

近代在華教會醫院的收費 及其慈善理念

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十九世紀英、美等國在全球範圍的醫療傳教率先在中國開啟，其中一個最被稱道的面向是在所謂「異教土地」上大力推進免費的施醫捨藥。鑒於這在很大程度上受制於怎樣、從哪裡籌措，以及能夠獲得多少經費的影響；近代在華的教會診所、醫院經歷了一個從免費、差別收費，到愈來愈多趨向收費，並不斷壓縮慈善醫療所佔比重的窘迫。究其原因，這是由於醫療傳教的重心在傳教，最初診療條件十分簡陋，各教會診所和醫院可在不必投入太多費用的前提下，對幾乎所有病人提供免費慈善醫療。當醫療傳教贏得華人病家信任，醫院開始實行差別收費，為富人開設頭等病房，慈善醫療就只是針對少數貧民。再隨著科學醫學的蓬勃發展，醫療費用大幅增高，來自母國的資助又日見減少，在華教會醫院因連年營運虧損而不得不愈來愈多趨向收費。與之相應，在地華人通過捐贈和愈來愈多支付診療費用，至少在經濟層面上已不只是此慈善事業中的被動「受惠者」。醫療傳教之所以不願輕易放棄慈善，其中雖不乏對華人病患的同情和憐憫，但更重要的還在於其認為由此能更有效地傳播基督福音。不過，進入二十世紀之後，隨著土地快速增值和西藥銷售的巨增，以及醫療傳教由「慈善」大幅度轉向「收費」，致使二者之間又增添了若干能夠直接或間接地折換、乃至兌現成經濟價值的複雜纏繞和關聯。

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The Charges for Services at Mission Hospitals in Modern China and Their Concept of Philanthropy

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Christian missionaries from Britain, the United States and other countries first began their medical missions on a global scale in modern China in the nineteenth century, and they were greatly extolled for their great effort on promoting philanthropic medicine on these so-called “Heathen Lands.” However, these “philanthropies,” to a large degree, were constrained by how as well as how much they were financed. In fact, most of the mission clinics and hospitals in modern China went from free of charge and differentiation in pricing, to a growing tendency of charging fees and a contraction of “philanthropic medicine.” The core of missionary medicine had always been evangelization. At its initial stage, the curing part of the work was simple and crude, and they were able to provide free philanthropic medicine to all of those needed with only minimal expenses. However, as medical missions gained the trust from the Chinese patients, hospitals began to charge differentially and established private wards for the rich, so that “philanthropic medicine” only targeted at the poor. With the advance in scientific medicine, medical cost saw a dramatic increase, while at the same time, the financial support from the home countries decreased steadily. Mission hospitals had to increase the charges on patients to compensate their deficits. By making donation and paying the clinical charges, the Chinese people no longer considered themselves as the passive beneficiaries of the philanthropic medicine, at least in economic terms. Medical missions preserved some of their philanthropic measures not only because of their compassion and sympathy towards the Chinese patients but also because of the fact that philanthropy was considered to be an effective approach to spread the Gospel. Nevertheless, during the 20th century, as a result of the rapid growth in the value of land and great increase in the sale of western medication, mission hospitals made a dramatic shift from “philanthropic medicine” to “chargeable services” that can be directly or indirectly converted to real monetary values. This change, in return, adds a considerable amount of intricate correlations between these two aspects.

Keywords: modern China, mission hospitals, charges, philanthropy