



On the Criminalization of Dr. Han Jie and the Urgent Need for Integrated Chinese-Western Medicine

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Abstract: The criminal conviction of Dr. Han Jie, a pediatrician in Jiangxi Province, for medical negligence resulting in the death of a 2-year-old child has sparked nationwide debate. This case exposes not merely an individual physician's error, but the systemic fragility of a purely Western-style emergency system operating under extreme conditions—specifically, the physiological low point of 3:00 a.m. This paper argues that the Han Jie case exemplifies the urgent need for the integration of Chinese and Western medicine, rather than mere combination. From the perspectives of chronomedicine (TCM's Yin-shi theory), cold-stagnation pathology, and the limitations of laboratory indicators, we demonstrate how TCM could provide non-equipment-dependent, immediately accessible interventions at night—such as warming herbs, acupuncture, and manual reduction—that complement Western emergency protocols. Drawing on policy developments including the 15th Five-Year Plan for Revitalizing TCM, and clinical practices at Kaifeng Children's Hospital and Qingdao Women and Children's Hospital, we propose that integrated Chinese-Western medicine is not a slogan but a clinical imperative. We conclude with recommendations for establishing integrated emergency protocols in pediatric departments, mandating TCM chronomedicine training for emergency physicians, and incorporating TCM diagnostic devices into the national healthcare system.

Keywords: Han Jie case; Integrated Chinese-Western medicine; Chronomedicine; Incarcerated hernia; Pediatric emergency; Medical negligence; Yin-shi (3:00 a.m.)

Online publication: September 20, 2026

1. Introduction

In July 2026, the second-instance verdict in the medical negligence case against Dr. Han Jie, a pediatrician

in Fuzhou, Jiangxi, upheld the original judgment: one year in prison with a one-year reprieve. The hospital had paid over 1.46 million yuan in civil compensation, and Dr. Han's license was suspended for six months. After the verdict, he stated: "I acknowledge diagnostic omissions, but I absolutely do not admit to gross negligence"^[1,2].

This case has ignited fierce debate across China's medical community. The central question is: when a doctor makes a diagnostic error under the extreme physiological stress of an overnight shift, and when the family's own decisions (self-driving transfer without ambulance) contributed to the fatal outcome, does this constitute "gross negligence" punishable by criminal law? Or does it reveal a deeper systemic failure—one that a single medical system alone cannot address?

We argue that the Han Jie case is not merely a legal controversy but a microcosm of the limitations of a purely Western medical paradigm, and a powerful argument for the urgent integration of Chinese and Western medicine—not as a patchwork of techniques, but as a deep methodological fusion at the paradigmatic level^[3,4].

2. Case chronology: How an early-morning emergency became a criminal conviction

At 3:00 a.m. on February 17, 2024, a 2-year-old boy was brought to Jianqiang Fifth Hospital in Fuzhou with persistent vomiting. The family, initially resistant to imaging, was persuaded by Dr. Han to undergo an abdominal radiograph, which clearly indicated intestinal obstruction. The child was admitted for conservative fluid therapy. However, Dr. Han did not perform an inguinal physical examination, and no such record was made. Due to limited overnight staffing, no ultrasound technician was available to further rule out incarcerated hernia^[3,4].

At 8:00 a.m., Dr. Han completed his handover and left. The incoming team continued the same conservative regimen without surgical consultation. At 1:00 p.m., the child developed sudden severe pain; the family did not call an ambulance but drove the child themselves to another hospital. The child lost consciousness en route, arrived at Jiangxi Children's Hospital at 4:20 p.m. with no breathing, and died at 5:51 p.m. The post-mortem appraisal classified it as a Class-I, Grade-A medical accident, with the hospital bearing primary responsibility for missing the incarcerated hernia^[5,6].

