Paloma Mitra, Johns Hopkins SOM

I was told the cedar paneling and soft lighting is because this floor in the community hospital is used for home visit patients when the intensity of their care exceeds what can be provided at home. It minimizes stress and offers caregivers respite—a home away from home—while providing access to services like the ground floor rehabilitation center and basement level barium swallow procedure room. Just around the corner from the hospital is CamCam Swallow, an eatery where patients can enjoy the same dysphagia-tailored meal as their family with both dignity and delicious mouthfeel.

I am humbled to have now seen how Japan approaches healthcare, because it encompasses all the values we lauded in my public health classes: tailored, preventative, and holistic care. I grew up as a patient in a large health maintenance organization, and I have worked with home hospice and community health throughout my early career. Initially, when preparing for the visit to Kagayaki Clinic, I expected a hospital. Instead, I found innovation in a clinic designed like a home, where the rooms we slept overnight transformed into staff workspaces, and pools for gamified rehabilitation were only the next room over. Using Kagayaki Clinic as our base, we visited two patients in their homes in Gifu Prefecture, where Dr. Fujii did a biweekly check-up on a patient transitioning to palliative care and a second who had just experienced a fall. While we were attentive to the home environment when I worked in hospice, it was central in how Dr. Fujii approached each patient's chief concern. Later, when we returned to Kagayaki Clinic, we learnt about 生きがい (*ikigai*)—a reason for living that is more akin to micro-happiness than a life's mission—which guided our action and plan for the patient. The clinic was impressive for serving as a waypoint for rural care services in the area and patients coming from all over Japan.

My favorite part of the trip was the visit to the National Center for Geriatrics and Gerontology, which embodied the theme of our program: bridging innovation with community health. Further in service of a patient-centered mission, we tried on pneumatic vests meant to support caregivers with weight-bearing activities. It demonstrated how innovation considered the family as much as it optimized patient functioning. Later, as I bounced around the room in a small harness that kept patients from falling harshly, I considered how the extent of what I ever taught in fall reduction classes in the US—which we considered quite comprehensive and holistic—was mitigating hazards in a home environment instead of reformulating how patients approach mobility deficits. While it may be many years before homes can be retrofitted with suspended harnesses, it was a reminder that there are always many solutions to problems, some of which may give patients more dignity, or even a little more joy.

Every health care system has its deficits—Japan struggles with overutilization, stemming from issues like patients directing their own pursuit of specialty care to patients calling home-visit physicians for an appointment when a friendly volunteer may suffice. While the US struggles with several similar challenges that I will only allude to for the sake of brevity, it was also a chance to identify strengths that we undervalue in our own system. Both nations need more GPs/PCPs, but the priority may be their roles as the first point of access to healthcare, perhaps more than the services they may uniquely offer compared to other specialties. At the same time, we attended a lab visit where Dr. Umegaki, Professor and Director of the Department of Community Healthcare and Geriatrics, spoke about the need for tailored care for our aging patients at a time when polypharmacy may result from guideline-based medicine and disconnected practicing of medicine. Patients will only become more multimorbid as the populations of both nations age, and a strong primary care service that is another "home" for patients would be a tremendous asset in preparation for that stage of population development.

Some of my favorite memories, however, are the moments I spent with the medical students at Nagoya University. They diligently studied for their Immunology exam, attended their table tennis club activities, and traveled to Inuyama and Sakae with us on top of a full program schedule. Throughout it all, we compared who had the easier way to tie surgical knots, and phrases we use to make fun of our friends. Through their eyes, I got to experience a view of their lives outside of medicine.

I knew to expect something wonderful when I applied for this program, but the gift that I was given was truly beyond words (and I am seldom rendered speechless!). I would be honored to become a physician who can even create some of the community impact that I saw here in Nagoya.

ありがとうございます. (Thank you!)


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