

Preliminary Investigation into the Application of Tibetan Services in Beijing's Medical System

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ABSTRACT

This paper provides a preliminary investigation and analysis of the current application of Tibetan language services in inland China's medical sector, focusing primarily on the healthcare connections between the Tibet Autonomous Region and mainland China. Through surveys and interviews, the study explores the language and information barriers faced by Tibetan patients seeking medical treatment in Beijing. It analyzes the availability of Tibetan language services in healthcare institutions, primarily in Beijing, and the impact of these services on the experience of Tibetan patients. The findings indicate that Tibetan patients are a minority in Beijing's hospitals, with Tibetan language services being extremely scarce and their related needs largely overlooked. Given that Beijing is the capital and home to the country's top medical resources, this paper offers analysis and recommendations for addressing a potential rise in such needs in the future.

KEYWORDS: *Tibetan language; healthcare; Beijing; medical barriers; Tibetan medicine*

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1. INTRODUCTION

As urbanization progresses in China, regional exchanges have deepened, making it common for young Tibetans to study or live in mainland China. However, in areas with slower development within the autonomous region, healthcare standards are lower, and many residents have limited proficiency in Mandarin. This creates challenges for those seeking medical treatment inland due to language and information gaps, leading to a demand for Tibetan language services. This paper aims to explore the application of Tibetan language services within Beijing's healthcare system, understand the language and information needs of Tibetan patients, and evaluate their experiences with existing services while offering recommendations for improvement.

2. Research Background and Objectives

A. Research Background

As the capital of China, Beijing boasts the richest healthcare resources in the country. According to the Fudan University Hospital Ranking, Beijing accounts for 22 of China's top 100 hospitals, making it the city with the highest number of top hospitals nationwide. Peking Union Medical College Hospital is recognized

as China's best public hospital, representing the pinnacle of public healthcare.

According to the Beijing Municipal Ethnic and Religious Affairs Commission, the city is home to 1.038 million registered ethnic minority residents, primarily Manchu, Hui, Mongolian, Korean, and Tujia ethnic groups. These groups have a high degree of integration with the Han majority and are generally proficient in Mandarin. The registered Tibetan population in Beijing, however, remains below 10,000, and the number of temporary residents is difficult to estimate. Unlike other minority groups like the Hui, Tibetans have not formed urban ethnic enclaves, making them more susceptible to the information and language barriers previously mentioned, with limited support from their community outside of government assistance. While the Beijing government has introduced various supportive policies for minority services, such as minority service windows, their implementation in healthcare remains limited.

In contrast, Sichuan Province, which is geographically closer to the Tibet Autonomous

Region and contains several Tibetan autonomous prefectures, has seen significant advancements in recent years, with healthcare services improving steadily. More and more Tibetan people now choose to seek medical treatment or settle in Sichuan. For example, the main campus of West China Hospital in Chengdu has specific reception desks for Tibetan patients and offers some Tibetan language services. Sichuan's experience can serve as a model for addressing similar needs in eastern cities.

Since the peaceful liberation of Tibet, the Chinese government has made significant efforts to build a modern healthcare system in the autonomous region. In recent years, healthcare conditions have improved continuously, and the healthcare insurance system has been gradually enhanced, with many doctors from the east choosing to support or volunteer in Tibet. Despite these advances, there remains a substantial gap in healthcare standards compared to mainland China. The region's healthcare challenges include both coverage issues and some lingering outdated mindsets. Tibetan medicine, as one of the world's four traditional medical systems, has been well preserved in the autonomous region. Since the publication of the *Four Medical Tantras*, Tibetan medicine has made significant contributions to both the Chinese nation and the world. However, Tibetan hospitals are rare inland, with Beijing being the only one of China's five major cities to have a Tibetan hospital. Further exchanges in the future could enhance medical research and collaboration. Though Tibetan medicine is effective, it shares the limitations of other traditional medicines, such as focusing primarily on chronic conditions, while acute and critical care is primarily handled by Western medicine. Coverage of Western medical facilities remains incomplete in the autonomous region, with few top-tier hospitals and a lack of comprehensive hospitals with broad outreach. These issues are particularly acute in pastoral areas. While these challenges are expected to be resolved over time with government support and dedicated efforts from aid workers, they remain significant concerns today.

