and I don’t remember going to see the doctor on any occasion when I was in France, so I guess it’s just been in China. But I’m not sure what it would be like in other countries, ‘cos I haven’t lived anywhere for a longer period of time.

*So you mentioned you’ve been to hospital three times. Can you tell me a little bit about the most recent time? So what it was for and what happened.*

Yep. Um, the most recent time was when I started getting some, I guess, some discomfort, I don’t know how I just say...I guess I thought I had some sort of, like, vaginal infection, so I went to a medical clinic, which was recommended to me by another foreigner, and then, ‘cos I wanted to go somewhere where they could speak English, and then I looked them up on the Internet, got their address and called and made an appointment, and yeah, went and saw them.

*So can you tell me a bit about that experience of going to see them, what happened?*
Um, it was a very stressful experience. Because, um, I guess I went there, and even before doing any sort of, like, um, I guess, even before having a check-up as such, just after a few questions, um, I was told that I had herpes, which is something quite serious in my opinion, and this was prior to any check-up or tests, so that was quite shocking and upsetting for me.

*What did you think of that diagnosis, given that there hadn’t been any tests done, or he hadn’t had a look?*

Well I look at it now and I think “well that’s just ridiculous, why did I even, like, you know, why did I even listen to what the doctor was saying, and maybe why did I even suspect that what he was saying might be true?” because there were no tests done and he hadn’t even, yeah, hadn’t even had a check-up by the doctor who said this. But at the time, I guess you know, I mean, at the time I guess you tend to think more irrationally, once you’ve become a bit shocked, so I wasn’t really thinking about that, I just thought ‘whoa, this is serious, this is really worrying and shocking’!

*And so what was the doctor’s English level like, were you able to communicate adequately to discuss the issue?*

Oh yeah, his English was perfect, there were no problems there. I think he’d been, um, he’d spent some time abroad, in America, and well actually I think he might have even been Chinese-American, and now was spending some time in Kunming, um, doing some, I think he was either contributing to research, or maybe helping out or something, but there were no problems with his language whatsoever.

*So he really quickly gave you this supposed diagnosis of herpes, what did he recommend after that – what was the next step?*
Um, well I mean, I told him what the symptoms were and then from that he gave that diagnosis. And then after that he said that he’s like to, you know, have a look to see if there were any actual symptoms in that area, and the he said “well I can’t see any symptoms in that area”, he said, and he did say “look, I’m not 100% sure, there’s just a chance, it just sounds like that, um, so I’d suggest that you go and get some tests done at the hospital, we can’t actually do the tests here, so I’ll give you...” he gave me some, um, he recommended a hospital to me where I could get these tests done.

*Right, so how did you feel about that whole interaction after you left?*

I felt really terrible. I don’t know, I just found the whole, the whole thing quite traumatising – I mean, not to say, I mean I’m sure there’s lots of people, and I’ve read up on this, um, you know, this infection, but I guess just to not even consider, prior to that meeting with the doctor I hadn’t even considered that as a possibility, I just thought it was perhaps a minor infection, but I guess yeah...

*Did he explain to you why he thought it might be that?*

Yeah, he did. He said that because I said that one of the symptoms was, like, a tingling feeling, he said this is a very common symptom of herpes, um, so I guess it was from that that he based his, you know, his suspicions on that I guess.

*So then you went off to get the tests. What happened after that?*

I went on to get the tests and had a completely opposite experience; it was just a fantastic experience at the Maria Hospital of Obstetrics and Gynaecology. And the lady who, the doctor who I saw was very reassuring, really sweet, um, reassured me that everything will be ok, and she said she doubted very much I had anything serious to worry about.

*Did she speak English?*
No, she only spoke Chinese.

*And so you did that all in Chinese with her. Did you have anyone to help translate, or just...*

No, I did it on my own. I just said that, I didn't say that the other doctor said that I had this, I said I'd just like to get some tests done. And then she just asked me what my symptoms were, and I told her what they were, um, and she just reassured me and said, you know, I don't think you have anything too serious and nothing really to worry about, but we’ll do the tests.

*And so did she come up with a diagnosis in the end?*

Um, she didn’t come up with a, she didn't say anything until we got the results back.

*And so from the results she concluded that nothing was really wrong?*

She just said that I had, um, vaginitis, which I think is a, it’s like an imbalance of the flora.

*And did she recommend any treatment?*

Yeah, it’s like a, um, what do you call them, they’re like those...

_Pessary?_

Pessary, that's it. So just used one pessary a day for a week, before going to sleep, yeah.

*And so were you satisfied with that?*
Yeah, completely! I mean, from the experience I had before, I was enthused, I was really, I guess, optimistic about that experience, probably more so because of the experience prior to that!

*Ok, and so let’s move on to another experience. Can you tell me a bit about one of them?*

Ok, another experience was last year, this was for my eyes, and this is when I left my contacts in too long overnight, and I don’t know if it’s anything to do with the weather here, but it really irritated my eyes, and then, I just started seeing some floaters, and then, went to a few doctors in Yuxi, just south of Kunming, where I was living, and they just said ‘no big problem’, they did some tests, no big problem, just that my eyes are a little bit dirty.

*And did they recommend any treatment?*

No, they just, they gave me some eye drops. I guess because they said that my eyes were dry also, but um, I guess I wasn’t, I don’t know whether it was just, again, because I’m away from home and you get, like, a little bit, maybe, overly worried about these things, but I wasn’t satisfied with, I guess, that diagnosis that they were dirty, so I came to Kunming, and I went to the, um, they’ve got, like, a foreigner’s hospital here.

*Do you know the name of it?*

Um ...

*Is it Richland?*

Yeah, yeah, Richland hospital. I went there, and um, I don’t know whether this man was, no actually I’m sure he must have been, I think he was an optometrist, and he was, er, on call at that time, so he saw me, and he inspected my eyes, and he said that there were no problems that he could see, um, and he just asked me
if I was a nervous person, and he said that sometimes nervous people develop these floaters, or something...

**So how did you feel about that?**

Yeah, I didn't feel satisfied with that either, because, like, if I was a nervous person, I've been nervous on occasions before, and it was just strange that it happened to coincide with the time that I left my contacts in too long, and they were red, and weeping, and then after that I started seeing the floaters, so I guess I wasn't satisfied with that diagnosis either.

**So were you ever able to get an answer?**

Um, no, not till I, I'd seen, I guess I'd seen a doctor three times about it, so two doctors in Yuxi and one in Kunming, and so then I just thought I'd wait till I got home. So I just waited until I got home.

**And did something come of seeing a doctor in Australia?**

Yeah, she said why they wouldn't have been able to see the floaters that I'm seeing was because before, in order to see them, as an optometrist, you need to, um, dilate the pupils. So you put, like, some kind of liquid in, you can, they can actually only be seen while the pupils are dilated, and they didn't do that in China, and then so she could actually see the floaters, and she said that it was created, it was due to improper use of contact lenses, they just caused minor damage to my eye.

**So how did you feel about the fact that you were able to get an answer in Australia, but not in China?**

I guess I sort of had that gut feeling anyway. I just thought 'oh well, when I get home I'll get it sorted out', you know?
And so how does that make you feel about accessing health care in China in general?

I don’t know. I think I’m kind of torn ‘cos I guess that experience, the last experience I had at the Maria Hospital was fantastic. They were very professional, she was very reassuring, um, and I think even though my Chinese is limited, she was even, I’d go as far to say that she was trying to make herself more understood, and so she was using words that maybe she thought I’d understand, ‘cos um, she was very easy to chat to about stuff, and I just found everything, like, all the time throughout all the tests, being reassuring and just you know, made me feel at ease I guess, so I guess I’ve just got two completely different experiences, so um, I don’t really have any conclusions as yet. Like, if I did, um, I guess if I did have something not so serious, but I did think that it’s worth me seeing a doctor I still wouldn’t hesitate to see a doctor here, so...

What about the third time that you went to a hospital in Kunming?

Oh, sorry I included the medical clinic and the Maria Hospital, and the occasion with the....

Ok, so in the first case, when the doctor prescribed you medicine, the pessaries, were the instructions clear on how to take it? Did you get the instructions from the packaging, or from the doctor?

Um, oh well, actually that’s when I, um, I rang my friend, Cinders, yeah, while I was in with the doctor, um, I guess just to get some confirmation about what she said I did have. She kept saying to me, you know, ‘it’s not serious, it’s not serious’, and I’m like, wondering though, it’s still unknown, ‘cos obviously I don’t know what the word for vaginitis is in Chinese, so I just wanted some confirmation that it wasn’t really anything serious, and so I rang my Chinese friend and she said no, she just sort of said the same thing, she said ‘it’s nothing serious, you just need to use this, you know, every night before bed’, and I’d used this stuff before, so I guess I knew how to use it.
And you feel like it treated your symptoms?

Yep.

Have you ever self-medicated while you've been in China? Self-diagnosed and gone to buy medicine from the pharmacy?

No, I don't think I have.

Like, in a pharmacy situation?

Um, oh actually I do remember one other time I went to a hospital in Yuxi, was when I had, um, I had insomnia for about two weeks, and I went to, um, I went to a hospital there and they gave me some sleeping tablets.

How was that experience? Did they speak English?

No, I went with the manager of the school I was working with, and she can speak English, so she spoke, she translated for me. But that was a very, it was very brief. I guess, just sort of, like, ‘she’s having problems sleeping’, ‘ok, here we go, here are some sleeping tablets’.

And did they, um, try to discuss your symptoms with you?

No, there was no, that was sort of, um, no, there was no real discussion it was just sort of like, this is what's happening, ok, here you go.

Did you feel satisfied with that?

Um, I did, I guess I did at the time because it was a quick fix to a distressing problem, but then it's not sustainable, so...I mean, I didn’t, it worked out ok for
me, ‘cos after I had completed the course of the sleeping tablets I didn’t really need them, I didn’t need anything after that.

That’s all the questions I had, was there anything else you feel like mentioning in relation to the healthcare system?

Um, no, I don’t know. I guess what I said before. I’m kind of torn about how I feel about it, but not like, you know, like I have had one particularly, one negative experience in particular, and then not being able to get a clear answer about what was wrong with my eyes at the time, that was quite frustrating. But it didn’t, I don’t know, for some reason it hasn’t really impacted on me so much, negatively, to an extent where I wouldn’t, you know, wanna go and see a doctor for minor ailments in China. I guess having a good experience really, sort of, helps, you know, wipe out the bad experiences.
Appendix V
William

*Can you tell me how long you’ve been in China for, and where you’ve lived?*

Ok, I’ve been in China for approaching 3 years. I’ve lived in Guangzhou for over 1 year, and I’ve been in Beijing for 6 months and Xiamen for 6 months, and now Kunming for 9 months.

*And how would you describe your level of Chinese?*

Um, technically in terms of classes and stuff I’m upper-intermediate kind of level, although my classmates are a bit better than me, simply through laziness.

*So do you find it adequate to be able to communicate with a doctor or pharmacist by yourself?*

Honestly there’s some technical terms that [inaudible], but I haven’t had an experience where they haven’t understood what the problem was, and if that means looking up one or two words in a dictionary on the way, then that’s pretty much what I need to do.

*How does your health condition compare to before you came to China?*

I dunno, it’s hard to say. It’s slightly complicated because I think I had a problem that originated outside…might have originated from a previous time in China that I didn’t really deal with, erm, and sort of let go, ‘cos it’s not, er, I have a bacterial imbalance of some kind that had led to…certainly now my health condition is a bit worse than it was before I came to China, but I think that’s just because of the bacterial, stomach condition that had led to hypersensitivity to food, and so then coming into contact with food that is probably a little less clean
and all that has led to these kinds of issues that come with it. I wouldn’t say the
difference is massive, but probably a little worse.

*Are you able to estimate how many times you’ve sought health care treatment*
*since you’ve been in China?*

In China or Kunming?

*China in general.*

China in general. On all levels, or hospital?

*Start with hospital.*

Hospital...about 8 or 9 times, and other ones, another 5, 6 times. Just clinic.

*So think about the most significant time you sought treatment. Can you tell me a*
*bit about what it was for and what happened?*

The most significant time was for, I went for a chest X-ray. It was, I had a fall
playing football, and a teammate landed on top of me at a very awkward angle,
and I had a lump on my chest and it seemed a bit odd. And I went...I’d left it for a
couple of weeks to see if it would settle down, but I was still having pain when
breathing, so like I thought, like, I’d cracked a rib or something. So I went along,
and I have to say it was one of my better experiences of a Chinese hospital.
Basically when I arrived I went to the reception, the information area, and they
pointed me towards the X-ray area. I had to wait, maybe about 15, 20 minutes,
that was all...having paid of course – sorry, in terms of order, and it was
somewhere in the region of 120, 140 *kuai.*

*Did that include a consultation, or was it just for the X-ray?*
Basically, well I don’t know with Chinese hospitals, it seems to be able to, you seem to be able to almost self-diagnose to an extent, in the sense that I just asked for an X-ray, because I knew that’s what I kind of needed, and then I went with the results to see a doctor afterwards. I mean the results didn’t take long to give to me, they were actually very quick, very helpful. The only thing I would say is, as with previous experiences at Chinese hospitals, doctors seem a little rushed, that’s understandable, and also they have, you have the constant spectre of somebody looming over your shoulder, as you’re being examined and talked to...

*Do you mean non-medical personnel?*

Non-medical personnel. You have other members of the Chinese population who do not respect, do not see a hospital as a place where you have private space, as with most other areas. Obviously back home you’d expect them to wait outside, sat down with the door closed, but here it’s not necessarily the case. So doctors, in a way, get pressure put on them to see the next patient, which meant that, I didn’t think, in a way, he fully appreciated my concerns, ‘cos it was quite a reasonable lump in my chest, which has not actually completely disappeared. But clearly on the X-ray I couldn’t see a break, I couldn’t see anything like that. This was, as I say, about 2 or 3 weeks after the accident, so I don’t know how fast a tiny hairline fracture would heal, but certainly it could have been something like that that had already healed up, but I don’t, I’m not sure. He said he couldn’t see anything on the X-ray, and he had a little poke and prod, and he said, “that lump will go over time”. He seemed to suggest it was some kind of, er, like, muscular knot or something, but he didn’t seem entirely convinced, or convincing to me...

