Investigation Recording 2019-122

Date: October 10, 2019 (+86-7713393712)

Subject(s): Nurse, Kidney Transplant, the Second Affiliated Hospital, Guangxi Medical University

Summary

1. The number of donations obtained in our hospital may be ranked at the top in the country, so he may have more opportunities for his tissue typing, but whether or not he can have it done depends on his own condition.

2. The cost for a kidney transplant is about 200,000 to 300,000 yuan.

3. As far as the hospitalization is concerned, it just takes half a month to one month or so.

4. If there is a donor found by one’s own hospital, it will be given to the patients of the same hospital preferentially, rather than having it allocated to somewhere else in the country first.

5. Our doctors in this team are all originally from the No. 303 Hospital of the Chinese People's Liberation Army. All our doctors can perform the surgeries.

6. Sun Xuyong actually is our director’s name, well known among many hospitals nationwide.

7. We have a total of 35 beds, which are all taken already. If no beds are available, extra beds have to be put up in the hallways.

8. We do 300 or 400 cases a year.

9. It is the hospital itself that contacts the donor.

10. The patient and donor’s family members cannot meet together. This is confidential for both parties.
Translation

Nurse: Hello, this is Kidney Transplant.

Investigator: Hey, hello, is this Kidney Transplant of the Second Affiliated Hospital of Guangxi Medical University?

Nurse: Hello.

Investigator: Hey, hello. This is Ms. Zhao. I’m from Shenyang. One of my relatives does his business over there in your area. He’s got sick from kidney failure. Now, he stays in a hospital, where he’s got his tissue tying and everything else done. But he’s waited a long time—two to three months—for his organ transplant, and our family members have become particularly anxious. We’ve been told by his doctor to contact more hospitals, so as to pick whichever hospital offers the shortest wait time. If the wait time is short at your hospital, can it be done within two weeks or a month?

Nursing: That’s hard to say. As soon as his tissue typing is done and good, then he can get it done.

Investigator: Oh, okay, thank you. Here’s another question I’d like to ask: if my patient doesn’t come over now, can I first just bring his medical records to the outpatient clinic for one of your doctors to take a look?

Nurse: No, no, you can't. If he waits here, he’ll have to come and stay in our hospital to have his physical examination done here.

Investigator: Ah, if he has his tests, such as his tissue typing, all done in his hospital and ready for the surgery, if everything is okay after the assessment at your hospital, will it be quick? If everything looks okay.

Nurse: We’re not sure about whether it’s going to be fast or slow. Because among different hospitals across the country, the number of cases performed varies from one another, so does the number of donations acquired. For example, at our hospital here in Guangxi, the number of donations we obtained may be ranked at the top in the country, and may be relatively larger, so you may have more opportunities, that’s it.

Investigator: Oh, oh.

Nurse: Even with more opportunities for his tissue typing, whether or not he can have it done depends on his own condition.

Investigator: Oh, oh. Another thing that our family members also care about is, how much will be all the expenses, from the very beginning till his discharge, if we decide to proceed? How much does it cost approximately? We’d like to have an idea here.
Nurse: Well, at our hospital, the cost for a kidney transplant is about 200,000 to 300,000 yuan, if it goes well.

Investigator: Oh, it’s 200,000 to 300,000 yuan if all goes well?

Nurse: Then, for the hospitalization, it will take half a month to one month or so.

Investigator: Oh, yet another thing that we’re most concerned about is...we all heard that it may come from someone who was executed or had a car accident. As we don’t know much about this thing, how can we determine if it’s of good quality and healthy?

Nurse: We are all banned across the country now: there are no longer any organs taken from executed prisoners now, only donations are allowed.

Investigator: Ah, as for the donation, I don't quite understand that. I may sound a little rude if I ask a layman question. Let’s say, if someone donates his/her organ, is that person healthy or ill?

Nurse: That donor is definitely not a healthy person! How is it possible for a healthy person to donate? For example, if someone just had a car accident, or actually died from brain death or heart death, if we evaluate that his kidney function is good and he is willing to donate, then he may be able to do so. But if a normal person suddenly had a car accident and he wants to donate, however, if we evaluate that his kidney function is not okay, he may be unable to donate. That’s how it works.

