

**Voices**

## Patient-Centered Healthcare Built Close to Medical Professionals

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From the age of 15, I moved my academic base to the United States, and received a U.S.-version of the medical education, which is pretty different from that of Japan, and this life experience broadened my academic perspective and helped me grow my humanity. The biggest difference between the Japanese medical education system and the U.S. medical education system is that in Japan, at the young age of 18, you decide to pursue a specific occupation, such as a doctor or nurse, etc, already. While making a decision to live in a special medical field - even with little experience in life, and with very little medical knowledge - should be respected, it also is a major weakness of Japanese medical education system.

There are three major differences and characteristics of the U.S. medical education system, compared to the Japanese system: (1) medical experiences gained at an early academic stage, (2) “screening off” culture which is unique to the U.S., and (3) patient-centered medical systems that is built close to medical professionals. The education system is based on the culture, history, and needs of each country and region, so I can't say that this specific system is better than this system. However, in this paper, I would like to introduce the uniqueness of the U.S. medical education system that I have experienced, and which I thought my country should absorb.

In my case, I attended pre-medicine schools for both

high school and university, so during my high school years, I had the opportunity to take anatomy and physiology classes, to experience the actual medical field, and to have lectures from medical professionals on daily basis. In this first stage, high school students - who still have a high degree of flexibility - experience actual medical settings through shadowing to simulation experiences, they themselves learn whether or not they have the ability to study medicine and health care in the first place. Students who want to pursue medicine can choose classes such as Anatomy & Physiology (A+P), AP Biology, AP Chemistry, and AP Physics in high school to cover science subjects at the university level. At the same time, we will perform a series of dissections from fish to humans. In the United States, medical summer camps for high school students aiming to pursue a career in medicine are also common, where you can learn techniques of suturing and of some simple procedures, such as intubation, blood drawing, etc.

Also, “screening off” culture is also unique to the U.S. This “screening off” is not just about teachers’ evaluations on your grades, but it is a stage where students decide their own lives ; students will evaluate themselves to see if they are capable of facing the field of medicine. Students are questioned what ethics they should have as health professionals in the process of learning various medical cases through medical ethics classes and

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through medical programmes. Students aged 15-16 usually do not have a solid reason on why they want to pursue medicine. While strengthening their own potential, students will grow to be able to set goals as medical professionals, and what they want to change, what they want to achieve. During this process, many students leave pre-medicine, because they realize that they want to change medicine from a different angle. In fact, only 1/100 student from my grade graduated the pre-medicine programme to take MCAT exam.

With this U.S. medical education system starting from high school, each student deeply faces themselves, and by the time they complete pre-medicine, only the students with ethics, self-awareness and responsibility, and resolute determination will be left. During the pre-medicine period of approximately eight years, which is a system that allows students to learn in depth and detail not only about the patient-centered medical care, but also about the way to protect the medical professionals themselves. The idea of patient-centered health care is a goal that has been set all over the world, but it has not yet been achieved in the reality. In order to achieve this patient-centered health care, I believe that the first thing medical professionals should do is to thoroughly establish a system to support the mental health of ourselves. Medical professionals in any country should keep in mind that our mission is to create patient-centered health care that can only be built by standing close to and by medical professionals.

I think that Japanese medical students have overwhelmingly few opportunities to learn about the difficulties of health care, such as mental conflicts that arise when we go through hardships with the patients, or even about the euphoric joy you can experience when you try

to save the patients by holding hands and exchanging words. Providing equal and better medical education to every student all around the world, including Japan, will surely not come soon and it should take a while to bring the level of the Japanese medical education - starting from high school - up to some point, but I wish my paper would be able to tell each medical student who reads this that good medicine not only should be patient-centered, but also should be considerate of medical professions as well.