Jon Gilbert Fox

Medical student Mengyi Zha ('16) is already working to expand access to health care for the poor in China.

SPREADING SUNSHINE AND LOVE IN CHINA

MENGYI ZHA ('16) WANTS ALL OF CHINA'S 1.3 billion residents to get the basic health services they need.

"Growing up in Beijing, I was aware of the large number of poor and homeless people living in the streets but was taught to ignore them," Zha recalls. "I felt it was my responsibility to speak for the voiceless and advocate for the ignored, but it wasn't encouraged."

Receiving medical care in China can be fraught with difficulties. With few primary-care physicians in the country, getting care requires traveling to the nearest hospital—most doctors are hospital-based—and standing in line waiting to spend a few minutes with an impersonal physician. Faced with these obstacles, people often triage themselves, gathering advice from friends and family before deciding to see a physician. But for the poor and uninsured, paying for health care may not be possible.

As a premed student at Peking University, Zha found this exclusionary system troubling. She wanted to do something about it but wasn't sure what would help. She left Beijing to complete a mathematics degree at the University of Nebraska, and it was there that she first learned about student-run free clinics. Fascinated by the concept, she thought this model could be emulated in China as a way of introducing compassion-based medicine and service projects to medical students who were unfamiliar with the concepts of social responsibility and volunteerism.

Inspired, she proposed the project to former colleagues at Peking University, and they discussed the feasibility of creating a free clinic. She knew that deconstructing the traditional Chinese model of care was a risky idea because physician–patient animosity is a longstanding problem. "Patients don't trust doctors, so why would they trust medical students," Zha says.

Convincing the government, the medical community, and administrators and faculty at

OVERHEARD

The medical record is currently in the midst of a radical transformation, one driven by a number of coalescent factors. The most important of these is that the details of what was once a private encounter between patient and physician have become very important to many people who were not present when the encounter took place.

—ROBERT FOOTE, MD, ASSISTANT PROFESSOR OF RADIOLOGY, WRITING IN *JAMA INTERNAL MEDICINE*

Peking University's medical school that the clinic was viable would not be easy. But undaunted by the task, Zha and a small team of volunteers spent a year visiting student-run clinics in the U.S. and negotiating with Chinese bureaucrats and university officials. Their efforts were rewarded—in 2010 the Sunshine and Love Clinic opened with six volunteers, including Zha. Today, nearly 450 student volunteers staff and manage the campus-based clinic, which provides a bridge to care with physical exams, diagnosis of minor ailments, and health profiles for Beijing's vulnerable poor and their families.

"On average, students spend at least 45 minutes with each patient, examining them and talking with them in a caring and compassionate way," Zha notes. "This personal touch reassures patients and helps them understand their diagnosis and next steps."

It's a good feeling, Zha says, when someone tells you that this is the first time they've been treated as a person or asked how they are doing. "Patients want to be heard, and listening to them is the first step to healing," she believes. "In China, you can go through eight years of medical education without learning how to talk to or interview a patient in depth."

Zha's determination to help those less fortunate has gained the attention of medical students throughout China. She coordinated and helped host a national medical student forum in Beijing to teach others what she's learned, and she has led sessions on volunteerism and social responsibility.

"Geisel has been really supportive of my efforts," she says. "For the past year, I've been able to take time off from my studies to organize and bring medical students from China to the U.S. to attend the annual Society of Student-Run Free Clinics conference."

Her goal is to create a national model for student-run free clinics in China, and to change health-care policy. "There are 20 affiliated hospitals at Peking University, so we have the capacity to enlarge our scope of care," she says. "The Sunshine and Love Clinic sees more than 100 patients annually—and that's one clinic in one hospital."

Zha knows there's a long way to go, but she's off to a good start.

SUSAN GREEN

SURPRISE FINDINGS ON A WEIGHTY MATTER

IN SOME OLDER ADULTS, a normal body mass index (BMI) may be hiding an elevated risk of death from cardiovascular disease, Geisel researchers have found.

Assistant professor of medicine John Batsis led a team of researchers in a study of a sample of 1,528 individuals, age 60 and over, from the National Health and Nutrition Survey (which had a 12.9-year follow-up, on average). All individuals had their percentage of body fat tested using a bioelectrical impedance analyzer, and, according to their BMI, all were at normal weight. BMI is calculated as a ratio of weight to height.

Batsis and his team looked at all-cause and cardiovascular mortality rates and cardiovascular risk factors for those with normal weight and differing degrees of percent of body fat. They compared people with normal weight obesity (NWO) (that is, people who were not obese or overweight according to their BMI, but according to bioelectrical impedance had a high percentage of body fat and would be considered obese) to those with lower levels of body fat.

Batsis found no difference in overall mortality between people with NWO and those with lower degrees of body fat. But there were some important differences between the two groups. Women with NWO had higher short-term cardiovascular mortality rates compared to women with lower body fat. And for men, the rate of long-term cardiovascular mortality was about four times higher for those with NWO than for those with lower body fat.

The study has serious implications. Women 60 and over who have a normal weight according to their BMI but have a high percentage of body fat may be at higher risk of early cardiovascular death. "By ignoring this sub-group, one potentially overlooks targeted therapeutic approaches that could attenuate morbidity and mortality, even in older people," the researchers wrote in the *American Journal of Cardiology*.

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According to a recent study, body mass index, which is calculated by measuring height and weight, is not a very reliable indicator of potentially serious cardiovascular problems.

"You need to be able to identify these patients [with NWO] so you can aggressively manage their risk factors," Batsis says. "BMI, particularly in older adults, is a poor surrogate for obesity because there are changes in body composition it does not account for, including fat and adequate muscle mass."

Batsis and his colleagues believe there needs to be a better tool than BMI to measure obesity. "The question here is, is waist circumference any better? Is waist-hip ratio any better? We looked at [these measures] in separate studies and the jury is still out," he says. "It's likely a combination of the two."

MATTHEW C. WIENCKE

OVERHEARD

Babies born at extremely low gestations are in a special category of their own. Their care raises a host of ethical, moral, medical, and economic questions. Extremely preterm babies strain the limits of neonatal intensive care both technologically and morally.

—GAUTHAM SURESH, MD, ASSOCIATE PROFESSOR OF PEDIATRICS AND OF COMMUNITY AND FAMILY MEDICINE, WRITING IN *HEALTH AFFAIRS*