

ELECTIVE (SSC5b) REPORT (1200 words)

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

Japan has been one of my favourite travel destination since young, as I was planning for my elective placement abroad, apart from the three-week placement I have arranged at my hometown in Hong Kong, I wanted to discover another place that is outside of my comfort zone. With that in mind, Japan sprung into my mind.

I had minimal knowledge of the medical system in Japan, yet I knew that Japan is known for long life expectancy and advanced technology. I wanted to find out how the medical system works in Japan. My greatest worry at first was that my near-to-none Japanese language fluency would impede my clinical experience, yet I found that St. Luke's International Hospital offered an attachment programme for English-speaking medical student from overseas. I chose surgical attachments because I felt I could learn by observing surgery, and also I was able to choose to attach to specialties that I had very little exposure to during my medical course, including plastic surgery and paediatric surgery.

These three weeks at St. Luke's International Hospital did not disappoint me at all, in fact, it was extremely enjoyable and I felt I have made the right choice to come. The programme was very well organised, and all the staffs I have met were extremely friendly. There may be times when it was tricky to communicate medical terms because of language barrier, but doctors were always so patient to try and explain to me in English, sometimes with aid of diagram drawing and online translation tools. Since I am not a registered doctor in Japan, I was not allowed to participate in surgery, yet, by being an observer I was able to see for myself how the multidisciplinary team work together to provide high quality and efficient service to their patients. The attachment programme also included several seminar sessions where I was taught about the medical system and medical economics in Japan which is very different from the National Health Service I have learnt in the UK.

Objective 1: Public health involves preventing diseases and promoting health in a population level. It is often perceived as community-based, and is mainly conservative or medical, providing interventions such as childhood immunization, promotion of health diet and physical exercise. When doing this surgical attachment with a public health objective in mind, I am now convinced that surgery does play a role in promoting health and sustaining the health system in Japan. I looked at it from two perspectives: reducing infant and child mortality rates, and sustaining healthy working population.

Infant and child mortality rate is one of the methods used to compare population health between countries. In less developed countries, infant and child mortality rates are generally higher, mainly caused by infectious disease and trauma. Japan, like other more developed countries, have a lower infant and child mortality rates, and the most common cause of death in children is congenital diseases. Paediatric surgery plays a role in reducing infant and child mortality rate by performing corrective surgery for congenital diseases. I met a patient at the neonatal intensive care unit who had oesophageal atresia. This defect is fatal

because the patient was not able to ingest. Surgery was performed shortly after birth, and since the patient did not have other congenital abnormalities found, a good prognosis is given. Surgery does play a role in promoting good quality of life and improving survival in newborn with congenital defects.

On the other hand, for adults, the most common surgery performed in the general surgery department is hernia repair. Inguinal hernia is extremely common (with the lifetime risk of 27% in men and 3% in women[1]). In many cases, it causes mild and moderate discomfort, which may affect activity of daily living and ability to work. Since hernia is more commonly presented at earlier age, by performing repair surgery it can improve quality of life and reduce burden to the work population. Hernia repair is a relatively simple surgery, but because it is so common in the population, the impact it has on public health cannot be underestimated. This particularly applies to Japan because 70% of health service in Japan is funded by tax and health insurance, which is highly dependent on the working population. It is often a misnomer that surgery is not related to public health interventions. This placement has proved me wrong that surgery does play a role in reducing infant and child mortality, and improving quality of life in the working population.

Objective 2: In this attachment, I have been exposed to two aspects of surgery that I have no exposure to during my medical course - paediatric surgery and plastic surgery. I was particularly impressed by the microsurgery performed by the plastic surgery team during a DIEP flap breast reconstruction. I was able to observe a huge variety of procedures, ranging from delicate surgery under local anaesthetics, such as blepharoplasty, to complicated open surgery, such as hepatectomy. Patient age ranged from 23 days old to 86 years old. My fascination with surgery has definitely been strengthened after spending three weeks observing different surgical procedures. I have also been reminded by the Head of General Surgery about the importance of holistic care for surgical patients. Despite the excitement of the different surgical techniques, we must not forget the importance of preoperative and postoperative care for patients. He said, "A good surgeon is a good doctor, and a good doctor is a good person." I feel that I will take this motto at heart whichever path I take as a doctor in the future.

Objective 3: The most common paediatric surgical procedure in Japan is abdominal hernia repair. Umbilical hernia is extremely common soon after birth, but 90% resolves with or without conservative compression treatment within two years of age. Inguinal hernia repair is often performed when young, as the rate of strangulation is higher in children, and the recovery is very fast with little aesthetic side effect. This may explain why, unlike adult hernia repair, laparoscopic approach is less preferred by paediatric surgeons. Inguinal hernia operation is usually done as a day surgery, which facilitate recovery patients are allowed to rest in a familiar environment at home with their parents, rather than in the hospital. Pre-operative counselling to parents is emphasised by spending time explaining the condition and the surgical approach, reducing parents' anxiety which would greatly affect children's anxiety. Children who are old enough to understand instructions are greatly reassured by positive encouragement when they cooperate with physical examination. This approach is very similar to what I have experienced in paediatric internal medicine in the UK. Paediatric surgeons and physicians are very skillful in communicating with children and

reassuring them. I have learnt a lot by observing them, and was able to try those skills in outpatient clinics.

Objective 4: In the UK, primary care physicians (general practitioners) are the first point of contact for health for the majority of patients. Usually a patient presents with a symptom to their GP, and if their GP thinks they need care from a surgeon after history taking and examination, referral is made for an appointment with the surgeon at a local hospital. Further assessment and examination is done at the surgical outpatient clinic, and a discussion is carried out with the patient whether surgery is indicated or not. In cases where the case requires more than one surgical teams' input, a multidisciplinary meeting would be carried out before discussing surgical options with patients. In Japan, the approach is slightly different because patients do not need referral from a primary care physician before consulting a surgeon. Patient could choose to book a specialty clinic appointment directly for a specific concern. Discussion with patient about surgical options in Japan is very similar to the UK, assessment is made and the doctor would explain their findings and suggest a management plan.

All in all, I had a very valuable time in Tokyo experiencing Japanese medical culture and enriching my surgical knowledge. My only regret is that I could not interact with patients optimally because of my lack of Japanese language fluency. I will not forget these three weeks I have spent in St. Luke's International Hospital, and I felt I have taken something away to prepare me to start as a foundation doctor in the UK.

Reference:

[1] Hernias: inguinal and incisional. Kingsnorth
<https://www.ncbi.nlm.nih.gov/pubmed/14615114/>