

Juntendo Hospital, Tokyo, Paediatrics Department 2013: My experienceAndrew McWilliams 9427

Professor Ian Sanderson in Paediatric Gastroenterology at the Royal London Hospital helpfully got in touch with his colleague Professor Ohtsuka when I expressed an interest in coming to Juntendo. I was privileged and honoured to be accepted to undertake a placement here in Paediatrics, in this the 175th anniversary year of the founding of this world class hospital.

I was interested in coming to Japan to learn about the Japanese people and their culture. I knew very little, and in the UK people sometimes comment that the Japanese culture is very different from our own. I am well-travelled in Europe but not further afield, so I felt this was an opportunity to push myself. I was also very keen to learn about the kind of "high-tech" medicine which is practiced in Japan. By learning about state-of-the-art equipment I hope I might be able to shape the direction of medicine in the hospitals in which I practice in the UK.

I have many observations about the culture in Japan. The nation is full of courteous people who subjugate their own needs for the good of society as a

whole. People bow on many occasions. They always acknowledge when you may have done something to help someone, such as stepping out of their way in the lift. In the the UK many of these courtesies have now gone. It has been interesting to see how Westernisation has affected the country. There is much history, but neon lights and vending machines have been grasped with both hand by the modern nation. In that way the culture felt similar to our own, but I am understanding that part of the reason for buildings being new is the re-generation which must happen after every major earthquake. Tokyo is awaiting the next such event imminently.

In the hospital, I was treated like a real guest. Doctors always took the trouble to explain things to me in English and I was given individual attention. I do feel that the students here get more attention than in Britain, with planned activities happening every day and senior clinicians teaching all the time. However, I think the students get less patient exposure and practice of actually doing things, rather than just watching.

Japan has a different kind of healthcare service to the UK. People have private insurance, and then they pay pre-determined percentages of tariffs for their care, as dictated centrally. This is usually about 30% of the tariff. There is

no General Practice service. Instead, people refer themselves to hospital, which can create problems with accessing the correct specialty. However, there is good access to some kind of community paediatrics service, so that children are always seen by a specialist in the first instance, rather than going through a GP as in the UK.

Juntendo is the premier private hospital, and indeed the Emperor's surgeon works here. The hospital had a large emphasis on cleanliness, though not quite as much as at home where I think we have gone a bit overboard) and we wore white coats. Interestingly we were not allowed to carry stethoscopes round our necks in the corridor as this looked scruffy. Facemasks are common, as is also evident in the street.

The Paediatric department is a centre of excellence for many fields, including Cardiology, Gastroenterology and Surgery. I was rotated through General Paediatrics, Cardiology, Neonatology and Haematology & Oncology. The kinds of illnesses I saw and we discussed were different to the UK, including Collagenous Sprue, Alagille Syndrome, Moya Moya, Kawasaki disease and Progressive Familial Intrahepatic Cholestasis. I also saw Kaposi Varicellaform Eruption. In Cardiology I saw hearts with very anomalous circulations and was

present at catheterization for investigation of function. Conversely, Coeliac Disease is very rare here, and they had to purchase a screening kit specially from abroad when they wanted to use it.

There was greater use of markers in the blood, with more markers being measured per sample than in the UK. There was also more technology used in constructing graphic realizations of vasculature in the cardiac cases. Echo was common and many doctors seemed skilled at it.

Largely, the kind of medicine practiced did not seem that different from what I see at home. The juniors tended to move in large groups, which was interesting. This promoted cohesion, communication and learning by observation. I felt very welcome in the department. Dr Kenneth Takahashi always made sure I was occupied usefully and was extremely supportive.

This was an incredible opportunity which I was very pleased to have taken up and for which I will always be grateful.

Andrew McWilliams

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Hospital del Mar, Barcelona, Paediatrics Department 2013: My experience

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I had an incredible time here on placement.

I was in Neonatology for part of the placement and General Paediatrics for the rest. The general language spoken was Catalan, though the doctors usually spoke Castillian when I was present.

In Neonatology I had to perform baby checks and fill in a Catalan form. I also attended Post-natal clinics for high risk pregnancies, especially due to drug or alcohol use.

In Paediatrics, I was involved in the day-to-day running of the department. I attended Tropical Disease clinics and HIV clinics.

The hospital is in one of the poorer parts of the city, which consequently had similarities to the catchment area of Barts and the London. The patients and staff took a relaxed attitude to life. People were very friendly. Doctors and patients were very tactile with each other.

There was a larger emphasis on the education of juniors. Each patient expected to be examined several times by the juniors each day, and this was