

Three Belly Cuts and Counting

P. Reed Maurer



On April 17 I had a belly cut, my third, at the Hiroo Hospital in Tokyo. To be precise, I had a hernia operation on the left side of my abdomen. The right side was done a few years ago. The first was when I practically crawled into the Hiroo Hospital with acute appendicitis that required immediate surgery.

What Did Not Change?

In all three belly cuts Dr Mitsusada led the surgery team and operating room personnel. I was informed exactly what to expect, including the anesthetic. Nursing care was attentive, friendly and compassionate. Although in a room with six people, you could hear a pin drop 99% of the time. Everything was done to assure my comfort and relieve anxiety anytime of the day or night. It amazes me the hospital continues to attract people around the clock who are both competent and caring.

What Did Change?

Every procedure was double checked against the ID band on my wrist or verbally by asking my name. No one examined me without wearing rubber gloves. A disinfectant applicator is hung up by the door of each room. There now are interns/residents who repeat the examinations done by senior physicians. The food was better.

Thoughts

If you are in the health care business a hospital stay is a good time to think about and observe procedures from inside the system. That is, to study the trees instead of the forest you see from outside. Here are mine from three days of observation.

On Record Keeping

Blood pressure, pulse rate, lab results, temperature, drug administration, meals, everything done to you or for you is input into a computer. The days of paper charts are gone. Any doctor, pharmacist, or nurse in the hospital has access to the patients' computerized records.

Interesting to observe the nurse's station during a change of shifts. In the old days there were patient charts to pull and review. Now doctors and nurses sit at computer terminals.

The management of information saves time and money, but more importantly it reduces errors and tracks the condition of each patient in real time. The next step, already done in some hospitals, is a com-

puter terminal bedside so the patient can review his or her own records. Then we get real close to personalized care.

On Drugs

At least in the case of non-major surgery the patient's primary concern is the skill of the surgeon and operating room personnel, followed by the care given by nurses on the ward. Yes, I was given one IV drip of a

cephalosporin antibiotic, but infection control was due to other factors.

I did appreciate the effectiveness of Loxonin for pain, but that was temporary and I didn't need the drug for long. My blood pressure was monitored very closely and well controlled by Diovan and Herbesser. But I suspect my complete lack of anxiety and tension was a function of attentive care and the complete explanations given by doctors.

Of course a hernia is not asthma or diabetes where drugs play a critical role in curing the patient. Nevertheless, the key players were doctors and nurses. I never saw a pharmacist.

On Communication

Understanding or being understood is key in a health related condition that goes way beyond talking to a waiter in a restaurant. Although my Japanese was good enough to handle the communication, I was impressed by attempts made by the non-English speaking staff (all but one or two exceptions) to communicate. Showing me the blood pressure monitor or the thermometer so I could read the results. Providing the name of the anesthetic used in the spinal bloc, or the ingredients in the IV bags. Even using an electronic translation device for the words "drip infusion." All were indicative of a sincere desire to provide good service in a timely fashion.

On Health Care Reform

Upon reflection it seems as though the intensive debates about health care reform are simply about the issue who and what will be reimbursed, and where will the money come from to pay the bill. This is expected given Japan's national, uniform health care system. Reimbursement decisions are not made by each prefecture, insurance society, or hospital. Every service and every drug is reimbursed uniformly throughout Japan. Very different from the US decentralized system.

Also natural are the national, standard requirements for obtaining a medical degree or operating a hospital. In the US medical licenses are granted by each state.

The result, which has served Japan well, is universal (national) access to health care and essentially 100% coverage by health insurance. There is a built in safety net for every Japanese citizen and for those of us who work and live in Japan.

But this centralized system does have its limitations. I go to Hiroo Hospital because it is a 10 minute walk from my home. Individual health care is typically delivered on a local basis, and I believe we all want our local health care professionals to be empowered to make decisions that are best for their patients and their communities. Faceless bureaucrats in the health ministry cannot and should not make these decisions.

A uniform approach to treatment fails to foster innovation, or experimentation at the level of the patient/physician interaction. Thus, procedures, devices, and drugs not reimbursed cannot be prescribed. If

they are, the patient must pay the full cost of all the medical care provided.

Checking Out

I was in the hospital for three nights, had a two hour and twenty minute operation followed by intensive monitoring of my post operative condition, was served three meals per day, administered drugs, and had a battery of tests including X-rays. Since I left the hospital on Sunday, I was told I could pay my bill when I came back to the hospital for a checkup on Wednesday.

My out-of-pocket cost was ¥57,000 and change, or let's say US\$600. My co-pay is 30%, so the total reimbursement for the hospital, doctors, nurses, pharmacy, and laboratory was roughly US\$1,800.

In Honolulu, where I also receive medical care, the hospital room

charge alone is US\$4,000 per day. Don't tell me you get what you pay for.

P. Reed Maurer is a satisfied, if not reluctant user of health care in Japan.