*So it didn’t feel like he gave you his attention fully...?*

Well yeah, in a sense that, I don’t know, me being a worrier, you know, you like, in most of the West you expect a doctor to address your full concerns, both your mental concerns and the physical ones, not just look at the physical results, you expect a degree of empathy with your situation, to the extent that they say “well I understand your concerns, but honestly I think that this is definitely this”. You
know, he, I don't know if the limitations, he assumed the limitations of my Chinese to an extent, and so didn’t see the point of, he didn't try to explain further, I'm not really sure, but I thought mainly he just saw the physical side of things, said “there’s no break, there’s no evidence of anything like that on the X-ray, so, er, don’t worry about it”.

So he didn’t recommend any kind of treatment or anything?

He said, “don’t do any contact sports, or like, particularly physical exercise over the next few weeks and it should be, the pain should subside”. I mean at the end he did add that if it had been a long time that had passed and you still have pain, maybe come back, but that was an afterthought really. But, erm, the service in the sense of speed was fairly, was pretty good. I mean, coming from the UK, where it’s a single payer, er, a single user-paying system, however you phrase it, I’m not used to paying anything when you go to hospital, so it always seemed expensive when I go, but in relative terms, paying what was probably about 12 pounds, or something, for an X-ray is not a significant outlay. So I don’t feel like I was ripped off in any way, shape or form, but... Certainly the only thing I'd say is in the Chinese system, because of the sheer weight of numbers, it kind of, does cause them to hurry a bit.

Do you remember which hospital you went to?

Yeah it was, we just refer to it as Yunda. Like, the second affiliated hospital of Yunnan University. I think it’s the second one, there’s another one, but everyone just calls it Yunda.

And what factors were present in your choice of that hospital? Familiarity, locality...?

Well I had been before. Er, I had a recommendation from, er, well, we talked to teachers at school and asked which was the best hospital, and they recommended that one. I would be a bit scared to see what the worst hospital
would look like, but erm...it wasn’t terrible by any means, but certainly I didn’t walk in and go “wow, this is shiny and nice”. I’ve been to a hospital in Thailand briefly, and the comparison is, the difference is marked.

*Can you elaborate a bit more on what you mean by the difference, what you noticed in the hospitals?*

I don’t know. Well, the thing was in Thailand we did pick, it wasn’t for me, I wasn’t being treated, I was with my girlfriend, erm, and because we were in Thailand, and because we knew, well my girlfriend knew from previous experience that the hospitals are a bit better, and the English levels are higher as well, erm, that she needed a test, and she wanted to do it while we were there, rather than when we came back to China, we were just there for 3 weeks in Thailand. But we went to the hospital and it was a good hospital, we looked up what would be a good hospital, and she has insurance that covered her, so it wasn’t an issue in that regard. But, it was just very, very clean, *very* clean, it was the cleanliness that instantly struck you, also the fact they had a McDonalds on the ground floor struck us too, and I mean clearly they’d raised revenue from commercial ventures alongside it. But it was very clean, people waited patiently outside in waiting rooms, it was basically more along Western lines. Er, the doctor spoke excellent English, the test was done very efficiently, and as I say, in the whole place, you never worried about cleanliness.

*And you feel like that is a concern in hospitals in China?*

Oh yeah, definitely. I mean, erm, it’s not really my experience, but I, er, visiting a friend, and he was admitted with awful food poisoning, like really terrible food poisoning, and the ward he was put in, erm, I dunno, put it, if my mum saw it, she would just drag me out of there instantly, it was, like, that bad. And the toilet was, in the ward it was a squatter toilet without, and the door didn’t seal properly, it was, yeah, it was something that I...and yeah, the cleanliness of the Chinese medical system is something that needs to be looked at, but at the same time, I think it reflects a wider societal attitude to cleanliness, which seems to
come from taking care of...taking a more kind of holistic view of health slightly more, that it’s all about what you eat and teas you drink and these kind of things, rather than the external environment so much. I agree to an extent that that of course has to happen, but the germ theory does not seem to be prevalent.

So before we move on to a different experience, when you look back on the experience of the X-ray and speaking to the doctor, how do you feel about the interaction overall in terms of being able to communicate, and getting the attention that you wanted?

Well, as I mentioned before, he certainly could have been less dismissive, in a way. When I coughed, if I coughed, I’d have quite severe pains. It was not just “oh it aches a little”, and it had improved a little, but I had a lump in my chest as well and would have probably expected, rightly or wrongly, a higher degree of concern, but he just, it was, shall we say, very cold and clinical, erm, didn’t have time for the niceties. Now I don’t blame him for that, I would blame the, as I said, the pretty, considering the level of China’s development generally, the pretty appalling healthcare system.

Earlier you said this was one of the better health care experiences, can you maybe talk about one that didn’t go so well? Also in Kunming if possible?

In Kunming... Well, there’s been two others, both were stomach...well, one was a backside issue. Well it actually turned out to be a small blood clot in the backside region, but basically, trying to...I've never seen hospital staff giggle before. And obviously it doesn't make the experience that much more pleasant. It's a personal area, kind of, anyway. But basically, I was trying to see a doctor, you know, “I have a problem”, just “with my bottom” – I was trying to finesse the issue somewhat, and erm, there was lots of giggling and pointing of various places to go. But erm, I just said, “I need an examination”, which I could say in Chinese, and I just said, “I want somebody to have a look and tell me what it is”. And I got pointed to about 6 or 7 different departments around the hospital...
Do you remember what they were?

One was traditional Chinese medicine. The other one was, erm, something to do with stomach issues of some kind, and there was another…I got pointed to an outpatients emergency area. Then they said “no, you’ve gotta got to…”, er, I can't remember the full extent, but I was basically pointed to, back to previous ones as well, basically an appalling lack of knowledge from the members of staff about where I should go. And having to ask 6 or 7 extra people about my bottom is not really something I wanted to do! It’s not exactly fun. But once I had found the place, I suppose the service was pretty adequate. Although, as with a lot of other Chinese services, I do feel that the possibly appropriate assumption of complete ignorance of medicine took over again, and there’s a lack of explanation before, they just sort of say “turn over”, and start...well she just dived in, dived right in there, and er, it was without, without any explanation. I was trying to say “what are you doing?” you know, “what are you planning to do?” there was no...basically she was nice, she was friendly, but erm, and they took me into a side room and I had, I did have privacy for it, but it was just “ok, turn over”, and then that was it.

So the course of treatment wasn't discussed with you?

There was no discussion of what she was going to do. And obviously in an area that’s private, and a process that’s as invasive as that was, you would expect a degree of “what I need to do is...”. At least try! And this is the thing – don’t assume that because I’m a foreigner, she already knew I could speak some Chinese, ‘cos we discussed, talked about what the issue was, erm...

And when you asked her “what are you doing”, how did she react?

Basically, she just said, like, “looking”. But it was very, sort of, like, the tone of her voice didn’t suggest...she was quite, very business-like, again, cold, and straight to the point. I didn’t think, erm, again, it's just the difference between Western and Chinese attitudes to both the function and, er, attitude of the way they want
to be, need to be treated. The mental side of things is not something the doctors seem to concern themselves with. The, er, making sure the patient understands what’s going on. I suppose, in a way, Chinese people have a much harder life, much rougher treatment of each other, they can be a lot more brutal in the way they talk to each other in everyday life, and so that translates sometimes to, I guess, in the way you’re treated. You don’t expect someone to be overly nice and to explain everything. But, also, as I say, maybe a general ignorance of medicine means that trying to explain to a nongming\textsuperscript{156} about the intricacies of medicine is pretty pointless. But yeah, it wasn’t, it was fairly firm in what she, I don’t think the treatment was bad, but after she said something, she suggested something that sounded pretty horrific to me, in the sense that, she suggested the regular application, er, to the area, of a cold towel every night, erm, every evening. Which may or may not have truth in it, but it seems a little, I don’t know, you would have somehow expected them to provide some, I would have expected some sort of cloth or something in some kind of way, or at least a pointer beyond that. Also I can attest that after trying it once, it was rough and irritating!

*Did she perform a procedure at the hospital?*

Er, she put a suppository...er, but there was no explanation. She actually didn’t even tell me that at the time, I kind of figured it out myself.

*Right, when she did it...?*

She had a fiddle around, and like, er, applied some cream of some kind, I think, although I wasn’t sure, it just may have been cleansing the area, and then something was put up there, and bandaged over, and she said “you need to leave that for a few hours”. And so I assume it’s a suppository, however I cannot be 100% clear as to what it was, as there was no explanation actually offered. Even when I asked, she said “medicine”...

*So you had no opportunity to object, or...?*

\textsuperscript{156} Person from the countryside.
Yep, there was no consent obtained in that...as I say, she was a very nice person, and I don’t think she was in any way in dereliction of her duty or anything like that, but she, I just think that’s the way they operate. And I said, “is there, in terms of...”, oh, sorry, something I missed out earlier, forgot to mention in the previous one. Both her and the previous doctor, I said “well is there any medication I should take?” and they both looked at me, ‘cos I asked the doctor as well about medicine, painkillers, and things like that, and he asked me “do you want medicine?” and I said, “well do I need medicine?” and they’re like, they both asked me again, “do you want some?” and it’s as if I was the doctor. They were just, sort of, pushers, so, I don’t know, it was a bit strange.

Did it shake your confidence a little in them?

To an extent. I wouldn’t say in a massive, I didn’t have a massive amount of confidence to begin with to shake. I mean, I’m not trying to be rude or brutal here, but I don’t... as I said, the rule that, something that...I mean my girlfriend has accompanied me on these trips and been very helpful, and I’ve accompanied her, she’s needed to go a couple of times. The rule, basically, we will consider doing tests, but we will never take the medicine without first confirming what the medicine is online, and referring it back to the doctor back home, or checking online to see what feedback people have given about that medicine.

Have you ever not taken medication that’s been prescribed?

Yes, but not for reasons of looking it up. I gave it a couple of days, it was a different, this was the other situation to do with my stomach, and I basically decided instead to try a dietary change. But at the same time it was Chinese medicine they gave me, and, well, again, there will be an inherent bias in my responses here because I’m, er, my mother is a pharmacist at a children’s hospital back in the UK, Alder Hey Children’s Hospital, which is actually one of the biggest in the world. But basically she has seen, now, two different cases, I know it’s not, statistically it’s probably not that large a, er, not statistically
significant, but on two occasions they’ve had patients who’ve taken Chinese herbal medicine who were trying to get rid of some fairly minor ailment, and it’s resulted, one resulted in multiple system failure, like, multiple system organ failure, and they, er, they died. One of them died, and the other one slipped into a coma. Recovered, but slipped into a coma. And so my faith in Chinese medicine is virtually nil. So on the Chinese medicine side I would need to have probably...have one of the few Chinese people I trust with these things to say “look, I’ve taken it before and it’s really common and, you know, you’re really safe with it”. And I probably need to be in dire straits first, before I would consider doing it, before I take Chinese medicine. So bear in mind that maybe my responses could be biased in that regard. But I did certainly, he prescribed something and I took away the prescription with me, and by the time I got outside I’d decided “I’m not going to go and buy this medicine ‘cos I don’t think I’m going to take it”.

So with the second problem you were talking about, did you go to the same hospital as the first one? Was that, again, familiarity...?

Familiarity, er, and it’s easy to get to, and it’s still supposed to be better than the majority. I omitted to mention, there was one, I went to one other hospital as well, sorry I completely forgot about that. That was about 3 or 4 weeks after I arrived and I had severe stomach problems. Most, a lot of people get severe stomach problems when they arrive in China, erm, that normally last a week or two, but this was rumbling on for about 3 or 4 weeks, and I decided to go and just see if they could do a test. And I went to Richland hospital, on the recommendation that it was more modern and had a Western kind of...and some of the doctors spoke English. And that was cleaner and nicer for sure, than the Yunda hospital, so I mean not all are of that level, but as a local hospital it’s much closer – Yunda than Richland, and Richland was much more expensive, and furthermore, Richland also seemed to me, and from feedback I’ve had from other people, I don’t know if you’ve at least had the same feedback, but it’s a triumph of style over substance.
In what sense?

In the sense that it’s nicer and shinier inside, it feels a bit more like a hotel. But the doctors do not necessarily strike you as being significantly more competent than at other hospitals, and it just seems like a giant moneymaking exercise. Also, my girlfriend works, happens to work for a woman who works at a hospital as well, and I mean, she says that, she has no particular agenda about it, but she says that the local, kind of, word on Richland is basically that when it first opened, a couple of years back, not that long ago, the staff, they made sure it was very well staffed, and they spent a lot of money on getting good, young doctors, but a lot of the good, young doctors seemed to leave and they weren’t replaced adequately, and they didn’t replace enough. It was like once they had a market of people signed up, who went there, they suffered from what is basically referred to as ‘quality failure’. So basically over the course of the last couple of years, the standard has just deteriorated. But it’s cleaner, and if that’s your prime concern, then maybe that’s ok, but it’s also a lot more expensive. I didn’t feel in any way that it was superior in terms of, the doctors didn’t seem much better.

So price is a factor – if you don’t feel like you’re getting better service for a higher price...

It’s all about value, yeah. I mean the things is that, er, my insurance does cover me, but it’s basically an emergency...I have an excess which runs to about 400 kuai, so most treatments, it doesn’t actually cover. So it does matter to an extent. I think my university started covering me in my second semester, but most of the visits were in the first semester, so I couldn’t actually take them up on that, but I believe the university will actually cover me for basic treatment, so I could actually get money back from them. So maybe I could just go to Richland and charge them for it, but I haven’t, er, I wasn’t inspired to return, put it that way.

So moving onto medicine you’ve been prescribed. You said if you don’t understand it, you look it up on the Internet. Has there ever been a case where you haven’t understood it so you haven’t taken it?
Well if it’s been Western medicine that’s prescribed, then it gets looked up and generally taken, just to confirm that it’s been prescribed for the right thing, because honestly, I...there’s no faith there. My girlfriend was prescribed an antibiotic that was wholly inappropriate for what she actually had.

And how did you discover that?