According to the National Bureau of Statistics' seventh population census report, China's population aged 60 and above exceeded 260 million in 2020, signaling an impending aging problem. The resulting challenges for the healthcare system will be enormous, requiring public hospitals to enhance their services, which may include increasing minority-specific services. Older generations often struggle with healthcare information, registration processes, and system operations due to language barriers and other issues, which are exacerbated by aging.

Language barriers and information gaps not only disrupt communication between doctors and patients but also increase the risk of delayed treatment. Studies show that language barriers are a key factor in unequal healthcare services. Therefore, exploring how to expand minority services in Beijing's healthcare system is crucial for enhancing the medical experiences of ethnic minority patients and promoting ethnic unity and inclusive societal development.

B. Research Objectives

➤ Analyzing Issues

Investigating Tibetan Patients' Language Needs
This research seeks to understand the language barriers faced by Tibetan residents living, working, and studying in Beijing within healthcare services and to clarify their need for Tibetan language services during medical visits. Through surveys and interviews, the study examines the communication difficulties most frequently encountered by Tibetan patients when interacting with doctors and nurses, as well as their expectations and demand for existing Tibetan language services.

Analyzing Coverage and Quality of Existing Tibetan Language Services

The research also focuses on existing Tibetan language services in Beijing's healthcare system and the current state of the escort service industry in the city, analyzing which medical institutions offer such services, the coverage and quality of these services in practice, and the main challenges and bottlenecks encountered during implementation. The feasibility and challenges of expanding Tibetan language services are discussed.

➤ Proposing Recommendations to Enhance Tibetan Language Services and Bridge Information Gaps

Based on the analysis of existing issues, this study proposes improvement suggestions aimed at assisting in the promotion of Tibetan language services within Beijing's healthcare system. These recommendations include bridging information gaps, introducing technology-based translation aids, and providing guidance for future policy formulation and resource allocation.

C. Research Methods

This study combines questionnaire surveys, interviews, and data analysis to understand the medical needs of Tibetan patients seeking treatment inland and the extent of Tibetan language services offered by hospitals in Beijing.

3. Data Analysis

This study operates a social media account named "康桑kangsang," which aims to provide information

such as translations of inland hospital policies and medical documents into Tibetan through articles and videos. The account quickly received feedback after its initial launch.

In addition to encouragement and suggestions, we gathered stories of challenges faced by people unfamiliar with Mandarin when seeking medical treatment inland, as well as numerous positive comments about protecting minority languages and dialects.

Alongside the account, we released a survey on the medical experiences of Tibetans seeking treatment inland, distinguishing between urban and pastoral areas. The survey covered topics such as the information gaps and language difficulties encountered and how they could be improved, as well as trust levels in different types of medicine. A total of 117 questionnaires were collected, with the following data:

Survey link: <https://www.wjx.cn/vm/P689fzm.aspx>

Gender: 67 males, accounting for 57.26%, and 50 females, accounting for 42.74%.

Age:

- Under 18 years old: 12 people (10.26%)
- 18-30 years old: 45 people (38.46%)
- 31-50 years old: 42 people (35.9%)
- Over 50 years old: 18 people (15.38%).

Education Level:

- Elementary school or below: 17 people (14.53%)
- Junior high school: 25 people (21.37%)
- High school: 24 people (20.51%)
- Undergraduate degree: 30 people (25.64%)
- Associate degree: 18 people (15.38%)
- Graduate degree or above: 3 people (2.56%).

Region:

- Lhasa: 37 people (31.62%)
- Nagqu: 20 people (17.09%)
- Chamdo: 16 people (13.68%)
- Nyingchi: 10 people (8.55%)
- Shannan: 12 people (10.26%)
- Shigatse: 8 people (6.84%)
- Ngari: 14 people (11.97%).

Area Type:

- Urban areas: 38 people (32.48%)
- Agricultural and pastoral areas: 79 people (67.52%).

Have you or your family/friends ever sought medical treatment in inland China?

- Yes: 98 people (83.76%)
- No: 19 people (16.24%).

