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Throughout my grandmother's decade-long experience with dementia, one of my family's greatest sources of pride was that we were able to care for her at home and allow her to pass away there. However, because of limited access to home-care resources and caregiver education, she experienced several preventable emergency department visits and complications that compromised her well-being. Against this backdrop, I applied to the "Bridging Community Medicine and Innovations in Japan" program to learn how Japan has adapted its healthcare system to meet the needs of a super-aging society.

I am passionate about helping older adults age in place and remain at home at the end of life. This program provided valuable insight into how a healthcare system can support that goal across different levels of frailty. For older adults who remain mobile, institutions such as the National Center for Geriatrics and Gerontology offer comprehensive assessments, rehabilitation programs, and advanced technologies. I was particularly interested in the center's gait-analysis systems and assistive walking devices for patients recovering from stroke. For frailer patients with limited mobility or those who were bedbound, care could instead be brought directly into the home. I was impressed by the rigor of Japanese home healthcare, including the frequency of visits, the availability of portable medical equipment, and the multidisciplinary composition of the care teams. Depending on the patient's needs, these teams could include physicians, nurses, speech therapists, music therapists, dentists, pharmacists, and other professionals. Although the formal hospice structure we learned about differed from that of the United States, particularly in its shorter enrollment period and limitations for patients with dementia, Japan's comprehensive home-care system appeared to address many needs that might otherwise fall within hospice care. Through this flexible, multimodal approach, the Japanese healthcare system strives to meet patients where they are.

The home visits in Nagoya were among the most meaningful parts of the program. The biopsychosocial map that we developed under the guidance of Dr. Ichihashi encouraged us to think more deeply about the physician's role in promoting holistic well-being. My team evaluated the case of an older woman with severe osteoporosis, disuse-related muscle atrophy, and what is commonly described in Japan as "locomotive syndrome." Her osteoporotic fractures, chronic pain, reduced mobility, fear of falling, and progressive muscle loss had formed a self-perpetuating cycle. These physical limitations also caused substantial anxiety and contributed to her insomnia. It would have been easy to respond by increasing the dosage of her sleeping medication. However, the physician emphasized nonpharmacologic approaches because sedating medications could cause daytime dizziness, increase her fall risk, and further worsen her mobility. Instead, we were prompted to consider the concept of ikigai, which is a sense of purpose or source of small, sustaining joy in everyday life. For this patient, her garden and the time she spent there with her cat represented her ikigai. Our team proposed home modifications that would make the garden more accessible, along with home-based physical therapy to help her regain enough strength and confidence to spend more time there safely.

This experience broadened my understanding of what it means to develop a successful treatment plan. My medical education has often emphasized relieving symptoms, preventing complications, and restoring physical function. However, those goals are incomplete if we do not ask what patients hope to regain that function for. A patient may not simply want to walk farther; she may want to reach her garden, care for a pet, prepare a familiar meal, or participate in family life. In my future practice, I hope to create care plans that not only improve clinical outcomes but also enable patients to return to the people, places, and activities that give their lives meaning.

The program also allowed me to observe how Japan's national healthcare payment system influences accessibility and healthcare utilization. Prices for medical services are standardized nationally and are generally much lower than those in the United States, making the standard copayment more manageable for many patients. Children also receive substantial financial protection for healthcare services. This stood in stark contrast to the financial barriers and disparities in access that are prevalent in the United States. At the same

time, conversations with Japanese students and physicians highlighted the tradeoffs inherent in any healthcare system. A nationally standardized system may be slower to adopt certain new technologies or treatments, whereas the United States often adopts innovations more quickly but distributes their benefits unevenly. I also learned that overutilization occurs in both countries, although it may arise through different mechanisms. In the United States, fee-for-service reimbursement can encourage a greater volume of procedures and treatments, sometimes at the expense of prevention and longitudinal care. In Japan, the low cost and accessibility of specialist services may encourage patients to seek specialized care without first receiving coordinated primary-care evaluation.

These comparisons taught me that no healthcare system is perfect or universally transferable. Instead, each country offers lessons that can inform the other. The United States could invest more heavily in primary care, home-based services, caregiver support, and preventive medicine. Japan, meanwhile, may benefit from stronger referral and care-coordination structures in selected settings. Rather than identifying one system as superior, the program encouraged me to consider how elements of both could be combined to create care that is accessible, innovative, sustainable, and centered on patients' actual lives.

Finally, I am deeply grateful for the cultural immersion and friendships that were integral to this experience. My buddies, Shunsuke and Taiga, along with the other Nagoya University students, were endlessly kind, welcoming, and patient. Through conversations about medicine, education, family, food, and daily life, I learned not only about Japanese cultural norms but also about ways of thinking that differed from my own. Their generosity transformed the program from an academic exchange into a genuinely personal experience.

I entered this program thinking about my grandmother and the challenges my family faced while trying to honor her wish to remain at home. I am left with a broader understanding of what it takes to make that wish possible: not simply medical treatment, but coordinated home services, caregiver support, rehabilitation, thoughtful payment structures, and attention to each patient's ikigai. Most importantly, I learned that good medicine is not only about extending life or restoring function. It is about understanding what makes life worth living for each patient and helping preserve that meaning for as long as possible. The lessons from this summer program will remain with me as I work toward becoming a physician who helps patients live and age with greater dignity, purpose, and connection.






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