Exposing the abuse of Chinese orphans

Peter Kandela

In January, Human Rights Watch/Asia published evidence of horrific maltreatment of children in the Shanghai Children's Welfare Institute.¹ The publicity led to widespread public indignation in the West and calls for pressure to be put on the Chinese government to improve conditions for such children. This exposure was the result of the efforts of a Chinese physician, Dr Zhang Shuyun, who assembled evidence from firsthand experience, and then escaped to bring the matter to world attention. Dr Zhang is currently in the United Kingdom and agreed to be interviewed to give a firsthand account of her work in the orphanage and her subsequent decision to leave China and expose the abuses she had observed.

I met Dr Zhang while she was staying with friends in London. She was friendly and relaxed as she told me, through an interpreter, about her life in Shanghai and how she came to publicise the maltreatment of orphaned and disabled children.

Dr Zhang was born in Shanghai in 1942 and grew up there. She studied medicine at the Beijing University School of Medical Sciences and since then her main specialty has been paediatrics, including research on aspects of hygiene. She also undertook research on people suffering from chronic lung disease, especially those working in the shipbuilding industry and exposed to asbestos.

"I was anxious to go back and work again with children," Dr Zhang told me. This ambition was realised in 1988 when she joined the Shanghai Children's Welfare Institute as a senior medical officer. This institution was originally founded by Catholic missionaries in 1912 and was maintained as a home for orphaned and abandoned children when the Communists came to power. In 1988 the government built a seven storey modern institute in the grounds of the orphanage to be used as a consultation and outpatient centre. During our discussion Dr Zhang talked with pride and nostalgia as she showed me

photographs of the modern building in which she had worked for five years.

Evidence from inside

During that period she had met Ai Ming, a young man who had been abandoned and taken to the orphanage in 1972 after he was born with deformed legs. As a young adult he came to recognise and support the critical stance that Dr Zhang and some of her colleagues were taking and helped them by gathering photographic evidence of the condition of the children in the orphanage. Ai Ming managed to leave China and is currently living with Dr Zhang and her family. He seems to have adapted to his new life. Now aged 24, he has some difficulty in walking. He showed me the scars of surgery carried out on him during his teenage years; he has recently been seen by an orthopaedic surgeon in London to find out if anything can be done to help him walk better.

Consulting her meticulous notes, Dr Zhang told me that shortly after she joined the institute she realised that most of the boys who were admitted had some physical or mental disability. Many of the girls were quite normal but seemed to have been abandoned for economic reasons or as a result of China's one child policy and the preference for boys. "Whatever the condition of the children when they were admitted, I began to observe that many of them were dying from starvation, diarrhoea and vomiting, and general medical neglect," she said. "Death certificates frequently gave congenital maldevelopment of the brain as cause of death, and even hare lip and cleft palate were cited on death certificates."

According to records which she kept between October 1988 and June 1989, she saw 162 cases where the "wrong" cause of death had been given by the medical officers: "I looked at the medical records of all these cases and examined the death certificates. What upset me most was that sometimes I saw new orphans who were healthy when they were admitted, but within a short period they died." Children were removed to the mortuary and in some instances were cremated even before a death certificate had been issued. She explained that the crematorium was run by the same authority as the orphanage and that there was an "understanding" that the certificate would arrive later.

Dr Zhang was at pains to point out that she had made every effort to improve the situation at the orphanage. Together with other staff members, she took her complaint to the Shanghai Civil Affairs Bureau. "We held two meetings with senior officials, including the bureau's director, Sun Jinfu, in February 1990 to explain our concerns, but following that meeting a wave of retribution began to take place." Dr Zhang explained that one of her colleagues and supporters, Li Guilan, was suspended in June 1990, and in July she herself was demoted to performing Chinese massage therapy, a job for which she was not qualified. "They even reduced my salary and changed my title to 'ordinary worker'," she added.

Recognising the futility of seeking change locally, she and her colleagues took their complaints to members of the National People's Congress. Three senior delegates were dispatched to investigate the

29 Greenlands Road,
Staines, Middlesex
TW18 4LR

Peter Kandela, chairman,
Physicians for Human Rights
(UK)

BMJ 1996;312:495-6

Fig 1—Children were deprived of food and drink if they had some deformity, were badly behaved or demanding, or were simply not liked

orphanage, but unfortunately they did not substantiate the allegations, even though Dr Zhang felt that one member was particularly sympathetic.

Throughout this period, she made systematic notes of the abuses and assembled evidence both from her own observation and from corroborating medical reports in the orphanage. She showed me the copies of her reports, together with Ai Ming's photographs. Largely on the basis of this evidence, Human Rights Watch/Asia published a report on conditions which concluded: "We estimate that in China's best known and most prestigious orphanage, the Shanghai Children's Welfare Institute, the total mortality in the late 80s and early 90s was probably running as high as 80%. Even official figures put the annual death to admission ratio at 77.6% in 1991."

