A Japanese Medical Student in a Medical Clerkship Program in North Carolina

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I am a fifth year medical school student from Tokai University in Kanagawa, Japan, who participated in a clerkship exchange program at Wake Forest University School of Medicine in Winston-Salem, NC. I began my program with Wake Forest in October 1999 and would like to present my experience from the perspective of two different medical schools.

Medical School in Japan

Unlike medical students in the US, those in Japan enter medical school at age 18, directly from secondary education. The medical school program lasts six years, and students become licensed medical doctors after they successfully complete the program and pass a one-time medical license exam, conducted at the end of the medical school program. As in the US, first-year doctors typically enter a residency program after graduating from a medical school. The length of residency depends on the field they are engaged in. Some students seek their career in research and, instead of going directly to residency, choose to seek post-medical school programs.

My case is slightly different from the usual for medical school students in Japan. I received BA from a four-year university and decided to enter medical school as part of the “Gakushi” program. This program is designed for students with university degrees who seek a medical degree. The advantage of this program is that the students possess different backgrounds and skills. Some are dentists, teachers, company workers, or students straight from undergraduate programs.

In Tokai University, after completing all class work and some of the clerkship programs in Japan, and after passing pre-qualifying exams to ensure that candidates have sufficient English and communication skills, students are allowed to participate in the clerkship exchange program. Tokai University has overseas clerkship exchange programs with medical schools in England, in New York, and in other major cities. The purpose of the exchange program is to provide multiple levels of experience and knowledge. Exchange students not only gain in medical experience but also have a valuable experience with another culture and learn to interact with people from different countries and backgrounds. I came to North Carolina in October, 1999, to begin my six-month program. This program has been in existence since 1990, and as part of the program, students from Wake Forest visit Japan for two to four months to participate in clerkship programs at Tokai University.

Medical Education in North Carolina

Before starting my rotations, I chose specialized areas in which I wanted to spend my time. Rotations in various fields are fixed by a pre-arranged rotation schedule, which I often followed. I was impressed that the organization and preparation of the rotation program well suited my objectives and

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The decision not to inform is often driven by the wishes of their family members. Unlike in the US, in Japan there seems to be a strong resistance to telling patients that they have cancer. It is difficult to decide what drives the difference between two countries: perhaps an approach to the concept of death and an influence from religious thinking. I participated in the patient cancer support program in the Baptist Hospital, and had opportunities to meet with many volunteers who had overcome cancer. Through discussing their mindset and experience, I noticed a significant difference in the way patients perceive religion. In Japan, the mainstream religion is Buddhism, but it has been treated in such a ritualistic way that religious thinking has less and less impact on people’s lives and attitudes. In the US, on the other hand, religious thinking is an important part of peoples’ lives and has a strong impact on how they live and make decisions. My sense is that religion is not the only driving force behind revealing patients’ diagnoses; also important was the idea that all patients have a right to know what they are going through, what options are available, and the ability to make their own decisions.

Obstetrics and Gynecology: These rotations turned out to provide one of my most exciting experiences. This was so because I was able to deliver a baby. During my obstetrics rotation in Japan, students were not allowed to deliver a baby but only to observe. I was also intrigued by learning more about contraception, particularly birth control pills. Only last year in Japan did pills become available for the prevention of pregnancy. However, there are still many on-going discussions about the use of birth control pills and ethical issues related to their use. In the past, condoms were the major contraceptive method in Japan. I believe this served to limit the spread of sexually transmitted diseases in Japan. I was also interested to find out that in the US, some use birth control pills for acne treatment—this is a phenomenon not yet seen in Japan.

Infertility: Firstly, I was astonished to learn that there are so many sperm banks in the US. I was also surprised to find that there is a catalog of sperm donors, which supplies detailed descriptions of donors, including nationality, age, educational background, and interests. It is difficult for me to envisage a similar development in Japan in near future. Discussions about this topic in Japan are still limited. Experts often provide diverse views of the ethical issues, and their opinions prohibit rapid growth of such activities in Japan. In fact, it is still rare even to find adoption in Japan.

Family Medicine: In Japan, the idea of a family physician is not common. Typically, patients visit a local doctor operating out of his own clinic. If that doctor identifies a serious illness requiring further care that can only be provided by larger hospitals, the doctor will send the patient to a university.
hospital. As a result, Japanese university hospitals generally do not have a family medicine department, and most families in Japan do not have a family doctor as one would in the US.

**Conclusion**

During my six-month stay at the Baptist Hospital, I was very fortunate to work with people with various background and expertise. I thank all the staff of the hospital who provided me with invaluable experiences. The tenure of my rotation was too short to learn everything about the US medical system, but it certainly provided me with a special opportunity to interface with one of the most advanced medical systems today. The program actually let me sense the differences between the US and Japanese medical systems and practices. I think I know a little more now than before about why certain things are done differently and the logic behind them. Six months, although too short, clearly paved the way for me to broaden my medical experience by meeting professionals and patients from diversified backgrounds. I would strongly encourage other medical students to spend extra time in a different environment. It will let them maximize their medical perspectives and will, hopefully, carry a long way toward improving our medical profession.