

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

**1. Describe which diseases are most commonly seen in Hokkaido, compared with the rest of Japan, and in relation to the UK.**

Per the **Global Burden of Diseases, Injuries and Risk Factors Study published in 2015**, the ten leading causes of death for both males and females in Japan were due to cerebrovascular disease, ischaemic heart disease, Alzheimer's disease, lower respiratory tract infection, colorectal cancer, lung cancer, chronic kidney disease, stomach cancer, pancreatic cancer and breast cancer. This study also investigated the leading causes of mortality across the 47 prefectures of Japan, and compared these to Japan's national mean. The study showed that the prefecture of Hokkaido, of which Sapporo is the capital, had a significantly lower rate of mortality from ischaemic stroke, haemorrhagic stroke, stomach cancer, liver cancer, cirrhosis and hepatitis C. However, there was a significantly higher rate of mortality from lung cancer, self-harm, pancreatic cancer, diabetic chronic kidney disease, gallbladder cancer and breast cancer. The differences in mortality rate in Hokkaido, compared with Japan's national mean may be the result of slight variations in lifestyle factors across prefectures e.g. smoking, alcohol consumption and sodium intake among adults aged 20 years or older. Or it may be the result of unobserved factors such as performance and provision of healthcare, which does vary across Japan.

When looking at statistics for the UK, the leading causes of death differ across age and sex. According to statistics published by Public Health England in 2015, for males, the leading cause of mortality is ischaemic heart disease, followed by dementia and Alzheimer's disease. For females, dementia and Alzheimer's disease was the leading cause of mortality, followed by ischaemic heart disease. For both sexes, 40 percent of deaths were due to cancer, with lung cancer being the most prevalent. The leading causes of mortality in the UK are similar to Japan, except that Japan has a much higher incidence of cerebrovascular disease (stroke), possibly due to the greater incidence of hypertension in Japan, which may possible be due to lifestyle factors, or genetic factors that are yet to be fully explored.

**2. Describe how healthcare is provided in Japan and compare with the provision of healthcare in the NHS.**

In 1961, Japan established a national health insurance system, that would ensure universal healthcare for all its citizens. Under the Health Insurance Law amendment, all Japanese citizens and resident foreigners are entitled to coverage under one of six health insurance plans. The most common is employee's health insurance, which covers most employees from the private sector, and national health insurance, which covers the self-employed, unemployed, retired persons and those not eligible for employee health insurance. There are also plans for seamen, public sector employees (national and local) and private-school teachers and employees.

The insurance system is financed through individual contributions, employer contributions and government subsidies. Under the national medical insurance plans, the level of individual contribution differs by age. For neonates through to pre-school age, 80% of their medical expenses will be covered by their insurance, with the remaining 20% paid by the recipient. For school children, through to the age of 69, 30% of medical expenses are paid by the recipient, and for those aged 70-74, 10% is paid by

the recipient. Those over the age of 75 are enrolled into the Long-Life Health Care System, and the insurance carrier will compensate the medical care provider directly for the remainder on a fee for service basis, as determined by the Ministry of Health, Labour and Welfare. Private health insurance is also available, though it is only used to cover supplementary costs usually through a fixed payment according to the length of hospital stay or procedure performed, rather than actual total expenditure.

Like Japan, the UK also provides universal healthcare through the National Health Service (NHS), which was established in 1948. However, the NHS remains free at the point of delivery, and patients are not expected to compensate any of the costs of their care, though they may have to pay for prescriptions which is charged via a fixed NHS levy. The UK system is funded through income tax and national insurance contributions from each resident. Private medical insurance and private services are available and approximately 10% of the population have private medical cover.

**3. Describe how public health is promoted in Japan, and compare this to the methods used in the UK.**

To prevent non-communicable disease, the Ministry of Health, Labour and Welfare started the Healthy Japan 21 project in 2000. The second term of this project began in 2013, with a goal to extend healthy life expectancy and reduce health inequalities. The purpose of Health Japan 21 is to emphasise the importance of primary prevention, create a supportive environment for health improvement, set and assess specific goals, and promote effective, well-coordinated activities by different implementing bodies. These activities aim to cover 9 different areas of health: diet and nutrition, physical activity and exercise, leisure and mental health, smoking, alcohol, dental health, diabetes, cardiovascular disease and cancer. The UK also promotes public health on a national scale, of which the responsible body is Public Health England. In 2016, Public Health England set out a strategic plan to outline how they intend to protect and improve public health and reduce health inequalities until 2020. Public Health England aims to work with both local and national government, and the NHS to achieve its aims.

**4. Learn how to adapt to a new environment and culture and try and communicate with patients, with whom you do not share the same first language.**

Adapting to the Japanese hospital environment was made easy for us thanks to the assistance of the Japanese medical staff and medical students. In our hospital, the medical notes were electronic and written all in Japanese. However, the staff kindly translated for us, and provided us with a helpful glossary of medical terms, translated from Japanese to English to assist us looking through the patient notes, and which proved helpful in looking at patient lists and seeing what conditions they had. During staff conferences, where difficult cases were present and discussed, the doctor kindly presented to us in English, and the senior doctors would translate parts that we did not understand. The Japanese medical students would also help answer our questions, and point out the key facts to us, during MDT meetings and team conferences. We were not able to talk much with patients themselves, as most of the patients we saw were in intensive care, so were not conscious, or were children, who didn't speak much to begin with. However, when we did meet patients in clinic we greeted them appropriately and politely in Japanese, which we had learnt after spending time in Japan, and the appropriate way to bow per Japanese custom.