

Editors' Note: In a Beijing hospital last September, an otolaryngologist was stabbed 17 times by a dissatisfied throat cancer patient. A week later, in central China, angry relatives attacked hospital security guards with metal rods. In 1 month alone, 20 doctors throughout the country were killed or severely injured by disgruntled patients or their family members and most people believe the situation is getting worse. The state of neurology in China, and medical practice there in general, is experiencing a dichotomy, as described in the article by Drs. Shi and Jia, "Neurology and neurologic practice in China." While some aspects of the field progress with breathtaking speed, others have been disintegrating just as quickly, including the relationship between doctors and their patients. This week in WriteClick, Dr. Wang expands on the health care challenges facing China.

Megan Alcauskas, MD, and Robert C. Griggs, MD

NEUROLOGY AND NEUROLOGIC PRACTICE IN CHINA

Zhen-fu Wang, Ruibiao Guo, Beijing, China:

Chinese practicing neurologists are facing severe challenges.¹ Doctors in other subspecialties are similarly affected and a high percentage of Chinese doctors are in poor health due to working conditions.² There are only 1.938 million registered doctors in China³ and they are responsible for the health of 1.3 billion people. Doctors in level 3 hospitals have a heavier clinical load because patients are seeking the expertise of physicians in more highly graded hospitals. In addition, there is a shortage of general practitioners. Patients are not satisfied with the current care and—as a result—one doctor was recently severely injured in Beijing.⁴ It is impossible to solve the problem without physician participation in health care reform. To resolve it, mutual trust between doctors and patients is vital and increased government support of reform is necessary. There are many 5-star hotels for healthy people in China. The government should pay more for the needs of the unhealthy.

Author Response: Fu-Dong Shi, Tianjin, China, and Phoenix, AZ; Jian-Ping Jia, Beijing, China:

We appreciate the comments by Drs. Wang and Guo, which further highlight the problems of inadequate distribution of medical care resources that include the lack of infrastructure for primary medical care. This could potentially be used as a tool to attract medical graduates into the primary care system in China.

The incidents that include the horrifying physical attack of physicians in Beijing⁴ demonstrate that the laws protecting medical professionals must be in place and must be enforced without delay. Other problems include prolonged hospital stay and frequent clinic visits by "patients" with the intention of obtaining painkillers without a clear indication of disease.

We agree that these problems are not specific to practicing neurologists in China yet there are obstacles to managing neurologic diseases such as multiple sclerosis (MS) and neuromyelitis optica (NMO). There are only a few disease-modifying medications that are currently available on the market. While Betaseron and Rebif have been in China for a number of years, they are still not covered by medical insurance. The costs of these medications are well beyond the ordinary Chinese patient with MS or NMO. The burden of disease and the impact on the financial resources of the families are staggering. The total cost of symptomatic management for these patients without effective disease-modifying drugs will prove to be less cost-effective for insurance companies on a long-term basis.

We eagerly await improvements in Chinese medical insurance policy. The inclusion of medications for specific diseases affecting nervous and other organ systems would bring tremendous benefits for patients, physicians, and insurance companies.

1. Shi FD, Jia JP. Neurology and neurologic practice in China. *Neurology* 2011;77:1986–1992.
2. Lai LN, Yang L, Lu WWI, Dai Y. Survey on health and working conditions of medical staff members in a level-3-a

- comprehensive hospital in Beijing. *Modem Hosp Manag* 2011;3:58–60.
3. Ministry of Health. 2006 China Human Resources for Health Report. Beijing: Peking Union Medical Press; 2007.
 4. Ministry of Health. Strongly condemned crimes of attacking health personnel. Available at: <http://www.moh.gov.cn/publicfiles/business/htmlfiles/mohbgt/s3582/201109/52942.htm>. Accessed January 6, 2012.

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VISION FOR A DIGITAL FUTURE: GETTING PERSONAL

Todd J. Janus, Des Moines: I thank the Editors for the strides they have made in advancing journals into the digital age.¹ The real missing link is integration with other programs such as Papers 1.x or Evernote. I would like to see the ability to tag and transport pa-

pers into these other programs. Currently, I have to go online and download the paper, then transfer it into these programs.

Author Response: Patricia K. Baskin, St. Paul; Robert A. Gross, Rochester, NY: We appreciate your excellent suggestion about providing ways to incorporate articles into personal collections using other programs. We plan to include this feature in the next iteration of the journal's app for the iPad® and on our Web site. In the interim, it may be useful for readers to know that they can collect articles from *Neurology*® in personal folders now available on www.neurology.org.

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1. Baskin PK, Gross RA. Vision for a digital future: getting personal. *Neurology* 2012;78:2–3.

CORRECTION

Variant ataxia-telangiectasia presenting as primary-appearing dystonia in Canadian Mennonites

In the article “Variant ataxia-telangiectasia presenting as primary-appearing dystonia in Canadian Mennonites” by R. Saunders-Pullman et al. (*Neurology*® 2012;78:649–657), there is an error in the author list. The fifth author's name should read K. Nakamura. The authors regret the error.

Author disclosures are available upon request (journal@neurology.org).

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