Investigator: Oh, oh, what else do I need to know or prepare? Please let me know if I missed anything.

Nurse: Let’s say, for example, to register to get on the waiting list, if you come to our hospital to get into the queue, if there are many donors available in our hospital, well, we will give priority to our patients here. Only if none of our patients here need it (organ), then we will let it get allocated elsewhere in the country. You see my points?

Investigator: Ah, I see…

Nursing: As for how soon he’ll get it, I'm not sure. However, because there are many donors in our hospital, it only means that he’ll have more chances for his tissue typing. Of course, with more opportunities for his tissue typing, he may get his surgery done sooner here than at other hospitals. So, it works that way.

Investigator: Oh, oh, oh.

Nurse: I can only put it this way. For example, some hospitals have more donors, so if he goes there to queue and there are fewer patients there in the queue, then he’ll have more chances. That’s it.
Investigator: Oh, oh, oh.

Nurse: It gives priority…for example…if there is a donor found by our own hospital, it will be given to our own patients preferentially, rather than allocated to somewhere else in the country first. This is the case.

Investigator: Ah, ah, ah. That is, your hospital is one of the good ones in your area, with more (donors) available, right?

Nurse: Right, right.

Investigator: Are you the Second, or the First Affiliated Hospital?

Nurse: We’re the Second Affiliated Hospital of Guangxi Medical University.

Investigator: Ah, then I would like to ask again, that is, everyone wants to find a good doctor, one of an expert level, right?

Nurse: Our doctors on this team are all originally from the No. 303 Hospital of the Chinese People's Liberation Army. They’re all that the same. The doctors are all that the same—they can all perform the surgeries.

Investigator: Ah, that's great! How many teams are there in your hospital?

Nursing: Now we have just one team from 923 in our hospital. Because the military is undergoing the reform now, some military teams go join in the centers at local civilian hospitals.

Investigator: Oh, oh.

Nurse: Well, it’s like that.

Investigator: Oh, in this one team, for example, several doctors together do it just for one patient?

Nurse: Well, we have our divisional director, additionally, a primary doctor assigned to the patient, the doctor(s) in charge of the inpatient beds, and their subordinate doctors—they’re all involved.

Investigator: Ah, as for the director you just mentioned, can you tell me the director’s name? I’m going to go…

Nurse: You can go search the Internet, and you may find him, Sun Xuyong. Actually, our director is well known among many hospitals nationwide. Wherever there is a transplant center, everyone knows our director’s name.
Investigator: We’ll go to him when the time comes. I mean we’ll go register to make an appointment with him if we go to your clinic …

Nurse: Our team…hasn't our team just got transferred over from 923? Our team just got started here last year, so we haven’t had an outpatient clinic yet as for now. Our patients can only go directly to the inpatient service unit.

Investigator: Ah, who shall we look for when we go to the inpatient service unit?

Nurse: You’ll first get a card at the clinic. After that, you can go to the inpatient service, where you’ll find whichever doctor is on duty… you can find a doctor directly there. We always have one of our doctors available in the doctors’ office.

Investigator: Ah, ah, ah, then, we’ll just say that we need to have a kidney transplant, and ask the doctor there to help us.

Nurse: Yes. You’ll first come over for the tissue typing, and then wait for a kidney transplant surgeon to do it. Then you’ll be okay.

Investigator: Oh, oh, here is another thing, if we go to your hospital, if the tissue tying is okay, we can wait there. What about the bed’s availability? Is your bed supply tight? We don’t want to keep waiting only to find that we have to go look elsewhere again later.

Nurse: There’s a bed shortage…as for now at our hospital generally…now all beds are taken. Because our team was just relocated over here last year, wasn’t it? There are only about 30 beds, so if they’re all taken, we can only put up extra beds in the hallways.

Investigator: Ah! I just hate to take a bed in the hallway. How many beds do you have, as they’re all taken now?