She spoke to a doctor back home, but we also looked on the Internet beforehand, which was probably what prompted the phone call back home. It was, erm, if the Internet had said ‘for, treatment for these things…’, and we checked on about 2 or 3 different websites, and it seemed to confirm that it was the right dose for the right thing, then we probably wouldn’t have bothered phoning home, but then she phoned home afterwards and they said “no, you don’t want to take that, that’s not, it might help slightly, but it’s not gonna actually treat it”. But there was one Chinese one, this wasn’t in Kunming, but, er, when I was in Guangzhou, and I was prescribed this Chinese soupy-type medicine for, I had a really bad fever, dehydration, and I looked it up and there was...I looked it up in Chinese and in English with the help of, ‘cos at that point my Chinese was very, very poor, so I, with the help of a Chinese friend, and they didn’t see a problem with taking it, but I mean, they’re not the doctor, so their general medical knowledge seemed a little...erm, but I looked it up in its English equivalent name which we found, there’s a website ‘Dr Dict’, which is actually very funny, also it’s a funny name, it’s very useful...um, but it, er, people had said that this had caused them to have really terrible side effects, stomach problems – I can’t remember the name of it at all, it was about 5 or 6 years ago now. But that was one way, I looked it up and didn’t take it on that basis.

Have you ever self-medicated? Just gone to a pharmacy and self-diagnosed?

Yes.
So when you've done that, were you able to communicate effectively with the pharmacist?

Yeah, it was not a very complicated scenario, so it's, er, the most recent one I think, I have, I did it before in a hospital, though, in Beijing, which might be interesting for the basis of your study, I don't know. Basically, I self-medicated by bullying a doctor. Because I went, erm, I had severe sinusitis, which was affecting all the parts that sinusitis can affect – my forehead and down the back of my throat with the sinus drainage really caused a significant amount of pain, I could barely swallow, and she was trying to give me some Chinese medicine for it. Now, it was at the point, I'm reticent to use antibiotics, but it was at the point where, quite frankly, it was one of those ones where you needed antibiotics. It was, I could barely, I remember sitting for like half a day trying to drink from this bottle of water, the little bottles of water. I managed to drink about three quarters of the bottle in about 3 hours, just constantly trying to swallow, I could barely swallow, it was awful. Now if they were able, I asked about, I asked them about the possibility, “do you have this...”, and I knew which, I'd talked to my mum as well as a pharmacist, so she could help communicate, and she said “well, for that, you should definitely take one of these two types”, I can't remember what they were off the top of my head, but I asked them if they had it. I told them the type, and they were like “yeah, we have that”, and I said “well do you have an IV for, ‘cos right now I can’t swallow, and it might actually be a good idea for rehydration too”, and they said “no, we don't, but I can give you this one, and we can give you the other one to take home”, as which point I snapped, and I was like, I didn't shout or anything, but I was like “ok, no, ok, you're gonna give me these tablets, this medicine”, and she was like “well I would prefer, I want to give you this other Chinese medicine thing” and I was like “I want that one, I'm gonna take that”, and she was like “ok, I can only give you 3 days of that”, at which point there was a small 'nother snap in my brain and I was like “no, you won't give me 3 days of that, you're going to give me the full course”, which was, I think, 7 to 10 days, and as far as I can tell, antibiotics 101 is to complete a full course or you create super-resistant bacteria. But that's something I know and I haven't, I don't work in a hospital, and that really, like, just made me...basically I bullied her into
giving me 6 days, and then I went back for another 3 days after that, to complete a 9 day course. But the fact that I could bully a doctor, one: worried me, but the fact that she was also going to prescribe me 3 days of antibiotics and say that that was enough was also, was even more scary. So, erm, in that sense it doesn’t inspire confidence in the Chinese medical system.

_So you take a very strong interest in the treatment that’s recommended to you, and you double-check it?_

Of course. I don’t want to put anything into my body that’s, erm, I think part of the reason that I have this stomach, bacterial imbalance is due to over-prescription of antibiotics before that time, which has buggered things up. But the more interesting one in the pharmacy was just probiotics. I noticed them in a refrigerating cabinet, so I just took them and bought them. But they were, um, there are, erm...

_Was the packaging in English, or how did you find them?_

The pack, they had one packaging on one side that was lactobacillus, and bifido bacteria kind of thing...

_Right, and the instructions were in English as well?_

It, wait, hold on, I cannot remember, I cannot confirm to you, but I read the Chinese on the side anyway, so I knew...

_So your Chinese was good enough at that stage...?_

Yeah, I’d forgotten, there was one other incident where I prescribed myself an antibiotic, anti-fungal, and bought that myself in the pharmacy. I just went in and asked for something for a cold sore, basically, and I just said “that’s what I want”, ‘cos I’d looked it up, and it was something that my girlfriend had been prescribed for the same issue, so just went in, took that...and there were no questions asked.
Right, so you were able to just walk in, say, “I want this”, and...

And they gave it to me, yeah. Which my mum was utterly horrified about when I told her! She was like “that’s controlled stuff”...

Did they try to describe or explain to you how to use it?

No. No, er, but we figured it out. It had English that said ‘dispersible tablets’ on it, so we figured ‘dispersible, that means we put it in water, doesn’t it? Ok’. But yeah, it had instructions, and it just had the ‘take everyday, how many’...erm, but we looked up the dosage online as well to confirm, several times, and then when we spoke to my mum we re-jigged things again. So yeah, basically the feature is that I always double-check everything, multiple – not double-check, maybe triple- or quadruple-check.

Ok. So given all your experiences, how do you perceive your ability to access appropriate and acceptable health care?

Well, thankfully, because my Chinese is at a reasonable level now, I think I can access it, and I can, and it is there, and it's not that slow, and you can get seen, however I perceive the quality of care to be fairly poor. But my access to it, and the ability to be able to access it is fine. But, if I didn’t speak Chinese, I think both would be very poor. I think, there are a lot of people I know who’ve, who would really struggle if there’s nobody to go with them, they couldn’t do it, they need...I’ve known people who’ve taken a Chinese friend, or a Chinese person – a teacher, this kind of thing, along with them. I mean, even at the school they volunteer teachers to go, sometimes, with classmates if they’re more, sort of, more seriously ill. And so it, the level of English among the medical community is, well, pretty appalling, and I suppose the proportion of patients that would need them to speak English, especially in a city like Kunming, is fairly low.

Have you noticed differences between the cities you’ve lived in?
Sure. Beijing and Guangzhou were better than here. I mean, I think even amongst the general population. But Beijing I ended up going to, I got quite ill, and I actually went to an international SOS clinic, and so it was, like almost native level, so it was, there was no issue there. But from what I’ve been told from other people, and from my experience, I went to a clinic once in Beijing just to get some medicine, and there was, the English level was passable. But I’d say in terms of level of access, fine for me. Level of care, maybe not so.
Appendix VI

John

Can you just tell me how long you’ve been in China for?

9 months.

Is that all in Kunming?

Yeah, pretty much.

And how would you describe your level of Chinese?

Er, on the cusp between beginner and intermediate.

So would you use it to communicate with a doctor or a pharmacist?

Yeah, yeah.

How does your health condition compare to before you came to China?

It was brilliant.

It was brilliant?

It was brilliant, yeah. Superb, no medical history or anything.

Right. As I understand it, you’ve had quite a few problems since you’ve been here?

Yeah.

How many times have you been to the hospital?
Err, 3 times.

Can you tell me a little bit about what they were for and what you did?

I had, um, I had a seizure on a bus, and I ran out of, it was because I had no magnesium, or something.

Potassium?

Potassium, magnesium...something....yeah and, er, I had this massive seizure and, er, um, I went there and um, and the problem was meant to be sorted, but then I still had the same symptoms following up, after that, like, you know, low blood circulation and er, yeah, so I wanted to get it checked up, 'cos there was something definitely wrong, but they still haven't really diagnosed it.

So the first time you went, what happened?

Well...

How long after the seizure did you go?

I had the seizure on the bus, then I was carted off in an ambulance. Someone called someone who...

Was that a local bus in Kunming?

Yeah, just a local bus, and they carted me off in an ambulance...Sorry, what was the original question?

Basically I just want to know about how events transpired.
Oh, yeah…and they carted me off and they hooked me up to a drip. It seems to be standard procedure – if something goes wrong they just put a drip in you, you know, doesn’t matter what it is. And, erm, and then erm, yeah, so I was there overnight and then it was fine, and then about 4 days later I had the same thing, in the driveway of our little complex, and this time I caught a taxi, and err, to the same hospital, and I was there...

*What sort of symptoms did you experience?*

Like, lost in my hands, like, no feeling in my hands, um, really fast heartbeat, and inability to speak, completely, almost, er...what's the word, I'm forgetting all my English! Err, like...hallucinating! You know, unable to think coherently, yeah.

*Was someone with you at the time?*

No.

*So you managed to get a taxi yourself?*

Yeah, yeah, ’cos I felt it coming on, so I was...and by the time I got to the hospital I was a mess. They had to carry me, and yeah, very strange.

*Ok, so the first time you went, who called the ambulance for you?*

Well I think I happened to have the business card of my boss on me and some woman managed to find it and I think she was just calling anyone...and she found it and he managed, he sorted everything out through her, it was just some random passenger on the bus.

*Right, and so did you have to pay for the ambulance?*

Yeah.
Do you remember how much it was?

I think it was like, er, about 400 *kuai* or something. But because my boss was there he sorted everything out and we just sorted it out later, but um, basically I arrived there, and I remember they weren’t gonna do anything until I’d paid. That happened the second time as well. They just basically, they just leave you there, until you pay, until someone comes...

And did your boss sort that out again for you?

Yeah. Someone comes along with money and they can proceed.

So then what happened once you’d paid?

Um, bugger all really! They just put me on a drip, and er, they put me on a drip and they did some blood tests. They do this standard test here, I don’t know if you’ve heard of it, and it’s, erm, I think it’s an ECG. There’s like some procedural things they do every single time with everyone, even if you’ve got the flu or broken your back. There was a, erm, they put you on a drip, and then they do the ECG, which is the little...*[mime pads being placed on his chest]* you know? And then, erm, they did a couple of blood tests, just basic blood tests, and then erm...But it was very, the process was very slow, very slow.

So how long...?

It took hours for all this to transpire, even though I paid for it. It just took hours and hours, yeah.

So...

Oh, sorry, 4 times.

4 times to hospital?
Yeah.

*We’ll go through each one, one at a time.*

Yeah, yeah.

*So when the results came back from the tests, did the doctor try to explain them to you?*

Er, well he translated through my boss, ‘cos obviously it’s quite specific vocabulary. Yeah, it just indicated I had no magnesium, or very little magnesium, or potassium, I can’t remember which one it was, potassium in my system, and the drip was supplying that to me, and then, then I should be fine. But it kept reoccurring, even though I was taking the supplements they gave me.

*So they prescribed, was it just the supplements they prescribed?*

Yeah, just supplements.

*So during that situation, how did you feel about your ability to communicate effectively with the medical staff?*

Well, at first I couldn’t communicate with anyone, let alone the staff, but eventually when I was coming ‘round...

*Was that because of your mouth...?*

Yeah, my mouth froze up. Er, yeah, it wasn’t great. The second time was particularly bad, in regards to the nurses and the doctors, but you said we’ll get to that, so...

*Yeah. So the first time, how did you choose the particular hospital? Did your boss...?*
My boss just chose it, yeah.

Do you remember which one it was?

Er. No I don't remember the name of it, no. I can find out though.

That particular time, were you satisfied with the course of treatment?

Well not really, it was just, um, general indifference, and er, for a paid service you'd think it'd be... it was, er, yeah, just indifference really.

Ok. Did you comment on that at the time?

Yeah, it was very frustrating. My boss was also very frustrated, 'cos he wanted me to get back to work, and er, yeah, it was just a long wait.

Ok, so the second time, you managed to get yourself in a taxi...

Yeah. Just as it was coming on.

How did you choose the hospital then?

I rung him again, it was the same hospital, I wanted to go to the same one 'cos they had the records and such.

Oh, ok, right. So you rang your boss again?

Yeah, just as it was coming on.

And that was about four days after you'd left...

Yeah, four days, yeah.
Right, so what happened when you got there?

Well I got there and I collapsed, so I got there just in time, and they did the same thing, they put me on a bed, put me on a drip. And this time, as I was starting to seize up and stuff the nurses were all laughing at me.

Really?

Yeah, yeah, they were just laughing, like they just, I was, like, drooling, I was, like, spastic, and they were just giggling away and I was just so, just, like, so...I don’t know how to explain it, but...They were laughing and it was just ridiculous.

So obviously you weren’t able to say anything at that point in time...

No, no.

Did you mention it later?

Yeah, yeah, but you know, they don’t really care, so...

When you got to the hospital was your boss there?

Er, no, he came eventually, yeah.

Did the staff seem to know what to do with you?

Well no, they just did the same thing, and this time there was no, there didn’t seem to be anything wrong, but the tests were very limited. They just did the same 3 or 4 tests, didn’t really look into it any further, and said “oh, you’ll be fine” basically, even though...

And how did you feel about that?
Oh, I was just like “well I’m not fine, you know, I just had another seizure”, so um, yeah…. And then after about 4, 5 hours they said “well we’re not gonna do anything else, so go”, so yeah, waste of time.

*Did they prescribe anything?*

Nah, nah.

*Did you think about seeking different treatment?*

Yeah I did. Well that’s the third time. ‘cos it kept coming on, not as badly as the first two times, but it, like, similar symptoms. So I just…

*Did the doctors at the hospital mention that it might continue a bit until your potassium levels became higher again?*

Yeah, they said it might happen again. They said it’s happened second times before, but I didn’t have anything to worry about, but after that it did keep reoccurring, not as badly, but, like, 40% of the intensity of, yeah, 40 or 50% of the original attacks.

*And so how did you feel about that kind of diagnosis?*

Oh it was just, er, I mean they didn’t really, they just did the same old tests, they didn’t, um… When I eventually – oh, should I tell you about the third time?

