

# An American's Experience with Health Care in Japan

JMAJ 53(5): 326–328, 2010

Robert GUINN Jr.\*<sup>1</sup>

From 2005 to 2008, I lived in a small town in rural Japan where I worked at a junior high school teaching English with certified English teachers. I also taught regularly at an elementary school, a nursery school and a kindergarten as a guest teacher, and was officially contracted by the local Board of Education (and by extension, the town). In addition to teaching, I was charged with the purpose of engaging students in international exchange, through planned activities and daily interaction.

As an employee of the local government, I enjoyed excellent health insurance. During my three years in Japan's countryside, I was fortunate to not have had to use that insurance very often, and my experiences with Japan's health care system were mostly limited to a few colds, a couple of minor injuries, and preventive care. This essay will discuss some of those experiences, and how they affected me as a westerner living in Japan.

## The JET Programme

I went to Japan in 2005 as a participant in the Japan Exchange and Teaching (JET) Programme—a program administered by the Council of Local Authorities for International Relations (CLAIR), in cooperation with local government organizations and several Japanese ministries\*<sup>2</sup> with the goal of “promoting grass-roots international exchange between Japan and other nations.”\*<sup>3</sup> It was a life-changing experience for me, and I believe that my presence made a difference in the lives of the children with whom I worked on a daily basis.

In order to participate in the program, and live and work in Japan, I needed to first have a chest x-ray taken. My American doctor protested to no end, mainly objecting to needlessly exposing me to radiation. I found later through casual research that other westerners had similar experiences with their doctors.

## First impressions

After arriving in Japan, I adapted to country life rather well, despite being a native New Yorker. As someone who had gone without health insurance for several years, I was impressed by the fact that nearly everyone was covered in Japan. I was also surprised to see co-workers go to the doctor much sooner than most Americans would when cold symptoms emerged, and I admired the preventive measures people took, such as gargling regularly—something that most Americans don't associate with cold prevention. The first time I saw people walking around with masks on, I wondered if there was an outbreak of some highly-contagious illness—it turned out that that too was for cold prevention.

## Preventive care

One of the things that greatly impressed me about Japan's health care system is the emphasis placed on preventive care. The *ningen dokku*—Japan's exhaustive health check—is known even outside Japan as a paragon of health checks. As a teacher under the employ of the Board of Education, I was expected to participate in the yearly *kenkou shindan*, a similar, yet slightly less-exhaustive health check.

\*<sup>1</sup> Health and Welfare Dept., Japan External Trade Organization (JETRO), New York, NY, USA (Robert\_Guinn@jetro.go.jp).

\*<sup>2</sup> The Ministry of Internal Affairs and Communications (MIC); the Ministry of Foreign Affairs (MOFA); and the Ministry of Education, Culture, Sports, Science and Technology (MEXT).

\*<sup>3</sup> The JET Programme home page—<http://www.jetprogramme.org/e/introduction/index.html>

My most memorable experience with the Japanese health care system was part of the *kenkou shindan*, although it was administered on a separate day from the rest of the tests. Though I could speak Japanese at a conversational level at the time, my reading skills were still rather poor. As a result, I missed the meaning of the school bulletin that had circulated the week before with drawings of necklaces and certain types of buttons crossed-out. I figured it had something to do with the dress code for students, and forgot about it.

Then, on that Monday morning in April of 2006, I caught something in the morning teachers' meeting about x-rays. "X-rays," I thought. "Why on earth are they talking about x-rays?" After the meeting, I asked one of the English teachers I worked with, and he confirmed that all of the teachers would in fact be getting x-rays. I asked, "Where?" I was told, "At school. A truck will come." "A truck?!"

At first, I was confused. What was the truck for? I put that question aside for a moment and panicked. The idea of excessive exposure to radiation frightened me a bit as I remembered my American doctor's objections. I called my supervisor at the Board of Education and I asked him if participation was required. He replied that I *could* refuse—the implication being that it would be best if I just got the x-ray taken.

I decided it would be a learning experience, and I didn't want to make waves, so I agreed and went about my usual class schedule. In the middle of class an announcement came over the PA system: "We apologize for interrupting class. All teachers please come to the main entrance."

To capture the emotion of this particular experience, I'd like to present an excerpt from an e-mail I wrote that day, explaining the event:<sup>\*4</sup>

There was this x-ray truck outside of the school, and people were going in and out in like 30 seconds! I didn't have to take off my belt or empty my pockets, and there was NO LEAD APRON!! I just stood against the x-ray box with my legs apart, put my chin on top of the machine, and they took the x-ray. I hope I'm not sterile!

In the U.S., I don't think I've ever had an x-ray taken when I wasn't lying down with a lead apron

shielding my reproductive organs. I can be sure any x-ray I've had taken back home was inside a permanent, stationary facility. Here, in this new experience, I was standing up, with no protection (and no idea whether or not I should have any), and all this was taking place inside a truck. Still, I managed to survive the experience.

