

3. Overview of the UC San Diego OTP 2017

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1978年に設立された Moores Cancer Center (MCC) は、45施設ある National Cancer Institutes の1つです。これらの機関はがん治療やその他の地域プログラムに特化して、分子遺伝学の研究から最先端の治療まで、医療の最前線に立っています。患者ケアはMCCで提供され、多分野のチームアプローチを採用し、患者と家族支援サービスによって提供されます。これをPFSSと言い、これらのチームには、様々な専門分野の専門家が含まれており、PFSSからの助言を通じて、患者は主治医とともに最善の治療法を決定することができます。彼らの目的はWell-beingを中心とした患者や家族のためのがんケアにおいて高い基準を設定することであり、がん患者の苦痛を引き起こす可能性がある情緒的苦痛を和らげることに焦点を当てています。

またMCCでは、新しいがん治療の研究と開発が充実しています。一例として、血液腫瘍学の分野でMの研究について紹介します。Dr. Choiの授業によると、彼のチームは新薬を開発しようと努力しており、慢性リンパ球性白血病(以下CLL)の新しい治療法であるCirmutuzumabを発見しました。CLLは西洋では一般的ですが、投薬や治療の選択肢はほとんどありません。この新薬は、CLL患者のB細胞上のROR1と呼ばれる受容体に結合するように開発されたヒト化IgG1モノクローナル抗体で、突然変異する癌細胞と正常組織とを区別できるように設計されています。これまでのところ、この新薬は毒性の限界がある患者にとって耐容性が高いことが示されていて、他のがん治療にも有効である可能性があることがわかり、期待されています。さらにMCCでは、がんの診断後、患者はすぐに緩和ケアチームに紹介されます。必要に応じて苦痛を和らげるためにセラピーが提供されていることがグラフからもわかります。

このOTPを通じて、特にOncologyの分野において、患者にどのようにケアを提供すべきかを考える様々な方法を学びました。MCCは手術、化学療法、放射線療法だけでなく、精神医学的サポート、遺伝学的アドバイス、身体的および瞑想的療法もまた栄養指導をも提供します。(たとえば、ヨガ、ズンバ、芸術療法、食事など)これらは非科学的に見えるかもしれませんが、患者がストレスや不安を克服してより良い治療結果を出すことを助ける実証済みの方法です。私たちは、MCCのチーム医療を通じて、患者中心のケアを提供し、また患者のQOLを改善し、さらに、患者の背景にあるものを通じて患者の気持ちをサポートすることが大事だと学びました。

4. Physician-Patient Relationship with Regard to the Treatment of Lifestyle-Related Disorders—German and Japanese Perspective—

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Introduction

Regarding the treatment of lifestyle-related diseases in Japan, patients' "non-compliance" has been discussed since the 1970s, with wide agreement that the "physician-patient relationship" deserves special attention focusing on the necessity to involve patients actively in their treatment.

In this study, we looked at the physician-patient relationship with regard to lifestyle-related disorders in both Japan and Germany.

Methods

The students among the authors retrieved literature on the physician-patient relationship in patients with lifestyle-related disorders based on an online search and in relation to an overseas training session at the WWU. The factors that influence this relationship were then discussed with researchers in Japan and Germany.

Results

There are two main differences between Japan and Germany, those differences are found in the medical insurance systems and educational systems offered by both countries.

Essentially, all of the residents in Japan are covered by the medical insurance system, and most of the patients can choose the physician without restrictions while about 90% of the German population are insured by a public health care system which favors the family physician system. Patients who opt for the so-called "Hausarztprogramm" (family physician program) are promised short waiting periods (mostly less than 30 minutes). By participating in this program, the patients commit themselves to consult with their family physician first, who then may refer them to specialists and hospitals. Even if they join this program, they still have free access to ophthalmologists, gynecologists, pediatricians and dentists. In the case of life-changing diagnoses, health insurance associations will, on request, introduce patients to specialists who provide a second opinion. German patients under the public healthcare system can also participate in Disease Management Programs (DMPs) that provide structured treatment plans for maintaining and improving quality of life of patients suffering from chronic diseases.

As to the educational system in Germany, the Kassenärztliche Bundesvereinigung (National Association of Statutory Health Insurance Physicians) and the Bundesärztekammer ("Federal Medical Association") organize workshops and other educational activities designed for improving the physicians to improve the quality of the physician-patient communication skills.

Also, there are facilities as the Studienhospital (simulation unit) of the WWU where medical students can be trained in professional communication.

Discussion

The family physician system in Germany can enhance patient compliance for the long-term treatment and be cost-effective by reducing unnecessary examinations and prescriptions. In addition, medical programs such as DMPs seem to be useful for sustaining long-term treatment and promoting the awareness of a healthy lifestyle. Patients' active involvement in their treatment is expected to improve compliance with the physician's directions, and regular visits provide patients with valuable opportunities for communication with the physician.

The disadvantage of the German system is that patients often have to consult the family physician first and basically do not have direct access to hospitals. Their health insurance may not cover fees for second opinions, either.

Conclusions

Adequate communication and regular visits to the clinic can be cited as elements to build better physician-patient relationships. In order to improve communication skills of physicians, it is desirable also in Japan to start training at the undergraduate level. Further, the family physician program, despite its potential disadvantages, may be favorable for deepening the physician-patient relationship. In Japan, physicians of local clinics have often played the rôle of the family physician. Specialists called "Sogo shinryo-i" (often translated as general practitioners) may also be expected more often to serve as the coordinator or liaison between patients and specialists.

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