*Yeah*

Yeah, so eventually I just, after about another month, and it just kept, sort of, reoccurring on a twice a month basis, and so I went to the Richland hospital, the foreigner – well, international, it’s not really a foreign hospital, it’s just kind of a souped-up Chinese hospital really, I mean they don’t have any specialists there
or anything, it just kind of a boutique hospital – to find out what was wrong, and I met one of the nurses who speaks fluent English, she worked in Australia, and um, I didn’t, she didn’t bother getting a doctor for me. Oh what happened was I actually had my Sri Lankan friend, Ruan, er, he was staying, his dad’s a doctor in Australia, and so, um, Ruan got me in touch with him and he told me all the tests I need to get done. So I took this list of tests to Richland, ‘cos I wanted these tests done, and...it’s actually quite funny, she said, ”well we don’t have any of, we can’t do any of these tests here, oh we can do one of the blood tests”, it was a very specific blood test, “but we can do, basically what I’ll do is I’ll go after hours with you”, it was all very, you know, under the table, “we’ll meet up on Monday”, or whenever it was, “after work” at this other hospital out in the west, which she used to work at, so she can kind of get in the back door. You know, I pay her like 100 kuai, and she can get in the back door and get all the tests done immediately. If I’d gone by myself, then I would have had to wait a long time, but she knew everyone there, and, you know, she lubricated the wheels a bit, you know. So I got an MRI and a, the heart scan thing, the EEG, and several other things, and er, yeah, but she got them straight away. The heart scan actually, she actually had to, the guy had finished his shift and she just, well we paid him 300 kuai just to do the test on the side, and you know, in his pocket, and they discovered that my heart wasn’t um, I can’t remember the exact term ‘cos she couldn’t translate it, that my heart wasn’t functioning as strongly for someone my age, it was working, they described it like a, um, an arm pumping, and it was just like the intensity wasn’t as much as a man. ‘Cos apparently, they said I’d had a heart infection when I was a child, that I didn’t even know about, they showed, there was this white line on the heart that they showed me...

*Like a scar?*

Yeah, which means I was more susceptible to, yeah, to heart things.

*Did the nurse then recommend treatment or refer you to someone?*
Well this time they gave me all the electrolytes, and that actually seemed, worked pretty well.

*Was that at the western hospital?*

Yeah, yeah. Oh we went back, like we went back after the tests and they gave me all the electrolytes, but at the end of the day, it was me who had to take the initiative with the tests, like, with the Sri Lankan doctor in Australia. He was the one that told me the tests and I basically had to say I want this test done, I’ll pay money to get the test done. There was no, like, consultation or anything.

*And was it the technicians, or the nurse that interpreted the test results for you?*

Er, yeah, the nurse, yeah.

*So then, after that, the electrolytes was the only thing that they...?*

Well it seemed to help somewhat, but I’ve still had a reoccurring problem. I went finally, the fourth time, to this heart hospital on, er, um, Renmin Lu, maybe? And it was a doctor there, he spoke English...

*He DIDN’T?*

He did, yeah. Well kind of, kind of. And he basically did a, like a quick freebie for me, a 15 minute talk with me, but um, he just looked at the test results and he just said “oh...”, he seemed kind of, he didn’t really seem to care that much. I mean, we talked for about 10 or 15 minutes, but...

*Did he conclude anything from the test results?*

Nah.

*Or give you any advice?*
Nah, nah. So I’ve basically given up. It’s still occurring. I’ve just come up with all these theories, you know, like, what could cause it. It’s so, it’s mentally very stressful.

So you certainly don’t feel like this has been treated...

Yeah, nah, it’s just a general mixture of indifference and, er, amusement... bemusement, and er, yeah.

So given all those experiences, how do you feel about your ability to access adequate health care in China?

Oh I don’t have any faith in the health care system at all. I think, er, if you really have problems here as a foreigner, I think the only option for you is go to Bangkok, or back home. I’m going to Europe in a few weeks, so I’m going to get everything sorted out there. Yeah, where people actually care. Like, you can contrast the difference, you know, um, you know, I’m meant to be with these heart specialists here, who don’t really know, and then there’s a GP back home, just a simple local GP in Australia, who just, er, has got all these suggestions, and, er, you know, I just, er, yeah, they generally care less. And you, you know, I’ve tried to analyse it, and I mean, you’ve got population pressures here obviously, you know, which probably is the reason why you get that indifference, and, er, you know... China’s very cutthroat, become very cutthroat nowadays, so um...

How, um, what exactly made you feel like your doctors were indifferent?

Um, well, I hardly ever saw a doctor, to begin with. And er, um, it’s, I guess, you know, as Westerners, we’re imbued with a sense of professional work ethic, which is actually a, it is a foreign concept – professionalism. And I guess that hasn’t really infiltrated Chinese society yet, that sense of Western professionalism. I’m not saying it should do, I mean, Western values...
Is that maybe something you would find comforting?

Yeah, perhaps it’s just a Westerner, you know, from my perspective, but it’s a lot more, yeah it’s a lot more respectable....

You felt like they were less professional?

Yeah, yeah, it’s generally like, you know ....I don’t know, there’s something about, like, seeing a doctor smoking in the hospital that’s kind of, you know ...or on a cell phone, you know, having a giggle with his friends, I don’t know, it’s just, it’s obviously a cultural difference there, but you know, yeah, it’s still an obstacle I haven’t really overcome, yeah.

Did you find when you asked questions, did they try to address them?

Um, not really, not really, no. my basic questions was obviously, you know, “what the hell is wrong? What’s going on?’ but, er, yeah, they didn’t really, yeah....

Have you tried any other ways of, um, maybe self-diagnosing or self-medicating?

Yeah, yeah, yeah. Well I’ve never done it before, I mean I’ve been on the internet and stuff, I’ve been on there for hours and hours just trying to figure it out. Obviously freaking myself out, you know, “oh shit, I’m in line for a heart attack”, you know, kind of thing, obviously not, but you know, well I don’t know, but yeah, but um. And then coming up with all these ridiculous explanations and...my latest one is water. I theorise that if I drink lots of water ... It’s just a silly explanation, but...[laughs] Yeah but I’ve had other ones, you know, other explanations, yeah, I figure it’s the altitude somehow – all sorts of stuff, yeah.

Have you self-medicated at all for it?
With alcohol, yeah! [laughs] Alcohol seems to solve the problem! But er, um, otherwise ...oh yeah, yeah, I’m eating a lot more fruit and vegetables than I did back at home, which is kind of strange, but...

So you’ve changed your behaviour to...?

Yeah, it hasn’t really done anything, so yeah, yeah.

What about going to a pharmacy?

Er yeah, yeah, I’ve been to a pharmacy, and I keep buying these electrolytes, ‘cos they seem to be, like, a temporary solution, but yeah...

So when you go in to buy the electrolytes, do you talk to the pharmacist about it, or do they try to explain to you...?

No, it’s more the...you know how the shops work here, there’s 5 or 6 workers and there’s no customers in the store and they all kind of, like, rush you and, you know, try to sell you stuff, not really any, no....

Right, so they don’t help with the instructions or give you advice?

No, I guess in China people grow up and they learn they just have to look out for themselves, you know, you see it on the streets all the time when you’re trying to catch a bus and so on, you know, you’ve just gotta look out for yourself, so I guess people don’t really care so much.

So do you use Chinese then to get the electrolytes?

Yeah, as much as I can. Oh no, I know what they look like; I know where they are, whereabouts, so I basically just, sort of, you know....

And are the instructions in English?
No, Chinese. But I know how to take them, so...

**Is that based on the first lot you had?**

Yeah, yeah, when the nurse from Richland explained, yeah. Actually that...I don’t know if this is relevant, but I though maybe with what you’re trying to do...um, an interesting story. I er, the first time I went to Richland I went at night, and the entire place had been ransacked, like, destroyed – did you hear about this?

**Was that to do with the woman that died in childbirth?**

Yeah, yeah, yeah. And it was just, it was just, there was graffiti and all the windows had been smashed, and I just happened to turn up about an hour afterwards, it was all cordoned off, and I thought, the nurse actually, who worked there, explained the whole story in depth, and the story on GoKunming¹⁵⁷, I was the informant, if you will, ‘cos I was the one that was there and found out the whole story, yeah. She just said, yeah, what everyone’s heard, you know, a woman’s died in childbirth, the family had basically hired the local mafia just to trash the joint. They tried other stuff as well; they tried setting the place on fire a few weeks beforehand. They wanted a million kuai compensation, or something like that. They tried setting the place on fire, and I think they, um, threatened someone, one of the doctors, or something. I think it’s all over now, I don’t know what happened, but yeah.

**How did that make you feel about going to that hospital?**

Oh well I don’t really have a choice, you know.

**Did it affect your attitude to hospitals in China in general, like, did you have any responses to that?**

¹⁵⁷ Locally run English website for foreigners in Kunming, containing local news, blogs and forums.
Yeah, well, I mean she told me exactly what happened with the birth. Again, this is another thing, there’s no confidentiality at all. Like, she explained everything that happened, she said something about how what had happened, it was an unavoidable, er, death, the baby. It was the amniotic fluid, you know, when you’re giving a baby [sic] there’s a lot of pressure, and the amniotic fluid had somehow gotten into her bloodstream during birth, but apparently it was, she actually said it was unavoidable, and that had killed the woman. Um, but the family were rich, and they vented their frustration on the hospital regardless, which is something you definitely wouldn’t see back home, you definitely wouldn’t, you know, like expecting perfect service I guess, or, like, perfect results, yeah.

*Interesting. Well that’s all the questions I had. Was there anything else you wanted to say about your experiences?*

Um, just er, I can’t imagine how a public health care system would work here.

*Like a universal health care system?*

Yeah, I can’t imagine. I mean it’s bad enough as it is. They’ve um, they’ve got all the equipment, and they seem to have the expertise, but er, I think there’s a long way to go, a long way to go before they achieve, erm, achieve that kind of standard of good health care. I know the life expectancy’s about 10 years lower here than it is in the West as well, you know, which is an indicator, yeah.

*You said they seem to have the expertise, yet in your experience you don’t feel like they ever treated what you had...*

It’s like there’s something missing, it’s like an X-factor that’s missing. Again, this could just be like, you know what’s the word when you view something from your own cultural perspective and assume, you know, expect the same standards
as, you know, it could be just that. But er, in hospital, I saw them treat the Chinese with the same indifference.

So what leads you to conclude they have the expertise?

Well. I mean, they seem to have gone to...the nurse I was with sort of explained, like, “this doctor’s been, achieved his doctor from this university”, you know, so they’ve got that theoretical knowledge, I guess, but what’s that er...the Hippocratic oath, is it? Hippocratic?

You mean like bedside manner, do you mean? The Hippocratic oath is, um...

Like, patient confidentiality, and like...that doesn’t seem to occur. Oh yeah, the nurse that was taking me ‘round in her spare time, she was trying to get me back to her house as well. Like it was just all, yeah, she wanted me to come back to her house, and was all rubbing my neck and shoulders in the taxi back [laughing]. She was like 40 years old, and it was just strange...and you see it on the street, like you see these dentists, like, have you seen them? And there’s no curtains or anything, like, you see all the patients, you know...there’s something here, it’s a missing...yeah...thing. I don’t know, I don’t know. But I don’t really have much standard for comparison, apart from New Zealand, ‘cos I haven’t really been through a health system, apart from China, so I wouldn’t know. I don’t know if it’s just as bad in America or England. I mean it could be, but yeah...
Can you just tell me how long you’ve been in China for?

I have been in China for just under 6 years.

Is that in one place?

No, I’ve lived in three cities in China. The first city was called Lianyungong in Jiangsu province. I then lived in Fuzhou in Fujian province, but for the majority of the time I’ve lived in Kunming.

Can you estimate how long that has been?

Kunming, probably close to four years now. Er, three and a half to four years.

How would you describe your Chinese level?

Um, upper-intermediate, lower-advanced.

Would you use it to communicate with a doctor or pharmacist?

Yes.

How does your health condition compare to before you came to China?

Um, let me think about that. Um, I’d say it's about the same. Um, I have noticed a couple of things with my health since I've moved to China that didn’t exist before – maybe altitude-related, since I moved to Kunming. One of which is that on nights when I’ve drunk heavily, I’ve woken up and had trouble breathing, and I’m a non-smoker, so I’ve always thought that was strange. And then a friend
suggested I might be asthmatic, and I plan to test that out when I go home. But otherwise the general state of my health had been more or less the same as before.

*Is there a reason you’re going to wait to go home to test your asthma?*

Perhaps I naturally trust doctors back home more than I would here. That’s one, two – although I am lower-advanced in my Chinese, when it comes to medical issues, I’d prefer having complete fluency and control over language, which I can’t have here. I’ve also heard of friends being misdiagnosed in Chinese hospitals and medical facilities for a variety of issues and I am leery of that happening to me.

*How many times have you been to the hospital since you’ve been here in Kunming?*

The only time that I’ve ever been in to a hospital, well really rushed to a hospital, not have gone there to buy medicine, was in the Spring of 2008.

*Can you tell me a little bit about what that was for and how the process was for you?*

Sure. One afternoon I began to feel very fatigued. I had very little energy, and I was a student at the time, at the Kunming College of Eastern Language, and I fell fast asleep during class, which is quite unusual for me, and the teacher looked concerned and told me to go home, and I slept for about 6 hours in the middle of the day. I suspected something was wrong with my stomach, also I had diarrhoea, I was also feeling nauseous. So the next morning I woke up and I was meant to go to, I had tickets to go to the football, to a soccer game, but when I woke up I had very, very sharp and acute pains in my stomach, which were causing me to yell out, and I also had a very distinct sour taste in my mouth, and as well as nausea and diarrhoea, and was generally a wreck, and a friend of mine from Australia told me that he had had the exact same symptoms in the past, and that I needed to be hospitalised immediately. So he actually accompanied me to a
tiny hospital on Xuefu Lu in Kunming. I was basically unable to make it there myself, he had to help me walk down the stairs, get into a taxi, and he, you know, committed me in and paid the fee for me to go in, and so on. So these are all things that happened, and er, I went through a couple of tests, and was eventually hooked up to an IV drip, and within about 2 hours the pain had dissipated to a tolerable level, and I was discharged maybe 7, 8 hours later, but still felt extremely weak and unwell for the next week after that, until I made a full recovery. Later I looked, er, my research strongly suggested that I had contracted salmonella poisoning, although I’m not entirely certain this is true.

*So what made you choose that particular hospital?*

Purely proximity to my house. I was in such a state of pain that we considered going to Richland hospital, but at the time I lived quite a distance from there and it seemed unreasonable to go through that. Also, Walter, my Australian friend, the hospital was adjacent to his house, and he had been there before and told me that it wasn’t bad.

*So when you got into the hospital, were you able to communicate with the doctors?*

Er, at the time my Chinese level was much, much lower than it is now. The answer to that is no, I was in too much pain to speak Chinese and think clearly in Chinese, so I had Walter take care of that for me.