Selecting children for death

Dr Zhang described the process by which so many children were allowed to die. She observed that children seemed to be selected for death if they had some deformity, were badly behaved or demanding, or were simply not liked. A consultation meeting took place between the staff, at which it was decided to deprive those selected of food and drink. Once the effects of starvation took hold, the child became ill and was then examined by a medical officer. At this stage, the phrase "treat accordingly" on the notes came to mean "let the child die." When children selected in this way were near to death from starvation or medical neglect, orphanage doctors were asked to perform a "medical consultation" which served as a ritual, marking the child for subsequent termination of care or life saving intervention.

When it finally became clear that the situation could not be improved from within, Dr Zhang made plans to

leave the country, followed later by her husband and children, a daughter of 21 and a son who is now 16, and also by Ai Ming.

I asked Dr Zhang how she had managed to leave under these circumstances but she was unwilling to provide any details on this point, perhaps for fear of implicating others. We know that she left China in early 1995, followed five months later by her family and Ai Ming. She then spent nine months assembling evidence and talking to human rights groups, including Physicians for Human Rights. Dr Zhang's family in China have been interrogated and her younger brother is required to report regularly to the police. Her supporters in Britain are at present extremely concerned about the welfare of the rest of the family who are still in China.

The testimony of Ai Ming as one of the few children who had survived the orphanage was important, and he was able to provide a graphic firsthand account of conditions. He talked about the high number of children who had died, and of his most vivid memory at the age of 12 of being forced to carry the corpse of recently dead child to the morgue. Later, as a young adult, he took photographs over several weeks that were used to condemn the orphanage regime.

For the future, Ai Ming told me that he has trained as a tailor and would like to use his skills to start a new life. Dr Zhang has no immediate plans to practise medicine in the West. She and her family want to find a settled way of life now that they have left China, but her immediate concern is to continue to campaign on behalf of the orphans of China and to bring their plight to the notice of the world community so that these abuses cannot continue.

1 Human Rights Watch/Asia. *Death by default. A policy of fatal neglect of China's state orphanages*. Human Rights Watch/Asia, 1996.

Lesson of the Week

Retention of drugs in venous access port chamber: a note of caution

Myriam Ben-Arush, Moshe Berant

Failure immediately to flush a port venous access device after delivery of drugs can have grave consequences

Indwelling tunnelled central venous catheters are widely used for venous access in patients who require intravenous nutrition, fluids, antibiotics, chemotherapy, and other drugs for protracted periods.^{1,2} Maintaining these central venous catheters warrants meticulous adherence to protocol, which includes adequately flushing after drug administration and leaving a heparin lock for preventing blockages, rigorous care of the catheter exit site on the skin, and, most important, strict observation of aseptic techniques when handling the external tubing so as to minimise the risk of infection, which is the main complication of long use intravenous catheters.^{3,4}

The advent of completely implanted subcutaneous port systems⁵ has simplified long term venous access and also appears to have reduced significantly the risk of infection.^{1,6} Central venous placement of port linked catheters is similar to that of external catheters, but the venous catheter of a port system, instead of exiting through the skin, is attached to a reservoir within a port chamber that is implanted in a subcutaneous pocket. Port systems are accessed by insertion of a non-coring needle through a septum that constitutes the dome of the port chamber under the patient's skin, and can be used for the same purposes as an external catheter.

The subcutaneously implanted port systems have

become greatly favoured by patients, particularly children and teenagers, who are spared the discomfort and embarrassment of tubing and dressings on their chest surface and may carry on their everyday activities unhindered. Care of the port system requires flushing with saline after each use in order to clear the dead space of the reservoir from retained drugs, and leaving a "heparin lock" to prevent clotting and blockage of the system. Failure to clear the port chamber after drug administration can be dangerous as illustrated by the following report.

Case report

A port catheter system was inserted for central venous access in a 2 year old boy following a diagnosis of neuroblastoma, and chemotherapy was started. Because of tumour progression the child also required radiotherapy. For each radiation session the patient received sedation-anaesthesia by intravenous administration of ketamine 10 mg, midazolam 0.5 mg, and atropine 0.15 mg in 10 ml of normal saline. After one such treatment the child was returned to the ward for heparin flushing of the system, and 10 ml of heparin solution (10 IU/ml) was easily syringed into the subcutaneous chamber. Almost immediately after

Rambam Medical Center and Technion-Faculty of Medicine, Haifa 31096, Israel
Myriam Ben-Arush, *director of paediatric oncology*
Moshe Berant, *professor of paediatrics*

Correspondence to:
Professor Berant.

BMJ 1996;312:496-7