

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

My elective at Juntendo University Hospital offered a unique insight into the field of paediatrics and the healthcare system in Japan. Juntendo University Hospital is a tertiary centre, with a large paediatrics department, which contains a modest neonatal intensive care unit as well as paediatric surgery department. The hospital takes referrals from neighbouring satellite hospitals and so this allowed me to see a number of interesting and complex cases, many of which I had only read about in textbooks previously.

My time in Juntendo was split between the two weeks spent with the neurosurgical team, focusing particularly on paediatric neurosurgery and with the paediatric department, where my time was divided between the general paediatrics group and the paediatric cardiology group. In neurosurgery, I spent most of my time in theatre as well as having the opportunity to attend clinic and see patients on the ward. There were a number of interesting cases such as a medulloblastoma, craniosynostosis, acoustic neuromas and a deep brain stimulation for Parkinson's disease. In cardiology I also observed several interesting cases including Ebstein's anomaly, transposition of the great arteries, and Kawasaki's disease. I also observed a sad case of a neonate who had a cardiac arrest and required CPR but unfortunately did not survive. I also had the opportunity to attend the 4th International CNS Germ Cell Tumor Symposium in Tokyo, where there were talks given by several famous international speakers. Through shadowing the junior doctors, I also gained a greater understanding of how healthcare is practiced in Japan.

In paediatric medicine, the normal day routine is similar to that in the UK. The day starts at 9am with a meeting during which all the current in-patients are discussed. After all the patients are discussed, the entire team conducts a ward round where they visit each patient's bed and conduct a brief focussed physical examination. There was also weekly cardiac catheterisation which allowed me to see the anatomical defects myself and echocardiography was also a very common procedure which all juniors were well skilled at it. The main differences were that all notes were electronic and there are an abundance of computers to each ward, in contrast to the UK where it is often a struggle to find a free computer. Another interesting difference is that doctors move around in large numbers as team, as opposed to in the UK, where doctors of all grades act quite independently on the wards. This may be a reflection of the group mentality that prevails in Japanese culture. I also found doctors to be more relaxed and satisfied than their British counterparts, despite the longer worker hours in Japan.

I was also able to gain a greater appreciation of Japanese culture. Japan is an amazing place full of contrasts and contradictions; for example, Japan is well known for being at the forefront of technological and research advancements, but yet ancient Japanese tradition still underlies the behaviour of its people. Japanese culture is enormously different to Western culture and it was very interesting to see how aspects of this manifest itself in clinical practice. For example in Japanese culture there is a clear sense of hierarchy. Both inside and outside the hospital, the respect showed

by juniors to their seniors was evident; students and juniors frequently bowed to their seniors, referred to as sensei. Interestingly, children with capacity, regardless of their age and intellectual ability, have all their decisions made on their behalf by their parents. There is also no concept of confidentiality between child and parent. This is due to the idea that the elder always knows what is best for the junior. This may also be another reflection of the group mentality in Japan as from discussions with doctors, it seems that even in adult medicine families are always consulted together.

Japan is also known for being technologically advanced and this could also be seen in the hospital. For example, technology was used to construct graphic realisations of cardiac anomalies. Furthermore, even with simple procedures such as venepuncture, an electronic system was used to check the patient's identity.

I was also interested to observe the differences in how healthcare services are organised and provided for in Japan, compared to the UK. The health system in Japan differs significantly from that seen in the UK, and from that seen in most developed nations. The Japanese health system has little distinction between primary and secondary care. Patients can choose either a clinic or hospital as their first point of contact as patients have a free choice of provider. Referrals are not required for specialist care and so there is a lack of the 'gate-keeper' role that GPs provide in the NHS.

Similarly to the UK however, in Japan there is universal healthcare coverage. This is provided through a Bismarkian system of employer-based health insurance with strong government financial control. Most healthcare provision takes place in the private sector with doctors having a powerful role in the healthcare system and in society. Japan enjoys some of the best health outcomes in the world such as a very low infant mortality and high life expectancy and it has a culture which values health and promotes a healthy lifestyle. Therefore, it appears that the healthcare system in Japan works and is successful. However, it is a system that is under stress and is set to face many challenges such as an aging population, rising costs of technology and a lack of control over the supply and demand of health services. It will be interesting to observe how Japan can adapt and reform its health system in light of these changing circumstances over the coming years.

In conclusion, this elective has had a profound impact on me and how I view medicine and how it is practiced in the context of different cultures. I learnt so much; not only in terms of medicine but also about how the narrative through which we view the world shapes how we deliver and consume healthcare.

I am grateful to Professor Sanderson for arranging and accepting me on to this exchange programme. I am also immensely grateful to my supervisors Dr Shimoji, paediatric neurosurgeon and Dr Takahashi, paediatric cardiologist; their enthusiasm and knowledge provided me with encouragement and support in a new and unfamiliar environment. I would also like to thank the family of Dr Alastair McDonald for awarding me the opportunity to continue to think about these issues on a deeper basis.