

# PHYSICIAN MULTI-SITE PRACTICE IN CHINA: DOCTOR PRACTICES, PUBLIC VIEWS AND LEGITIMACY BASED ON A CONTROVERSIAL CASE

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## ABSTRACT

### AIM:

Physician multi-site practice (PMP), or dual practice, is commonplace worldwide. Since the mid-2000s, the Chinese Government has issued a series of laws and regulations to promote PMP with a goal of improving access to high-quality medical services. However, PMP is widely conducted illegally in China, i.e., without official registration of practicing doctors. This article provides a more nuanced understanding of PMP in China.

### APPROACH:

This article takes a case study approach, one of the most widely used methods of qualitative research in the social sciences. It presents a high-profile case exposed through Chinese social media as well as public perceptions through the lens of online comments given by over thirty thousand netizens on a nationally controversial case.

### FINDINGS:

Netizens saw benefits to PMP despite being illegal. A culturally rooted Chinese construction of the triple concepts of 'Qing' (sensitivity, feeling or sentiment), 'Li' (propriety, norm or reason) and 'Fa' (rule, regulation or law) is employed to explore the issue of legitimacy of PMP in the Chinese context and explain why PMP has not yet been implemented effectively, and why members of the general public strongly support illegal PMP.

### CONCLUSION:

While doctors and the public support illegal PMP, it will be challenging for the Chinese Government to gain traction with official PMP policy.

### KEYWORDS

physician multi-site practice, public views, legitimacy, China

## INTRODUCTION & BACKGROUND

Also known as dual practice, physician multi-site practice (PMP) is common internationally. [1-3] In China, PMP (duodian zhiye) was illegal until 2004 when an official document of the Central Committee of the Communist Party of China and the State Council on "Deepening the Reform of the Medical and Health System" sanctioned that doctors can practice at multiple sites under the management of the government. As a symbolic project of organizational change, health care reform has been ongoing in China for the last 30 years, with the proclaimed goals of improving efficiency, better quality, more equal access, and the development of primary care. [4-6] Since 2004, PMP has become an important part of this reform process, aimed to bring balance into the allocation of human resources for better healthcare. The Chinese state and other authorities have been promoting PMP for the past two decades via a series of laws and regulations. A regional registration system, an electronic registration system and registration information disclosure and inquiry system have also been established to encourage doctors to undertake PMP.

One of the key aims for the central government in promoting PMP is to allow physicians in the best hospitals to practice in those with lower quality. There were 35,394 hospitals in China in 2020. [7] More than two thirds of hospitals in China are officially graded: 2,996 level III hospitals (including 1,584 level III, Class A hospitals, known as 3A hospitals); 10,404 level II hospitals; 12,252 level I hospitals; and 9,742 ungraded hospitals. 3A hospitals are the highest-ranking hospitals in China. Doctors in 3A hospitals are generally considered to provide the best-quality medical services. In 2020, there were 3.58 billion outpatient visits to hospitals, with 1.85 billion, more than half, going to Level III hospitals.

However, the implementation of government initiatives around PMP has been challenging. From January 2010 to August 2016, 12,275 doctors, accounting for only 5.7% of the total of 228,000 doctors, had registered as PMP in Guangdong Province. [8] In March 2011, Beijing began to implement the "Beijing Doctors' Multi-site Practice Management Measures [Trial Implementation]". According to the Beijing Health and Family Planning Commission, [27] as of May 2014, only 1,993 (less than 3% of total licensed doctors) had registered for PMP in three years. In August 2014, the Commission revised the "Beijing Medical Practice

Management Measures" to further reduce the criteria for taking up PMP. By the end of 2015, the number of doctors registered for PMP had increased to 8,173, accounting for 10% of the total number of doctors in the region. [9] Given the law and policies, why have so few doctors formally registered for PMP?

The fact that doctors at 3A hospitals do not register to become multi-site physicians does not mean that they are not willing to do PMP. Some studies have confirmed the willingness of the great majority of doctors to practice at more than one site. In Zhejiang Province, for example, 89.1% of doctors in 3A hospitals were willing to do so. [10] In other words, there are far more willing doctors than those who have formally registered for PMP. This indicates that, in practice, there is a clear distinction between those engaging in regulated PMP and those undertaking illegal PMP, as noted elsewhere. [11] What this means is that the formal policy continues to be only partially effective and that the responses to this require further investigation.

