



Dr. Hisa's E-mail from Canada

Messages to young doctors from Maple Leaf Town

Hi Dr. Hisa,
It's Yoko ☺. This month, my rotation is pediatrics ☺. It's hard work, but it makes me happy to see children feeling better skip through the fallen leaves in the hospital yard on their way home. ☺ What with trying to follow my own dreams, thinking about marriage to my boyfriend and dissatisfaction with my residency ☹, things are tough these days, but the smiling faces of the children (my patients) make me forget my cares. For a while, I thought internal medicine would be best for me, but pediatrics also seems interesting, and I also want to do emergency medicine (*sigh*)...You mentioned family medicine, which we don't have in Japan...I could do almost anything in that field...What am I going to do???

Take care,
Yoko

This column is inspired by e-mail correspondence between Dr Hisa and Yoko (1PG).

Dr. Hisa

Dr Hisa (Hisayuki Hamada MD, PhD) is a Japanese government physician currently studying Canadian primary care and medical education system. He enjoys many aspects of Canadian life such as watching hockey, having many kinds beers and jogging when it's -20°C outside.

>Hop through the fallen leaves...Trying to follow my own dreams...

In Toronto, the streets are coloured with red and yellow maple leaves. The green grass and blue sky are dazzling. Coming just before the long winter, autumn is the most beautiful season of the year.

When I asked her to tell me her greatest dream, she smiled and said the following:

"All the doctors in the world will conduct patient-centred medicine." She holds a folding fan decorated with a 19th-century Japanese painting in her hand and waves it as ably as a Japanese. I answer: "All the doctors in the world? That's impossible, isn't it?" She tells me, "Not at all." She smiled again, but somewhere deep in her green eyes I felt great strength. "If education changes, everything else can change," she added. I nodded firmly. Through the window, I can see the CN Tower standing clearly against an endless blue sky. And below, I can hear the playful voices of children in a public-school yard covered in colourful maple leaves. "It all comes down to education. To achieve patient-centred medicine, we need a student-centred education. That is to say, if we implement student-centred education, it will certainly link to patient-centred care." She closes her fan and hits it against her palm for emphasis. "Hisa," she asks, "how many patients have you seen in

Japan?" "I don't know. In total, maybe a few tens of thousand? Certainly there are at least a few thousand." "See? If you practiced patient-centred medicine, you could bring happiness to tens of thousands of people. I've only had about a thousand patients of my own, but I have trained many doctors, and they practice patient-centred medicine, so there may be tens or hundreds of thousands of patients who have been made happy." She spread her arms widely. "So you see, if education changes, medicine will also change!"



>The smiling faces of my patients make me forget my cares.

"The best residency is one in which both patients and residents are happy!!"

The woman I spoke with is Dr Helen P Batty. She is a professor of Family & Community Medicine at the

University of Toronto. In Japan, the words "family medicine" remind people of popular home-remedy books, and



The Sixth Story: Patient-Centred Medicine & Student-Centred Medicine

the specialty is seen as inferior to surgery or internal medicine. In Canada, however, it has a history spanning over 50 years, with about half of all doctors being family practitioners. Historically, the Canadian health system

was socialized in a way similar to Japan in the 1960's, and in Canada the system is supported by family doctors. Therefore, the trust placed in family doctors by Canadians exceeds that which Japanese might imagine.

>Dissatisfaction with my residency...

Residents who have some dissatisfaction with their residency are excellent students. If you flip a switch, dissatisfaction becomes a powerful motivator for self-improvement. The trick is to meet a teaching physician who can teach you where that switch is.

Luckily, Helen taught me the location of the switch, and as a result, I think I may have changed while in Canada. What I learned is that perfect medical education does not exist anywhere. Even at the University of Toronto, for example, one of the most advanced institutions in North America, medical education still advances by trial and error. Both students and staff have many points of dissatisfaction. However, we can learn from Canadian medical education, where such dissatisfactions are analyzed rationally and systems to deal with them are quickly set up. I have been working at the University of Toronto Department of Family & Community Medicine, Canada's largest medical institution comprised of over 600 medical staff and 140 residents, where a great emphasis is placed on medical education. Professor Helen P Batty has a Master's Degree in Education, with a specialty in Faculty Development. She established the

Academic Fellowship Program and Clinical Teacher Certification for the training of medical educators, and has trained around 100 Canadian and foreign instructors. I was humbled by the patience she exhibited in listening to our terrible English and giving careful attention to each of the foreign physicians. Another influential contributor to medical educations is Dr. Louise Nasmith, Chair of the College of Family Physicians of Canada. In addition, four Program Directors specialize in pre-graduation education, post-graduation education, international education and professional development. Although it is a large institution, the university's work is almost all related to education. In short, unlike many other specialties, the Family Medicine Department focuses on the training of educators, from primary-care education theory (pre-graduation to lifelong learning) to education-system development.

>...family medicine, where I could do just about anything...What am I going to do???

Although it may not actually allow doctors to work in everything, it's clear that the area covered by family medicine is very large. Family medicine also offers rich variety, so there are many different kinds of family physicians. Yoko, why don't you come to Canada to see for yourself?

Canadian family physicians have four goals and a detailed explanation would take a lot of space, but to my understanding the basic goal is quite simple: "For family physicians to practice patient-centred medicine, as professional clinicians they must be rooted in their communities, acting as gatekeepers for public health and giving consultations as community resources." This goal is becoming the goal of the University of Toronto

Faculty of Medicine as a whole.

Having somehow managed to graduate from the Clinical Teacher Certification course, while walking the streets of Toronto covered in colourful leaves, I have thought carefully about the meaning of patient-centred medicine and student-centred education, and about how Japan should best develop its medical education, as well as the goals of medical-education research.

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