Guangzhou Children's Hospital Rehabilitation Project, 1994

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Places worked: St. Paul's Hospital, The National Hospital for Nervous Diseases, (London), GF Strong Rehab. Centre, Vancouver Neurological Centre, North Shore Child Development Centre. Retired 1995.

Extract:

This project was part of an ongoing exchange of medical personnel between BC Children's Hospital in Vancouver and "sister hospital" Guangzhou Children's Hospital in Guangzhou, China, sponsored by the Canada-China Child Health Foundation, headed by Canadian-trained Dr. Wah Jun Tze. My husband, Michael Mahony, a hospital administrator and health management consultant and I, a paediatric physio with acute hospital, rehab. and community-based experience, spent March and April 1994 introducing Western-based Physiotherapy throughout the hospital, and supporting the rehab. staff already there. In May there followed a conference in Guangzhou on Paediatric Care, attended by delegates from across China, Canada, and international speakers. The two "sister hospitals" continued their exchanges. Return visits showed great advances in the standards and facilities at GZCH. Now, when the new hospital was built on the same site on Remnin Road, it includes a modern rehabilitation department.

Introduction to the Hospital

In meetings at BCCH to prepare for the project, we were tasked with giving an introduction to physiotherapy however we felt was appropriate. Already there was a Chinese-Canadian occupational therapist Ching, who had been supported by BCCH to develop a treatment room for disabled children at GZCH, so we would join her living at the visitors' residence in the

hospital. To prepare, I had visited BCCH and other paediatric services across Vancouver, and also the Hong Kong Rehab. Centre and Sheila Purves and her colleague who were currently rehab. teachers in rural China, to glean ideas of priorities. There were donations of equipment, sent by ship. Some books were recommended, such as “Disabled Village Children” …about adapting local ways into children’s rehab. care. We took a stab at learning Cantonese, but in a few months, we realized this was impossible! And fortunately, some fine translators among the hospital staff facilitated our work in every way.

Upon arrival at the airport late at night from Hong Kong, we were met by a delegation of polite and smiling staff and whisked wordlessly into the hospital van for the ride to our new home. The streets were empty and dark, the buildings brown and grey, with few signs of decoration; it felt like going back to an earlier, post-war time. A watchman opened the gates for the van to follow the inner drive to the steps of the old brick residence, the original hospital built over 100 years ago when the British governed Canton (now Guangzhou). With our suitcases beside us on the steps, the staff waved goodbye, and hopped on their black bikes, for what we learned later, was a very long ride home. We heard that at that time private cars were not permitted except for communist party officials and dignitaries.

In the morning though, all was bustling: sounds of bicycle bells clinging, loud speakers announcing group exercises, buses and little red taxis juggling for position on Renmin Road, the shuffling of many feet and Cantonese voices calling along the lane of produce stalls. Down in the hospital courtyard opening from the street, hundreds of families gathered with their sick children, to wait for service. Some fathers stood holding iv poles while their baby lay in the

mother's arms. Tea urns steamed in the corner, and tree branches wound up through gaps in the corrugated tin shades. Cheerful voices called to us, "Neh Ho Mah!" Three ladies, the triage crew, sat at a raised counter, surveying the crowd, to send families to the appropriate clinic. This was our introduction to our new home…. now, where to start with our work?

Getting Started

Our roommate and colleague Ching immediately introduced us to her treatment room next to our residence, with her trainee Weng Oi. The room was furnished with floor mats, neuro-developmental activity equipment such as rolls and large balls, toys, splinting supplies, adaptive seating and walkers. The children, mostly 6 months to 5 years with cerebral palsy, were referred from the downstairs outpatient neurology dept. I joined Ching in some of her work here. However, our scope was to broaden the introduction of physiotherapy to the entire hospital, and in a short time. Michael suggested we organize a Directors' meeting to introduce what we could offer. His knowledge of hospital organization was invaluable for this. We approached the Canada-China Foundation office in the hospital to facilitate, and an afternoon presentation was arranged for all the Directors and Vice-directors of each department. We outlined the basic physical rehab principles and how they could be integrated into some hospital wards, such as ICU, Respiratory, Orthopaedics and Neurology. I demonstrated some breathing exercises, positioning and therapeutic play with some nurses, and offered our service of child-centred activities to support their medical care. Then we waited for the response.