More importantly, the fact that doctors in 3A hospitals have not formally registered for PMPs does not mean they do not actually practice in other hospitals. The reality is the opposite. As the highly publicized case to be presented in this paper demonstrates, instead of official registrations, doctors commonly make arrangements with other hospitals privately, maintain a tacit understanding with the cooperating hospitals, and generate their own separate income. In China's judicial system, this type of private arrangement is a clear violation of more than one law or regulation, but this violation has been tacitly accepted by society and policymakers. PMP is referred to by the general public as "running caves" or "flying knives", as the later sections of this article show.

A review article published in 2018 pointed out that the topic has been widely discussed among policy makers, medical institution officials and health professionals in China. [12] But surprisingly, the limited available literature in English either gives the out-dated description that PMP is officially banned or focused on the issue of informal or illegal payment to doctors who do PMP without registration. [ibid] This indicates a need for more in-depth research. PMP in China, as elsewhere, raises a wide range of challenging issues in health policy, medical law, healthcare administration and management, healthcare systems, and medical ethics. To date, there is little information available in the English literature on how PMP actually operates in China and how the Chinese public view the practice.

Furthermore, there has been no research either in English or Chinese language publications into the implementation and legitimacy of PMP from a conceptual approach rooted in Chinese culture.

This article will present a highly publicized case in China in 2019 and, particularly, an analysis of online comments of tens of thousands of Chinese netizens. Based on this nationally controversial case, as well as the illustrating views of the public, we explore the issue of legitimacy through a Chinese conceptual framework centred on the triple cultural notions of Qing (sensibility, feeling, affection or sentiment), Li (propriety, norm or reason, or what might be referred to as rites) and Fa (rule, regulation or law). The question of legitimacy, of course, has considerable implications for policy implementation and on the management and delivery of quality health care.

## METHOD

In spite of some popular misunderstandings and intrinsic limitations, the case study method is important for generating knowledge and insights. [13] According to the authoritative reference series of *The Sage Handbook of Qualitative Research*, particularly *The Sage Handbook of Qualitative Research in the Asian Context*, the case study is "one of the most widely used qualitative research designs in the social sciences since the late 1960s" (14, p.99). It constitutes one of the "big five" qualitative research methodologies, along with narrative inquiry, phenomenology, ethnography, and grounded theory. With its main strengths including being more concrete and more contextual, the case study method is "challenging" but can be "enlightening" in investigating societal issues in Asian and other countries (14 pp. 99,119).

Employing an in-depth case study method, this article will first present the high-profile 2019 Hongdong County case and analyses a large number of Chinese netizens' (citizens who use the internet) comments on the case (nearly 20,000 participants on one website alone). Through thematic analysis, the most common themes of public viewpoints were identified based on the viewpoints that had the most responses from other netizens. In other words, the most high-ranking viewpoints were prioritised and analysed, with findings presented in this article.

While there exist potential sample biases, the use of netizens' online comments can offer meaningful

information especially when few studies are available on certain and especially controversial topics. Other social science studies have indicated that online comments can be an important source of accessing and understanding public opinions in China. [15] For example, a case study of Chinese netizens' comments shows that it can generate new knowledge on the views of the public about challenging topics such as capital punishment. [16]

Chinese statistics indicate that, in 2020, 64.5% of the population were internet users, with 71.8% of users living in urban areas. Internet users aged 20-29 and 30-39 account for 21.5% and 20.8% respectively; 17.6% fall into the 40-49 age group; those 50 and above account for 16.9% of users. [17] This suggests that the internet continues to penetrate into the middle-aged and older age groups and that netizens are likely to come from all ages, indicating that useful information can be obtained through analysis of netizens' comments.

The primary data collected for this article draw on the comments of Chinese netizens, particularly the users of NetEase (Wangyi) and Sohu. With each having more than 100 million users, NetEase and Sohu are among the largest and most popular internet companies in China. For Chinese, along with Sina.com and Tencent, they are known as the "Four Gateways of China" in internet technology and especially internet media.

As the following sections will demonstrate, the Hongdong Case and Chinese netizens' strong responses offer a very valuable window into the complicated Chinese reality and the general public's attitudes toward PMP. The Hongdong case was constructed by the authors from primary research data. From the first-hand empirical information generated from the case study, innovative theoretical analysis presented in this article can be derived.

