Foreign Chinese students in New Zealand

Daniel Wu MBChB FRNZCGP

***Daniel Wu** is a keen fisherman. Born in Taiwan, he arrived in New Zealand as a teenager. Daniel studied medicine at Auckland Medical School and is now a general practitioner in Central Auckland. He is an executive member of the Auckland Chinese Medical Association.*

Thousands of young Chinese students come to New Zealand every year, for anything from six months to three years or longer, planning to further their education in this country. Many of them make Auckland their temporary home and each day a few will make the trip to my Ponsonby general practice on the edge of the central business district. Although I may speak the same language and come from an immigrant Chinese background myself, the students have their own unique set of barriers that I have had to learn to overcome in order to provide for their medical needs.

The students arrive in New Zealand with a heavy load of family expectations to succeed. Their parents have made huge sacrifices to send often their only child to study abroad at great financial cost. Unrealistic parental expectations can lead to anxiety, stress, sleep disturbance or depression and this can be the underlying cause of many presenting symptoms. An understanding of both their personal and cultural background and health beliefs are crucial in coming to an appropriate diagnosis and management plan if these young people seek medical advice while visiting New Zealand.

English language is compulsory in most high schools in China and Taiwan, although the standards are often poor. The students, when they first arrive, come to New Zealand with a minimum of English proficiency and are often living in Kiwi homestays, where they have great difficulty in communicating. At the first possible opportunity, many decide to leave the more confined homestay environment and go flatting with other students. It is often their first time away from home for any extended period of time without parental supervision. Like young people anywhere, many of them end up with irregular meals, fast foods, smoking, alcohol and poor lifestyle choices such as late night parties or burning the candle at both ends to complete study assignments. This may result in gastric symptoms such as reflux oesophagitis, dyspepsia and even peptic ulcer. In addition, being young and image conscious, the young women in particular are often grossly under weight. It is not unusual for them to have a body mass index of 15–17. Despite being under weight, I am often surprised at how many of these young women are taking weight control medications imported from China, or herbal tea for the purpose of weight control or further weight reduction.

Unrealistic parental expectations can lead to anxiety, stress, sleep disturbance or depression and this can be the underlying cause of many presenting symptoms

For reasons such as seeking companionship and emotional support, romantic relationships can quickly become intimate without appropriate knowledge of sexually transmitted disease prevention and contraception. This is apparent in the incidence of chlamydia and related infections encountered as well as the number of referrals to the private TOP service. There are also cultural differences in that termination of pregnancy seems to be a 'tolerated' form of contraception in many Asian countries. It is not uncommon to come across young women in their early twenties who have had two or three terminations. It seems that the perceived risks associated with long-term hormonal contraceptive use are greater than the perceived risks associated with repeated TOP. Some element of 'it won't happen to me' also exists.

When health problems do arise, Chinese students often turn to overseas advice first by calling home and seeking a third or fourth hand medical opinion. To be able to afford to come to New Zealand, a majority of these students are from wealthy families and it is not unusual for them to have family members in the medical field. There

are often striking differences between medical advice received in New Zealand and that received from home. It is quite common for a teenager with a mild, self-limiting illness to arrive with a list of expensive investigations they have been told are necessary by a 'specialist' in China, and attempts to reassure them otherwise will often not be successful. Medical insurance is compulsory for these overseas students and a therapeutic blood test or x-ray may be the only approach that will be accepted. New Zealanders in a similar position of being in a foreign country with a very different health system would also be likely to accept expert advice from home rather than trust contrary local advice.

New Zealanders in a similar position of being in a foreign country with a very different health system would also be likely to accept expert advice from home rather than trust contrary local advice

Self-medication is also very common. Many medicines are freely available without prescription in Asia and on close questioning I often get a history of recent antibiotic use; penicillins, second generation cephalosporins such as cefuroxime and quinolones such as ciprofloxacin. These are commonly used inappropriately for any inflammatory illness, post viral cough, allergic rhinitis etc. These medications either arrive by post or are brought in as accompanying luggage when the students arrive.

As well as orthodox medicine, these students are brought up with the traditional Chinese medical model and the belief that herbal remedies are gentle and free from side effects, unlike their western counterparts. As a result, there is likely a history of concomitant use of some herbal medication as well as prescription medicine. For example, a blood test may show iron overload and only careful questioning will reveal long term use of iron supplements in the form of herbal tonics. It can be difficult to convince people to stop using these products. Perhaps they are stopped for a short time but follow-up tests will suggest resumption of use and the patient will confirm that their parents have insisted on restarting them.

With better understanding of their cultural background and their approach to health care, I believe we can provide a better health care service for these young guests who have come to our country.

Cultural self-awareness

'The greater the class and cultural disparities between physicians and patients, the more difficult it is to communicate across such divides. Emotionally charged topics, such as female circumcision, a very sick child, or a family member at the end of life, can create turmoil between doctors and patients if differing perspectives are not handled with sensitivity. We doctors would do well to reflect on our own cultural perspectives if we wish to avoid pitfalls. Our analytic, diagnostic thinking is so routine for us that we tend to forget the European origins of our objective, scientific worldview. Our patients may take our impatience and lack of warmth as personal affronts. We can be offensive without intending to be, or even realizing it.'

Cole PM. When medicine and culture intersect. Postgraduate Med. 2002;112(4).