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Lab: Community Healthcare and Geriatrics

“When having the choice between a predictable and unpredictable life, I choose the second.”

As I asked Dr. Ryoichi Ichihashi, founder of Kagayaki Clinic, about his journey through medicine, these words stuck with me. I found myself thinking: “Me too.” He explained that if we choose a path where we already know exactly how it will unfold, it is almost as if we have already lived it. I used to be someone who preferred to understand the path ahead before taking the first step. Yet, I have learned and experienced how the most meaningful experiences emerge when I step into uncertainty with humility and openness. This reflection sets the tone for how I plan to apply what I have learned in Japan to the rest of my life and career.

Before this program, I understood medical innovation as the creative application and merging of knowledge, technology, and resources to further health. During our visits, I was inspired by the many ways Japan integrates engineering and design into medicine. For example, it was exciting to experience simulation technologies available not only for healthcare professionals, but also for students, such as laparoscopic surgical simulations and dexterity training. In addition, I enjoyed seeing the attention towards the physical environment of medical spaces, such as lighting and colors, and an open, shared common space for art or conversation at Touhoukai Chikaishi hospital. What impacted me most was seeing the innovations that work to preserve physical movement: muscle suits that reduce lower back strain in caregivers, the Welwalk system that supports stroke rehabilitation, and the interactive projections incorporated into hydrotherapy for children. At Cam Cam Swallow, I saw dysphagia-friendly meals presented beautifully, not just as modified food for physical necessity, but as a way to preserve the cultural and social meaning of eating. Through discussions of ikigai, or a sense of purpose and meaning in life, I developed a more humanistic framework for the goals of medicine. If health is more than the absence of disease, then our interventions should also protect the relationships, routines, and purposes that make life meaningful. Ikigai should actually completely contextualize and orient the direction, length, and type of treatment and intervention for all patients.

This philosophy was applied during our home healthcare visits with Kagayaki Clinic. At the end of our first visit, the patient’s husband approached us to initiate conversation. Although he knew there was a language barrier, he still chose to reach out. Through my translation app and many imperfect attempts, we learned that he had lived in his town for over 50 years and that he loved orange trees. Soon, we were all laughing together about our translation mistakes. Our laughs in his living room reminded me that beneath every medical decision, healthcare system, and technological innovation is a person seeking to be known and valued. I hope I always remember the importance of asking about the “orange trees” in my patients’ lives. Connection matters and underlies the foundation of life, not just medicine.

Although many discussions focused on Japan’s super-aging society, I found myself reflecting on how the solutions to this challenge extend far beyond geriatrics. In my prior work with patients with rare neurological diseases, I have seen how illness affects far more than a single organ system. Concepts such as reducing polypharmacy, addressing multimorbidity, and providing home-centered care are equally relevant for patients with complex chronic illnesses, disabilities, and rare diseases, even those who may be young.

Beyond the clinical experiences, my greatest lessons came from the relationships I built with Nagoya University students and fellow participants. While my Duolingo lessons taught me how to say ご飯 (“gohan,” rice), my new friends taught me far more meaningful things, including how language, culture, and friendship create bridges. I was moved by their intentional efforts to meet us where we were, whether through conversations, shared meals, or moments of laughter despite differences in language. They reminded me that global health is built through genuine relationships, curiosity, and mutual learning. One of my Japanese friends hopes to work in international health policy, while another hopes to pursue neonatal care. I hope that one day our paths cross again. In the future, we will not only be friends, but colleagues collaborating across borders with the same goal of caring for patients as fully and compassionately as possible.

I am leaving this program with both a deeper understanding of Japanese approaches to community medicine and healthcare innovation and an excitement for the unpredictable life ahead of me. A life in which I will work with my patients to apply ikigai and in which I will continue to build friendships with medical professionals globally to support the advancement of patient-centered care across unique needs and contexts.