## RESULTS

### THE HONGDONG CASE

In August 2019, a video went viral on Chinese social networking platforms showing doctors taking a large amount of money from a patient's family member in the operating room (18). The patient paid 10,000 Yuan (about 1,500USD) directly to the doctors for a stenting procedure in a part of China with a smaller population and limited healthcare services provided at a Grade 2A level hospital. The hospital claimed the payment was an expert fee for a

visiting surgeon from Beijing, some 700km away, but the patient was not given a receipt. It was also reported that, for the hospital, the money was a legitimate payment for visiting experts, and the consent of the patients' family was obtained beforehand. The hospital's head of surgery admitted to the media that it was "not standard" to collect money from patients in the operating room instead of by the hospital finance department, but "the hospitals here are all doing this". The surgery head also claimed that the health bureau had intervened, and that the matter had already been resolved.

However, lawyers, reported in the media, said the hospital's action was against regulations and broke the law, pointed to Article 15 of the Provisional Regulations on the Management of Doctors' Consultation (Decree No. 42 of the Ministry of Health), which came into effect on July 1, 2005. This stipulates that "consultation fees shall be paid to medical institutions in a unified manner, and not to consultants themselves." In effect, the cost of inviting

experts should be paid by the hospital, but not by the family members of patients directly to doctors in the operating theatre.

Lawyers further explained that Article 17 of the Provisional Regulations stipulate that "doctors shall not accept or demand money and property from patients and their families or seek other illegitimate interests." Thus, in this incident, the surgeons appeared to have violated the rules on prohibiting medical corruption such as bribes to doctors through private "red envelope" payments.

### CHINESE NETIZENS' STRONG SUPPORT FOR ILLEGAL PMP

The written online comments of over 30,000 of Chinese netizens on the Hongdong case are illustrative of how Chinese people respond to PMP and of the other factors involved in illegal PMP. A summary of the main views from Netease and Sohu, two well-known Chinese internet media and social media websites, is in the Text Box 1.

#### TEXT BOX 1: MAIN VIEWS OF CHINESE NETIZENS

Reasons why patients support illegal PMP:

- They can get the service from a competent doctor who they may not be able to access if they go to a 3A hospital by themselves.
- They can save time and money being treated locally. They understand the lower-end hospital's lack of experience to do certain operations. Good service costs extra, whether under the table or not, and they are willing to pay for it.
- They understand this hidden rule [paying the money privately to the doctors to get the better medical service] is not legal but they don't care and wish to keep that way.
- They believe this is in their favour; they want to buy that right and reject those who want to enforce the rules.
- They think the best doctors deserve private payment.

Reasons why the media were wrong in their reporting:

- This is against what the public believes.
- Illegal PMP provides access to services that otherwise won't be available.
- They do not realize that PMP policy is not implementable because it counters the hidden rules between doctors and patients.

Netease had a total of 19,623 participants in the discussion and 2,083 posts about the Hongdong case. To further demonstrate the viewpoints of the Chinese public, the five most popular comments made on Netease, in terms of

reader agreement with the comments, are presented below.

The first of the five posts read: "My mother had an operation in a [large 3A] cancer hospital. Basically, we had given

money to the director, deputy director, assistant, anesthesiologist; they would not discuss anything without money, and after giving money their attitude immediately improved". 3052 netizens agreed with this post, with only seven disagreeing.

The second top post was about the long waiting time in larger hospitals. It stated: "After government involvement, no flying knives allowed, you have to go to the big hospital to wait for a bed, and do all kinds of checks again, slowly waiting for an operation time." 1465 participants agreed with this post, with only seven disagreeing.

A total of 1,267 Chinese netizens agreed [only 10 disagreed] with the third top post which criticized the patient by saying that "This kind of patient [who exposed hidden rules to the public] is the culprit that disturbs order!"

The fourth top post justified payment to the physician, which was supported by 717 people with only three disagreeing. It asserted that: "This is flying knives service fees. If a patient flies to Beijing to receive surgery, 10,000 Yuan is not enough to cover the costs, not to mention they cannot get into the hospital because of the long waiting list."

The fifth top post was endorsed by 673 and disagreed with by five netizens. It maintained that "This money is not required by this hospital. It is the money to invite Beijing experts to come for surgery. Family members will be told how much needs to be paid before the operation."