The next day, the Medical Director formally invited us to work anywhere in the hospital that heads of the wards wished. Though there was a shortage of highly-trained nurses, he assigned

me a physio trainee, nurse Li fang, and a full-time nurse translator (Sarah, her Western name) who was also fluent in written English. The door was opened wide for us! The ICU, Respiratory and Neurology wards invited us in, then Outpatient Neurology and Orthopaedics. Soon we were exploring all over the hospital, including Traditional Chinese Medicine outpatients. We learned that Chinese families want the technical skill of Western-style medicine for the acute phase, but the slower rejuvenation treatments of traditional medicine for full recovery. One kind neurologist gave me a translated book on this subject. Despite our language and cultural differences, we and the staff soon developed strong rapport and openness between us, for supporting the children's health.

This was a most interesting period in Chinese medical history. 1994 was 5 years after the Tiananmen Square demonstrations in Beijing that resulted in a political clamp-down by the communist government. We heard that international, especially American, educators had left, and former medical training such as at Sun Yat Sen University was reduced. The Rehabilitation Program there was suspended. Elder hospital medical leaders were pressed into service through shortages. It seemed that some hospitals had more funding and higher standards than others. On a visit to one higher end hospital in the centre of the city, there was sophisticated treatment and equipment such as hyperbaric chambers. Our hospital was lower down on the ladder, but was gaining ground, and it seemed, with a big boost from BCCH. Families must pay for their child's treatment, and if they were from a poor work unit or a distant village, care was less. The one child policy augmented the preciousness of each child. The situation in China was complex, with the sorrows of the Cultural Revolution still strong in memories, but with

anticipation of business and modern amenities such as telephone lines. Hospital workers with their lower work unit salaries often earned much less than entrepreneurs on the street. Despite these disparities, the staff was very dedicated to patient care, though often stressed by overwork and difficult conditions. Families stayed by their child's bedside, and cauldrons of steaming food were pushed in at mealtimes for them all. We began introducing family-centred activities to help their child, such as blowing bubbles or pinwheels for breathing exercise, and even laughter. These experiments proved welcome and therapeutic in these wards along with the serious medical effort. Little by little we learned about Chinese society from our colleagues' stories, and forays out into the city by bus, into the throngs of bicycles and sidewalk vendors, gradually feeling quite at home.

Physiotherapy Practices

From the beginning, the Head of ICU Dr. Zheng, became a kind host-mentor. He had recently received extensive training at BCCH, learned fluent English, and maintained excellence in his ward, as well as diplomacy throughout the hospital. He introduced us to colleagues and the current medical situation, and even took us to some of his favourite gardens in the city. He taught us the beauty of the moon gate, the charm of an old teapot, the intensity of caring for critically ill children. He described life from his past, practice at the hospital, and memories of his stay in Vancouver. His fluency of thought was a privilege in our world of Chinese translation. He counselled that my participation in ICU would be limited by the critical illnesses and busy pressures on the nurses, but welcomed us to come, with his guidance. We did so, following a 5month old baby brought from another hospital with hernia surgery complications: cerebral

oedema, lung congestion, and abdominal distension. I provided gentle vibrations before suctioning, and position changes. In addition to Western medicine, a doctor demonstrated moxibustion over acupuncture points to aid reduction of distension. I recommended a soother and “nesting” to comfort the baby’s distress including disorganized movements. She became stable and was sent to the post-surgical ward, and I taught her mother position changes from supine to prevent lung secretions pooling. Soon she was able to bottle feed. These small contributions were in the spirit of “thinking of the whole child”, as recommended by the World Health Organization.

