

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

**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: What are the diseases and conditions that commonly affect children in Japan and compare them to the UK**

Juntendo University hospital is not a normal hospital in terms of the sorts of patients it sees: It is a tertiary centre for paediatrics and therefore the conditions that I saw on my placement are not necessarily typical of Japan. There was a hugely vast array of conditions, which was helped by rotating between 5 different specialities; general paediatrics, cardiology, haem- oncology and paediatric surgery. Within the general paediatric group, I found Kawasaki disease to be very common. Within Japan, the incidence of Kawasaki disease is much higher than that of the UK with 250 children under 4 out of 100,000 being affected. This was shown by there being 3 patients with Kawasaki disease on the ward when I first arrived. Comparatively cystic fibrosis is virtually non-existent in Japan and common in the UK.

Being a tertiary centre, I was fortunate enough to see some incredibly rare diseases in my time here, some of which I may never see again. In my week of haem-oncology I saw rare malignancies, such as hepatoblastoma in a premature birth child, medullablastoma, astrocytomas, a Wilm`s tumour, that presented as the teachers at playgroup noticing a distended abdomen, a myeloid sarcoma in a previous leukaemia patient who presented with symptoms of heart failure due to invasion of the tumour into the pericardium and many others. I also got to watch procedures I haven`t previously seen, like intrathecal injections. One difference I noted between the ward in Juntendo and those in the UK was that procedures were done in a procedure room, rather than at the patient`s bed.

Surgery brought another interesting experience where I got to see operations I had never seen. There was surgery frequently and two operating theatres where paediatric surgery was going on, which meant I got to observe a wide array of different surgeries and conditions. Amongst them were a laparoscopic elective appendicectomy, hypospadias operations, correction of a congenital diaphragmatic hernia, correction of gastrocheisis, a rectal biopsy for a potential Hirschprung`s disease and a congenital recto- urethral fistula. There were not substantial differences between surgeries in Japan and my experiences in the UK. However the paediatric surgery system in Japan is slightly different to that of the UK; in Japan all paediatric is done by paediatric surgeons, not by specialists, with the exception of neurosurgery and a few others. This system obviously means the paediatric surgeons have to be skilled in a large variety of areas.

**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: What are the treatments for common paediatric health conditions managed and delivered in Japan? How does this differ from the UK?**

The health system in Japan is slightly different to that of the UK. Like the UK the national health care system is not privatised. Healthcare is provided for via insurance, but insurance is paid for by the

government. However there is a very large private sector in Japan, with many private hospitals, and many people pay for private healthcare. There is also very little primary care in Japan; there are far fewer 'GPs' compared with the UK, where GPs make up the majority. This is because the public can self refer themselves to specialist care without having to see a GP first. I also noticed that the provision of different specialties and the popularity of the different specialties amongst doctors is also different. For example, Japan has a huge number of neurosurgeons compared to the UK, many of which don't operate and focus on research. Surgery comparatively seems to be less popular than medical specialites, again very different to the UK.

During my time with the haem-oncology team I realised that the provision of paediatric services does not stop at 18 in Japan. For some patients, for example leukemia patients, the protocol is to use the paediatric treatment for anyone up to around the age of 30, this is due to research showing that this was effective. As well as this, the protocol has now changed so that oncology patients will be followed up for life after remission from cancer. In both these cases it is necessary for paediatricians in Japan to have some knowledge of adult medicine too.

Health related objective: What are the current public health issues in Japan and what health provisions are place to tackle those problems?

One of the first things I noticed when I arrived in Japan was the number of people wearing face masks. At first I didn't know what this was for, as the last time I saw a large population of patients doing this was in South America around the time of the swine flu epidemic, so I thought it may be a public health issue. From speaking to several doctors and Japanese people it seems most commonly people wear them as they have hayfever. Around 40-50% of the Japanese population have hayfever, especially around the time of the cherry blossom season. Another suggestion was that a large amount of pollution comes from Japan and whenever it is thought that this may happen, people are encouraged to wear a facemask.

From speaking to Japanese medical students who studied in the UK for their elective, it seems that one difference between the UK and Japan is the existence of urogenital doctors and sexual health clinics. I don't know a huge amount about this, but I can see how this could cause a public health issue if this lead to high levels of STIs.

Personal/professional development goals.: What is it like to live and work in a different country with a completely different culture? How does it compare working life in the UK?

It was certainly a culture shock when I first arrived in Japan, but is difficult to explain why. There are differences in every aspect of life: the living space- for example the Japanese are very minimalist and I wasn't expecting to live in such an empty room. The food is very different as are the manners when it comes to eating and drinking. I very much enjoyed eating out with Japanese people and learning how to dine, including removing shoes before eating, using chopsticks, formal things to say before eating and drinking etc. I found myself to be quite lonely when I first arrived, which apparently is not an uncommon feeling in Tokyo. Whilst the people are incredibly helpful, they are very shy and may not start conversation with you. After my first week when I had got to know people, I felt a lot more comfortable. I genuinely felt that by the end I was getting to grips with Japanese life and culture and knew what it was to live and thrive in a different country alone. I was also very surprised to see how safe the country was: in Tokyo, a huge city, I felt very safe for myself and my belongings. It is not uncommon to see very young children making their own way to and from school on the metro.

Working in Japan was similar to that in the UK: commuting to the hospital was very similar to commuting in London, and the times of the starting day were the same. The main difference I noticed was the large gaps in the middle of the day where not a huge amount happened, but the working day ended later than in the UK. When I worked with the neonatology team I found that this was due to parent visitation times during the middle of the day. This may be different in specialities other than paediatrics.

There are undoubtedly some differences between Japan and the UK in their provision of services, but actually as a whole I was surprised at how similar they were. I very much enjoyed my placement and would love to return in later life.