*Were you satisfied with the course of treatment they took?*

Yes and no. The hospital was dirty, there were doctors smoking cigarettes in the treatment room. I also didn’t like how unprofessional the doctors looked. They were dressed in street clothes with their lab coats thinly hanging on. They didn’t look sharp, their shirts were untucked. Maybe this is a bit superficial of me, but it still didn’t reassure me. I was mixed together with a variety of other patients in one main operating room. I felt that the doctors and also the nurses didn’t ask me very many questions. Maybe this is a bit childish of me, but I was a little bit
unnerved by how unsympathetic they seemed to be toward me. At one point I remember retching, I vomited on the floor, and the nurse cried out and screamed, and turned away disgusted, which caused my friend Walter to snap at her and tell her she was being unprofessional. I mean, that’s a human reaction to vomiting, I understand, but it just seemed to me that they were kind of a cowboy outfit, they weren’t really prepared for this sort of thing to happen. However, once I got on the drip and was able to think more clearly, the doctor who treated me was kind and reasonably concerned about my condition. But in general, having to pay upfront, if I hadn’t had my friend Walter, I would have found the experience almost unbearable. Having to pay upfront, and then being told, while I was lying with an IV drip half-asleep, that if I wanted to spend the night I had to pay extra money. That sort of thing really gave me a distinctly negative impression of the hospital. But having known lots of people in Kunming who have been hospitalised, it was far from out of the ordinary. It’s standard, unfortunately.

Did you feel that they treated your illness effectively?

Yes. I mean the drip did take care of it, they gave me the requisite medicine, and I was healed. In that way, the treatment was successful. It was just mainly the details that were...

So when you say the hospital was dirty, can you elaborate on what that means?

The floors were dirty; there was tiled floors that hadn’t been swept cleanly. The patient next to me was eating sunflower seeds and was spitting the shells in all directions, and nobody seemed to make an effort to clean that up for hours. There were cigarette butts on the floor of the hospital which, at the time I was a heavy smoker, but I still found that quite disgusting and unsettling.

Did they prescribe you medicine to take after you were off the drip?

Yes they did. And I took it, and it seemed to do the job.
Do you remember what it was?

I don’t, to be honest. I think it was just an anti-bacterial. It was not Western, it was like a local medicine, but it wasn’t like herbal Chinese medicine or anything, but it was like, you know...

*Western-style medicine?*

Yeah, pills I think, maybe with some sort of fluid. I mean, the sort of thing that is commonly available in most Chinese pharmacies.

*At the time did you understand what it was and what it was for?*

Er, the doctor gave me specific instructions of how to take the medicine and that proved to be fine.

*And you were perfectly happy to take it?*

Yeah, er, well, at the time I wasn’t terribly inquisitive, I just wanted to get out of there as quickly as possible. In the end I didn’t end up spending a night there, I was able to walk out of there on my own power and take a taxi home.

*Is that because you were feeling better, or you wanted to avoid staying the night...?*

I was feeling better. To be honest I didn’t pay very close attention to the details of the medicine, which was probably naïve, but yeah, I thought, “ok, I’ll do whatever you say”.

*So despite the things you noticed about cleanliness and stuff, you still trusted their medical judgement?*
Right. What the doctor explained to me was this. He said that there was a sort of a, that there were particles inside my stomach, not particles, but matter, just bacterial matter that had formed a quite large, almost stone-like objects in my stomach, which was causing me all the pain, and he said that the IV drip sufficiently broke up all those little stones and distributed them, and in that way, and he was certain that if I took the medicine they wouldn’t reoccur, and he was right, so I trusted him.

So he did explain to you...

Eventually, yeah.

Was that after you were feeling better?

Yes. This was after I had been on an IV for over 2 hours – it took about 2 hours for the pain to completely subside, and then I believe I had a nap for a few hours more after that, and when I woke up he appeared and explained my situation a bit more, in a bit more detail.

Did you come away from the experience feeling reassured, or confident that you would get better?

Yes. It seemed to me that this was simply a case where I had been poisoned by food, and since I had had it treated, I would recover. To that extent I was satisfied.

Does that imply that to other extents...?

Yes it does. What I mean is that I was grateful that I didn't have anything more serious that required immediate medical attention, because I was not confident that the hospital would be equipped to take care of it.
When you say, “not equipped to take care of it”, what are the main things you are thinking of?

Well, there was a distinct lack of professionalism in most of the staff. My impression was that the hospital had maybe one or two doctors on hand, who were trained. The nurses seemed like, they didn’t seem to be trained necessarily. They seemed to be able to fill in form, and to do very, very basic functions, like draw blood, or whatever, but yeah, none of them expressed the slightest bit of expertise when I talked with them. That issue is what I remember most. The hospital itself was quite small, the equipment looked outdated, although I’m not an expert, but it just seemed to be old. That wasn’t really... oh I just remember I went to the hospital another time for an arm injury.

Yeah? Do you want to talk about that?

Yeah, sure, yeah. I can’t believe I forgot that. That was more recent. In the Spring of ’09 I was injured while cycling in the Kunming countryside, and I fell off my bicycle and landed on my arm, and didn’t fracture it, but I injured it, sprained it quite badly, and I was unable to continue riding a bicycle. The people I was riding with, I was riding with a bicycle group, organised by the bike shop ‘Xiong Brothers’ in Kunming. They arranged for a car to pick me up, and put my bike in the car and drove me back home. [A friend], who lived in my building at the time, helped me get to my apartment and put my bike in my apartment. However, at the time, there was a lot of pain in my arm, a lot of pain, so the then girlfriend of the same friend who took me to the hospital the first time, Walter, er, Walter was then my flatmate and his girlfriend was at the house, and she accompanied me to the hospital on Xichang Lu, I think it’s the Number 1 University Hospital.

Is she Chinese?

She is Chinese, and she made the process a lot easier. This time I was much more alert, I was mentally more alert; I was just in physical pain. This was night time, rather than during the morning, so she took me and they...
Do you know what time?

It was probably around 7:30, 8, and we went and she helped me sign up and pay, and then I received pretty much immediate attention, and basically all the doctor did was take an X-ray, and he told me that my arm wasn’t broken, and that it would heal on its own, without any need for anything. He gave me painkillers, which helped, and gave me a sling to wear as well, which I wore for a day, and my arm and wrist hurt, well, it just kept getting better and better and better, and after about 6 weeks it was completely healed.

Did you feel satisfied with that?

More so...that hospital was much more professional-looking, there were many more doctors on hand, the equipment looked to be much more modern, which suggested to me, cos I’ve also accompanied people to the Richland hospital, that there’s a wide variation in Kunming. Some hospitals are fine, some frankly aren’t. This was one of the better ones I’ve been to, and this, the X-ray equipment was fine, everyone seemed to know what they were doing. Once again it was a little bit, er, maybe this is over-sensitive on my part, but I was in a lot of pain, and the doctor kind of brusquely moved my arm, and I yelled out, and he gave me a look as if I wasn't cooperating, and I should have moved my arm, and when I was trying to explain that I couldn’t...

You felt like you were in trouble?

Yeah, that was the only kind of annoying part of that experience, but otherwise it was completely satisfactory. But the first one was not completely satisfactory.

And were you satisfied with the course of treatment...just keeping it immobilised...?

Yeah, that was fine. He showed me the X-ray, he explained that if it were broken it would have looked like this, and it didn’t, so... That was reassuring that I didn’t
break it and I knew that it would be a fairly straightforward process of healing, and that all I really needed to do was be patient.

*And aside from your visits to hospital, have you ever self-medicated?*

Sure. As you're well aware, in Kunming and China more generally, I'd say diarrhoea is pretty common, I'd say I suffer from it maybe four, five times a year, where it would be 2 or 3 days of fairly severe diarrhoea, not too, not dysentery or anything, but in those cases I normally go to a pharmacy and buy a specific type of medicine, which I, it's almost unlabelled, it looks pretty dodgy, but it always works. It tastes, it's a brown liquid that tastes and looks a bit like Jagermeister.

*And so it's a Chinese...*

It's a Chinese medicine, it's very, very inexpensive, and it's available everywhere.

*How did you discover that?*

Um, my colleague at the time, Lee, an Englishman, I complained of diarrhoea once and that's what he told me he did, and I tried it and it worked, so subsequently I used that all the time for that.

*Do you ever have to discuss your condition with the pharmacist?*

Yeah, I almost always have to. My impression is that they're very, they're not embarrassed by diarrhoea, and this might be a puritanical American thing or something, but they'll say to you, they'll ask you in front of everybody at the pharmacy whether you're having diarrhoea, and my natural state is to be kind of embarrassed about it, but they, um, and you know, it does save you time, you don't have to dance around the question, but yeah, so and they say well you know there's this and there's that.
Are you usually able to receive what you are going in to look for?

Almost always, yeah. In Kunming, yes. I can’t recall ever getting diarrhoea in the countryside, uh I don’t think so, but in Kunming, there are certain pharmacies that look a bit more well-stocked than others, and those are the pharmacies that I’ve gone to.

For the most part, with the medicine that you buy, are there English instructions?

Oh no, no.

But you feel like your Chinese is adequate to read the instructions and understand clearly how to take it?

Yes. Every time I buy medicine at the pharmacy I ask the pharmacist directly how to take it, and they give me very clear instructions, and it’s usually, even a couple of years ago when my Chinese was much more limited, the instructions were very simple and I was able to understand them.

So given your experiences in hospitals and in pharmacies, how do you feel about your ability to access appropriate and adequate healthcare?

Um, mixed. The state of Chinese healthcare is not disastrous, and for the most part, I can get things done, I can get things taken care of, but health is not an issue where, for the most part, is very comforting. In my personal opinion I think that the state of health care is scandalously bad in China, even in consideration of the level of development here. As a basis of comparison, I have accompanied friends to hospitals in Thailand in the past. Thailand is also a developing country, although it may have a higher standard of living on the whole than Yunnan province. However, I found that hospitals there were much more professional. The nurses and doctors were much more competent. In general they just seemed to be much more up to a first-world standard of health care. China on the other hand, there is, and I might be editorialising here, and you can tell me to stop if
you like, but a lot of it comes from the Cultural Revolution tradition of barefoot doctors which, um, and there was sort of a society-wide feeling that professionalism was completely overrated and non-needed, and that amateurs could do a professional's job, and at the time rural health care was taken care of by completely untrained personnel, and called barefoot doctors for that reason. While obviously in the ensuing 35, 40 years they've made a lot of improvements in health care here, and now they have a process of educating doctors, I think that consciousness, that sort of idea still pervades to a certain extent, where doctors are dressed in street clothing. There's a callousness with the cigarettes, a casualness that wouldn't be tolerated, I think, certainly not in, um, you know, in America, and probably not in countries like Thailand, or Hong Kong, or whatever. To be honest, I have always maintained health insurance back in the US, despite having it in China.

*Does that mean you’re able to get flown back home to the US in your insurance?*

Yes, and I've always, always felt that if I had any need of any sort of operation I would immediately fly, if not the US, then to a place where I felt confident in the quality of health care – whether that be Thailand, Hong Kong, Japan, some place like that. So for simple operations, the state of China is generally satisfying, but I have heard far too many horror stories, and some are outrageous, there's also the issue that they make people pay cash upfront. That to me, and you know, as an American I'm aware that our health care system is largely, a lot of it is inadequate, but this is something where this is very, you know, I think it's a scandal. Um, I knew a friend who died in the waiting room of a Chinese health care facility while his friends rushed out to try to get enough cash to pay for him after he had been stabbed. So there are horror stories. But, you know, like all things with China I try to be optimistic, but this, I think this is still one of the biggest examples of how China is not yet developed, China is not yet to that level of development that others might think.
Appendix VIII

Peter

*Can you just tell me how long you’ve been in China for?*

I’ve been in China for 3 years and 3 months. So 3 years in Shanghai, and then I moved to Kunming, I’ve been in Kunming for 3 months.

*How would you describe your Chinese level?*

My Chinese is survival Chinese. I’ve been quite busy over the last 3 years with work that’s mostly been, sort of, English-related work, so I haven’t had many opportunities to really focus on Chinese, but it’s something I’ll do in the future. But my Chinese is, yeah, it’s very basic.

*Do you use it to communicate with doctors or to purchase medicine at pharmacies?*

Oh, only, I would say, like, 50%, or, you know, if they don’t speak English, obviously just very, my limited Chinese.

*How does your health condition compare to before you came to China?*

I would say I probably get sick more here in China than I would normally in Australia. In Australia I would get sick maybe once or twice a year, but here it’s more like 3 or 4 times a year.

*Are you able to estimate how many times you’ve been seriously ill since you’ve been in China?*

Seriously ill? Probably, probably 3 times.

*So think about the most recent time you sought health care. What was it for and*
how did you go about seeking treatment?

Well I got sick about 2 weeks ago. I got tonsillitis, so I had white spots at the back of my throat, on both sides of my throat. I was reluctant to go to the hospital at first because it is always kind of an ordeal, going to the hospitals in China.

What do you mean by that?

Well, it's always really crowded, and chaotic, and disorganised, and the language barrier. So it's time consuming, so I tend to just sort of self-diagnose myself on the Internet. And then, you know, if it's a must, if I've had to take time off work, or if I need certain medicine, you know, if I'm really seriously ill, I'll go and go to the doctor, go to the hospital. Err, so this last time I went for tonsillitis, and fortunately I had a friend who knew a friend who's a doctor there in the hospital, and it was a woman, a young woman, er, probably late 20s, um, and so she met me on the ground floor and we went up to...we went up about 5 sets of stairs, and my impressions of the hospital was one of kind of shock a bit. It always is I guess, and this was my first experience of going to a hospital in Kunming, and the hospital was, er, it was really dirty, um, it was really old. You know, the building looked about 100 years old, and it smelt, there were people smoking everywhere in the building, and, er...

Did that affect your perception of whether you thought you were going to receive appropriate treatment?

Um...no, actually, because, I mean at the end of the day, I felt the level of care that you get is probably adequate, or in my experience it's usually been pretty accurate, pretty adequate, so I wasn't too, I knew I was in good hands, uh, knowing that this girl knew this friend of mine. So yeah, we went to a, an office where a woman, ah, another woman checked my throat, and she put the er, paddle pop stick, and my first, she did it very quickly, and I had a look, and I thought the stick was actually dirty, or had already been used before. That kind of gave me...
Did you ask about that?

I, no, I didn’t, I just sort of accepted it. And I thought, I could see that it had, like, dark colors on it. Anyway, it went into my mouth very quickly and came out of my mouth very quickly, and she made her diagnosis in Chinese to my friend’s friend, the doctor, which was in Chinese that it was tonsillitis, yes.

Did you understand...how did they give that diagnosis to you?

