



Great efforts are needed to develop primary medical service in China: correcting the mistranslation of “Primary Health Care” as the first step

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Abstract

This article aims to discuss how the mistranslation of “Primary Health Care” takes an adverse effect on the conceptual understanding of primary medical service and the development of medical and health services in mainland China. The mistranslation of “Primary” among the public, leadership, and scholars in the field of medicine can lead to a misunderstanding on the real concept as “entry level.” Therefore, it is of significant importance to dispel the misunderstanding and free our minds so as to vigorously develop the primary health care and general practice system.

Keywords: Primary health care, Mistranslation, Correction

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Introduction

Primary Health Care (PHC) and Family Medicine (FM)/General Practice (GP) play important roles in improving human health, promoting happiness, and developing harmonious society, which have been recognized by most medical scientists, health care management, and government. PHC is one of the core components of medical and health services in all developed countries except the USA. The Chinese government and many brilliant medical specialists have put forward the grand plan and goals to develop PHCs in China by drawing positive and negative lessons in developing medical and health services in the past 50 years at home and abroad. The Chinese government aims to put great effort in developing a GP system and establishing a perfect PHC system, so as to enable all people access to PHCs and public health services, and build a

harmonious and well-off socialist society, thus realizing a great rejuvenation of the Chinese nation.

PHC/GP has developed greatly in the past 20 years, especially in the prosperous coastal regions where the reform and opening-up policy was implemented earlier, and the people were open-minded. This is gratifying; however, on the basis of good top-level design and considerable financial support, the development of PHC, especially of GPs, is not favorable in China and is far from people’s expectations. The reasons are various, mainly due to the outdated ideas of people, a misunderstanding of the PHC/GP concept, and blind worship of advanced medical technology. This article is to correct the mistranslation of “Primary Health Care,” and analyze the significance of dispelling the misunderstanding of PHC and freeing our



minds in vigorously developing the PHC and GP systems in China.

The translation accuracy of “Primary Health Care” in Chinese needs to be discussed. This translation has led to confusion regarding the PHC concept, which may have caused profound adverse effects on the development of the medical and health services system and the implementation of new medical reform for decades in mainland China, so the mistranslation must be clarified and corrected as soon as possible.

Mistranslation and misunderstanding of “Primary Health Care”

In most English-Chinese translation articles, “primary” is translated as “entry level,” e.g., entry-level health care, entry-level health service, and entry-level medical treatment. This translation and its related concept are standard not only in mainland China, but Chinese literature of the WHO, UN, and other key international organizations as well [1, 2].

The exact meaning of “Primary Health Care” refers to basic medical and health services, or in short, basic health care. In the area of health, translating “primary” into “entry level” in Chinese is one-sided and inaccurate because the basic and core meaning of “primary” has not been expressed. The accurate translation of “primary” should be “basic” or “fundamental,” e.g., basic health care, basic medical and health services, and basic medical treatment services. “Primary” can refer to “grassroots,” such as “grassroots” health care and “grassroots” medical and health services. The reasons are as follows.

The main meanings of the English word “primary” include chief importance, principle, earliest in time, or order of development based on a Google search, while “most important” means most basic or essential, an happening or coming first according to the Merriam-Webster Dictionary. Therefore, the elemental sense of “primary” is most important, as follows; most basic; most essential; and developing or happening first (in time). “Entry level” as the Chinese translation of “primary” means junior, elementary, rudiment, or beginner, without the core sense of “most important or most basic.” Thus, “entry level” is just a secondary meaning of “primary.”

In the past, poverty time and the translation of “entry level” was reasonable to some degree because it expressed “initial

stage and low level;” however, the core sense of “primary” was ignored. For this reason, as the meaning of “entry level” has been used in the Chinese medical literature and social life all the time, “primary health care” is inevitably misunderstood by the public, leaders, and medical scholars in China.

Although the concepts of PHC and Primary Care PC are different between various countries and organizations, the comprehensive content of basic medical and health services are all included, and also evolve continually to become more perfect, richer, and important.

The United Nations International Children’s Emergency Fund – Declaration of Alma-Ata, 1978 [3]: PHC is essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of development in the spirit of self-reliance and self-determination.

Institute of Medicine (IOM), 1996 [4]: PC is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Dr. Starfield, Professor of Pediatrics at Johns Hopkins University, and the world renowned expert in PHC service field said in 2011 [5] “Primary health care is a system-wide approach to designing health services based on primary care. Primary care is the representation, on the clinical level, of primary health care, it has four main functions: first contact; longitudinality; comprehensiveness; and coordination.”

In medical and health services practice, PHC cannot only provide entry-level health care, but can prevent and treat common, serious, and frequently-occurring diseases as well. For example, PHC plays a role in the prevention and early detection of diabetes mellitus, hypertension, hyperlipidaemia, and cancer, as well as the prevention and control of cardiovascular diseases. Greater than 80% of community health services can be handled by PHC systematically. Clearly, the “entry-level”



health care system and its service providers are not qualified for the work.

The words “primary,” “secondary,” and “tertiary” used in health care service should be translated according to their real meaning, instead of “entry level,” “middle level,” and “high level.”

