

Renal Association Elective Report- Jikei University Hospital Tokyo

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My elective consisted of a 4-week attachment to the Department of Kidneys and Hypertension at the Jikei University Hospital in Tokyo, Japan. The hospital and associated Jikei University School of Medicine are private institutions located in the Minato district of Tokyo. It is a large hospital, with 1075 beds, and is a specialised tertiary care centre. As such, the department of Kidneys and Hypertension was large, with roughly 20 full time doctors in employment and covering two floors of the central hospital building (around 60 beds). The department handled complex referrals and was one of the few specialist centres in Tokyo that could handle kidney transplantation.

Japan is a highly developed country with a healthcare system that works with mixed public-private partnership. The government cover 70% of the healthcare costs while the individuals cover 30% (1). It is mandatory by law to participate in a health insurance scheme, either through work or via local government (1). Through this system, patients accrue minimal direct costs, proportionate to income, and receive high quality services enforced at a reasonable price, via national price setting and a prohibition on profit making (1). This system does, however, lead to an excess of tests and prescriptions. Hospitals are reimbursed through fees for services; one consequence of this being longer stays in hospital compared to other OECD nations (2). All of this was experienced during my elective. I was often surprised at the length of stay in hospital for most patients, even with the hospitalisation of patients for education purposes only. Tests were also relied upon heavily, with near daily repeats of blood tests for every patient, seemingly regardless of clinical need.

Clinical placement

Throughout the elective I was attached to a team within the department, shadowing them in all their activities. This would include daily ward rounds, outpatient clinics, peritoneal catheter insertion surgery, dialysis unit rounds and visits to radiology for creation of AV fistulae. Despite the language barrier that existed with patients, my consultant and team were proficient in English. With the occasional help of Google translate we were able to work together effectively. Considerable effort was made by the team to include me in their work, and this welcoming and polite nature was amazing to see, especially as I would clearly have slowed their work down!

A typical day would consist of a morning ward round, followed by a review of that days new blood results. After a quick lunch we would either go to clinic, theatre (the nephrologist would be the one often inserting the peritoneal dialysis catheter), or attend to the needs of their patients on the wards. The days were often long, with a working culture in Japan that prioritises the time spent at work over the efficiency of work done.

The range of cases dealt by the department was staggering, including far more cases of IgA nephropathy than I had witnessed in my UK nephrology rotation. This, I learned, being due to genetic differences in Far East Asians that make IgA nephropathy the leading cause of glomerular disease in those countries (3).

One particular difference between Japanese nephrology and UK nephrology was in the treatment for end stage renal disease. In Japan, the vast majority of patients are on haemodialysis, with relatively few patients receiving kidney transplants (4). This difference was surprising to me, but was explained that the reason being the low rate of organ donation in Japan due to Shinto religious beliefs.

Whilst I was living in Japan, one of the main causes of CKD became apparent to me- the incredible amount of salt that is used in Japanese cuisine. The food, whilst delicious, does contain a large quantity of salt. This is reflected in the relatively large proportion of CKD cases being due to glomerulosclerosis (4).

Overall, my experience has had a big impact on me. My time in nephrology was highly enjoyable, with a good diversity of patients. The experience has reinforced to me the importance of great teamwork and I strive to incorporate the amazing hospitality, politeness and work attitude of the Japanese into my future career. I would like to take this opportunity to thank the Renal Association for awarding me the bursary, which has been of great help in funding the elective.

References

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