

Treat to target (T2T) for healthcare issues in China.

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Received date: July 18, 2017; Accepted date: July 20, 2017; Published date: July 25, 2017

Citation: Zhang Y, Zhang Z. Treat to target (T2T) for healthcare issues in China. *J Public Health Policy Plann.* 2017;1:1.

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Editorial

We applaud how China's prosecution department has decided to classify eight types of action as criminal behaviour and drafted laws against Yi-Nao (irrational demands for remorse and remuneration from healthcare workers) [1]. We are now caring for our carers. Almost on executing the new regulation, for first time, the police shot the hijacker who already harmed two healthcare medical doctors and was hijacking one nurse with two knives in our province. However, to fight monsters, we need to understand the monsters. These criminal actions are the "diseased" phenotype; we need to research the "genotype" (i.e., the cause).

Recently, Burki reported [2] that China needs to establish an effective national pharmaceutical system. In our opinion, the factors of "income inequity" should not be ignored. Chinese tolerance for income inequality is among the highest globally (the Gini coefficient in China is ≥ 0.5).

China's high earners have attracted worldwide attention, such as the signing of top footballers with annual salaries of £20.8M and the imprisonment of corruption officers jailed for "earning" millions of RMB in bribes. At other extreme, three tragedies have been triggered by very small amounts in 2017 already, including the near-fatal stabbing of a Jiangsu doctor in "revenge" for stopping the attacker making \$5 illegally, a man being fatally-mauled by tigers to enter Hangzhou Zoo without paying the \$50 entry fee and the murder of a Wuhan restaurant owner over a quarrel \$0.5 bowl of noodles. When low home-income earners receive less than \$4000.00 annually, small amounts matter and affect the social psychology. Could income inequality create a sense/rumor of unfairness that leads to murder?

Another factor is the high attrition rate among medical graduates and physicians in China over the past 10 years. Because of salaries, many doctors have turned to the pharmaceutical system. From 2005 to 2014, China produced total 4.7 million medical graduates [3]; however, the average training budget for medical graduates is among the lowest globally. During this period, there were only 752 233 newly registered clinical physicians (15.91% of the graduates). Rural areas had a shortfall of >500 000 physicians. High physician attrition rates, low physician registration rates, and rapid population growth will complicate the patient-physician problem. China needs to set clear targets.

The third factor is the media. The media would help us recruit the medical research elite. Ideally, those receiving top salaries celebrated in the headlines will be medical scientists, not footballers. This would stimulate medical business ventures, donations and government funding for research rather than football arenas.

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