

The Social Beauty of Beijing Children’s Hospital

A Brief History of Pediatric Rheumatology in China

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What follows is the verbatim written narrative associated with each slide of the above power point presentation. This presentation was viewed by 170,000 participants at the 10th International Forum of Pediatric Rheumatology and Immunology.

Slide 1:

Hello, Everyone. I’m Dr. Rennebohm. Thank you for inviting me to give this presentation.

I would like to share my fond memories of working at Beijing Children’s Hospital (BCH) in 1981. In the process, I will briefly review the early history of pediatric rheumatology in China;

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And I will pay tribute to 4 of BCH’s finest pediatricians: Dr. Zhu Fu Tang, Dr. Jiang Zai Fang, Dr. He Xiao Hu, and Dr. Li Cai Feng; and I will share a model that Drs. Zhu, Jiang, and He created to help children’s hospitals throughout China develop pediatric rheumatology programs. I wish to share this model in case it might be useful for the development of pediatric rheumatology programs in countries or hospitals that have not yet had the opportunity to do so.

Slide 3:

Dr. Zhu Fu Tang was the Founder of BCH and its first Chairman of Pediatrics. On the right is a statue of him on the hospital grounds.

Slide 4:

Here is the title page of his famous textbook of Practical Pediatrics, which he published in 1943.

Slide 5:

Here, in his own calligraphy, is the motto he created for BCH. Gong-Ci-Qin-He (fairness, charity, diligence, and harmony)

Slide 6:

This is Dr. Jiang Zai Fang, who was Vice-Chair of Pediatrics in 1981. The breadth and depth of Dr. Jiang's pediatric knowledge is extraordinary. She has always exemplified the altruistic spirit that Dr. Zhu Fu Tang promoted at BCH.

Slide 7:

This is Dr. He Xiao Hu, China's first Pediatric Rheumatologist. More about Dr. He and Dr. Li in a few minutes.

Slide 8:

Without a doubt, the greatest experience I have ever had during my 51 years as a pediatrician and my 44 years as a pediatric rheumatologist were the 2 months I worked at BCH in 1981. I have never met more knowledgeable, more altruistic, or kinder pediatricians than those I met in 1981. I have never worked in a more admirable hospital than the BCH of 1981. This is Dr. Jiang on the left; Dr. He Xiao Hu on the far right; and me in 1981.

In 1980 I had sent a letter to Dr. Zhu Fu Tang, asking him if BCH had a pediatric rheumatology program and indicating that, if not, I would be pleased and honored to help BCH develop such a subspecialty. He promptly wrote back and said that neither BCH nor any other children's hospital in China had developed the subspecialty of pediatric rheumatology. He indicated that in his opinion BCH and other children's hospitals in China absolutely needed to develop this subspecialty. In his mind it was a high priority. A year earlier a delegation of prominent American pediatric rheumatologists, led by Drs. Earl Brewer and Chet Fink, had visited BCH and had strongly encouraged Dr. Zhu to develop a pediatric rheumatology program at BCH. Dr. Zhu invited me to spend a year at BCH to help China develop the subspecialty of pediatric rheumatology. Because of family needs, I was able to spend only 2 months at BCH.

In addition to Dr. Zhu Fu Tang's enthusiastic support for development of pediatric rheumatology at BCH, Dr. Jiang Zai Fang also provided strong support.

When I arrived at BCH I was introduced to Dr. He Xiao Hu. She was an excellent pediatric nephrologist at BCH. Drs. Zhu and Jiang had selected her to work closely with me throughout my 2 month stay. She was chosen because of the overlap between nephrology and rheumatology, and because of her excellent clinical skills, her personality, and her fluency in English. She was freed from all of her usual clinical obligations so that she could spend full-time working with me. The idea was that, after my departure, she would become BCH's first designated pediatric rheumatologist. My goal was to share as much of my knowledge of pediatric rheumatology as I could with Xiao Hu.

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During my 2 month visit to BCH in 1981 I presented many lectures to the entire BCH staff. Xiao Hu served as my able interpreter.

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I also conducted intensive tutorial sessions with Dr. He and small groups of BCH pediatricians.

Slide 11:

I am sure that I learned as much from Xiao Hu and Dr. Jiang as they learned from me.

Slide 12:

Xiao Hu and I got along like brother and sister.

Slide 13:

One of our first steps was to visit each ward in the 650 bed BCH to determine how many children with a rheumatic disease were in the hospital on that particular day. There were 32 such patients, spread out among the many different general pediatrics wards. Of note, there was not a specific rheumatic disease ward.

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Our next step was to determine, roughly, how many cases of each childhood rheumatic disease had been admitted to BCH during the preceding 20 years. Within 24 hours the director of the medical records department provided us with the numbers of unique patients who had been discharged with a diagnosis of a rheumatic disease. I do not remember the exact details, but there were about 2300 unique cases of HSP, 950 unique cases of acute rheumatic fever, about 600 cases of JIA, about 90 cases of lupus, and about 40 cases of dermatomyositis. I was amazed that those numbers were provided so quickly. This, of course, was before computers were available. I later learned that since the opening of the hospital in 1955 a diligent man had maintained a clever index card system to document the discharge diagnosis of all patients admitted to BCH.

