

Voices**Patient-Centered Healthcare Built Close to Medical Professionals
~Educating and Raising Young Doctors with Ethically and Morally Right Minds~**

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At the end of December of 2024, one of the Japanese cosmetic surgeons posted some pictures of cadavers on Instagram, with stating, “Now, I’m off to dissect a fresh cadaver!” and “There are lots of heads!” In the pictures she posted, she showed her “peace” sign to show her excitement, which made everyone who saw these posts furiously outraged. This still continued, and as an apology, she mentioned about how she forgot to blur all of the cadaver bodies, which is completely off the point. She and her senior doctor also mentioned that her attitude was coming from her experiences she had in the States, which made me surprised personally since I myself am a returnee who lived in the States for more than 10 years, and I have never taught to post pictures of cadavers on social media.

As a sophomore of the medical school in Japan, my whole summer of 2024 was for anatomy and physiology. On Tuesdays and Wednesdays, we had dissecting classes from 9am to 5pm, and before we begin our classes, it was our customs to always stand in front of our donated bodies, and to close our eyes to offer a moment of silence and a prayer. I always made sure with myself to remember our donated body’s face each day, since they will be my very first teacher in the field of medicine.

In my previous student voice essay, “Patient-

Centered Healthcare Built Close to Medical Professionals” (CBEL Report Volume 5 Issue 2), I mentioned about the difference between the Japanese education system and the US education system. However, in terms of the medical ethics in Anatomy & Physiology department and in dissecting classes, there is no difference between the US and Japan. I took A&P classes at high school, at undergrad, at US medical school, and at my current medical school in Japan. The common rule at all of the schools I attended was that we were not allowed to take any pictures of the cadavers. Taking pictures of the cadavers is breach of trust, and it is morally and ethically unprofessional since this action would violate someone’s dignity and rights. However, why this kind of case happened in the first place? Is this an issue we have as a medical school? Or is this a topic we should bring up for our education system for all?

This essay’s main discussion theme will be as follows: “how can we raise professional doctors with ethically and morally right thinkings at medical schools?” And the key points we will be discussing about are (1) having more experiences before getting into medical schools, and (2) ethical education in early stages.

The biggest difference between Japanese and US medical school is that the Japanese students go straight

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to the medical school right after they graduate high school. The US students usually go to an undergrad first, and during that 4-year time period, the students usually experience volunteering works and internships, to have a sneak peak of the professional fields they would like to pursue. For example, I spent 3 years of my high school life in Honolulu, HI, and I did volunteer works at a church, was involved in leadership classes, and attended a summer camp at Harvard Medical School. Through volunteer works, I could learn how to engage with the community, and could learn about the need of the people. Since it was at a church, I was able to talk with elderly people, and could figure out how to treat them and how to approach when there are any needs they desire. When I was a sophomore at high school, one of my teachers recommended me to a leadership class, Center for Tomorrow's Leaders. This is an organization where they offer the young future leaders of the United States any opportunities to research and to solve the issues of the community. With this program, I was supported to gain knowledge on how to gather information in order to face the problems our societies or communities have, and how to have discussions with my peers, which actually is not really a common experience or a class style in Japan. In addition, I attended a summer program for high school students, who pursue medicine, at Harvard Medical School. This was my very first time to learn basic anatomy, how to dissect organs, how to suture, and etc. Having these kinds of experiences during our high school eras would shape us into ideal good doctors, not only with solid medical skills and knowledge, but also with ethical, warm-hearted, and patient-centered minded humanity.

On the other hand, students in Japan usually do not

have long-term volunteer works or internships while they are at high school, and this could be one of the factors why they cannot grow as adults with "good-doctor traits," since they do not contact or approach their communities, but what they do during these years is to put their efforts to their club activities (which I do not think is a bad idea, but living in that community only will narrow their thinkings) and to give their lives to one-time-only university exams, as known as 共通テスト (Kyoutsu Test) and used-to-be-called as Center Exam, which basically is the standardized exam in Japan. Since I grew up with SAT/ACT customs, I learned to track my studying, and to plan ahead so that I can achieve the score I want by the deadline, however, Kyoutsu Test system is completely different. As I mentioned, this is a one-time-only exam, if the student fail, they automatically will need to take a gap year. Taking gap years is not a bad thing, rather, it is a good opportunity to have experiences in the States, however, it really is not counted as an opportunity in Japan, but will be seen as a dark past. During the gap year, the students will be called as "Ronin-sei (浪人生)," and they will not gain any experiences in the society, but simply will study for this Kyoutsu Test, which makes me wonder that they are not raising any good doctors in my own definition. During this applying-for-med-school processes, their main goal becomes to get into medical schools, but not to pursue the best medicine for the patients. Without any life experiences during their teen's eras, the students will not be able to find out what their strengths and weaknesses are, but their only "CV" will be their high schools' brands and their scores on Kyoutsu Test. since they have not achieved or accomplished anything yet, I can tell that the majority of the students don't have an idea on

what kind of issues the patients are usually facing, or what we should fix as medical professionals, or on how we can offer them the best quality medicine, etc.

The second biggest difference between the Japanese and the US medical education system is how often and how much of ethical education they will have. When I was in the States, I took several ethics classes at several schools, but it was pretty common at each school that the teachers would have us watch the movie of *Patch Adams*, for example. I will not discuss about what we should be gaining from that movie or about what we should be thinking after finishing the movie in terms of ethics, because I want each and every student who possibly will be reading this to think on their own on the take-home message of *Patch Adams*' story, as a human being, and as a medical profession, but I truly recommend you to watch this movie to have an idea on what the good doctors' traits are. What I would like to say here is that though you attend different schools and take different classes, you definitely will be taking several ethics classes in the States before actually getting a doctor's license. As in contrast, we only had 1 ethics class for a freshman year at a Japanese medical school. In this specific class, we had guest speakers for every week, and each of them were in different fields and specialties, so it definitely was my favorite class from my first year, however, I was surprised that there were plenty of students who were mentioning that this class was a waste of time. If that so, I would like to throw a question to you; where specifically do you learn about ethics or how do you gain knowledge about patient-centered care, if not from your senior doctors who actually work at hospitals?

I also would like to bring up about OSCE experiences.

The issue I noticed in Japan is that the students will not take OSCE exam until their fourth year. Meanwhile, at the US med school, freshman year starts with OSCE and the medical interview exams. This would help us to understand how to "listen" to the patients and how to differentiate between empathy and sympathy. Though you yourself are thinking that you are successfully paying attention to the patients, the patients may feel neglected. Though you think you are doing well to have the patients' trust, the patients may not be opening their hearts. But the teenagers with zero experience would have no way to tell what the patients think about and want, and how we can offer them the best medical care. According to my own experiences, the ethical minds only can be obtained from the actual experiences, such as internships and shadowing programs at hospitals. OSCE is only a type of exam which would offer the students some grips of doctor-patient conversations and relationships, and without experiencing OSCE at younger age, how can they prepare how-to's before actually facing the patients? And without the richness in life experiences, how can they figure out how to treat people with kindness and love?

As a young medical student and as a medical ethics researcher, I would like to share my definition of good doctors; they are able to stand beside the patients and can offer them the best quality care with respecting their decisions. In order to achieve these characteristics of good doctors, I believe that the medical students should be able to access the classes or activities or courses of events where they can learn and gain more knowledge and ideas about what they themselves can form in the medical field to make it a better place for each and every patient. I would like to point out to the

medical educational field that we are facing the lack of ethical education at younger ages, very few life events and experiences before entering medical schools, and less communication with their own community and society, and with their future patients.