In Euramerican developed countries, >80% of Primary Care Providers (PCPs) have received MD degrees from formal medical universities. The remaining PCPs (certified registered nurse practitioners [CRNPs] and physician assistants [Pas]) have received master’s degrees already; however, they must practice under the guidance of attending physicians. The latest modified regulation on medicine in the US indicates that a CRNP who has obtained a bachelor’s degree can become an independent PCP after receiving a Ph.D. through a 5-year learning and training, and can thus practice medicine. The direct service providers in PC must have a master's degree at least, while “entry-level” medical care workers generally refer to nurses or assistant staff who have never received bachelor’s degrees.

Misunderstanding of PHC services causes harm to the development of medical and health care in mainland China

In the medical and health care field, translating the English word “primary” into “entry level” in Chinese is inaccurate, which leads to widespread and profound harm to the development of medical and health care in mainland China. In the early 30 years during establishment of China, the country was very poor; at that time, great advances were made in developing the barefoot doctor system from the shortage of medical services and supplies. Thus, “PHC” as “entry-level health care” was objective during that period for the low medical level of care at the time. “Entry-level health care” is just an original form of “PHC,” rather than comprehensive services.

Due to the misunderstanding of PHC, it has always been developed as “entry-level” health care over the period from the establishment of China to the new medical reform, which has caused a series of adverse effects, as follows:

- fund investment in PHC service is woefully inadequate;
- most of the PHC service providers are in middle or lower levels, e.g., “doctors” who graduated from junior colleges or secondary schools;
- these “family physicians” have lower payments, as well as their social status and reputation;
- family physicians who graduated from medical colleges, as well as students who are studying in medical college are unwilling to take up PHC service.
- community residents are not willing to see a doctor in the “entry-level health care” system because they are worried about the levels of physicians there;
- because PHC is recognized as a low-level subject in China, medical colleges do not have much enthusiasm to cultivate talents and train resident physicians in family medicine; and
- the investment in PHC service studies is less, and no research project basis exists, thus, the number of researchers who work in this field are limited.

The mistranslation and misunderstanding of “PHC” have not only made this perfect and important subject less desirable, but had an unfavorable impact on the overall arrangement, financial appropriation, personnel training, and scientific research on the Chinese health care system over the past few decades as well.

Make great efforts to develop PHC and perfect GP systems

The PHC service is always a sunrise industry, and is the core content of the medical and health services system in a country. China has made remarkable achievements in the development of PHC and GP/family medicine systems over the past 10 years, especially after 2009, the year the new medical reform was released. It is delightful that the epoch-making CPC Central Committee and the State Council documents Opinions on Deepening the Health Care System Reform [6] and Guiding Opinions on Establishing General Practice System [7] used “primary” instead of “entry level” together with health care, medical, and health care services. This change in nomenclature has had a great demonstrative significance. The wording, “entry level,” and its misconception still exist in public media and medical articles generally. It can be foreseen that



the public misunderstanding of PHC needs a longer period of time to be corrected. Thus, in the critical moment when the PHC and GP systems are being developed vigorously, the misunderstandings should be corrected so as to make a sound environment for the rapid development of medical reform [8].

Medical Doctor (MD) is a clear, desirable, and admirable professional title in almost every country in the world, but in China MD has become more grey and elusive. Currently, MDs are both loved and hated in many people's minds. There are several reasons for such a paradox. One of the key causes is that during the post-reform years, PHC was nearly market-oriented completely, which led a series of ill effects, such as the loss of the medical and health commonwealth, the gray income of medical workers, the increase in medical cost, and the degradation in medical quality. The other ignored cause is that the title "doctor" almost covers each level of worker who engages in medicine, including those who have MD degrees or undergraduate degrees in medicine, those who have secondary medical school diplomas, or even barefoot doctors (who have just been trained for 3 months or less in medicine). The Chinese public cannot judge whether or not the "doctors" they seeing are skillful and caring, or just "doctors" based on a professional title.

This current situation harms formally-trained family physicians who work in community health service centers, community clinics, and township hospitals. Because most of the medical providers working in the three places graduated from junior medical colleges or secondary medical schools, they are also given the title "doctor." But there is a large gap in the training and work experience between doctors with the two skill levels; this is a key reason why the public does not trust the medical treatment quality of community clinics and township hospitals. An ordinary method to judge whether or not a doctor is skillful is if he/she works in a large-scale hospital with high-end devices, i.e., if so, then he/she must be a good doctor; otherwise, it is difficult to tell. In the minds of Chinese, the best choice to treat someone's serious disease is to go to a major hospital in Beijing, Shanghai, or other big cities, and the higher cost is just a minor consideration.

It is necessary to make a professional title appraisal reform to clear all-level workers' titles to change the adverse situation that impedes the development of PHC and GP systems in China. For example, people who just graduated from medical universities and received formal residency trainings can be called "doctor;" people who graduated from junior colleges or received secondary schools diploma should be called "physician assistant" (PA) or "nurse practitioner" (NP) to be consistent with the current international system. At the same time, the salaries of people with different levels of skill should also be stratified.

Conflict of interest

The author declares no conflict of interest.

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