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In the medical records room the walls were lined with pigeon hole compartments. For each discharged patient he completed an index card that contained demographic information and the discharge diagnosis. There were separate pigeon holes for JIA, lupus, JDMS, HSP, etc. I suspect Dr. Zhu Fu Tang had taught him how to develop and maintain this system. Upon our inquiry, all he needed to do was count up the index cards in each disease-related pigeon hole.

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Our next step was to review the charts of the most recent 100 inpatients who had been discharged from BCH with a diagnosis of JIA. We wanted to determine how many had oligo, poly, or systemic JIA; what the age and gender distribution was; and where each child lived (to determine the referral distance). We also wondered what happened to each patient.

Most of these inpatients had poly and SoJIA. Most were boys. Only a few had oligo onset JIA, which is not surprising since these were inpatients.. I was particularly impressed by the large number of SoJIA patients who had experienced extremely severe MAS.

It became apparent that most of these inpatients were never seen again at BCH after their discharge. There was no specific follow-up clinic to provide ongoing care for the patients or ongoing learning for physicians regarding the long-term clinical course and outcome of childhood rheumatic diseases.

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This led to the realization that Xiao Hu needed to establish and conduct a specific pediatric rheumatology outpatient clinic where she could personally provide follow-up care for patients

discharged with a diagnosis of a rheumatic disease and where she could evaluate newly referred outpatients. We also decided that Dr. He should be automatically consulted on all patients admitted to BCH with a rheumatic disease. In these two ways, Dr. He could most rapidly increase her personal experience and expertise. In other words, Dr. He officially became the “designated pediatric rheumatologist” at BCH; pediatric rheumatology experience would be temporarily concentrated in her hands; and she would learn by doing.

From 1981-1983 Dr. He served as BCH’s “designated pediatric rheumatologist.” She quickly gained great experience.

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Dr. He then received further formal pediatric rheumatology training in Houston Texas, in the USA, with the great pediatric rheumatologist, Earl Brewer--from 1983-1985. During that time she also worked closely with a young future great pediatric rheumatologist, Dr. Dan Lovell. She then returned to BCH to further develop its pediatric rheumatology program.

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This is Dr. Brewer and Dr. Lovell, two of our greatest pediatric rheumatologists.

Slide 20:

In 1991 Dr. He and I co-chaired a week-long BCH Symposium on Pediatric Rheumatology. Drs. He, Jiang, and Zhu invited 2 pediatricians from each of 10 different children’s hospitals in China. Each of those 10 children’s hospitals selected and sent 2 pediatricians who were particularly interested in pediatric rheumatology. During the week-long Symposium Dr. He and I presented many lectures on pediatric rheumatology and we presented and discussed many actual patients. The plan was that, after returning from the Symposium, the two pediatricians would serve as their hospital’s “designated pediatric rheumatologists” As with Dr. He’s initial training, rheumatic disease care would be concentrated in their hands and they would learn by doing. They would be consulted on all rheumatic disease inpatients and would establish a follow-up outpatient clinic.

Slide 21:

In 1993 Dr. He and I co-chaired a Second BCH Symposium on Pediatric Rheumatology. This was also a week-long symposium. Participants at the first symposium returned for the second Symposium, plus representatives from a few other children’s hospitals in China attended. I invited several prominent US pediatric rheumatologists to attend the symposium. Drs. Earl Brewer, James Cassidy, Joe Levinson, Chet Fink, and John Baum attended and contributed lectures. The “designated pediatric rheumatologists” from the other 10 children’s hospitals presented their experiences with the clinical care and study of rheumatic diseases at their hospitals. This symposium served to further encourage and inform the development of pediatric rheumatology at children’s hospitals throughout China. This is Dr. Cassidy and Dr. Baum.

Slide 22:

Between 1981 and 2002 I had the privilege and pleasure of visiting China on 6 total occasions. During those visits, Dr. He and I visited and lectured at a cumulative total of 9 different children’s hospitals in

China. During this time Dr. He became not only the leader of pediatric rheumatology in China but in much of Asia.

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In 2004 Dr. He arranged for Dr. Li Cai Feng to spend 6 months studying pediatric rheumatology with me at Columbus Children's Hospital in the USA. Immediately afterwards, Cai Feng spent 6 months working with Dr. Tom Lehman in New York City. Dr. Li was to be the new chief of pediatric rheumatology at BCH, after Dr. He headed into retirement. I found Cai Feng to be an excellent pediatrician and an absolute pleasure to work with. And she became an excellent pediatric rheumatologist.

Slide 24:

This is Dr. Li in 2004, when she was in Columbus.