Overall, it is clear that netizen responders to the Hongdong case expressed the utmost understanding and overwhelmingly strong support for the doctor's otherwise illegal behaviour. Furthermore, they also harshly criticized the family members of the patient for exposing the matter to the public. Of note is that it is not very common for the public to express support for an illegal incident in China.

## DISCUSSION

### Understanding Legitimacy of PMP from a Chinese Cultural Perspective

The Hongdong case is a typical case of PMP in China, involving a large number of legal, policy, administrative and management, socio-cultural and moral issues. One salient aspect is that the case offers another example of widespread corruption in China's healthcare system. [7, 20] It is legally and regulatorily prohibited for health

professionals to receive 'red envelopes'. Netizens' disappointment and anger with corruption and hospital administration are shown through their online comments. Yet, as many netizens understood, the payment could be treated as a legitimate payment for the physician's medical service, which otherwise would not be accessible. Although the issue of PMP and corruption is important and deserves in-depth examination, it is not pursued here due to the scope of this article.

Rather, our discussion focuses upon the implementation and especially the legitimacy of PMP in China from a Chinese cultural perspective. Related to this, the focus of Chinese netizens was more on PMP rather than corruption, on whether PMP improves the quality of medical care and why the state does not have the ability to provide the same quality and cost effective legal PMP.

It is not common in China for the implementation of government policy to be weak as in the case of PMP. Often, changes organized by the Chinese state move swiftly. This weak implementation is puzzling for many reasons. PMP helps meet the needs of different parties. The central government needs high-quality medical practitioners, mainly from 3A hospitals, to serve in lower-level primary hospitals and help their development; patients need better medical service from lower-level primary hospitals; and 3A hospital doctors need to increase their income through PMP. But after nearly two decades, PMP has not been effectively implemented, although widely and illegally practiced.

There are studies showing that PMP has had a negative impact on service quality, efficiency, costs and fairness amongst 3A hospitals. [21, 22] Doctors in PMP are linked with staff shortages in outpatient services and on call duty, and with medical safety issues. 3A hospitals lack a human resources information sharing platform, and it is difficult to supervise doctors in PMP, which is also an obstacle to its promotion. [20] From this point of view, PMP requires not only changes in the government's hospital management system, but also to the internal organization and management mode of the hospital. As a result, the implementation of PMP in China is far from straightforward. One way to better understand PMP in China and improve its implementation is to address the issue of legitimacy. Many theoretical perspectives are put forward to investigate PMP, or dual site practice, including those about labour supply, employee satisfaction, bureaucracy, employee incentives, healthy markets, rational interest

maximization, and principal-agent relationships. [23] Particularly, various Western theories exist on the subject of legitimacy. According to one prominent theory, [24] legitimacy is a reflection of the consistency between organization and perceived laws, regulations, and normative support, and the alignment with cultural cognition.

To explore the legitimacy of PMP in China, a Chinese cultural perspective is necessary and valuable. The triple notions of Qing (sensibility, feeling, affection, or sentiment), Li (propriety, norm or reason) and Fa (rule, regulation or law) can be employed. [25] These notions are not only deeply embedded in Chinese culture and history but still widely used by Chinese to make judgments on whether or not an event or certain way of doing things is legitimate.

From the information in the previous section, the vast majority of China's responding netizens appear supportive of PMP even when it is practised in an illegal way. This can be interpreted that contributing netizens generally used Qing (human sentiment) and Li (propriety or reason) to argue for the legitimacy of being against the law in their posts, which can be puzzling and difficult for people in the Western world to understand. However, Chinese society has been governed often by Qing, Li and Fa (in this order) for many centuries so that justifying an action or practice by these triple notions is commonplace. It is often believed that rationalism and rule of law are the characteristics of Western civilization, while ruling by meritocracy, sensibility, affection and morality are the characteristics of Chinese culture.

In the Western world it is believed that all people are equal before the law, that the law should be just or fair, and that procedural justice or fairness needs to be upheld. But China has long been governed by Confucianism. This socio-political, moral and spiritual system holds that "human sentiment" is the foundational motive force for the human existence, that "reason" is the ultimate or "Heavenly" law of the universe, and that "regulation or law" is the human/social order arranged for "human sentiment" to suit "reason". Therefore, Chinese people often put what is reasonable or sensible before what is legal. This characteristic is reflected in the Chinese netizens' responses to the Hongdong case.

