Same Side

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It was a Monday morning when I first met Lu, a ten-year-old boy admitted to our epilepsy center over the weekend, scheduled for a tumor resection in two days. Being Lu’s neurosurgeon, I believed it was most likely a benign tumor lying in his left temporal lobe. It could have been there for years, unnoticed, until it caused multiple events of seizures. It was called a low-grade epilepsy-associated tumor, usually resistant to pharmacological treatment, but a good responder to surgical intervention. It was a fairly common reason for admission to our department, and the tumor was located in a relatively safer region to resect. He should be out of the hospital, seizure-free, within a week.

Lu was reading a math textbook as I went over his file in his room with his mom before the morning ward rounds. Lu was short and thin. He wore thin, black-framed glasses and had short hair and large ears. Lu and his family were from the rural inland area. His father couldn’t come because he had to work at the construction site, and they had to borrow money to pay for the surgery. Lu’s mom worked as a farmer and breathed a sigh of relief when she heard that Lu would be discharged in a week. It was just enough time for them to catch a train and to return home before the harvest season began. She could barely read, and the only words she knew how to write were the names of her son, her husband, and herself. But she remembered all the long and complex names of the anti-seizure medications Lu was taking, and she scratched her head and smiled when she couldn't understand something that was beyond her comprehension. I was explaining to her the cause of Lu's seizure and why it wasn’t responding to medications when Lu asked me where I was from.
"I'm from the US," I answered without hesitation this time, maybe because he's just a child, and maybe because I was paying attention to his medical history.

"You're American? What's an American doing in a hospital here? Aren't you an enemy of China?" Lu cried out, half playful, half serious. His mom, as surprised as her son, warned him to watch his mouth. "Why? That's what the news said." Then he started singing a jingle, in which one of the lines said, "Drive an airplane, drop a bomb, and kill the American bastards."

I didn't blame him, neither was I offended. That was, indeed, a message the media conveyed. My son, a second grader, had sung the same jingle to me before, which he picked up from school. They didn't know. They were simply repeating what was told to them.

But it was an awkward and frustrating moment when your patients saw you as an enemy of their own country. I was wearing a mask, and they couldn't see my facial expression. I didn't know what was underneath my mask, either. I simply pretended I didn't hear it, finished my duty, and walked out of the room. It may not be the best way, but that's how I avoided sensitive political subjects in China and stayed focused on my clinical practice; at least that's what I told myself. Bottom line: I didn't want to get into trouble.

But this wasn't the first time I'd gotten this question. “Where are you from, doctor?” To me, that was the most difficult question to answer. Although Chinese is my first language, I have an accent when I speak it. It's like my very own accent, because no matter where I am, people assume I'm not local. It's a mixture of Northern and Southern Mandarin, with a touch of European and American blend. It's the byproduct of the Chinese Civil War in my grandparents' generation and the countercultural movement in my parents' generation. This usually wasn't a problem in my daily routine practice in Hangzhou, China. Never mind the accent; my Chinese is perfectly fluent. I have no trouble communicating with the patients and their caregivers to collect relevant clinical information. I can answer their questions about diagnoses, lab results, or surgical procedures. I can even speak some basic dialect. But if they ask me where I'm from, there is always a hesitation before I can respond. Although I moved around the world as a kid, I was born in California, hence by law, I am an American citizen. But I had moved to China to practice as a neurosurgeon. "Should I tell my patients that I am American?" I would ask myself, and after a brief pause, "I'm a new immigrant in Hangzhou," would be my typical dodge. “Keep it simple,” I'd think, trying to avoid any misunderstandings.

But why is the answer to this simple question leading to any misunderstanding? It wasn't like this before when I was a medical student in China. How did we end up in a
situation like this? I try not to overthink it. I am a doctor, and my job is to provide care for patients. Most of the patients I treated in the past four years did not know my identity, and that's okay.

When I was a medical student in China some twenty years ago, it was different. There were competitions between China and the Western countries on many different levels, but we shared the values we strived for, and we understood and respected each other's beliefs. But somehow, somewhere, at a certain point, that connection was severed, first partially, then completely. Dialogues stopped, collaborations collapsed, and trust deteriorated.

But I've heard worse—insults and comments said directly to me about my family and my identity before. These weren’t mostly from patients but from my superiors, colleagues, and students. Most of them said it without knowing my background, but some of them said it intentionally. I had learned over the years how to deal with these situations, usually by simply ignoring what was said. It worked. But somehow, I wasn’t going to just let this one go. Maybe it was because of how I ended our previous meeting with Lu and his mother. Maybe it was because I didn't want to be seen as an "enemy" anymore. Maybe it was because Lu reminded me of my son. Either way, I had to do something.

I arrived at the hospital one hour earlier than usual the next morning to finish my routines, in order to have an extra hour for the surgery-informed consent with Lu and his mom. Normally, the informed consent procedure wouldn't take more than a half an hour, since this was a planned surgery, and we had already talked about what to expect during our previous meetings. But this time, I brought my tablet with me, and I started our informed consent procedure with a presentation on epilepsy in the history of Chinese and Western medicine. I told Lu it was first described by the Sumerians around 2500 B.C., and the first description of seizure in Chinese medicine was around 500 B.C. Then around 400 B.C., Hippocrates first hypothesized that epilepsy was related to the brain. I also told him that he and Caesar the Great may be sharing the same disease. Then I went on to explain the evolution of medical technology, from drugs to surgeries, from pathology to neuroimaging. It was a very unconventional informed consent procedure and the longest one I've conducted, too. It was more like a lecture on the brain and epilepsy for a ten-year-old boy. Lu liked the cartoon videos and drawings I put in in my presentation.

"Did the Americans invent this surgery?" Lu asked during the Q&A.
"Not entirely, but many of the techniques and technologies invented by the Americans and Europeans made the procedure safer and more effective."
"I guess in that sense, it's good you're an American."
"Yes, it's an American-Chinese joint effort, and it will be a very successful surgery," his mom added, and we all laughed.

I walked Lu and his mom to the operating room. His mom tried very hard but failed miserably to hide her anxiety. Lu was relatively calm, enjoying his first ride in a wheelchair. He didn't seem to mind his new bald look. We parted at the reception, and when I saw him again, he was lying on the operating table. The room was silent, except the rhythmic beeping sound, revealing both a healthy heart and immense internal stress.

The anesthesiologist was about to put him to sleep, when he shouted, "American doctor!" as he saw me through the glass window.
"What's up, Lu?" I asked.
"I'm a little nervous," Lu muttered.
"Nothing to worry, Lu. This is an international collaboration, remember? You are going to be just fine," I said. Lu held my hand, smiled at me, and slowly closed his eyes.

The last time I saw Lu, it was in the morning when he was discharged. There were still surgical staples on his head, but aside from his appearance, he was recovering well. His mom was packing when I walked into their room with some paperwork. I started to explain what each medication was for, what to expect in the following days and weeks, and what they needed to pay attention to. Then I asked them if there were any questions.
"I think you and I are on the same side," Lu said to me.
"Yeah? What side is that?" I asked without putting too much thought into it as I reviewed his discharge summary.
"And what's the other side?" I asked, putting down the binder. Lu looked me in my eyes and said, "The diseases, of course! It's you and me and all humans against all diseases."
And it was a good day.

Alias is used to protect patient privacy.