

Elective report by Amit Parmar

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

During my medical elective, I spent three weeks in cardiology and three weeks in emergency and critical care medicine. This gave me an opportunity to see the different types of illnesses and diseases that usually present to the emergency department in the Tokyo urban area. During my time in cardiology, I spent most of my time observing catheter ablation and percutaneous coronary intervention procedures which I had not yet had the opportunity to see as a medical student in the UK. These procedures were very complicated and difficult to understand due to the advanced nature of the procedures as well as the communication barrier. In Japan, I saw many patients present with chest pain secondary to coronary vasospasm (prinzmetal angina) which is relatively rare in the UK. Showa hospital was a private university hospital with a lot of money and thus access to a lot of advanced medical software and medical devices. This therefore gave me the opportunity to witness rotor ablation which is a procedure used to chip away at hard plaques that are causing coronary stenosis. In the catheter room, there were also many medical device advisors that would be available to give information and advice on the different guiding wires and catheters that can be used. There were also two opportunities to see percutaneous cardiopulmonary support (PCPS) which is the Japanese equivalent of extra corporeal membrane oxygenation (ECMO).

In the ablation room, I saw a number of different heart blocks, atrial fibrillation and tachycardia arrhythmias. I felt that the level of knowledge and experience required to understand these procedures were far beyond my depth. However, the time spent in the ablation room helped me develop my skills in reading electrocardiograms and helped improve my understanding of the basic principle underlying ablation therapy. Besides ablation procedures, I was able to witness pacemaker implantations.

It was very interesting to see that the emergency and critical care departments were combined specialties whereas in the UK they are considered separate ones. I was able to see the provision of emergency short term care as well as long term critical care. Some of the interesting cases I came across include aortic dissection in a 13 year old girl with likely Marfans syndrome who unfortunately passed away. Many presenting complaints would be loss of consciousness in the elderly who required thorough investigation. It was thus interesting to see how nearly all patients attending the emergency department would undergo thorough blood tests and investigations such as CT scans whereas in the UK, such tests are given on a need by need basis.

2. Describe the pattern of health provision in relation to the country in which you have worked and contrast this with other countries, or with the UK.

Healthcare is provided via a national insurance program. The government is responsible for paying 70% of the healthcare cost whereas the patient will pay the rest of the fee. The lobby at the main entrance of the hospital is lined with a number of counters for paying the hospital fee. Many hospitals are privatised and many patients are able to directly go to the hospital or doctor whom they want to be treated by. Another interesting finding was that the average lifespan was much higher than in the UK and the common mind set among physicians is that patients below the age of around 80 were all considered young and often well enough to undergo surgical procedures and

operations which may be considered risky in the UK. During my stay, I also felt that there is an authoritarian relationship amongst doctors and patients. Doctors and many hospital staff members wear white coats to represent their role. There is also little discussion in the matter of treatment options and usually the doctor will decide the best course of treatment. From talking with doctors, I also found out that patients would often phone doctors regarding simple queries which would usually be dealt with admin or secretarial staff in the UK.

3. Observe how patient management is different from the UK.

It was difficult to find out the patient perspective on their treatment due to the communication barrier, however most would appear to be satisfied with their care. There was no significant difference in patient management, however Japanese people as a whole are very kind, polite and respectful to each other. There were many occasions where I was surprised about how simple words or gestures could make a difference and help others.

4. Write a reflective piece on my activities and experiences and summarise how this has influenced my personal/professional development.

I thoroughly enjoyed my elective experience. The hospital was located in Hatanodai, a small town with all necessary amenities and great transport links to all of Tokyo. The hospital staff were all friendly and there were many opportunities to socialise with students, doctors and other international guests at the university. I was able to learn so much about the healthcare system in Japan and of other countries by talking to people from all over the world.