Reasons for Seeking Treatment in Inland Areas (Multiple Choices):

- Better medical resources in inland areas: 70 people (71.43%)
- Limited local medical capabilities: 63 people (64.29%)
- Inertia in traditional beliefs: 44 people (44.9%)
- Recommendations from acquaintances: 38 people (38.78%)
- Others: 1 person (1.02%).

Have you encountered any of the following information-related issues (Multiple Choices):

- Difficulty in choosing hospitals and doctors: 72 people (73.47%)
- Unfamiliarity with medical procedures: 57 people (58.16%)
- Issues with medical insurance processing: 64 people (65.31%)
- Others: 1 person (1.02%)
- None: 2 people (2.04%).

Have language issues caused the following problems (Multiple Choices):

- Difficulty communicating with doctors: 69 people (70.41%)
- Inability to understand medical instructions: 66 people (67.35%)
- None: 4 people (4.08%).

Which inland region do you usually choose for medical treatment?

- Beijing: 36 people (36.73%)
- Sichuan: 32 people (32.65%)
- Others: 30 people (30.61%).

Which of the following services do you believe would help you when seeking medical care in inland areas (Multiple Choices):

- Tibetan language medical translation and accompanying service: 77 people (65.81%)
- Tibetan language medical guide and information: 84 people (71.71%)
- Others: 1 person (0.85%).

Satisfaction with local medical services (1-5 points):

- 1 point: 14 people (11.97%)
- 2 points: 21 people (17.95%)
- 3 points: 38 people (32.48%)
- 4 points: 28 people (23.93%)
- 5 points: 16 people (13.68%).

Please rate the following medical methods (overall score):

- Tibetan medicine: 3.38
- Traditional Chinese medicine: 2.93
- Integrated Chinese and Western medicine: 2.45
- Western medicine: 2.39

➤ Folk remedies: 1.83.

4. Analysis of Issues

A. Lack of Tibetan Language Support in Beijing's Medical System

Currently, major comprehensive hospitals in Beijing lack Tibetan language services. The registration process is primarily conducted online, with all instructions in Mandarin. Volunteers are usually available at the registration kiosks in major hospitals to offer some assistance, but for complex procedures like specialist consultations, post-operative care, and medication guidance, Tibetan language support is virtually non-existent. Without systematic translation services, Tibetan patients often rely on family members or their own Mandarin skills for communication. This situation can diminish trust in medical services and complicate patient-doctor interactions.

Beijing's medical information is highly transparent, with details available on official hospital websites and government service platforms. However, there is no organized effort to translate this information into Tibetan. While the high level of medical informatization facilitates access, it also presents challenges for elderly patients unfamiliar with electronic devices, especially when language barriers are involved.

Given the relatively small number of Tibetans seeking treatment in Beijing without the accompaniment of relatives experienced in mainland life, it is unrealistic to expect public hospitals to provide full Tibetan language support. Accompanying services present a potential solution. In recent years, such services have proliferated in Beijing, with many providers offering detailed and customizable packages. However, the industry lacks standardized training, clear regulations, and consistent service quality, posing risks for patients. The typical cost for a day's service averages 500 yuan, with additional customizations requiring negotiation. Under these circumstances, offering Tibetan language training to accompanying service providers is difficult, and the high costs remain a concern.

Beijing has several ethnic minority service centers, but these are mainly focused on administrative or religious services, with limited offerings related to healthcare.

B. Healthcare Challenges in Tibet Autonomous Region

Due to geographical, historical, and economic constraints, healthcare in Tibet lags behind other provinces in mainland China. Despite significant investments in medical infrastructure, talent

development, and service system improvements by both the national and regional governments, the overall healthcare situation in Tibet remains challenging, especially regarding public health awareness, resource distribution, and workforce shortages. Major cities like Lhasa have relatively advanced hospitals that can handle common illnesses, but medical resources are unevenly distributed. Remote agricultural and pastoral areas suffer from inadequate facilities, limited supplies, and a shortage of medicines, making it difficult for local residents to access basic healthcare services. Patients often need to travel to Lhasa or mainland cities, incurring significant financial and time costs, further exacerbating accessibility issues.