Well fortunately the doctor could speak English, so, I mean her English was pretty good, um, she just wasn't able to communicate certain things like the names of the medicine that she wanted to give me. I’d already actually started on some antibiotics that I got from the pharmacy.

Do you know what they were?

Um, amoxicillin. But, er, very different to the ones that we get in Australia. Sort of like, they were very big, large size. They looked, sort of, more like paracetamol tablets, erm, quite large. I think it had a kind of a sodium exterior, so that it kind of dissolves, kind of dissolving antibiotic. I’m used to the amoxicillin that are just, kind of, capsules. But yeah, so I’d already started a course of those. I was glad that I didn’t have to have a prescription to get them over the counter, so it was quite quick. So I got on those antibiotics the day before seeing the doctor. And then the doctor made her diagnosis and said that, you know, "you need to get on antibiotics", and she said "I’ll give you, I’ll get you a throat-gargle-thing", but then she said "I recommend that you stay in the hospital, or come to the hospital for the next 3 days to have injections", and I though that was a bit extreme...

Did you understand what the injections were for?

Yeah, she explained to me that they were, um, antibiotic injections, and possibly an IV thing. But, um, yeah, I thought it was a bit extreme, and also I just didn’t
want to spend my time in hospital, ‘cos of the environment and the conditions, and I thought I’d probably come out worse than I went in!

*So you were worried about getting sicker if you stayed?*

Yeah, the conditions were pretty, pretty bad. The smell, and people smoking, the rooms, and just such an old building.

*So you mentioned that it was through a recommendation from a friend. Were there any other factors you considered when choosing that hospital?*

Er, yeah, well I thought it was the best, ultimately, that I knew a doctor, through a friend, that could speak English, and that was a big, kind of, factor in going to her.

*So did you feel more inclined to trust the diagnosis because of the connection?*

Um, yes, I guess it would have had some benefit over how much I trusted...yeah, sure.

*Did you have any problems communicating your symptoms to the doctor?*

Um, no, ‘cos it was pretty straightforward, ‘cos they could just see it, just when I opened my mouth. And I can communicate a few things in Chinese, to sort of explain, you know, "I’m sick", and where I’m sick, the basic...yeah.

*Were you satisfied with the course of treatment recommended, and did you follow through with the full course of treatment? You said you didn’t want to go back for the injections...*

Yeah, I didn’t decide to go back for the injections, and I recovered pretty well, and certainly by the next day I was showing signs of improvement, probably from the antibiotics. She suggested 3 days off work, and I took that advice, and she sort of said, "well, normally we’d give you the injections, but I can
understand if you don't want to do it, and if you haven't improved by the next day then we recommend you come back and get the injections", but by the next day I'd improved, and, so yeah...

*Did you take any other antibiotics, different to the amoxicillin you were already on?*

No, the only other medication I was taking alongside the antibiotics was, like, cold and flu tablets, like, ibuprofen, to alleviate any cold symptoms. I did take some Chinese medicine, er, a little bottle, er, powder that you sort of mix with water and use as a throat gargle, and that seemed to work a little well, not as strong as the second throat gargle that I bought in the hospital.

*Was that Western or Chinese?*

I'm not sure because the bottle was in Chinese, it looked like a Chinese brand. Maybe it was Chinese, yeah...but maybe it's a copy of, sort of, a Western formula.

*So based on their recommendation you ended up taking medication that you didn't understand?*

Yeah, well, I pretty well understood what it was that it was, erm, and she had explained how to use the throat gargle. She sort of said "leave it in your mouth for a couple of minutes, swirl it 'round and spit it out", and that was clear to me, she was able to communicate that. So yeah, I just continued with that. I bought some throat lozenges as well from the pharmacy, and they had helped as well.

*So on a more general level, how do you feel about your ability to access health care and medical treatment?*

Yeah, well, I mean, I think I'm really lucky that I knew this doctor. For one thing, I mean, I didn't pay any money for that service, for the consultation or anything, she didn't ask me for any money, and I offered and she didn't, erm, and so I felt very grateful for that. I just paid for the medicine, so it was very satisfying, and I
don't know how it would have been otherwise. It would have probably been more of a struggle, there would have been a consultation fee, and often, in my experience of going to a Chinese hospital, they’ll try to, sort of, send you to the foreign wing of the hospital, or the foreign section, and automatically the price just, er, triples, or quadruples, for consultation fees, and er, yeah, so that’s always been my experience in Shanghai. I’ve always tried to get the same sort of treatment that a Chinese would get, and try and avoid that, you know, the hiked-up ‘costs. But more often than not, they just refer you to the foreign wing in Shanghai. So I consider myself very lucky with this last situation, and I guess for the future too I can always go back.

*Sorry, just to clarify, the only extra medication you took was throat gargles? You didn’t take any more tablets or and different antibiotics?*

Yeah, no. I just finished the course of antibiotics, and was a little bit concerned that maybe I should have got another round of antibiotics...

*Did you mention that to the doctors?*

No, I forgot to mention that, you know, I've only got two more days left of antibiotics. But yeah, I did that first course, and anyway, I've recovered it seems, so I guess there's no need to. And I try not to, I don't wanna abuse antibiotics on the immune system, to try to keep the immune system as strong as possible.

*So you mentioned that often your first instinct is to self-medicate, and self-diagnose. First of all, is it just the Internet that you’ll use to self-diagnose?*

Well, no. My father's a doctor, er, and my mother’s a nurse, so I usually, you know, if I can get a hold of them, I’ll talk to them, and dad would usually give me some good advice, and tell me what, you know, what to do.

*So when you self-medicate and go to the pharmacy, what’s that experience like? Are you able to communicate effectively with the pharmacist?*
It gets a bit tricky with names of medicine, and, erm, I have a Chinese dictionary on my phone, and, erm, I can look it up, I mean, often maybe, you know, those medical terms aren’t included in that dictionary - it’s pretty limited. But um, fortunately in this case I could see antibiotics, the name, come up on my phone and I was able to show her, she, they take you around, yeah, it’s kind of a tricky experience, I mean, when you go in there, they immediately come up to you, which is, you know, is good and bad, it just is, and um, you’re already sick, so you’re kind of in a pretty stinky mood, and you’re trying to communicate in another language, and they’ll try to recommend things, and you don’t really know what it is, and erm, you have to sort of open up the boxes a bit and, you know, you have to look at it, erm, yeah. I always look for the expiry dates and things like that to make sure it’s not expired. And they, you know, in my experiences, they try to give you the most expensive thing on the market, so that’s always a factor, and they try to give you, sort of, more than you need. But that’s to be understandable, I mean, you know, developing country, people on very small salaries trying to make money. Yeah, look, overall they’re pretty good.

*Are you often able to find what you’re looking for?*

Yeah, ‘cos in China, I’ve only ever had, sort of, cold and flu-like problems, erm, this time it was tonsillitis, so a little bit more serious, or I usually get, you know, some kind of stomach bug. So I know how to find, like, cold and flu tablets, headache pills, but antibiotics, that I needed help, I showed her the word for antibiotics in Chinese and she was able to go behind the counter and get them.

*Were there instructions and a list of side effects in English as well?*

No, that’s one thing. I mean, everything’s in Chinese, so yeah, it’s hard to, er, in that situation.

*So you rely on advice from your parents about the usage of that drug?*
Yeah, that's right, and hope that that is what it is. 'cos things like how to take the medicine, you know, do you take it with food or after food, and I was able to check that with my father, and he was able to tell me, yeah, take it with food, but otherwise I would never have been able to communicate that probably.

*Does the pharmacist try to give you advice about how to use it, or do they just hand it over?*

Erm, look, I think they do give you advice, generally, erm, sometimes maybe not, but on that last occasion I think they probably did. But with my limited Chinese I wasn't quite able to follow 100% what they were saying.

*So, in general, how do you perceive your ability to self-medicine?*

Well, I was pretty worried at first, you know, a) whether they sell antibiotics, b) whether you need a prescription, um, and I was glad, you know that I didn't need a prescription, and I could just get it over the counter, and they had it in my local pharmacy. So yeah, I was pretty, pretty pleased with how things turned out in the end with this last incident. The important thing, I mean, as you know, living in China, is not to panic and not get angry or raise your voice, or lose your cool. You know, things are done in a very different manner to the way they're done, say, back home. You really just have to flow like water, you know I always think of Bruce Lee, um you know, saying "just flow like water, flow like water", and just surrender, and believe that you're in good hands, and that things'll be ok.

*So there's a certain level of fatalism to accessing health care here?*

Sure, it is quite fatalistic, yeah, it's um, an unpredictable experience, you never know what's um, what you're gonna get. I mean, I've had a very negative experience, a very dangerous experience in another country before. A very poor, troubled country, a war-torn country, um, so it was to be expected that their health-care systems weren't working as well. I'd had an accident where I stepped on a stonefish, and went to the hospital there, and they, er, they gave me a shot of
adrenaline into my foot, and that adrenaline was about 10 years out of date. And
they gave me some antibiotics that had expired as well, so that was quite a
dangerous experience, and thankfully that has never happened in China, touch
wood, so far. But you could imagine it might, in a smaller, remote, kind of village
or town.

So you feel like being in a larger city, you trust the medical system more?

Yeah, sure, you know, the bigger the city, usually the better the care, I find, yep. I
mean, I’m always, I’m really frightened of, say, getting appendicitis, ‘cos both my
brothers had appendicitis, and had their appendix removed, and that’s such a
quick thing that can happen anytime, and I always worry about, you know, being
here in China if I had to have that operation, what could happen.

Just to finish up, being concerned about an emergency situation, what are the
specific elements of that that worry you?

Erm, yeah, if it was something really serious like that, appendicitis, I just worry,
would I be able to communicate it? Would I be able to get to the right hospital in
time? And what kind of level of care would I get? And would the needles be
clean? And what are the chances of an infection or complications after something
like that in a developing country like China? Yeah, I worry about that.
Appendix IX

Sarah

Can you just tell me how long you’ve been in China for?

Um, I was in Kunming since last January, so a year and 7 months. And then I was in Beijing; I was in Beijing for 8 months. Actually I was gonna tell you, when I was in Beijing I had the same sickness, the same problem that I was hospitalised for.

Right, well can you talk about both maybe, and compare...?

Yeah, so that was 2006 for 8 months, doing 2 semesters.

And how would you describe your Chinese level?

Right now it’s, I mean, I don’t know what fluent actually means, but I’m comfortable speaking it in almost any amount, in Chinese.

Ok, so you’re happy to use it to communicate with a doctor or pharmacist?

It was a problem, because technical words I don’t know, right? So like, the depth of vocabulary I have in every topic just depends on how much experience I have. So now I have more medical terminology than I did when I went to hospital at first.

Right. And how does your health condition compare to before you came to China? So the first time, and the second time.

I never have had anything ongoing as a problem. Like, um, other than the normal digestive problems. I’ve found, like, respiratory issues not a big deal for me...or, other than that, it’s been fine. Yeah, it’s been the same.
Were you sick often before you came to China, or were you generally quite healthy?

Yeah, in general I think I get the flu the same amount of times as other people and whatnot.

How many times have you been to hospital in China?

Twice now. For the same thing.

So the first time, while you were in Beijing, can you just tell me a bit about what that was for, and how things progressed?

Yeah. I was on a study abroad program, and I came down with, like, I was getting severe fevers and chills, and um, I had, like, severe back pain. So um, after four days I asked to go to the hospital. My study abroad program took me to the Beijing SOS, which is actually an international hospital, I guess. And, um, it was a really good experience. They diagnosed me with a kidney infection and treated me for three days, two nights, and then I was discharged on antibiotics.

Did you get a choice in the hospital?

Um, I was sent there a) because they were, er, it was just a connection to my study abroad program and my study abroad insurance, so...

And were you able to effectively communicate with the doctors?

Yeah, they were great. They spoke almost every language. And they spoke fluent English and would, they would even, like, teach me Chinese when I asked them to, ’cos I was there for so long! But they were fluent in English, um, and first approached people in English as well.

So were you satisfied with the treatment that they gave you?
Yeah, definitely. Um, it was really comfortable. I had never really been hospitalised in the States, um, and the first time, it was for, like, an appendix surgery in 2008, so before that I had never been in the hospital before, and I was pretty comfortable. I was their only inpatient, so I was kind of spoiled! Yeah.

*And do you feel like they fully explained to you what was wrong, and the treatment?*

Um, yeah. I remember getting, um, every time a new doctor was on, they would come in and talk to me. Again, I think because I was the only patient. But, um, yeah I think they were pretty clear. I mean I was really young, and I didn’t have, like, an adult with me, so I didn’t have any standards of what amount of medical depth they need to go in to, but I felt pretty comfortable, and I felt like I understood the, yeah, I understood what was going on.

*Well let’s move on to the second experience. So what happened with that one?*

Well, I guess it’s a longer story because it just happened. First of all, I don’t know if this is relevant to your study, but my friend tutors doctors, and I was with my friend who tutors doctors, so she ended up calling a doctor, but he’s a plastic surgeon and doesn’t actually practice. And so what ended up happening was I was almost outside of the city, having dinner, um, like really far northwest, um, and he insisted, he wouldn’t tell us what hospital to go to, he insisted on driving us, and I think he drove us to a hospital, he picked up another doctor, right? So we drove to the northeast side of the city, picked up this other doctor, and then they drove to the southeast side of the city with me. And this doctor was supposed to help facilitate it, me being able to get checked in a lot faster. Um, but of course it took 2 and a half hours for me from the time I was like “I’m in so much pain, I need to be hospitalised” to, like, actually getting to the hospital. So I thought that was interesting because they were really insistent that the best thing for me would be to have a doctor with guangxi to get me through the registration process faster than it would be...
Rather than go straight to the closest hospital?

Exactly. And they wanted to go to a hospital that he knew. And so I was brought there, and, um, it was a little complicated because...

Did you, um, like, at the time did you just, sort of, go with the flow?

I was cursing at him in English! [Laughs] um, I mean I wasn’t very composed because I was in so much pain. Um, and because I, I knew what hospital I wanted to go to and he refused to bring me there. And I knew I didn’t wanna wait for him, but he, it was like my friend’s contact, it was really weird.

So you kind of felt like you had to...

