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BIOGRAPHY:

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ABSTRACT:

Sino-American Cancer Nursing Study Tour - March 19 - April 1, 1983
CHINA - HER PEOPLE & DAILY LIFE, MEDICAL AND EDUCATIONAL REQUIREMENTS -
HEALTH CARE - EMPHASIS ON CANCER

RICKSHAW RAMBLIN'S

In the latter months of 1982, I received an invitation through the mail to join a group of health professionals on a Cancer Nursing Study Tour in China -- to include visits to brigade clinics, medical colleges and hospitals in Shanghai, Beijing, Canton and Hong Kong, and to share in exchanges with nurses and doctors in each of these cities. Due to a personal interest in cancer health care in the U.S., and a very basic introduction to the oriental philosophy of the body through Touch for Health in 1982, my interest was aroused. Hoping to find a willing accomplice in Peggy Maddox, I passed her a note during one very dull class, saying, "How would you like to go to China?" Her reply, "I can be packed and ready to catch the 2:00 plane!", set the tone for a two week adventure in March of this year that left us with a kaleidoscope of impressions.

We left San Francisco on China Airlines the afternoon of March 19th and flew non-stop to arrive in Shanghai 13½ hours later at early evening, which lapsed into late evening as it was discovered by the customs officials that the oldest member of our group had travelled without her passport. Finally, we were transported by bus through the streets of Shanghai and our first impression remained with us throughout China as the people rode their bikes zigzagging in front of the buses and cars, playing a very gutsy game we Americans call "Chicken". Arriving at our hotel overlooking the waterfront of Suzchow Creek, we settled into the tune of all the night noises--blasting boat horns, bus horns honking, bike bells dinging and people calling to each other in the streets.

Excitement gave way finally to rest, but early morning found Peggy and I up before the hotel was ready for us. Elevators were not yet in operation so we located a steep, dark and narrow stairwell and, at times, questioning the wisdom of our descent, finally let ourselves out in an alley way behind the hotel. Our hotel may well have been asleep, but the city was wide awake and humming with activity. A fine mist hung in the air, and the streets as we set out at a jog were filled with people of all ages performing a very graceful exercise that our young guides referred to as shadow boxing. Others were doing a slow motion jog,

and in the many parks various groups were doing a variety of exercises and martial arts. We were welcomed by the people to join the exercise group and the young people by example, gently and with amusement, corrected us when we didn't follow their movements.

Continuing our jog through the city streets, we were stopped by a gentleman who spoke very good English. He introduced himself as "the little carpenter of Shanghai" and asked where we were from. Upon hearing Los Angeles, he reached into his bag and produced a thick letter addressed to Barry Goldwater, telling a story that was colorfully illustrated, about how he rescued American airmen parachuting from a downed fighter plane over territory occupied by the Japanese in World War II. He placed the letter in Peggy's hands saying, "I trust you", and he walked along with us for another 10 minutes before catching a trolley. Peggy agreed on the spot that my pre-trip prediction and promise to her was already coming true. Blondes do have more fun!

The first few days were spent acquainting us with the people in their homes, schools, factories and hospitals, in both the commune and the workers residential area. In spite of the assumption that we were shown and told only the positives, it is clearly evident that China is a rapidly developing nation. On one hand, it was like taking a step back in time and viewing a nation with tools and methods used in our country at the time of the Industrial Revolution and before. On the other hand, we saw many signs of the availability of the expertise and technology of Russia and the Western World.

In a country of 800 million to a billion people, 80% are employed. As our young guide told us, "Today there is no place for lazybones!" The work week for everyone is 6 eight hour days, and though there is an occasional holiday, there are no vacations. The average pay is 70 yuan per month, which translates to about \$35.00 U.S. or a dollar a day. Three and four generations live in one household and all contribute toward its upkeep. Production profits are distributed first to the state, then to the commune, and lastly to the people. The latter finds its way back to the people in the form of a bonus which averages both in the factories and on the commune farms approximately \$350.00 a year. Our guide reminded us that while this may not seem like a lot to Americans, it is considered good "pocket money" for the Chinese.

In addition, in the communes each adult is given 50 square meters of land, not to own, but to use and plant in any manner he so chooses. He may also raise livestock and what is not needed for personal use may be taken to a free market and the profits received belong to the individual.

It is required that men retire at age 60 and women at age 55 on a pension equivalent to 75% of their former salary. Both continue to do "volunteer" service which may include caring for the babies and providing assistance to the aged and ailing.

Exteriors of buildings, homes and apartments were very plain, gray and drab, and interiors strictly utilitarian, although an occasional luxury was to be seen. Our hostess in the workers residential area did have a TV. She lived with her unmarried sons in a bed sitting room no more than 15' by 18'. A central tiny kitchen and bathroom serviced three or four of these bed sitting rooms. A similar arrangement existed in the commune homes, but there they had no running water or indoor plumbing.

We saw no modern industrial areas. Rather in the factories we visited the work was done mostly by hand and where machines were used at all, they were early 20th century. There seemed to be no particular provisions for safety in the factories and in some areas, dust and lint hung thick in the air.

