

ELECTIVE (SSC5b) REPORT (1200 words)

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

I spent 1 week with the metabolism and endocrinology department. During that time, we were well taken care of by Miyatsuka Sensei and his colleagues who taught us in English. We were shown around the department and given many teachings on research findings on diabetes and the metabolic syndrome. Japan, like other developed countries, has a rising incidence of diabetes. Among the research topics included targets for curing diabetes, the link between gastrointestinal flora and diabetes, and the link between hypoglycaemia and atherosclerosis. I found these lectures to be intriguing, although it caters more for the specialist.

I was also privileged to have spent 2 weeks with Juntendo University's interventional radiology department, a leader worldwide in radiofrequency ablative (RFA) therapy for hepatocellular carcinoma (HCC). Prof Shiina and his team were excellent in explaining patient cases in English, and I learnt a lot about HCC in Japan, RFA and its importance, and the Japanese healthcare system. I found the equipment and technology really interesting, especially the use of fusion imaging to locate tumors less than 3mm!

The leading cause of HCC in Japan is Hep C, although the incidence is declining due to better vaccination programmes. The prognosis for surgical resection and RFA of HCC are not fantastic. They are also comparable at around 70-80% recurrence rates in 5 years. RFA is indicated for small (<3cm) and scant lesions (<3). While surgical resection is better suited for superficial lesions, RFA can target those deeper within the tissue. RFA is also indicated in patients with poor surgical fitness.

I also enjoyed my time here because of the department's hospitality. Prof Shiina was very friendly and knowledgeable, and he even invited us to dinner, where I got to make friends that would definitely go beyond my time in Japan. I would also like to personally thank Sato and Endo Sensei for kindly explaining things to us in English.

Japan's healthcare system is insurance based. From speaking to doctors, I was told that most services are covered by insurance, and hence, cost is not often a leading factor when recommending treatments, unlike in the UK and Singapore. The obvious benefit of this is that the most efficacious treatment will always be done first. The downside might be overtreatment, which I saw during my time at the RFA lab. Elderly patients with multiple comorbidities, metastatic HCC, were being treated. Japanese citizens can also self-refer directly at secondary services, and contributes a lot to the massive waiting times at hospitals.

During my time, I learnt a lot from the Japanese people. I respect their work ethic and ambition, and admire their dedication to their jobs. Deeply rooted in the Japanese culture is the idea of harmony - and this can be seen in the courtesy and consideration for others not only in the workplace, but at home. I am deeply impressed by the efficiency, as well as by how well things work in Japan. Having studied 5 years in the UK, I have gotten used to expecting some things for example, transport to not work, and have even come to take it as a norm. Transport is famously excellent in Japan.