When we were invited to visit Neonatal ICU, we were impressed to see the babies in modern incubators, some donated from Japan, and skilled nurses in attendance. However, it was important to offer Developmentally Sensitive Care, as practiced at BCCH for the premature high-risk infants. I enlisted Weng Oi, the OT trainee (herself a nurse) to coach the nurses, and the Head Dr. Wu agreed. We identified signs of neurological stress, “nested” the babies instead of lying splayed flat, reduced light and noise, and clustered procedures and handling to help deeper sleep. We suggested silencing the squeaking swinging door accompanied by banging laundry cart coming in and out. These developmental supports were affirmed later when at the Conference, an eminent American Neonatologist touring this ward praised the staff for their sensitive care (a feather in their cap!).

Visiting each ward was like entering a distinct village, and it was an adventure for our little band of physiotherapist, translator and trainee to contribute a rehab element to each place. In Guangzhou the torrential spring rains, humidity and pollution brought many kids with their

families to the Respiratory Ward. It was not my role to train staff to be physios, but to introduce rehab. ideas into the practice of their professions, that would do no harm, but support the children's recovery (such as breathing exercises and play). Downstairs the Orthopedic Outpatient Dept. was a throng of families waiting for Dr. Wu to assess their child. Here we could contribute torticollis and clubfoot splinting because of Ching's OT skills, so we developed a liaison between their departments. On the neurological ward we could offer walking and therapeutic toys from the OT/PT room to further integrate Ching's work to inpatients, as well as neurological outpatients. Together we made a home visit to arrange seating for a cerebral palsied girl. This was a poignant situation, because her home in an apartment block had many flights of stairs. Through this and a visit to a disabled children's orphanage, we glimpsed a huge issue: how to care for special needs children in this vast developing country, full of changing policies and efforts of parents to juggle their work and loving child care. A light relief was having an afternoon trading songs with a little kids' class in the nearby school, including our national anthems!

Michael's Role

Two aspects of Michael's administrative expertise proved very valuable to our project. One was liaison with BC Children's Hospital Rehab. Dept. for written materials. This was to augment what we were doing in each ward, and to give the staff and families a tangible guide for ongoing rehab. ideas to continue after our stay. We decided that with Sarah's excellent translations and Wendy (her English name) in administration, to produce these from the Foundation office. These included a referral form, suctioning and postural drainage info., NICU

distress sheet, Club Foot home program, etc. The laptop, fax machine, photocopier and uncertain phone lines were kept busy. The other aspect was arranging the Conference in May. To be held at the White Swan Hotel by the Pearl River, this was an enormous task for Wendy because the Canada-China Child Health Foundation was the host. Michael worked with her on many of the planning details. After a while, another warm hearted team-building exercise he organized was our weekly department meetings….. at restaurants of choice not far from the hospital. This was quite bold, us all wandering off into the city to try the excellent food of Guangzhou. Of course, our staff knew favourite but rarely visited places. Normally the 2-hour lunch break was a packed lunch and a rest in each dept. These times the "foreign experts" were the babies learning how to eat, and Dr. Mei from outpatient neurology was the Head of Dept. Isn't it remarkable how the language of food binds people together?

Winding Up

We reunited with our BCCH colleagues as they came into town for the Conference. Specialists in child care came from far and wide, including a big contingent from Beijing. Canada's Governor-General opened the proceedings, and Dr. Tze and his family hosted a banquet. A delegation toured GZCH, and the staff was invited to attend some of the conference lectures: a wonderful opportunity to hear international speakers on important topics such as rehydration and inoculation for children in the global context. We from BCCH also spoke about Rehabilitation, as my colleague Nan Fang from Traditional Chinese Medicine Dept. translated. On the last night, our two hospital groups, GZCH and BCCH, enjoyed a singsong in the hotel garden by the Pearl River: arm- in-arm comrades.

As we concluded our stay at GZCH, we reported our recommendations for further development of rehabilitation; it was on the brink of growth, and welcomed by the administration, staff and families. We hoped that structures for professional education and facilities would grow soon, and this turned out to be. As we made warm farewells around the hospital, we felt it such a privilege to become partners with the tireless staff and families for the support of their beautiful children.