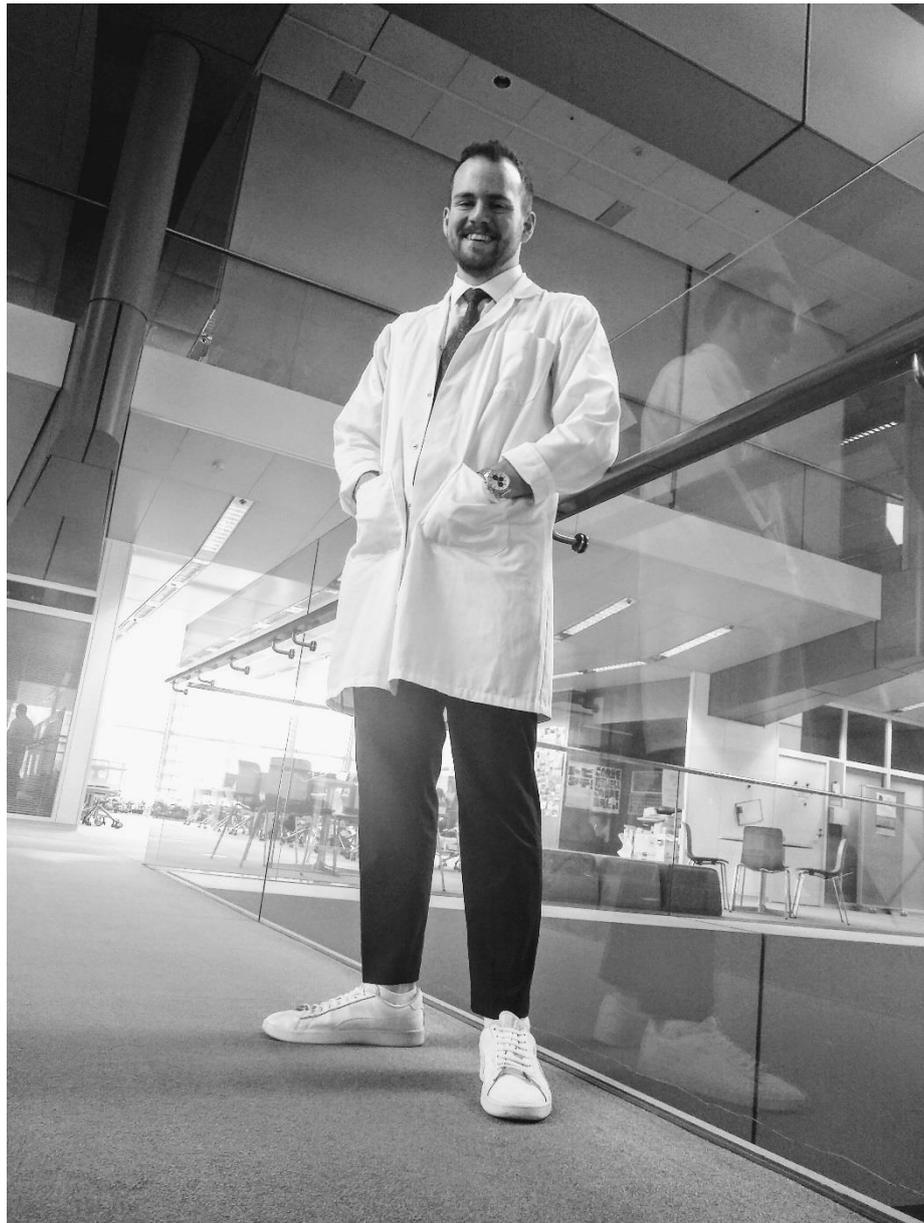


ELECTIVE PRIZE/PROJECT
GRANT REPORT
JUNTENDO UNIVERSITY
HOSPITAL, TOKYO



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Introduction and aims

As part of the undergraduate medical program at Newcastle University, 8 weeks are allocated in the summer of the 4th year in order to undertake an elective period. It is encouraged for students to use the opportunity to travel abroad, with the aim of experiencing medical practice in a distinctively different setting to the UK, both for personal growth and motivation as well as to bring further knowledge into the NHS as a whole.

On choosing an elective, I was especially interested in cultural differences in dermatology practice. For this, Japan was a natural choice, with its reputation for maintaining a discrete culture whilst being economically comparable to western countries. I had heard that Dermatology was an extremely popular specialty amongst Japanese medical students, and was fascinated to find out whether this was reflective of current practice, public attitudes towards skincare, or part of the 'hidden curriculum' of Japanese medical school.

