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Doctor brings U.S. training home to Japanese patients

By Miwa Murphy

HOUSTON, July 8 Kyodo - When patients see a doctor for a common cold or a regular checkup, or to get prescriptions, few would be able to give the generic name of a medicine or explain why they are taking it.

That's because most patients see their doctors as their "taxi drivers" who magically take them to their destinations while they passively sit, but such paternalistic doctor-patient relations must change, especially in Japan, says Naoto T. Ueno, a medical oncologist at The University of Texas M. D. Anderson Cancer Center in Houston, Texas.

Ueno has trained over 400 Japanese medical professionals since 2001 at a variety of educational programs hosted by medical institutions in both Japan and the United States, including St. Luke's International Hospital in Tokyo.

He has focused on a collaborative or multidisciplinary approach, in which doctors, nurses, pharmacists and other specialists work closely together and exchange views and opinions freely at a conference to come up with the best possible treatment for their patients. The patients are also involved -- they are fully informed of the decision-making process and their questions are examined and answered.

The Kyoto-born Ueno went to the United States in 1990 to continue his medical studies after being inspired by his mentor at the U.S. Naval Hospital in Yokosuka.

Ueno, 44, told Kyodo News that he was motivated to bring this patient-centered multidisciplinary approach -- originally developed in the United States in the 1960s -- to Japan after visiting the country in 2000 and seeing how over-tasked his Japanese colleagues were and thus how little time they had to interact with their patients.

He says Japan does not differ much from the United States in terms of medical technology available. But communication between doctors and patients lags far behind and has much room for improvement against the backdrop of the fast-changing situation surrounding cancer treatment in Japan.

In the past, cancer was not a very common cause of death in Japan -- a distant third in the 1950s after tuberculosis and stroke. As with other infectious diseases plaguing Japanese at the time, some of the most common types of cancer -- stomach, liver and cervix cancers -- were often caused by bacteria or viruses. But in 1981, cancer replaced stroke as the No. 1 killer, with one out of three people dying of cancer in Japan today. Many experts blame a Westernized diet and lifestyle in recent decades. In particular, breast, colon and prostate cancers, which are often associated with a high-fat and meat-rich diet, have increased substantially.

In the past, cancer treatment involved only the removal of a tumor with surgeons overseeing drug therapy as well as the surgery. But now treatment options are diversified and sophisticated, ranging from a combination of radiation and drug therapies to proton therapy. Among drug therapies is one targeting molecular characteristics of specific cancers.

But specialists who can oversee the ever increasing treatment options are short in Japan. As of June 2008, there were about 200 medical oncologists in all of Japan. Japan is also lacking certified medical physicists, radiologists and nurses who can care for specific cancer conditions.

Another problem is a significant time lapse for new drugs approved in other industrial countries to reach Japan -- the so-called drug lag -- due largely to the government's slow approval process.

A survey released in February by the Office of Pharmaceutical Industry Research showed that, between 2000 and 2006, it took about four years before a majority of drugs approved in Europe and the United States made their way to Japan.

It takes years for the situation to change in Japan, but there are many simple steps patients can take to improve their communication with doctors, such as keeping their own medical files and enlisting friends and families to practice verbally explaining their own basic medical history, Ueno says.

However, many Japanese families are still reluctant to let patients know about their cancer diagnosis. This culture evolved from the past when the disease almost always had deadly implications, but now it poses a significant hurdle to the patient-centered approach.

Ueno acknowledges there is no easy answer to this question. American doctors are somewhat similar. They are "weak" at talking honestly about related issues, such as bringing up the topic of when to remove life support. "Ultimately, the answer to these issues comes down to whether the doctors have themselves thought hard and seriously about how they wish to die," he said.

However, as cancer has become a treatable or controllable disease, allowing many to maintain a near-normal life, Ueno often likens cancer patients to marathon runners and doctors to their pace-setters, not "taxi drivers."

"It's difficult to do what I preach," Ueno says of his experience of being a cancer patient, having lived through a diagnosis himself.

After feeling a mass in his right thigh in December 2007, Ueno was subsequently diagnosed with stage-2 sarcoma, which is a relatively uncommon cancer that affects connective tissues. As he struggled to regain his peace of mind, his colleague told him a story that helped him survive the uncertainty of not knowing what was next.

Likening the diagnosis to riding in a boat as an ominous storm approaches, his friend told him that no one knows if the storm will hit the boat or not. However, if the boat has a hole in it, there will be a greater chance of sinking. But if the boat doesn't have a hole, there is a chance of survival, although there is no guarantee.

"What you have to focus on is to make sure that the boat is in good shape...You have to focus on things you can control," he told Ueno.

Ueno still remembers the valuable words his friend instilled in him and draws from the wisdom of the experience when he tries to help others through their medical journey.

"I decided to disclose my experience completely and tell everybody because I want to use myself as motivation to do my research and to inspire patients as I talk to them," Ueno said.