

asked family medicine doctors what each of us was interested in. I interviewed 6 doctors to get ideas how they can balance their work as doctors and family. Actually I have already done Japanese doctors with Professor. Izumi and I found that what is the most important thing to develop their careers with family is time management among American doctors while that one is partners among Japanese doctors. On the other hand, Ms. Tanimoto studied maternal death and infant mortality rate (IMR) in Ohio by three aspects, insurance, environment, and education. Surprising thing was that the rates had big differences between races and the causes of those situations are complicated intertwined.

In conclusion, we would like to express the deepest appreciation to Chairman, Board of Regents Usui, President Suzuki, Professor Williams, Professor Izumi, Ms. Nagata, and staff in the International Exchange Committee for giving us such a great chance to study abroad. Furthermore, we are most grateful to Professor Morikawa and Ms. Morikawa for their great support during our stay.

G-11.

ルンド大学 留学報告

(医学部医学科 6 年)

○桑原なつき、○李 美慧

We had participated in the clinical clerkship at Skåne University Hospital for 4 weeks in Sweden. Skåne University Hospitals are university hospitals where medical students of Lund University also took clinical clerkship and are located in Lund and Malmö. We both chose the Intensive Care Unit in each of the cities.

There are a lot of interesting differences in health care systems, working lifestyles, the relationships among medical workers and so on. For example, all the children up to 20 years old are free of charge in the healthcare system. Even adults, it is a fixed cost of only 13,000 yen per year even if they visit the hospital many times. Sweden is also well known by the kind acceptance of immigrants and which give immigrants the same rights to access the health care system. About working lifestyle, Swedish doctors work 40 hours per

week on the other hand Japanese doctors work more than 66 hours per week. In addition to these, the most impressive difference was the story about how the European Union network works in medical aspect. Most of the EU countries have the common organ transplantation list and sharing donors and recipients, which allows a better chance to get transplanted.

By hearing these stories, we came to realize that there is something common in the differences which sounded impressive and attractive for us. And we noticed that it is “sharing.” By sharing opinions between coworkers, it allowed us to know well about our patients. And by sharing our knowledge between different races, we could know more about our own countries. And furthermore, by sharing patients between countries, there were more lives which had been saved. As we live and globalization expand, there are more information and knowledge to obtain. But we might share it less and less just because of language barriers, although there is a great deal of valuable skills, health care and kind nationalism. We believe this is a good timing to change it for coming Tokyo Olympic 2020. We really appreciate everyone who gave us this great opportunity to broaden our perspectives.

G-12.

ロイヤルビクトリアン アイ アンド イヤー ホスピタル 留学報告

(医学部医学科 6 年)

○増田 大晃、○光畑 朋美

We studied otolaryngology at The Royal Victorian Eye and Ear Hospital (RVEEH) in Melbourne. Our purposes are to know the health care system and cochlear implant (CI) in Australia.

At first, patients have to see the general practitioners (GPs), and then, if they need, they are referred to the specialists. In public system, all or most part of cost is covered by Medicare which is health care system in Australia. Medicare is almost the same as National Health Insurance in Japan except for some points, for example ambulance fee. Patients have to wait for a long time, but it prevents from collapse of medical

expense and fatigue of doctors. In addition to this, thanks to triage system established not only in a disaster but also in all medical emergence situations, patients with critical diseases can more quickly be referred to specialists and receive treatment.

Cochlear implant (CI) is a device for people who have a significant hearing loss and no benefit from a hearing aid. In Tokyo there are 17 hospitals dealing with CI surgeries, but in Victoria RVEEH is the only one. RVEEH has 3 times as many operations as Tokyo Medical University Hospital, but patients have to wait for several months to 1 year. It reflects specialization and concentration in hospitals in the metropolitan area. The looser indications than in Japan can give benefits to more patients and they can help society know about impairments and be kind to patients with them.