First Impressions

From first getting off the plane and riding the train into central Tokyo, it becomes immediately apparent that skincare is an important issue in Japanese life. Adverts play on the subway for drinks containing collagen and hyaluronic acid. You step into the hot sunshine, and see crowds of people under umbrellas, with UV arm protectors and the occasional full-face tinted visor on an old lady cycling home with groceries. When you go to one of the ubiquitous 24-hr convenience stores, there are packs of scented facial blotting paper for sale by the door. If you happen to walk past restaurants in the right part of town at the right time, you might notice groups of young women eating pig's trotter soup, in order to get maximum collagen into their diet and achieve the ideal of youthful skin, known as "puru puru".



Figure 1 - Range of men's skincare products at a small supermarket

Placement background and observations

Juntendo University is perhaps uniquely well qualified in answering questions on the prestige of Dermatology in Japan. Founded in 1838, it is the oldest private hospital in Tokyo, and the first hospital in Japan to practice techniques of western medicine. The current University CEO, Professor Ogawa, is a dermatologist, and I was told on numerous occasions that the dermatology department is considered to be the most profitable department in the hospital, in one of the most profitable hospitals in Japan. The importance of dermatology was therefore immediately clarified.

The bulk of my elective placement was concerned with attending outpatient clinics, and I was fortunate enough to be able to attend Professor Ogawa's monthly clinic, as well as Professor Ikeda's regular clinics (the current head of department). Here, I was able to see a fascinatingly diverse set of patients and conditions. The reputation of both doctors was clear, as current and retired Vice presidents and CEOs of sometimes quite considerable Japanese companies were in attendance for relatively minor complaints. Considering the incredible experience of these doctors, it was strange to see them perform simple procedures such as cryotherapy, but the value and role of these encounters in a private system was evident. On the other end of the spectrum, in Japan first class healthcare is available free to those with particularly severe chronic conditions. The contrast in patient demographic and disease severity was immense, but the doctors were equally at home and comfortable with these patients. This spoke for their considerable skill and experience, and the value in a diverse patient cohort.

Rheumatoid related nail changes	Bed sore	Atopic dermatitis	Rosai- Dorfman syndrome
Seborrheic keratosis	Asteatotic dermatitis	Perioral dermatitis	Alopecia – background of psoriasis and pemphigus folliculus
Tinea unguium	Eyelid pruritus – contact dermatitis	Seborrheic dermatitis	Hailey Hailey disease
Asteatotic eczema	HTLV- 1	Polyarteritis nodosa	Epidermolysis bullosa

Figure 2 - Example of conditions seen in a morning clinic

The clinics also highlighted differences in the perception and treatment of Psoriasis. Professor Ikeda explained that rates of Psoriasis were roughly 1/10th of that in Europe, with Japan's humidity possibly playing a factor. As a result, those that did present considered the disease very serious, and wanted to treat aggressively. I found the aggressive regimes of phototherapy paid for by some wealthy patients for relatively small psoriatic plaques quite remarkable, but it further highlighted the social impact that skin conditions can have, and the cultural aspects behind this.

Alongside clinics, I was also able to visit the inpatient ward, as well as observe surgery. Whilst my experience in surgery was largely similar to experiences in the UK, the ward had some clear differences. The amount of doctors joining the department can be considerable depending on applications, with 10 starting this year. Combined with limited clinical responsibilities, this resulted in some striking practices. The strangest of this was watching around eight doctors change the dressings for a patient's leg ulcers simultaneously, with four doctors working at the same time on each leg. Compared to the NHS, where it is unusual to see a doctor change a dressing, let alone eight at once, this showed me at once the difference in resource allocation and responsibilities of juniors between the UK and Japan.

Conclusions and acknowledgments

Throughout my elective, my prior belief that dermatology is prestigious amongst Japanese medical students was definitely confirmed. I feel it would take a much longer placement to fully explore the reasons why, but I felt that it was probably a combination of several more subtle influences rather than one obvious factor. Upon asking medical students and doctors why they were interested in dermatology, their answers rang true with my own. However, perhaps the societal regard for skincare and the prestige of dermatology within a private healthcare system is simply enough to make more students consider dermatology as a career, and from there the appeal and value of a well-rounded specialty speaks for itself.

I would like to offer my thanks to everyone in the department that helped me throughout my placement, with particular thanks to Professors Ikeda and Ogawa, Dr. Hirasawa, Dr Yamanashi and Dr Kim for allowing me to observe their clinics. I would also like to offer my sincere gratitude and thanks to BAD for granting me this generous elective prize, and I am forever grateful for their assistance in furthering my journey to becoming a dermatologist.