3. Three major controversies – Systemic weaknesses of a single medical system

3.1. Controversy 1: "misdiagnosis" or "systemic blind spot"?

Dr. Han had diagnosed "intestinal obstruction" but failed to identify its underlying cause (incarcerated hernia). The judiciary's retrospective use of the post-mortem finding to accuse the doctor of "missing the diagnosis" at 3:00 a.m. is a "God's-eye" judgment on a frontline physician. More fundamentally, Dr. Han's training lacked any concept of circadian timing. In Traditional Chinese Medicine (TCM), 3:00 a.m. (Yin-shi) is the peak of Yin-cold and nadir of Yang-qi, and incarcerated hernia is essentially "cold congelation with qi stagnation" – the time itself is part of the pathology. An integrated system would automatically trigger a TCM circadian assessment, but the current system lacks such a mechanism^[7,8].

3.2. Controversy 2: "Fluids worsened the condition" – the limitation of a single perspective

Antibiotics are considered cold-cool in TCM nature, which may aggravate a "cold congelation" condition.

But Dr. Han was never given the “cold-heat pattern differentiation” lens; he simply followed Western protocols. In an integrated system, warming herbs (e.g., *Evodiae Fructus* and *Cinnamomi Cortex*) or acupuncture could be used alongside fluids – but the existing system cannot deliver that ^[9,10].

3.3. Controversy 3: The family’s self-transfer – would not happen in an integrated system

The family’s decision to drive themselves without an ambulance was fatal. An integrated system would have triggered a TCM circadian red alert at 3:00 a.m. and mandated ambulance transport with continuous support. A purely Western approach cannot provide that ^[11,12].

4. The urgency of integration – why “integration” not “combination”

4.1. Policy level: Integration is an irreversible trend

In 2026, “promoting the inheritance and innovation of TCM and facilitating the integration of Chinese and Western medicine” was incorporated into the national 15th Five-Year Plan. The “15th Five-Year Plan for Revitalizing Traditional Chinese Medicine” explicitly lists “promoting high-quality development of integrated Chinese-Western medicine” as a key task ^[13].

Academician Tong Xiaolin of the Chinese Academy of Sciences has explicitly stated: “Chinese and Western medicine should start with synergy, proceed through combination, and aim for integration, ultimately evolving into a unified new medicine and new pharmacy of China”. He emphasizes that synergy is the superposition of techniques, combination is institutionalized cooperation, and integration – built upon long-term synergy and deep collaboration – gives birth to new theories, technologies, and methods that embody the strengths of both systems ^[14,15].

4.2. Practice level: Integration is already in pediatric emergency

Kaifeng Children’s Hospital has established joint Chinese-Western diagnosis and treatment teams in its emergency, respiratory, and gastroenterology departments, achieving simultaneous involvement of both medical systems in diagnosis, treatment planning, and clinical pathways ^[16].

Qingdao Women and Children’s Hospital has introduced pediatric tuina (therapeutic massage) into its nighttime emergency services, making oral herbal medicine, tuina, acupoint patches, and acupuncture available during emergency hours ^[17]. Beijing Children’s Hospital has deeply integrated TCM into pediatric emergency care and severe pneumonia treatment ^[18,19].

4.3. The Han Jie case exactly exposes the limitations of the “pure western” approach

Western medicine relies heavily on ultrasound, CT, and surgery – unavailable at night when no technician is on duty. TCM offers chronomedicine, warming-cold-dispersing therapies, acupuncture, and manual reduction that require no heavy equipment and can be applied immediately at 3:00 a.m. This is exactly why integration is urgently needed ^[20,21].

5. Conclusion

The core lesson of the Han Jie case is not that “a single doctor made a mistake”, but that a purely Western emergency system, under the extreme conditions of 3:00 a.m., exposed its systemic fragility – while the law,

with its “God’s-eye” perspective, placed the entire blame on an exhausted on-call doctor.

Integration of Chinese and Western medicine is not a slogan – it is an urgent clinical necessity. Let TCM chronomedicine and warming-unblocking theories enter the emergency department; let acupuncture and herbal medicine become available at 3:00 a.m. – this protects our doctors and, more importantly, safeguards our children. To “overturn” this case does not mean overturning the legal judgment – it means overturning our understanding of medicine: medicine cannot be confined to a single system, and pediatrics cannot afford a single mindset^[22,23].

Disclosure statement

The author declares no conflict of interest.

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