PLME Taiwan Exchange Summer Report:

With summer travel funding from the Alpert Medical School’s Taiwan exchange and the Luke Foundation, I was able to pursue an international experience this year at National Cheng Kung University (NCKU) and National Yang Ming University (NYMU) in Taiwan.

The first portion of my time in Taiwan was spent at the NCKU College of Medicine working with Dr. Ching-Ju Chiu, a professor at their Institute of Gerontology. I was placed in contact with Dr. Chiu through the NCKU Office of International Affairs, based on my declared interest in public health and medically underserved communities. Dr. Chiu’s research focuses on life-course epidemiology and health issues associated with aging. I was able to work on one of Dr. Chiu’s current projects, exploring the links between diabetes management and depressive symptoms. I assisted with literature review contextualizing the study’s data analysis and will be contributing to the introduction and discussion portions of Dr. Chiu’s manuscript-in-progress. With the help of graduate students in the office, I also began to learn the statistics software used to perform data analysis. Finally, I worked with Dr. Chiu to design a future longitudinal study exploring biomarker progression (and socio-demographic factors associated with changes) in Taiwanese elderly. Dr. Chiu and I plan to keep in touch over the coming months to pursue this project when our requested datasets arrive.

The second portion of my trip was spent at the NYMU Institute of Public Health, where I interned with Dr. Nicole Huang. I identified Dr. Huang and this opportunity after talking with a friend who attends NYMU medical school (Brown does not maintain any exchange with NYMU). Dr. Huang’s office evaluates performance of the Taiwanese healthcare system, which is dominated by their universal National Health Insurance. I spent my time at NYMU learning about the structure and history of universal healthcare in Taiwan. I read extensively from government sources and academic literature, and had the chance to regularly discuss some of the ongoing challenges (excessive use of medical resources, insufficient revenue collected from premiums, medical malpractice reform, etc) with Dr. Huang and fellow summer interns in the office. In addition, Dr. Huang arranged day visits for me to several government agencies in Taipei—the National Health Insurance Bureau, the Bureau of Health Promotion, and the Center for Disease Control. I heard firsthand about aspects of the Taiwanese health system and discussed similarities and differences with the U.S.

Overall the two components of my Taiwan travel experience complemented each other very well. I was able to fulfill my twin goals of gaining a feel for public health research (more specifically, quantitative data analysis) and getting a comparative look at Taiwan’s unique health system as a model for reform in America. Moreover, through working and living abroad I was able to meet other medical students (many local, and some on foreign exchange) and gained insight into the state of medicine and medical education in other parts of the world.

I found that Taiwanese institutions are exceptionally welcoming to international visitors and place great value on international collaboration, making it possible to build relationships and make the most of a summer learning exchange. The established ties between NCKU and Brown make it very easy to coordinate a program with (in contrast to NYMU, which was more ad-hoc). However, NYMU medical school has numerous campus organizations which handle international med student exchanges and offer rewarding interactions at the peer level (the acquaintances one meets at NCKU is dependent on summer placement). I would highly recommend the Taiwan exchange to other Brown students, especially at NCKU, and emphasize that it is possible to coordinate stays at other places in Taiwan as well.
When I decided to spend my summer studying in Taiwan, I had very little idea of what to expect. Never having traveled outside of the United States before I was excited to immerse myself in a foreign culture. I was anxious to learn what it would feel like to be a racial minority for the first time in my life. Most of all, however, I was curious as to what lessons could be gleaned from studying a healthcare system that in many ways parallels the future of our own changing system here in America. When Taiwan passed it's healthcare reform laws in 1995 they greatly expanded health insurance coverage, and as a result exponentially increased the demand for primary care services and preventative medicine. Furthermore, they did all of this while simultaneously implementing electronic medical records (EMRs), forcing doctors to navigate the complex subtleties of maintaining a good doctor-patient relationship while entering data onto a computer screen. And finally, Taiwan faced all of these challenges while dealing with a relative shortage of primary care physicians which compressed the national average time for a patient visit down to as little as 5 minutes. Thus, in many ways I view the current state of healthcare in Taiwan as a valuable projection into the future of the United States' medical system. My ultimate goal for this summer was to learn how we as a country might best deal with some of these challenges—what works, and what doesn't.