Additionally, some residents, especially in pastoral areas, have limited health awareness, neglecting regular check-ups and preventive care, often seeking treatment only when their conditions worsen. A lack of understanding about diseases can lead to ignoring early symptoms, delaying proper treatment.

Furthermore, certain specialized departments, such as psychology, are insufficiently represented.

C. Challenges Faced by Tibetans Seeking Medical Treatment in Mainland China

Language barriers are one of the most common difficulties faced by Tibetans when seeking medical treatment in mainland China. While some Tibetans can communicate in basic Mandarin, many, especially the elderly, only speak Tibetan. As a result, they often need to be accompanied by Mandarin-speaking relatives. Additionally, most hospital signs, promotional materials, and drug instructions are in Mandarin, making it difficult for Tibetan patients to fully understand relevant information.

Tibet's remote location means that seeking medical care in mainland cities often involves long journeys, adding to the time burden. For patients already suffering from serious illnesses, long-distance travel can be especially taxing, along with potential altitude sickness (hypoxia) issues.

Moreover, transportation challenges can disrupt follow-up treatments, as many procedures require multiple visits or regular check-ups. The long distances can reduce the frequency of these visits or even force patients to discontinue treatment, adversely affecting outcomes.

Although the Chinese government has made significant improvements in cross-regional medical insurance settlement and online processing, the cost of travel and accommodation remains a substantial burden for economically disadvantaged families.

Combined with high medical and surgical expenses, this further increases financial pressure.

Tibetans seeking medical treatment in mainland areas often lack relevant information channels, making it difficult to learn about hospitals' specialties, expert profiles, and treatment procedures in advance. For patients unfamiliar with the mainland medical system, choosing the right hospital and doctor can be challenging. Some patients may waste valuable time and resources by visiting hospitals that are not well-suited to their conditions.

With a national Tibetan population of around 6.5 million, those traveling to eastern China for treatment may feel isolated from their familiar environment, compounding language and cultural differences. The lack of understanding of Tibetan Buddhist customs among mainland residents can also create additional challenges.

5. Recommendations

In summary, the main obstacles are information gaps, economic difficulties, and language barriers. Given the limited target audience for these issues, the following suggestions focus on relatively feasible measures.

A. Application of AI Technology

In recent years, AI technology has advanced rapidly. Currently, most AI models focus on widely used languages, but this year, iFlytek and Harbin Institute of Technology jointly released CINO, a pre-trained language model for China's ethnic minorities. Tibetan AI models are gradually emerging online as well. In the near future, mature Tibetan AI models could assist in overcoming some language barriers in initial processes like registration and help translate mainland medical information.

B. Establishing Tibetan Volunteer Service Posts

Recruit Tibetan volunteers to assist Tibetan patients in navigating medical services, thereby avoiding language and cultural issues. Beijing is not only home to some of the top medical resources in the country but also has the best educational institutions, with numerous universities located throughout the city. Tibetan students can be found in nearly all of these universities. Hospitals and universities could offer volunteer hours or stipends to encourage Tibetan

students in Beijing to assist Tibetan patients in accessing healthcare services.

C. Strengthening the Regulation of Escort Services

Relevant authorities and enterprises should raise the entry requirements for patient escorts, standardize information disclosure for such services, and refine service processes with clear responsibilities. Training programs for escort service providers should be improved, with a focus on providing escorts from ethnic minority backgrounds where needed.

D. Enhancing Medical Information Services

Government or non-profit organizations should establish bilingual information platforms that provide details about major hospitals, expert introductions, and medical guides. Additionally, they should promote and improve remote consultation mechanisms to reduce the need for cross-regional referrals.

E. Promoting Health Awareness

Health education should be increased in pastoral areas, with more free medical check-up activities made available to the public.

6. Acknowledgements

As my university life approaches its end, I can't help but reflect on how unexpected it was for me to have two Tibetan roommates when I first started school, and how much I've come to engage with Tibetan culture over time. First, I would like to thank my team members and advisor, without whom I would not have conceived the idea for this research project.

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This paper inevitably has limitations due to my personal capabilities, and I hope readers will understand its shortcomings.