

## EXPERIENCE REPORT

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CRITICAL CARE MEDICINE WITH DR. YOSHIO FUNAHASHI

The first few days at Nagoya University Graduate School of Medicine were full of learning about the Japanese healthcare system and how medical professionals are trained. The lecture from the Japanese medical students and professors in traditional medicine showed us the need to be appreciative and open-minded to a patient's background and practices to provide the best, most personalized care possible. On the second day, I was very fortunate to have spoken to Dr. Funahashi-sensei, a nephrologist working towards his second board certification in critical care medicine and a researcher on treating cardiorenal syndrome. He was very kind to share his story in medicine and very knowledgeable when explaining his crucial research to a novice medical student. We had a very fruitful conversation on how emergency medicine at a public hospital differs from the cases seen at private ones. He also eloquently explained how he is developing guidelines on improving renal function in the situation of sepsis. It was valuable to see how this physician balanced his clinical and research commitments with academia, family life, and hobbies. We ended the conversation with an extensive list of the best foods to try and places to visit in Nagoya. Thank you to Dr. Funahashi-sensei and fifth-year medical student, Yumi-san, for sharing their time with me!

Additionally, it was intriguing to hear that most doctors in Japan and China are specialists at either public or private hospitals. General practitioners are more often seen in rural areas. This fact raised the question of how preventative medicine is encouraged in Japan. In the US, patients should see a primary care provider at least once a year for a wellness check and basic lab work. Those with chronic conditions regularly follow up monthly or every three months to ensure that their medication regimen is still effective and that they have not worsened. In Japan, it seemed to me that most people go to the hospitals for any care they need, whether it is emergent or not. Dr. Itzel mentioned that this practice contributes to unnecessary medical waste as patients pick their specialist without clinical knowledge of what is happening in their bodies. Furthermore, since there is universal coverage, elderly patients may seek out healthcare services just to speak to someone as they often face loneliness and isolation from their families who live far away. It was necessary to hear the shortcomings of each of our countries' healthcare systems to reflect on the role we can play in improving patient outcomes.

Ultimately, as a student interested in pursuing primary care, our time with the team at Kagayaki clinic was not only enlightening but also inspiring in a way that challenged me to consider how I can incorporate their practices into my future career. Dr. Ichihashi-sensei, his team, and patients graciously allowed us to enter their homes and observe a follow up visit on their long-term care needs. I felt very moved to hear their progress and their ikigai and to be in the presence of their deep, meaningful relationship with Dr. Ichihashi-sensei and the care team. One patient's wife showed us photos that they have taken with the Kagayaki clinic team every year for the past nine years that Dr. Ichihashi-sensei has seen the patient on his birthday. We were also given a tour of the children's facilities that employed a full-time care team to support parents and caretakers in need of a break. This experience changed my motivations in medicine: I want to find a way to provide this type of personalized care built on mutual trust in my community. As we would later discuss in our group presentations designing the ideal healthcare system in our home countries, there are many sociopolitical and cultural barriers in the way of bringing this style of medicine to the US. However, the exposure to its existence will stay with me as I progress through

my training. At the very least, I can begin this journey by asking patients I meet as a medical student their ikigai and think about their wellbeing as a whole person beyond their physical disease. Then, maybe one day, with the right partners in the right positions of power for change, we can bring home-care-based community medicine to the US.

I cannot thank the staff, doctors, students, and patients at Nagoya University Graduate School of Medicine and the Kagayaki clinics enough for their warm hospitality and open invitation into their beautiful, vibrant culture. I know I am a better medical student, community member, and future doctor because of the kindness and encouragement I was shown. I will use my global experiences, the lessons I learned, and the connections I made on this trip for the rest of my life. Arigato gozaimasu, my friends!