The nurseries and schools we visited were filled with lively, warmly dressed, obviously healthy and happy children. They were bright and spontaneous and we had the good fortune to enjoy a performance by some first and second graders that demonstrated some exceptional grace and talent. Children do enter the nursery school at age 2 or 3 months which frees the women for the labor force. However, new mothers only work 7 hours a day, allowing them one hour to breast feed the baby during the day.

The emphasis of our trip was to meet with nurses and doctors who are primarily involved in the treatment of cancer patients. To this end, we visited the Cancer Hospital of Shanghai 1st Medical College, the Peking Institute for Cancer Research, which is part of the Beijing 1st Medical College, the Tumor Clinic of Kwong Chow Medical College, and the Queen Mary Hospital in Hong Kwang.

As a group of nurses, we were eager to know first of all about our Chinese colleagues. Compulsory education in China requires that everyone attend 9 years of school, 6 years of primary school and 3 years of middle school. At this juncture, an examination is given and only the very brightest students about, 20%, go on to complete 3 more years of middle school. It is at the 9 year level that a young woman may enter a 2 year nursing program where she receives a very practical education combining classroom lecture, lab and study with on the job training. There is very little dropout as the young women are encouraged to form cohesive groups and the emphasis is on helping each other. Exams are given as they complete each segment of their education and these may well be open book exams and the students may collaborate, since Chairman Mao edicted that examinations were meant to be learning tools and not filled with trick questions only meant to confuse the individual.

After rotating through special services, such as OB-GYN, medicine, surgery and orthopedics, at least one full year of training is devoted to work and study in the rural community at the brigade clinics and commune and factory hospitals, since the focus of medical care is always on service to the people. All facets of the health care system are incorporated into the instruction program and instructors include physicians, other nurses and the barefoot doctors in the rural communities. At the Shanghai 1st Medical College and Hospital, they are attempting to set up a more formal nursing program by encouraging young women to complete 4 years of college to become nursing instructors, but they have not been successful to date since that is the time required to become a doctor. Incidentally, at this time a very good nurse can move up in the medical hierarchy and receive continuing education to become a doctor. There is no accepted role for men in nursing in China, and 90% of the physicians are female. In fact, there seems to be varying levels of health professionals under this government run system, all bearing the title "doctor". There are those who have had 10-12 years of middle school and have a 5 year curriculum at a primary medical college, then there are those who have had 9-10 years of middle school and 3 years at a secondary medical college. These are the intermediate level physicians. Lastly, there is the barefoot doctors, so named because they are young peasants from the rice paddies where rice is planted in bare feet. They are selected for their intelligence and strong political loyalty, given 3-6 months training in general

medicine, taught to diagnose and treat common diseases and are responsible for teaching sanitation, preventative medicine, family planning and birth control, report infectious diseases, do minor surgery and acupuncture and delivery babies. They are also encouraged to develop their own herbal medicines.

As in the U.S., there is a very definite nursing shortage in China. An average medical or surgical unit there consists of 50 beds and in a 24 hour period this unit is staffed by 8 nurses on 3½ shifts and all nurses must rotate shifts. Four or five nurses cover the day shift with one doing the administrative work, two doing patient care and 1 or 2 administering medications. Obviously, patient care does not include daily bed baths. However, in some hospitals the doctor/nurse ratio seemed to be inverted with doctors outnumbering nursing staff 3 to 1. This may be accounted for by the varying levels of those who are called doctor. In any case, we were told that nurses and doctors duties are interchangeable. Nurses also diagnose and prescribe treatment. It is apparent that the legal aspects of nursing are not a part of their curriculum. I would like to add here that as the doctors and nurses complete their education they may request a specific assignment, but in the end they are placed where the need is the greatest.

The medical college hospitals take on the main task of cancer diagnosis and treatment, not only for the patient in the municipal area, but also for those from the neighboring provinces. These hospitals offered patients a full range of surgical, radiotherapeutic, chemotherapeutic and Chinese traditional medicine treatment. Chemotherapeutic agents are used alone or in combinations following our own well established protocols in the U.S. We were told that the patient is incorporated with the medical staff into the course of treatment he prefers, and about 70% opt for western medicine. There are a few beds in each hospital for those preferring Chinese medicine and in at least one case presented to us a patient was receiving a combination protocol of Western and Chinese medicine. The biggest role for Chinese medicine seemed to be in the treatment of the side effects of the toxic drugs and acupuncture is often used for pain control and administered as often as requested. Nurses are taught the principles of acupuncture in training and gain on the job expertise. The average hospital stay following surgery is 56.3 days.

I noticed that all nurses administering chemotherapeutic medications were capped, gowned, masked and gloved, a policy not presently adopted in most hospitals here. However, at least two recent studies done in the U.S. have shown concentrations of these chemotherapeutic agents in the urine of medical personnel handling them and at the present time the National Institute of Health is recommending more caution be used by our own medical personnel. The N.I.H. is also recommending caution in the handling of excreta of patients receiving agents, since some are excreted in high concentrations in the urine and feces. Since these agents themselves are carcinogenic, I wondered if special handling was required in China, since human excreta is used as fertilizer there, but I was unable to get an answer to this question.