It was a matter of saving face I guess. Anyway, so I got there, they registered me because I had, at that point I was having trouble walking, and they, they just, they ran some tests on me, and then basically, like, it was slightly complicated because I knew I had a kidney infection, because I’d had one before, but they couldn’t diagnose it because I had, like, a normal urine test, but I knew I had an infection because of my fever. So um, they kept reassuring me that I was fine, mei wenti\textsuperscript{158}, and it was even more frustrating, but um, anyway, long story short, if you just want, like, the basic summary, I stayed at this hospital for 3 days, um, and they diagnosed me with a kidney infection, obviously, and started treating me with antibiotics, um, and they did, like, a series of tests on me, and I had friends helping me, like, get meals and stuff. And after 3 days I was frustrated with the service, and I was also...

What do you mean by that?

Ok, so it was just really difficult to get anyone to respond to me with a call, within like, I don’t know how long it was, but depending on the severity of what I was asking for, sometimes I didn’t think it was, I thought it was too long. I’m sure it

\textsuperscript{158} Mandarin for ‘no problem’.
never surpassed 5, 10 minutes, and if it did I would press it again. And there were just, like, a lot of bugs in the, there were a lot of mosquitoes in the room, and um... really wonderful other patients were there, um, being taken care of, but it just, the staff just seemed extremely busy. And the doctors were very sweet, but there was a severe communication issue. I mean, like, I could understand that I had a kidney infection, I learned the word for infection, I learned the word for blood tests. But like, I didn’t know the name for all the tests they wanted me to do, and I couldn’t ask them, like understand what the causes were. I couldn’t understand, like, things like “well what’s a normal temperature, what’s a...”. Like, I don’t know, in terms of communication it wasn’t so difficult that I had, I was completely unsure what was happening, but it was difficult enough to the point that I couldn’t explain to my mother on the phone, like, “well mom, this is why they think it happened, these are the series of tests they’ve done, this is why they’ve done the tests”, and I think that in the situation where I felt I’d had a loss of control because I was sick, um, having the extra loss of control, without, like, a full amount of information, um, or just, like, the frustration of communicating in another language when I was that sick, um, this was, I thought was making me more exhausted than I had to be. And the main reason that I switched, really, was the English, and it was also because, as a practical matter, I had no one in Kunming at the time, my boyfriend was travelling and I had no one else in Kunming at the time that could be at my side all the time. And I was on an IV, so I had to, like, I had to, I needed help to go to the bathroom, I needed help to, like, lift my bed up and down, I needed three meals a day, I needed someone to get me water every time I was thirsty. So, like, I moved to the Richland hospital after three days.

*The original hospital you were in, did they comment on that at all? Did they give you your patient history to take with you?*

Um, they were really, I mean, when I told them I wanted to move to another hospital, they kept saying “well you have to do this and this”, and I was like “I don’t know what that means, this is why I need to leave”, and they were simply saying “you have to do some registration to check out”, but I was like “I don’t
know what you mean”, like I didn’t know the word for, you know, ‘check out’, or I didn’t know the word for, um, whatever, I forget the English word. But um, and they were like “ok, we understand”, like, and I, this really nice guy came and tried to translate, and I looked at him and I was like “my Chinese is better than your English, like, you can’t tell me that complicated of things, you can’t be by my side, I’m sure, all day.” And so they were nice about that, and then they didn’t bring up bringing me my papers, so I had to bring it up myself. You know, they discharged me – that’s the word, ‘discharge’ – they discharged me in a matter of, like, about 20 minutes, um, and you know, I called Richland and they said that they were preparing a place for me, and so um, when I asked them for my papers, they were like, and again there were communication issues, I’m sure, but to what I understood, they were like “oh yeah, like, if you come by any time next week we’ll have them all printed out for you.” And I was like “no, but I’m going somewhere else to get treatment for something that can’t wait”, and I ended up getting told, they handed me a file of papers and they were like “just get it copied”. And I was like “ok, where?” and I was having trouble walking again, like I had to be wheel-chaired around, so I was like, I was already upset that they were kind of asking me to have, go somewhere else in the hospital to get them copied, and he goes “2 blocks down, and one block to the left there’s a shop, just get it copied there and bring it back to me”, and I was like “uh huh”, and I, like, just left and I never brought them back to him. And, yeah, so I got to Richland, and when I got to Richland it was the first time that they read the papers, and they read the papers that were written by the previous doctor, and they were like “oh you have a kidney stone.” And I was like “oh, that would explain my previously unexplainable kidney infection.” So I don’t know what happened.

*So no one had diagnosed that before? No one had told you?*

They had said the word kidney stone, when I asked them what are the causes, potential causes, they had listed all these potential causes, and they had mentioned kidney stone, but they didn’t, I didn’t know I had a kidney stone, if that makes sense.
Yeah.

I didn’t know I actually had one, because I was [inaudible]

*They never confirmed it?*

Yeah.

*So did Richland change the treatment you were on because of that?*

Um it was sort of complicated because they had to, I think they wanted to know, like, the batch of antibiotics that I had been on and whatnot. And I believe they restarted me on antibiotic treatment. I’m not sure, they weren’t quite...um, but Richland was a totally different experience and, like, had it’s own ups and downs. So it was really good because – have you ever been to Richland?

*I’ve accompanied people there for brief treatments.*

So have you ever seen the rooms people live in? They’re nicer than a typical US hotel room.

*Yeah, a friend of mine was in one for a few hours.*

Yeah, they look like a spa or something, it’s incredible. So I came to Richland and my biggest relief, really, was that I need someone to be able to give me meals everyday, and to take me to the bathroom and back, and to, like, move stuff around if I really needed to have, like, anything lifted. So that was definitely worth it, going to Richland.

*Did Richland provide that?*

Uh hm, their nurse service was, like, 24/7 and they have a food, a meal service if you are an inpatient. Um, but, I mean, like, other things, and they also have a
translator service, so all their doctors can speak some English, but they also have, like, an official translator that will be there. Um that’s when I learned about, that I had a kidney stone, right? So I was put onto antibiotics, and by then I was better so I was just basically biding my time, um, and I found that at Richland the same problem, like, nurses don’t ever really come right away, like they do in the States. Like, you press the button and they kind of meander over whenever they get around to it. And usually it was fine, but every once in a while I was like “uh, my drip is over”, and I, like, I don’t know, I don’t really know anything about what’s happening, but um. One funny thing I noticed was that they’re not as good at giving, like, um…doing your vein… They’re not as good at putting in IVs; they’re actually pretty bad at it. I think I had, most of the time they had to do it, they tried at least twice, and I feel like it’s just ‘cos the volume of people they get is much slower.

So Richland, as compared to the other hospital?

Yeah, at the other hospital they were pros. They were just in and out. I mean and they poked me over and over all day. Like, at Richland they gave me an, um, a soft IV, so that I could have it in 24 hours and just, like, get the IV when I needed to, get the blood taken out when they needed to. The other one was just like, like slap over, like, slap my hand, find a new vein every single time. But, ok, so what happened at Richland was, I don’t have insurance for Richland, whereas I do through work for other places, so I asked them “can I please be put on oral antibiotics?” Because when I was in Beijing, I was only there for three days of drip treatment, and then I had oral antibiotics, and they were like, “well you have a really severe kidney infection, and a kidney stone, so it’s much more advisable you just get the drip, so…” So I ended up asking to leave after, let’s see…I went in Thursday night and I left on a Sunday, I believe? So I was only there a few days, um, but I was feeling so much better, I was walking around, functioning fine, other than having the drip. So I worked it out that I was just gonna come if for the drip treatments every day. And the first day I came in, on Monday, I was like “I really still want to talk to someone about changing to oral, because this is very expensive for me still, and it’s pretty inconvenient, I’m sick, I’m supposed to be
resting and I’m coming up here.” So I sat down with one of the doctors, and she was like “listen, your kidney stone is 2 centimetre wide”, she was like “we really need to keep monitoring you, because it’s going to, at some point, move to a point where we can do surgery on it.” And I had this extensive conversation with her and the translator, she was a really nice doctor and she’d been caring for me the whole time, and I was like “well, you know, I…” I had written out all these questions because I was like, "I’m not getting enough still, I’m a young person, I don’t know how to deal with a doctor, so I had to ask them all these questions, like what are the risks? How is this caused? Is there, like, anything I can do other than surgery? Like, talk to me about those other options, dietary options, all that stuff", and then um, like it came to the point where I was like “other than surgery, what can I do?” and they were like “well we know that in the West there are things like vibration treatments, and there are this and that”, but they were like, she was like “we’ve done it with very little success, we’ve like caused…”, they were like “we’ve caused back pain to other people and it’s almost worse than having the kidney stone” and so they were like “we don’t know how to do it, but maybe you can talk to…", like, they actually advised me to talk to my American doctors about it. And I was like “oh, that’s not reassuring”, so I was very upset, obviously, I had a 2 centimetre wide kidney stone.

So did you end up speaking to a doctor in America?

My aunt is a physician, so I spoke to my aunt, and spoke to, I Skyped with my friend’s parents who are also not obviously, like, their specialty, but, and they talked to me about it. And I talked to my boyfriend about, ‘cos he leads, um, trips with high school, American high school students and has to be their medical advisor. So we were considering surgery problems, and then that day, after I got my drip treatment, as I was leaving I saw the other doctor who had actually spent more time with me, but he was the under doctor, and I told him, I was like “you know, how am I going to be expected” I was like “you know, I’m gonna need surgery, it’s really upsetting” and he was like “no, not necessarily”. ‘cos they had explained to me, like, “your…”, anyway, he was like “your kidney stone is only point six centimetres, or point six millimetres, six millimetres wide.” And I was
like “I was just told it was 2 centimetres”, and he was like “she’s wrong”. And I saw the translator, and the translator was like “the doctor that told you it’s only 6 mm is wrong because he’s the lower doctor, right? In the hierarchy.” And then I went back the next day, and I was like “ok, what are we gonna do about this”, and they were both like “oh, the doctor you were talking to on Monday thought you were a different patient, who has a 2 cm wide kidney stone and is an old male, like an old man”, and I was like “are you serious? What is going on here?” and that’s when I demanded again, I was like “you’re giving me oral antibiotics, I’m not taking your advice”, I was like “I’m not doing this drip crap”. But I was done the next day, so I came in the next day and, um, they asked me to do a final ultrasound, um, they were like “to monitor the placement of the kidney stone, and to make sure your kidney infection, the swelling has gone down”. And I came in, like, maybe 2 days later, right? It was probably a full week and 2 days, or I forget, um, after I’d been admitted, and they do this ultrasound, and I’m like “I need to know specifically where the kidney stone is in my kidney, to tell my aunt”, I was like “I need to know exactly how wide it is, to know if I can pass it”. And she just, like, she was poking around, and she goes “which one is it? Which kidney?”, and I was like, I was like “the right one”, and she was like “oh you don’t have a stone, you don’t have a kidney stone”.

Whoa. So how did they determine in the first place that you had one?

[Sighs] so the person who I spoke to afterwards, the doctor and the translator both said it’s very possible that the first, um, hospital thought there might be a kidney stone because of, severe infection causes different densities, changes in density of your tissue, and, um, they said that they obviously had to take the, um, had to believe the first hospital in order to err on the side of caution, and they said my first, my first, um, ultrasound that I’d done at the Richland hospital hadn’t shown it, but they assumed it was because of the infection they couldn’t see it, uh, or because it had moved or something, which is why they hadn’t been sure whether I needed surgery.

So how did they determine the size of it?
Apparently the size came from the previous hospital’s estimation. The size came from the estimation of the previous hospital. And so, um, basically they were like “congratulations, your kidney infection is over and you don’t have a kidney stone”.

*Right, and so how did that make you feel?*

Um, honestly that day I was elated. I had gone from thinking I was gonna have to fly to Bangkok to get surgery, and pay thousands of more dollars, and like I, I knew I couldn’t afford it, and I knew it would, like, make my family think I should go home. And then gone to thinking ‘oh, it’s possible I’m gonna pass it, it’s gonna be extremely painful, but it’s possible’, to, like ‘you have nothing’. And I’m sure in the moment it was much easier to be like, forgive them for poor medical advice, and just, like, leave. Now that I think of it, obviously, like, obviously when I go back to the States I’m gonna get a check-up, but at this point, like, I don’t, it was just so much *mafan*\(^{159}\), and it was just so unsure, every step of the way, and so back and forth, and there was, there never seemed to be definitive, conclusive advice to give me. But going back to a Chinese hospital to diagnose, just check out whether it’s there just seems to, like, too much of a waste of time.

*At Richland, by the end, overall, were you happy with the course of treatment, aside from the difficulties in getting the correct diagnosis?*

Honestly I wouldn’t, I would never recommend anyone else I know to go. Um, I just thought that the doctors were…I just felt like I was in a summer home, and not in a hospital. I don’t, I just...

*Did it feel unprofessional, or...?*

Yah, I didn’t, like, I also went there with a friend of mine who had a respiratory problem, and they just diagnosed her as quickly as possible, with a diagnosis that

\(^{159}\) *Trouble, bother.*
she’d had for something she’d had, like, a long time ago, and I didn’t really think they were very thorough. Um, so, I think the diagnosis process is really important, and they didn’t do that at Richland. I never had that done. But the part that was relevant, the kidney stone part, was really botched. Um, and the feeling that I got from Richland was that they were there for my comfort, um, but not necessarily confident doctors. I mean, just telling me to ask my American doctors, and they were really happy to send the tests, to put them into formats that I could send to the US, because they were admitting that they thought I should get advice from another country. Um, and it was extremely expensive, compared to a regular hospital, and, um, I, yeah, I went for the care of, like, being there, but I didn’t feel like, I just didn’t feel like they had a confidence that could make me happy, like, feel like I could heal with them. Which is too bad. I have heard good experiences with other, I mean, my boyfriend takes any sick student, I mean, he’s legally required to take them there, because it’s where their insurance covers. He’s usually pretty happy with them, but it’s usually things like, um, malnutrition from a, like, digestive problem, and the kids are travelling all the time, so they’re just exhausted.

So given that experience, how do you feel about your ability to access health care that you find acceptable and appropriate?

