

Without adjustment for hypertension and diabetes, we found that obesity was associated with increased mortality from all causes (relative risk of death, 1.20; 95 percent confidence interval, 1.08 to 1.30) among urban residents but not among rural residents (relative risk, 0.90, 95 percent confidence interval, 0.73 to 1.19). In our study, only work-related physical activity was measured at the baseline examination. We agree with Dr. B. Wang that other forms of physical activity are important in China. Lack of data on leisure-time physical activity was identified as a limitation of our study.

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The Evolving Chinese Health Care System

TO THE EDITOR: The otherwise excellent article by Blumenthal and Hsiao (Sept. 15 issue)¹ overlooks three critical points regarding Western medicine in China. First, institutions such as ours serve as points of introduction for concepts such as infection control, pain management, peer review, palliative care, evidence-based medicine, quality control, and even primary care — this last being arguably the most cost-effective way of dealing with emerging diseases of industrialization and urbanization, as documented in the same issue of the *Journal*.² I can personally vouch for ample experiences of this phenomenon during the severe acute respiratory syndrome epidemic, and it is also evident in the ongoing regular visits of groups of hospital, medical, and nursing directors.

Second, that a small but growing minority of Chinese patients has access to compassionate and patient-centered care, adequate pain relief, and treatment with clean instruments should not be a point of indignation. The goal is to find a way to deliver the same standard of care to every patient. Finally, to dismiss Chinese physicians' access to advances in technology denies the scientific contribution of this highly skilled and talented group to the global understanding and progress of health and illness.³

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2. He J, Gu D, Wu X, et al. Major causes of death among men and women in China. *N Engl J Med* 2005;353:1124-34.

3. Hou FF, Zhang X, Zhang GH, et al. Efficacy and safety of benazepril for advanced chronic renal insufficiency. *N Engl J Med* 2006;354:131-40.

THE AUTHORS REPLY: Dr. Mahmoudi suggests that private, investor-owned hospitals in China play an important part by introducing new forms of technology and approaches to service and by meeting the demands of a “growing minority” of affluent Chinese. However, the growth of a for-profit sector serving a society's elite leads inevitably to inequalities in service. The single greatest problem facing the Chinese health care system is how to reduce inequities by providing all citizens with basic protection against the cost of services and by making services of adequate quality available throughout the country's vast expanse. Furthermore, Dr. Mahmoudi assumes that an investor-owned sector that provides services modeled on the care provided in Western countries will necessarily be more efficient than that provided in the mainstream Chinese sector. That assumption remains to be tested. Certainly, experience with high-technology medicine in the United States suggests that it is plagued with inefficiencies related to the overuse of services. The struggling Chinese health care system can ill afford to replicate the inefficiencies found in much more affluent Western health sectors.

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