

A Different Taste of Medicine in TAIWAN

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Abstract

The health system and medical culture in Taiwan are quite different from that of New Zealand. The referral pathway between primary care and hospital doctors is relatively less structured. The communication and patient follow-up are at times unclear, and thus the society portrays the “doctor shopping” phenomenon for their patients. My medical elective consisted of twelve weeks of attachment, for which was all spent at the National Cheng Kung University (NCKU) Hospital. The first six weeks of my medical elective was spent in the Obstetrics and Gynaecology (O&G) Department, followed by three weeks in the Orthopaedics Department, and the final three weeks in the Family Medicine (FM) Department.

The communication between medical students and their patients is more challenging in Taiwan than that in New Zealand. Although the official language is Mandarin, most Taiwanese people; especially in the older population; in the southern territory (e.g. Tainan City) speak Taiwanese, a dialect spoken by the local people. These people, who represent the majority of the patients seen at the NCKU Hospital, could understand very limited Mandarin, not to mention English. As a result, only medical students who can speak both fluent Mandarin and Taiwanese are recommended to spend their medical elective at NCKU Hospital.

My consultations with patients occurred at various places amidst a range of different health

professionals, who acted as my supervisors. The last three weeks was a critical period, as it was during this period that I had most exposure to patient follow-ups and referrals across the boundaries between individual health professionals. This provided a great opportunity for me to be exposed to the practical issues, and the significance of these issues to patients. In addition to my attachment at NCKU, it was also a privilege to be invited to attend clinics at other private and community health care centres that ranged from small rural clinics to big urban hospitals. This unique training opportunity provided me a better understanding of the health care system in Taiwan.

Obstetrics & Gynecology(23/Nov/2009 – 31/Dec/2009)

The O&G rotation was very similar to that at Dunedin Public Hospital. There were a few protocols that appeared different from those that were applied in NZ, e.g. Artificial Abortion (AA) does not require consensus by two certifying Consultants and the lawful period to perform AA is less restrained; up to 24 weeks gestation age (GA). Nevertheless, the grounds for termination of pregnancy (TOP) under 20 weeks GA in NZ depend on limited conditions and the grounds are more restricted if the pregnancy is greater than 20 weeks. Foetal anomaly is not in itself a ground for TOP at greater than 20 weeks GA unless TOP is necessary to save the life of the woman or girl, or to prevent serious permanent injury to her physical or mental health.

I was astonished by the number of patients that could be seen in just one afternoon in the outpatient clinic during the first week of my attachment. There are usually around fifteen or sixteen patients seen in a morning or afternoon at outpatient clinics in Dunedin Public Hospital (DPH) but there are about fifty to sixty patients at NCKU Hospital outpatient clinic per half day session! I was told that sixty was an average number there. A famous breast surgeon in the surgical department had seen up to 250 patients in an outpatient clinic scheduled from 9 a.m. to the next morning.

Almost every patient attending the outpatient clinic would receive ultrasound scans by the specialists at the outpatient clinic. Hence, the ultrasonographic training is compulsory for the Residents in the O&G department in Taiwan. The well known Obstetricians often have too many pregnant



women under their care since there are no midwifery systems to share obstetricians' workload. Level II exam includes the ultrasound scan that assists in determining gestational anomalies which are usually performed by highly skilled technicians prior to referring pregnant women to more invasive investigations, such as amniocentesis that would only cost NZD\$50 per scan.

Orthopaedics (4/Jan/2010 – 22/Jan/2010)

It was a busy run in comparison to the O&G run in the first six weeks. As an Intern, I put effort into taking up the same responsibilities as my peers who were being trained in NCKU. On the top of the Intern jobs, such as attending every morning meetings, clerking new patients for elective surgeries or trauma cases in ED, I also worked with the five other senior clerks, who were coincidentally doing their 3 weeks Orthopaedic run. In my opinion, the clerkship course in Orthopaedics did not provide enough directed learning opportunities in performing physical examinations and clinical exposure when compared to the undergraduate training in Dunedin School of Medicine. Students here were usually not allowed to scrub in to assist in the operations. Two presentations were assigned plus an end of run assessment including Multiple Choice Questions (MCQ) and Physical Examinations (PE). One of the two presentations they were assigned to was on Evidence-Based Medicine (EBM). Their EBM tutor, VS Huang, asked me to be involved in the EBM teaching and to work with the clerks. I reviewed the material that was taught in the Clinical Preventive Medicine Weekly, and shared my experience with VS Huang. I was appointed to lead the senior clerks to accomplish EBM. The concept of "Trainee Interns as teachers" motivated me to learn more than when I was a medical student. I would make sure that I have prepared the right material before teaching my colleagues. To my surprise, although I was busy preparing the materials, I felt more rewarded in doing it. As a Chinese proverb says, teachers learn at the same time as students do.

I was in charge of caring for a patient who was a forensic psychiatrist, who came from the United States for an elective "ultrasound guided" trigger finger release surgery. He could not speak Mandarin or Taiwanese at all, so that was probably the reason why I was chosen to explain the surgical procedure to him, so that he could sign the consent form. He knew this unique surgical procedure when reading published medical journals by Professor Jou. He claimed that it would cost about US\$5,000 to get this surgery done privately but he only spent US\$2,000 including the accommodation, flight tickets



and medical service fee to have the procedure done in Taiwan. The surgical procedure per se only costs US\$350, which was a tiny portion of his travel expenditure in total.

Family Medicine (25/Jan/2010-12/Feb/2010)

I have to give my sincere thanks to the head of Family Medicine Department, Dr. Yi-Ching Yang. I was assigned to work with an exchange intern from National Taiwan Univ. Medical School for three weeks. I joined the outpatient clinics, clerked a few new patients under video recorded supervision, and was given feedback for each individual patients I saw on my own. Free lunches were provided at lunch journal meeting with presentations done by guest doctors from various specialties. It was a very busy week before heading to rural exposure for the final two weeks.

In addition, I got myself involved to understand the fundamental network of DOTS for TB prevention by interviewing the only DOTS carer in Alian Health Centre. I also attended the TB prevention in community meeting at the health headquarter, NCKU. This meeting addressed a few main obstacles in practice that led to the poor compliance-preservation of patients' confidentiality, management of drug side effects in extremely young and old aged patients, short of resources for DOTS carers and lack of communication between health professionals. Understanding TB prevention in different aspects allowed me to appreciate the great work done by public health physicians.

I was also invited to make a speech to the senile residents in Gu-Ting Village of Tianliao Township in the last week. This scheduled Intern course in Family Medicine is the so called "Public Health Education" and my topic was about "Gout." It was an extraordinary experience for me to educate patient in public, especially with the fact that I was required to speak in Taiwanese because the majority of the audience could not understand Mandarin.