One particularly important factor that contributes to the wide Chinese acceptance of PMP is the relatively low salaries of physicians and other health professionals. This is

a result of insufficient governmental investment in the healthcare sector, only 6.4% of GDP compared to the OECD average of 9% and 17.9% in the USA in 2019. [26] In Dec. 2017, the Chinese Doctors Association published a white paper on the practice of Chinese doctors. After surveying 146,200 doctors, the average income of male doctors was 78,702 RMB per year and female doctors 73,294 RMB (USD11,300/10,500). [27] In contrast, according to a 2019 report by MEDSCAPE the average income of physicians in other countries was USD313,000 per year in the United States, USD138,000 in the United Kingdom, USD163,000 in Germany, USD108,000 in France, USD63,000 in Spain, USD58,000 in Brazil, and USD22,000 in Mexico. [26] In other words, the average salary of Chinese physicians was not only much lower than those in developed countries, but several times lower than their counterparts in developing countries such as Brazil and Mexico. Indeed, research has shown that over 80% of doctors enter PMP primarily to increase their income. [9]

Based on Qing and Li, people have formulated their own supportive attitude toward the procedure of giving money privately to doctors who practice at more than one site and who have low income in their regular practice. At the same time, patients hope that this will ensure doctors provide them with better service. If the doctor accepts money from a patient, then, in accordance with Qing and Li, he or she has the obligation to offer the best service to that patient as a return. In this situation, both parties apparently and willingly violate the doctor's practice law, tax law and even risk violating criminal law. Because the Chinese government does not rule the country strictly according to the law but always takes Qing and Li into account, officials also solve any possible breach of existing law in a very Chinese way, with a so-called 'no accusation or complaint, no action' approach. That means if no-one accuses doctors then officials will let them undertake PMP privately, that is, without legally required registration. As long as people think fees are reasonable, even if it is practised in an illegal manner, if no one complains, the government will not investigate. Therefore, it can be concluded that, prioritising Qing and Li over Fa (rule or law) constitutes the main reason for which legal registered PMP has been difficult to implement in practice in China.

In this way, doctors, as the implementers of the PMP policy in China, can undertake PMP whenever they wish and collect money without paying tax. However, since doctors do not formally register at the PMP hospital, the hospital itself, not the PMP doctor, will take the risks of the provided



medical service. The government is aware of this problem but chooses not to address it. In accordance with Qing, Li and Fa, this is the explicit and implicit Chinese method for handling such issues. When the government does not apply the law alone, but often with Qing and Li, neither do the people. On one hand, Chinese policy makers have not been sensitive to reality and the wider socio-cultural context in formulating PMP law and policies. On the other hand, Chinese doctors and patients have formed their own attitudes toward PMP privately and act upon them accordingly. As a result, the government's law and policies regarding PMP have been effectively abandoned in practice.

## CONCLUSION AND AREAS FOR FUTURE RESEARCH

Chinese patients require good services, and Chinese doctors wish to improve their income. There is thus a wide demand for PMP in the Chinese medical market. The apparent phenomenon that PMP cannot be implemented in China is false because it has been carried out widely and under hidden rules. Based on the Chinese outlook and cultural norms which prioritize Qing (sensitivity, feeling or sentiment) over Li (propriety, norm or reason) and especially Fa (rule, regulation or law), PMP is often carried out in an illegal manner. This is accepted by society and tolerated by government. For the general public, if PMP is deemed to be moral, sensible and reasonable, it does not matter much even though it does not follow the procedures required by laws and policies. So long as doctors and the public support illegally practiced PMP, it will hardly be possible for the Chinese government to gain traction on its official PMP policy.

More in depth research on PMP in China is needed, including into hospital administrator, physician and patient perspectives. Such research has been undertaken by the authors, with this article a part of a larger project. From the standpoints of medical ethics and health professionalism, one issue is whether and how PMP can be justified by the fundamental moral principles of medicine as a profession and what society as a whole should adhere to. These principles include the primacy of patient welfare, patients' rights, and social justice. In the Chinese context, "medicine as the art of humanity or humaneness", an essential norm of medical ethics based on Confucianism moral beliefs, should be engaged to discuss the legitimacy and other normative aspects of PMP. Moreover, more systematic

research on PMP in China in comparison with other countries is necessary and overdue.

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