Slide 25:

Over the past 20 years Dr. Li Cai Feng has led the field of pediatric rheumatology in China. Sadly, Dr. He Xiao Hu, Dr. Li's mentor and my dear friend, died in 2017, at the age of 80.

Slide 26:

I would like to conclude by emphasizing a few principles and issuing a warning:

Among Dr. Zhu Fu Tang's many abilities was his ability to accurately recognize which pediatricians at BCH had an abundance of empathy, were particularly kind and altruistic, and were natural leaders---in addition to being excellent clinicians. He possessed the wisdom to make sure that positions of leadership (at BCH and at other children's hospitals in China) were populated by excellent clinicians who demonstrated the most empathy, humility, unselfishness, and kindness. He was very careful to not put physicians in positions of leadership or power if they tended to be opportunistic, arrogant, egotistical, or short on empathy, even if they were otherwise very intelligent and academically accomplished. He fully appreciated the importance of altruism. He purposefully created a culture that fostered unselfishness and transformed behavior in the direction of altruism. He fully appreciated how a culture of opportunism and revenue generation could transform physicians to become less empathetic and less altruistic.

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At the same time, however, he strongly and wisely warned against the overzealous, intolerant, and tiresome over-emphasis on altruism that had often occurred, often abusively, during the cultural revolution.

Slide 28:

In 1981 BCH was a very precious children's hospital---a superb example of Social Beauty. It represented the epitome of altruistic care and altruistic spirit. It was led by a natural leader, Dr. Zhu Fu Tang, and other physicians who not only demonstrated great medical knowledge and clinical skills but also demonstrated great empathy, compassion, kindness, and unselfishness. Dr. Jiang was a superb example of this.

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During the 1980s Columbus Children's Hospital, the hospital in the USA, where I worked for 21 years, was also a precious, humble, altruistic hospital that was led by the most kind and knowledgeable among us. The emphasis was on superbly meeting the needs of children. We were encouraged to spend the time necessary to meet those needs. We did not practice medicine in a rush.

During the 1990s CCH changed. It became corporatized. Big, wealthy corporations offered great amounts of money to further build the hospital's physical plant and reputation. The hospital was renamed Nationwide Children's Hospital, after the private, ultra-wealthy, hugely profitable Nationwide Insurance Company that donated an enormous amount of money. It was "good business" to be philanthropically associated with a children's hospital. It was "good for the brand."

This corporatization came at a huge cost, however. The corporate sponsors expected the hospital to be "run like a business." It needed to be optimally efficient and must generate optimal revenues. The Chairman of Pediatrics needed to be a person who had good "business sense" and was truly excited about maximizing revenue, capturing market share, outcompeting other hospitals, and building a successful empire that would please the hospital's corporate sponsors. Natural leaders with an abundance of empathy, humility, and altruism, were no longer desired. In fact they were viewed as a liability and were marginalized---because they were not sufficiently enthusiastic about revenue generation. Soon, positions of leadership were populated by the least altruistic and least empathetic among us. The most opportunistic, least altruistic, and least empathetic ascended to positions of power. And decisions were no longer made in a democratic fashion but in a top-down autocratic fashion.

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During the 1980s I was a physician who served patients.

During the 1990s I became a "health care provider" who served "clients."

By 2000 I was expected to be a "revenue generator" who served the "corporate institution."

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Throughout the USA, patients have ceased to be the top priority. Physicians are no longer free to spend the time it truly takes to provide optimal care. Our most kind and altruistic physicians are, in fact, being marginalized, even punished.

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I am sure that Dr. Zhu Fu Tang would be horrified by what has happened to health care in the USA, where he once trained. I would urge children's hospitals around the world to resist the corporatization of health care and, promote, instead, the Social Beauty that BCH exemplified in 1981.

Slide 33:

I would add that "populating positions of leadership and power with the least altruistic among us" (instead of the most altruistic among us) has been a problem not just in health care; it has been an even greater problem throughout the corporate world and in governments throughout the world. I believe

this problem is the major reason for the wars, geopolitical tensions, and economic and social problems that plague our world today.

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We must learn from and seek to emulate the behaviors and wisdom of BCH's early pediatricians---Drs. Zhu, Jiang, and He. We must learn from and seek to emulate the Social Beauty I was privileged to experience at BCH in 1981.

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For more on Social Beauty, please see the following website: www.notesfromthesocialclinic.org

Slide 36:

In closing, I would like to pay tribute to four other wonderful pediatricians I had the privilege of meeting in 1981: Dr. Hu Ya Mei, Chief of Pediatric Oncology; Dr. Zhang, Chief of General Surgery; Dr. Pan, Chief of Pediatric Orthopedics; and Dr. HU Yi Ji, Chief of Infectious Diseases. Each of these physicians strongly supported the development of pediatric rheumatology at BCH in 1981. I vividly and fondly remember their kindness, and I thank them for that support.

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Thank you, BCH, not only for inviting me to give this presentation but also for inviting a young American pediatric rheumatologist to Beijing in 1981. Thank you very much!!

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