To this end, I was extremely fortunate to spend several weeks in the Family Medicine department at National Cheng Kung University Hospital shadowing under the Auspices of Dr. Feng Hua Lu. As an expert in studying doctor-patient communication Dr. Lu was able to guide me in my learning despite a formidable language barrier by pointing out many of the critical nonverbal cues which inform his clinical practice. The first and most obvious difference that I noticed upon arriving at NCKU hospital was the organization of patient flow: rather than doctors moving between exam rooms as is common in the United States, Dr. Lu remained at his own desk in one exam room for the entire day. Patients filed in and out one after another. As Dr. Lu pointed out to me, this is advantageous because it gives the physician greater control over the arrangement of the environment. Although this may seem trivial at first, I quickly came to realize the power of such an arrangement. For example, Dr. Lu took great pains to position the chairs in the exam room to his liking. In doing so he was able to dictate where the patient sat, where the patient's family members sat, how much distance there was between himself and each other person in the room, whether or not he would be able to maintain distinct/separate lines of sight between different individuals, and so forth.

In order to better illustrate some of the consequences of these choices, I have included a diagram (please forgive my poor sketching). By maintaining distinct lines of sight between himself and the patient vs. himself and the family member, there was never any confusion as to whom Dr. Lu was directing a question. This is critically important since it facilitates the gathering of first-hand information from the patient him or herself. Additionally, the distances matter. Much of what Dr. Lu had to teach me about nonverbal communication was centered on minimizing patient stress in order to
put the patient at ease and maximize data gathering. If the patient is too far away from
the doctor, it will be difficult to forge the appropriate conversational connection;
conversely if the patient is too close, it will generate anxiety. Research in Dr. Lu's clinic
has shown the ideal distance to be one arm-length.

Finally, I would like to briefly draw your attention to the arrangement of the
computer monitor. Unlike many American clinics where the monitor is positioned so that
only the physician can see the screen, at NCKU Hospital all of the computer screens
were turned so that both the doctor and the patient can easily view the screen.
Additionally, the arrangement pictured in the diagram allows the doctor to keep his or
her body turned towards the patient while glancing at the screen or typing. I believe that
the consequences of this arrangement are critical. Firstly, allowing the patient to see
what the Dr. is typing builds a critical element of trust. More than once I have found
myself sitting awkwardly in silence as a patient, listening to the click-clack of keys and
wondering what a doctor was typing about me. Secondly, it gives the patient an
opportunity to interject and correct the physician if he or she disagrees with something
that the Dr. has entered into the chart. Finally, it facilitates the ability of the Dr. to
educate the patient by discussing laboratory data, imaging, or other files that can be
pulled up on the screen and gestured to with little difficulty.

In addition to learning about the physical space of the exam room, I had the
opportunity to question a broad sampling of doctors, nurses, patients, residents, and
medical students about their opinions on Taiwan’s healthcare policies. In general patient
satisfaction seemed to be very high, and medical personnel also tended to approve of
the system despite bemoaning the long work hours required to make ends meet in a
government-run single-payer system. The most common complaint that I heard,
however surprised me: medical care is too cheap. Since it costs so little to see a doctor,
many patients will engage in so-called "doctor shopping" by visiting multiple doctors for
the same complaint, often on the same day. This places a heavy burden on the National
Insurance System, which is already struggling to keep up with rapidly increasing costs.
The problem is further compounded by the face that fees and reimbursements are
largely controlled by the government, and few politicians are willing to take the
unpopular step of increasing taxes in order to match the ballooning health insurance
costs. Indeed it seems that healthcare costs which are too low for the individual
encourage systematic abuse; although there are certainly feasible ways to tackle this
problem, it is one important difficulty in Taiwan’s model that the United States would do
well to learn from.

I could go on and on enumerating the lessons that I learned from my experiences
this summer, which I dutifully recorded in my notebook. Suffice it to say, however, that
this has been an extremely valuable and meaningful learning experience for me. I was
able to expand my cultural horizons, challenge my own stubbornly held viewpoints,
learn about medicine from a different perspective, and hopefully become a more
informed and thoughtful participant in the ongoing debate regarding our own domestic
healthcare reforms. Although I would have been able to learn far more if I spoke more
Mandarin, I would recommend this experience without hesitation to all interested future
medical students. Finally I would like to express my deepest and most sincere thanks to
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