As we travelled from the North to the Southeast of China and from brigade clinics to the medical college hospitals, we found a wide variation from the most primitive to the most sophisticated in care and research. Hospital facilities were reminiscent of the late 19th century and improved as we travelled South. Yet here and there was some very expensive and very modern equipment. The oncologist travelling with our group told me that while they had some of the latest medical equipment, much of it was not in use because few people knew how

to use it. I thought surely this could not be true, but when we arrived at the Tumor Clinic in Canton, one of the first questions asked of us was, "Do you use infusion pumps? If so, what kind?" We were all familiar with I-med and I-vac, and when we arrived at the first ward, there sat a brand new I-med and the staff eagerly gathered to receive an in service demonstration. We gladly accommodated, but had cause to wonder if the U.S. is selling equipment to China without proper instruction in the use of it.

All the hospitals were air-conditioned, that is to say, windows opened wide. All the patients and staff wore layers of warm clothing under their white coats or pajamas. Sicker patients huddled under warm rough quilted coverlets.

We asked if families were allowed to participate in the patient health care in the hospital and were told they had specific visiting hours, one hour twice a day and all health care was provided by the medical staff. Since the whole family works, it is not practical to have them do patient care. Further, at least among the peasant population in Hong Kong, there is often a stigma attached to the diagnosis of Cancer. They feel it may be a punishment for a bad deed in a prior life and these patients may not be welcomed back into their own home. There is a big role for the medical staff to play in giving psychological support to patient and family.

The cancer patterns in China are those associated with undeveloped countries with stomach, lung and liver cancer leading the list. There are, however, three unique cancer problems in China that are now being studied, and since they seem to be environmentally influenced, they are therefore potentially controllable.

There are pockets of high esophageal cancer in the mountain areas of the North where it is arid and the soil infertile and a diet lacking adequate vegetables, fish, meat, beans and oil seems to be a common factor. It has also been found that in this population they consume a lot of pickled vegetables that are contaminated with various molds and when extracts from these pickled vegetables are given to rats, they tend to get esophageal dysplasia and liver tumors.

Cancer of the liver occurs mainly in the Southeast in the warm humid areas along the coast and is the 3rd leading cause of death due to cancer. Areas in Shanghai where the corn is heavily contaminated with a mold, aflatoxin B1, show a higher incidence of Hepatoma. Many of these patients have a prior history of infection with hepatitis B. Some people don't handle the viral infection too well, it sits in the liver and somehow incorporates itself into the DNA of the cell and goes to form cancer. Also, the presence of nitrosemes found in their diet of salted vegetables seems to be a common factor in those patients with Hepatoma.

Nasopharyngeal cancer also occurs mainly in the South, with a decreasing incidence as you go North. The Chief of Radiology at Queen Mary Hospital in Hong Kong attributed NPC to prior infection with the Epstein Barr virus and even more emphatically to a diet of salted fish. In the South the Chinese salt their fish live and they become heavily contaminated with nitrosemes. NPC also occurs with decreasing incidence in the North and he attributed this to the fish being salted after they are dead. He felt very strongly that once ingested the damage is done, and he said the mothers wean their babies directly to a diet of salt fish.

It is interesting to note that as these Chinese migrate to the U.S., the second and third generation show a decreased incidence of these 3 cancers, but develop the cancer patterns of this country and replace stomach cancer with colon cancer.

In an attempt to find these tumors while still small and resectable, or identify those people who need to be watched more carefully, the Chinese do mass surveys for cancer detection. These are accomplished by the barefoot doctors and mobile teams. They cover hundreds of thousands of people in a survey. In this way they have virtually eliminated cancer of the cervix as a cause of death among the textile workers, by doing regular vaginal smears.

Nationwide programs are now carried out, teaching women to do self breast exam. Since this is one educational area that we seem to get only about one-third of our female population to continue to do what I call the Women's Touch for Health, regular self breast exam, I wondered if they had better statistics, but it is the same there. Just as a point of interest, our doctor in Hong Kong mentioned a study for breast cancer done on the floating population. The women have little privacy and their blouses all unbutton on the right side, so they breast feed their babies mostly on the right side. Where breast cancer is found in this population it is predominately in the left breast.

Though the Chinese still do not regard smoking as a significant cause of lung cancer, they are now presenting extensive anti-smoking campaigns in their schools. 90% of the men smoke and only 10% of the women smoke. Yet, Chinese women have the highest incidence of lung cancer in the world. However, 80% of it is adenocarcinoma, a non-smoking type of lung cancer. At present research is going on as to why Chinese women have adenocarcinoma and the men have oat cell carcinoma.

The Chinese have a long and distinguished history and because they have maintained a relatively pure race, China offers a fine opportunity for the study of cancer that may help to solve the problem for the rest of the world.

THE END