### *Kenkou shindan*

The rest of the *kenkou shindan* experience was of great interest to me. On a specified date at a specified time, hundreds of town employees reported to a local health center. There were quite a few people waiting in the initial waiting area, but the process went rather quickly and smoothly. After having my blood drawn for diagnostics, I went on to other rooms where my height, weight, blood-pressure and reflexes were measured, and my vision and hearing were checked.

Finally, I was directed to exit through a door where I would enter yet another truck! I told them, frantically, "I already got an x-ray!" But I was assured that I would not be receiving an x-ray in this truck, but rather an Electrocardiogram (EKG). Sure enough, the inside of the truck was outfitted appropriately for administering an EKG, and the process was smooth and efficient.

In my experience in America, people are encouraged to get a physical each year, where most of the above are checked. The EKG and x-ray are not included in the yearly health-checks we get in the U.S., but everything else is quite similar. What was remarkable was the fact that so many patients were examined so thoroughly on the same day. In my experience in America, such examinations are typically done individually by appointment, with one doctor and one nurse administering the tests.

### The yearly cold

I had other experiences with the health care system, which were relatively "normal" by my western standards. Every winter, without fail, I would get a terrible cough that would keep me up at night and leave my ribs sore and my throat raw. It was too formidable for the standard OTC cold medicines, so I went to see a local doctor.

I remember removing my shoes to put on IR<sup>\*5</sup>.

\*4 Content of e-mails has been edited slightly for length and clarity.

\*5 IR: infrared radiation.

sanitized slippers when I entered the doctor's office. The doctor called my name over a PA system which was set to a low enough volume as to not startle the patients. While I had no objections at the time, I realize now that the practice of announcing the names of patients in the U.S. would violate the Health Insurance Portability and Accountability Act (HIPAA) privacy laws. The doctor himself was quite good, and worked patiently with me despite my lack of appropriate vocabulary to explain my condition. After my visit was over, I paid the receptionist, and had my prescriptions filled at the pharmacy next door. Whereas in the U.S. most prescription medicine is dispensed in pill bottles, here I was given sealed plastic packets each with a cocktail of pills inside, each imprinted with the time of day to take it. I would take one pack in the morning, one in the afternoon, and one at night. This struck me as a good system, like the pill boxes American seniors use with the days of the week printed on them, but without the extra work or chance of patient error. I also found the proximity of the pharmacy to be very convenient.

I took the medicine for 4 days, saw the doctor again, got a prescription to continue the medicine for a week, and by the end of that week I was feeling better. I never knew what medicine I was taking—except that one was an antibiotic—but it worked. I thought the system of scheduling a follow-up visit after only a few days to be a good way to stay apprised of a patient's condition.

The experience was basically the same each year. Starting with my second winter, however, I did what all people should do when taking a new prescription—research. Before taking anything, I found out the generic name of each drug, and checked the official English language sites for indications in the U.S. With the help of the internet and my improving Japanese skills, I became an informed patient, which is favorable in any country. I found that most of the medicines that were prescribed to me were also being prescribed by doctors in the U.S., which made the experience seem less foreign.

### Back pain

The last experience I'll share occurred when I had a sore back. Although I was unaware of what I had done to cause the pain, it was severe enough that it was interfering with my job. I had the good fortune of being referred to a good local orthopedic practice, where after a brief talk with the doctor, it was time for another x-ray. This time the machine would be aimed at my lower back. I thought, "Now I know I'll be given a lead apron!" I was not, and e-mails expressing fears of sterility were sent.

Shortly after the x-ray was taken, I met with the doctor again to discuss the results. It was nothing serious, and I was prescribed medicine and rehabilitation. What I didn't immediately realize was that the rehabilitation would be done on site—something I had never seen in America. I went into the next room, and in front of me was a machine that looked like a medieval torture device, complete with straps and pulleys. A long time supporter of stretching, I saw the logic in it. Over the next 10 or so minutes my back was slowly stretched on the machine. I was then sent into the waiting room to sit with a heating pack on my back, and afterwards I felt a lot better. I avoided strenuous activity for a few days and took the medicine I was prescribed, and my pain was gone.

This was a situation in which the emphasis placed on convenience in Japan—something I grew to appreciate early on—made a new experience go smoothly. Orthopedic offices with on-site rehabilitation facilities—like general practitioner's offices with pharmacies next door—save the patient time and energy, and reduce the stress of the overall situation.

As a person living in a foreign country, there was no way for me to know what standard practice was at all times. I was often surprised, and sometimes confused—but I found that by simply keeping an open mind and a sense of humor, I was able to navigate unfamiliar situations relatively painlessly, guided by my love for Japan and its culture.