I think that I have decided that I have to lower my standards. I think that there are plenty of things that are standards, that are cultural standards. Things like the nurses’ attitude towards you, or things like the amount of times a doctor spends with you face-to-face. And I think that also the amount of explanation that I get it very, like, when I was in the first hospital I was very, like, the people around me were really wonderful, they were, like, they were all very sick, they all had multiple family members taking care of them, and they would come wander over to me, and be like “hey, like, girl, like, they’re supposed to take you to that test, aren’t they?” and I’d be like “oh yeah, that test”, and I’d be like “well if they want, like, they’re the doctors, they told me to do it, they’ll come and get me, right?” and they were like “pft, no”. They were like “you gotta, you just gotta, like, call them again, call them again, call them again”, and it’s just like it, for me,
culturally, demonstrates a lack of care, or sympathy, and a lack of interest. But for them it’s just like, it’s your health, they’re here to help you, they will help you when they have time, just, like, bug them until they help you, and that’s how the relationship works. And honestly I think next time, especially because I have insurance for Chinese hospitals, I will find a hospital that my, like, co-workers recommend, because I do think I went to a, like, my co-workers kept asking me why I went to this original hospital and saying that it wasn’t known to be a good hospital. Um, so, my co-workers have told me, and I’ve had Chinese friends in the hospitals, that have gone to different ones, that I thought of, were nice. Um, yeah, but so, like, getting used to, after getting used to the idea of, like, they don’t have enough time to coddle you, therefore you hire someone for 40 kuai a day to help you go to the bathroom, and help you get meals, or you have friends do it. But that doesn’t, like, it should be, like, it’s considered separate from medical treatment and medical service, and I think as long as I’m able to accept that and have sickness in the future that, where it’s not so reliant on, like, just care, then I’ll probably go to a Chinese hospital without much qualms about it.

So you feel confident that you’d be treated for what you had?

Um, I don’t know. It’s difficult because, like, I think the difficulty for me, having medical issues, is I feel uncomfortable not fully understanding things and not knowing that what’s happening is the right thing, so I think that communication is still a huge issue for me. Um, yeah, but it was even an issue for me in the States when I had my appendix taken out, um, so it’s just scary ‘cos I don’t know. Um, but I’ve, I’ve kind of decided that it’s one of those things that I have to get used to, just living here, but no, I’m not, I guess my answer would be I’m not confident that my sickness would be treated with top-notch, or the most reliable treatment, but I do think that, I just trust, I guess I would trust myself to know if I were in such poor conditions that I needed special treatment, that I would probably leave the country. But for anything less than something that, I mean, as severe that has never happened to me before, I would probably stay in China, and I would probably, er, trust the doctors as far as I could. But I would definitely
get as much translating help and as much support from other people I know here as I could.

*Did you end up getting oral medication from Richland?*

Yeah, they gave me the last six days oral.

*Did they explain to you, you know, how to take it and what it was for?*

Yeah, they didn’t give me specifics in terms of, like, like in the States I know they would usually say, like, “you can’t take this if you’re taking that”, but, like, and I don’t know if it was just ’cos antibiotics are more straightforward, yeah they told me obviously you can’t drink alcohol when you’re using these, and they told me the dosage and the number of times a day. They weren’t as specific in terms of, like, hours between each dosage or, like, eat before or after meals or something, but it seemed fine.

*So you felt confident to just take them?*

Uh hm.

*And aside from that experience in the hospital system, have you ever self-medicated? Like, just gone to a pharmacy and bought medication?*

I don’t usually do that, even in the States I tend to under-medicate myself, I think, compared to my peers. But I’ve, it depends on what it is. I think, like, for just general, for digestive problems I usually ask my Chinese co-workers and they, have you ever – you probably know this. They always have, like, 8 or 9 different things they want you to eat. It’s bizarre. But digestive things I usually consider China-specific, so I usually just go with their advice. But that’s just herbal medicine, typically. I would never take something like antibiotics on my own, um, and I’ve never been sick enough to the point that I needed, I felt I needed it, like, even in the States I would choose to have medication.
Right, so you've never had to negotiate a pharmacy situation here, or have had to talk with a pharmacist?

I have for my boyfriend, but I've just said, you know, "he has la duzi"\textsuperscript{160}. My boyfriend, he ate mushrooms that weren't well cooked enough, and he just was sick for six days, so... um, you know, I was just like "something to stop him from, stop his bowel movements, and something to just, like, help him rehydrate". And I brought him four different types of pills and he randomly chose two of them.

Right, so how did the pharmacist go about recommending stuff to you?

Um, they usually had something very specific to say. They say, you know, like, "this is this, this is the best one", and again, I couldn't always understand everything they were saying, I'm sure, maybe if they were saying, like, 'diarrhoetic', or, like....

Some technical word...

Yeah, so, like, I can't understand. But we hash it out with, um, every once in a while he, like, puts up two different things, and I'm like "what's the difference", and he can't explain it to me. Um, so that's, you know...

So, say for example, the time you brought home four different types of medication, how did you choose...?

We called up other Chinese people we knew, read them the names and were, like, and we just basically did a poll, and the highest frequency pills recommended we took!

And were they effective?

\textsuperscript{160} Diarrhoea.
Um, for him, it's hard to say. He was on the mend anyways, you know. Um, I’m not really sure. I think eating mushrooms if different to than just having, like, la duzi, like, having some kind of small bug in your system, but um, I think they were effective, I don’t know. There’s one type of pill that’s really good for upset stomachs and upset digestive systems. I don’t know what it’s called, but there is one, even though, like, my father is Chinese, and he never talks about Chinese medicine, or, he really doesn’t talk about China at all, he lives in the States, but um, there is this one thing, it smells and tastes terrible, but he always would give us for stomach things, and everyone I know swears by it and I do too. I don’t know what it is, but...

Alright, that’s all the questions I had for now, was there anything else you wanted to talk about?

Um, I don’t think so. I just remember when I was at Richland they also one day, they ran out of the antibiotics that I needed, so they had to like...

In the middle of a course?

In the middle of the course. There was, after I talked to the chief doctor who had advised me about the 2cm thing, then she was like “you should not go to another hospital”, I was like “I wanna transfer to another hospital to get these antibiotics” because other hospitals were covered by my insurance. She was like “we really don’t advise that, because, like, each individual antibiotic’s batch is slightly different, and we’ve tested you with this batch and you’re fine”, and then they were out of the batch, and had to retest me again, and I was like “fuck you guys” [laughs]. But they, like, some dude went out on a scooter and scooted to, like, some other business, or some other hospital and got more antibiotics, it was so stupid.

So they managed to sort it out eventually?
Yeah, but defeating their own point of 'please don't go to another hospital with your business'. Yeah.
Appendix X

Michael

How long have you been in China?

I’ve been in China for 8 months.

And all of that time in Kunming?

All that has been in Kunming, yes.

How would you describe your Chinese level?

Beginner. I did not have any Chinese before I came, and I’ve been studying Chinese since I’ve been here, just with a private tutor.

Would you be able to use it to communicate with a doctor or pharmacist?

Err, I could explain that I have an illness, but explaining actual particular information about my illness, we, I’d have to look that up first, or ask my tutor, or have somebody with me, basically.

How do you think your health condition compares to before you came to China?

I don’t think there is much, much difference. Um, I have some issues, you know, from eating food, just having some stomach, like, diarrhoea, those types of things, but other than that, I have not had any other injuries, expect for this other one, this rash that I have had.

Do you feel like you’re accessing health care more often than you would at home?

Er, not...no.
So, this recent time when you sought health care, can you just explain a bit about what it was for and how you sought treatment?

Sure. Ok, so, I was travelling, and I developed a rash on my arm, on my right arm, and it was quite itchy, looked...I wasn’t quite sure what it would have been. It did look a kind of allergic rash, type thing, but then it started to spread on to my left arm and on to my lower back. So those types of signs, I’m like, is this contagious? This might not be allergic, erm, so that prompted me to want to go and see somebody, and get checked out, so I did that when I came back from my travels.

How long was it before you sought treatment?

So I developed the rash maybe 2 days before. So the first day was quite mild, it was just on one arm, the second day it actually spread, and it was quite itchy, so that second day was the decision – “this is getting worse, I need to see somebody”.

So once you made that decision, how did you go about finding treatment?

I have a good support network through my work. So I contacted my supervisor at work, and she arranged an English-speaking student to come with me to the doctor, and we, yeah, went to the hospital.

Were you able to effectively communicate with the doctor through the student?

Er, to some degree. When I say there is an English-speaking student, he has, er, he can speak a reasonable amount of English, but when it comes to more technical terms, say like medical terms, I can explain I have an itch, I can obviously have a rash, that’s kind of, almost the limit. So I was able to explain those things effectively.
Was the decision mostly taken out of your hands in terms of which hospital to go to or what kind of treatment you would seek?

No, as part of my work, I am provided with a list of hospitals and medical services, so I went to the one that was recommended to me through the program.

Was that the main factor present in your choice of health care facility?

Pretty much.

It was a Chinese hospital?

Yeah.

So, were you satisfied with the course of treatment recommended by the doctor, and did you understand what it was?

So the process was, er, go to the doctor, and the doctor basically took a look at my rash, and then immediately wrote out a prescription. She did not give any diagnosis of what it could have been, erm, so I effectively didn't get any more insight as to what it could have been.

So you still now don't know what it was?

I contacted the doctor of my working program back in Australia, showed him some photos, and then he gave me his diagnosis, which he believed it was an allergic reaction to a lacquer on cane furniture, which I had come into contact with on my travels, so it was quite plausible it was that, so...

After leaving the Chinese doctor's room, how did you feel about the experience?

Perplexed! This was obviously my first visit to a Chinese hospital. It was quite different to anything I'd seen before, so yeah...
What do you mean by that?

Um, just the process of how you’d go and see a doctor. You know, you go to one window, you pay, you see where you have to go, what department you have to go to, and then you go to another window, you get told to wait. Those things, I guess, are kind of similar to what I’m used to, but the consultation was just...there was no, no real communication. I’d explained to the student what I was feeling and how I thought I had got it, and then there was just a written prescription, that was it.

Did you know what the prescription was for?

So, there were a few things, and the student could not explain to me what they were.

Did you end up taking them?

I ended up with quite a lot of things. I ended up getting prescribed 6 bags of glu’cose drip, IV drip, erm, a box of maybe 6 vitamin C injections, erm, there’s, what I later found out was some medication for hayfever, and then there was some lotion, cream, which was like anti-, er, was like steroid-containing cream, which I used. I used the cream, er the lotion, and that was all.

Why did you decide not to use the other things?

Once I purchased it all, ‘cos that’s the other part of the process, you don’t see what you actually get until you pay for it. So you go to a window, in to another building, next to the hospital, which has all the prescription medicine, you go to the window, you pay for it, and then you get it.

The doctor didn’t tell you what treatment she was giving you?
She told me, like, take this, kind of, once a day, erm, take these things after eating at night, er, take this stuff in the morning, come back, you know, for the check-up in the next couple of days, so that was basically it.

*How do you feel about the treatment prescribed by the doctor?*

Excessive, extremely excessive. Erm, ‘cos after receiving everything, and then being told you need to go have a glu’cose drip for a rash, just to my logic, even though I’m not a doctor, is just not required. So that prompted me to contact my doctor back in Australia, and he then said that’s just way too much.

*What did he recommend?*

He recommended the cream, the lotion, would be enough.

*After that experience, how do you feel about your ability to access health care adequately?*

I definitely feel more informed. If there was something more serious than, say, an allergic rash, I know where to go know. I know that my work is very supportive, and willing to help out anytime. So I feel confident that I can access health care if I need it. I also know that there are other ways to access health care. I can go to a drugstore, apparently they have qualified doctors working there, so if there’s anything for a, for a minor rash, they can actually diagnose you and give you the right medicine, right there. So I know that now, but I did not know that before.

*The other element of that question is the appropriateness of the health care. How do you feel about that?*

Erm, I’d be wary, so I’m not sure that going to hospital, erm, it might end up being ok the second time around, but I’m wary that it might not be appropriate, largely because there’s a drive by the pharmaceutical companies for doctors to prescribe more than the necessary drugs.
Do you remember how much it ‘cost overall?

400 kuai.

And do you know how that broke down in terms of medication and consultation?

Er, yeah, the consultation was all up, maybe, 30 yuan. The drugs was the rest. Yeah, so that was a massive amount you have to pay just for a rash.

But you purchased them even though you couldn’t tell what they were?

Yeah, the student that was with me could not explain to me what they were, er, yeah. A side to my program is that that’s reimbursed through my program, so yeah.

The cream that you ended up using, were the instructions clear on how to use it?

You said you spoke to your doctor in Australia, but before that did you understand how to apply it?

It had some English instructions on the packaging, so yeah, I was able to understand how to apply it.

Do you feel it treated your rash?

It was immediate. I applied it that night, woke up in the morning and it had, was, yep, beginning to heal.

Have you ever self-diagnosed and self-medicated here in China?

Let me think…No. If there’s been a severe case of diarrhoea, I’ve asked my doctor back in Australia, and he’s given me advice on how to go ahead.
And do you already have medication for that from Australia?

Yes. Part of the program is that I get copious amounts of supplies for every scenario, basically, that you can almost think of is usually covered for in my medical kit, so...

So you haven’t had to negotiate a pharmacy situation?

No. I also have a mind-set of, with like, you know, more milder illnesses, just like the common cold or just a case of diarrhoea, to just let your body try and adjust, and get over it naturally. I’m not one for going and buying antibiotics every time I feel an itch, or, you know, a bad bowel movement or something like that, so yeah.

Ok, so referring to the question of appropriateness of health care in China, after I’d gone to this hospital, I talked about what I’d had with friends, and then they talked to me about where they’d gone when they had illnesses and stuff, and so from that I’d found that there’s potentially another hospital which is not on the list that I have through my program, that is often more appropriate for foreign people.

So by having that list do you feel you were cut off from a full assessment of which hospital was the most appropriate?

The list that I have is probably more appropriate in terms of location, and it’s the bigger hospitals in Kunming, so there are, in terms of location, they’ve obviously got the bigger hospitals, they’ve got the doctors to cover any type of situation that you may have – an emergency department as well as everything else, so that’s the reason why I have those on my list. But this other one is further out of town, in the North, so it’s, yeah, maybe not as accessible if you are in an emergency, those types of things, but when you have something that’s not an
emergency, then something like this place, I've been told is more appropriate. They have doctors which have worked overseas, and a lot of them speak English and will give you a diagnosis as well.

So you feel that the doctors having worked overseas, they'll be somewhat more understanding of a Westerner's attitude to health care?

Yeah, yeah. Well at the same time I've heard mixed reports about this other place. Some people have gone and there hasn't been an English-speaking doctor there, and they weren't treated very well, and then other cases they've said it's just brilliant.

Do you know which hospital it is?

Richland.

And do you know which hospital you went to?

Kunming's 1st Medical College Hospital, Xichang Lu.
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