

Elective Report: Toho University Omori Medical Centre
Kidney Centre & Anaesthetics

1. Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health

There is a high proportion of patients who have renal failure but manage to live independent lives by advanced technology in dialysis techniques and devices in Japan. I would like to observe how patients are managed in outpatient and inpatient settings.

2. Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries or with the UK

The health system is quite different from the UK where patients accept responsibility a proportion for healthcare costs from the point of use. Patient experience and expectations of healthcare services are likely to be different.

3. Health related objective

- Observe the techniques and methods used in order to maintain CKD patient QOL.
- Observe how patient management is different from the UK in the means of managing a chronic illness and end of life issues.

4. Personal/professional development goals. Must include some reflective assessment of your activities and experiences.

- Develop an understanding of the differences in medical practice that makes Japan unique from other countries.
- Be able to practice clinical medicine in a different country but yet be able to show empathy.

The healthcare provision in Japan is different from the United Kingdom, as patients in Japan are required to pay a fixed proportion of their healthcare costs. In the United Kingdom, the public health service, the National Health Service (NHS) provides healthcare to all permanent residents, and is free at the point of use and paid for from general taxation.

In Japan, the basic system is that each patient (if under the age of 70 years) pays for 30% of healthcare costs while the government pays the remaining 70%. However this proportion changes according to age (for over 70 years, patients pay 20% of healthcare costs) and whether they receive benefits (for such patients, payment is not needed).

The payment for personal medical services is offered through a universal health care insurance system that provides relative equality of access, with fees set by a government committee. People without insurance through employers can participate in a national health insurance programme administered by local governments. Also, for patients with certain disabilities or chronic conditions, there are different provisions set by local governments or from the Ministry of Health, Labour and Welfare. For example, there are three chronic diseases that are specified by the Minister of Health, Labour and Welfare, of which one is

chronic kidney disease requiring the use of dialysis as a method of renal replacement therapy. Such patients requiring long-term treatment have a limit to how much they are charged by the health services per month (e.g. 10,000yen per month to cover all costs) but first of all need to be assessed and have documentation to show that they are eligible.

As the health system does not require patients to have a general practitioner (family doctor) in the primary care sector, patients are free to select physicians or facilities of their choice and cannot be denied coverage. The idea of generalists has only become recognized in Japan recently, and many patients would have turned up to their local doctor (usually a doctor practicing in the community, specializing in internal medicine etc.) and received a referral letter to a larger hospital (such as a University Hospital) to receive advanced care.

Patient's attitudes towards healthcare are hence different from the UK since Japanese patients are able to choose which speciality they require right from the beginning of when they notice symptoms. For example, if the patient feels that they have a skin problem, they would choose to visit a dermatologist of their choice and would receive treatment there and then or be asked to take a referral letter to a different speciality in a different hospital if the clinician at the first point of contact decides so. Also as patients are able to choose their physician of choice, it means that they are able to choose any physician or hospital of wish across the whole country. Hence some patients may choose to travel many hours travelling to be seen by their chosen physician.

This is different from the UK, as in the UK, patients would first turn up to their general practitioner, and then be referred onto advanced care services (which would usually be provided by the local health trust) if they require further advanced care. Usually patients are not able to book appointments, in scope of being seen by a doctor in a completely different area from where they live, unless they find a physician who practices in the private sector.

As there is no single fixed point (i.e. a family doctor) where different specialist clinicians are able to send and collect patient examination and investigation results, I felt that there were difficulties in maintaining continuity of care in managing patients. Particularly for patients with chronic conditions, I personally feel that continuity of care between secondary/tertiary healthcare systems (e.g. specialist clinics for Chronic Kidney Disease in University Hospitals) and primary care (e.g. a family doctor in the community if that patient has one) is extremely important for long-term management, and improving prognosis. I felt that through this visit to Japan, I was able to recognize and develop a clearer understanding of how the healthcare provision is different from the UK, and was able to recognize the pros and cons of each country's systems.

At Omori Medical Centre, I had the privilege of spending time in the Kidney Disease Centre, where the majority of patients had chronic kidney disease and were receiving some kind of renal replacement therapy. This Kidney Disease Centre was unique as it had nephology physicians, renal/urology surgeons and paediatricians specialising in nephrology and urology working in a single team. They had specific clinics for patients receiving haemodialysis, patients who

have/are preparing to receive kidney transplantation, and patients who had peritoneal dialysis.

I noticed that each clinician tailor-made each treatment plan for each patient, and when they noticed any symptoms (such as sore throats or coryzal signs) they would prescribe patients with medication to treat those symptoms present at the time of consultation. Especially for patients who have been under the care of the kidney team for many years, the kidney team doctors acted as their generalists and were managing the patient's lifestyles and other conditions by prescribing appropriate medication and referring to other specialties if necessary.

I found this surprising because the team at the Kidney Disease Centre would be classed as a tertiary care team (due to their specialist roles in patient management) in the UK, but was also providing what would be classed as primary care team level care in the UK (by providing generalist/family doctor type services). I felt that by the team providing such services, the patients felt more at ease in talking about their problems and felt that they were being looked after holistically by the team. I understood that by the patient-specialist doctor relationship being so close, there was good continuity of care. I felt that that was one of the important factors other than good technology, which improved patient prognosis. However, although there were merits with tertiary care team doctors being extremely involved with patient's general health management, I felt that the doctors were having to compromise their personal time in order to provide such services. Observing the heavy workload the doctors were imposed, I felt that the reason why such workloads existed was due to doctors having to play administrative roles as well as the other duties they are responsible of.

Through my experience at Omori Medical Centre, I realized that patient care was very patient centered and was tailor made to improve patient QOL as much as possible. I observed that many of the roles (such as administrative jobs) undertaken by other members of staff in the UK were being taken on by doctors in Japan. I realized that although this increased the workload of the doctors, it meant that doctors were aware of the insurance systems and the costs towards the patient and the government, and were able to provide appropriate management plans. Generally I had an enjoyable time at Omori Medical Centre and was able to observe and be involved in different surgical and medical situations, which would be a great benefit to my future clinical careers.