Nurse: We have a total of 34 or 35 beds, which are all taken already.

Investigator: So, you do it every year, and must have done lots of cases a year, right? You can do several hundred a year, can’t you?

Nursing: We do 300 to 400 cases a year.

Investigator: Ah, 300 to 400 cases are performed a year. So, there is no problem with your techniques! Well, your price is not expensive, either. Is it 200,000 or 300,000 yuan? Usually that’s the price.

Nursing: Guangxi is the least expensive place in the country.

Investigator: Oh, your price is the lowest, is that what you meant?

Nurse: Yes, yes, yes.
Investigator: Ah, that’s great! Plus, the doctors are good as well. I will find one…I’m not good at surfing the Internet, but I’d like to get on your website in a minute. What’s the doctor's name? If your doctors are ranked online, the first one appearing at the top is the best, right?

Nurse: No, no. And we now…from online…you cannot make an appointment from our website. You must come here, directly come over here without the need to make an appointment.

Investigator: Ah, ah, ah, your team just got reorganized, that is, some good doctors are all there in your team?

Nurse: Yes, yes, yes.

Investigator: So, your doctors are from the No. 303 Hospital, a military one, as you just said? Are those doctors from the military hospitals all quite good?

Nurse: Uh, yes.

Investigator: Well, I just want to know which doctor is the authoritative one from that military hospital.

Nurse: It’s our director, of course!

Investigator: Oh, it’s your director. Is he the director that came over from the No. 303 Hospital?

Nurse: It’s Director Sun Xuyong.

Investigator: Sheng, which one?

Nurse: It’s Sun.

Investigator: Ah, it’s Sun. What’s his full name?

Nurse: Sun Xuyong, “yong” as in “yonggan” (for brave).

Investigator: Ah, “yong” as in “yonggan”. Is “Xu” referring to the rising sun?

Nurse: Oh, no, it’s not. It’s referring to another character, with ‘ri’ and ‘ju’, at the top, plus 4 comma-like strokes at the bottom.

Investigator: Oh! Oh! I got it! So, he’s the chief physician, the one with the best technical skills, right?
Nurse: Yes, he’s the director of our center. But generally when you come, you can just ask for one of our doctors at the inpatient service.

Investigator: Okay, now I got the idea.

Nurse: As our director, he often goes out for a meeting or a big surgery elsewhere.

Investigator: Ah, ah, ah, what’s the most worrying thing in the end? Now, let’s say, we’ve got it all done and spent the money, that would be all fine. But what matters most is that we definitely must have a healthy and good organ.

Nurse: As for a transplant like this, we can't guarantee its quality, can we? Because patients are all different, there will always be risks involved, yes, there will always be risks.

Investigator: There will also be risks, but these risks won’t be too great, right?

Nurse: Right, right, but they have certain probabilities.

Investigator: Ah, it's like at those hospitals…I don't quite understand either. Let’s say, regarding things such as national unified allocation, should the hospital itself make the contact about it, that is, should the hospital contact the very person who is to make the donation?

Nurse: There will be one in our hospital, and there will be an organization in our country. There will be such an organization.

Investigator: Oh, another thing is, if we want to express our gratitude to the family members of the donor, or do things of that nature, how much does it cost to do such things?

Nurse: There is no such a need.

Investigator: We don't need to contact or say anything to the family members of the donor, right?

Nurse: Right, right.

Investigator: That’s okay too. There is one less worry for us that way.

Nurse: That is confidential for both parties.

Investigator: Ah, it’s mutually confidential. That’s fine. If there is anything else that I need to know, please go ahead tell me.
Nurse: Well, you can come and consult again when the time comes, okay? I don't know what else to tell you on the phone, okay?

Investigator: Oh, that’s fine. Excuse me, Doctor, may I have your last name? Are you a doctor or a nurse?

Nurse: I’m a nurse.

Investigator: Ah, you’re a nurse. Okay, thank you!

Nurse: Sure, you’re welcome.

Investigator: Okay, bye!