

Re-Inventing Japan Project in 2016

“Education of Global Medical and Health Science
Leaders in the Coming Generation in Cooperation and
Collaboration with ASEAN Countries”



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1. Introduction

I took part in “Re-Inviting Japan Project” and visited faculty of nursing in Chiang Mai University. In this program, I visited the university hospital, community hospital in Saraphi district, and public schools. I learned medical system and healthcare system in Thailand and thought of those solutions through observing environment of hospital or care by nurses, and discussing the difference in healthcare system between Thailand and Japan with nursing students and teachers. Moreover, I learned infection control nursing in Thailand, and thought of its tasks by comparing with that in Japan. Finally, I understood the international nursing and the rolls of nurse by an international perspective.

2. Program Summary

Term: 12th. September~ 7th. October 2016 (4 weeks)

Destination: Chiang Mai, Thailand

Facility: Faculty of Nursing in Chiang Mai University

Maharaj Nakorn Chiang Mai Hospital

Saraphi Hospital

Watuweruwan School Yupparaj Wittayalai School

Alternative Medical Center

Child Health Center



3. Report of This Program

1) Public Health Nursing Division

I studied public health nursing for 4 days. I visited community hospital in Saraphi district, alternative medical center, which provided traditional medicine, and public schools.

Medical institution in Thailand is same as in Japan; it has 3 ranks from primary medical care to tertiary medical care. Primary medical care has charge of Health Promotion Hospital, secondary medical care has charge of Community Care Hospital, and tertiary and high level medical care has charge of University Hospital. In Japan, in order to prevent patients from gathering advanced hospitals, patients cannot visit there directly, and in the case of visiting there, patients need to referral by doctors. In Thailand, government also recommend people to visit health promotion hospital at first, but if community care hospital or university hospital are closer from their house than

health promotion hospital, people can visit there directly. Even more, in Thailand, the number of hospital and medical staffs is smaller than that in Japan. For these reasons, I think there are problem that many patients gather large hospital or advanced hospital in Thailand. When I visited community hospital, I found out lifestyle-related diseases are becoming main health problems in Thailand, though in the past, there were many infectious diseases such as tuberculosis or malaria. So, in community hospital, there were many patients of stroke, and they had hemiplegia as aftereffects and received physical therapy. Now in Thailand, aging rate over 60 years old is about 15%, but total fertility rate is very small same as in Japan, so in the future aging rate will increase. If aging rate is increasing and the number of patients who have stroke and hemiplegia, unhealthy period, which is the gap between average life span and healthy life expectancy, will become longer, and younger people will have heavy burden. In order to prevent this problem, I think health education and prevention of lifestyle-related diseases is necessary. It is important for medical staffs such as nurses to intervene preventive education actively and provide health education to people in health promotion hospital or community care hospital.

Next, I explain about traditional medicine. In Thailand, as traditional medicine, there are treatment by herbs, digital compression, *lana* compression, hot compression and acupuncture. In Thailand, both traditional medicine and western medicine are common, and these are working in cooperation with each other. For example, when one patient takes western medicine and his disease is getting better, his doctor in a hospital [western medicine] introduces him traditional medicine. And if he moves to traditional medical center from the hospital, the doctor in the hospital and the doctor in traditional medical center do assessment about his condition together. On the other hand, in emergency case such as worsening of his disease, traditional medical staffs transport him to the hospital. Traditional medicine and western medicine are different kinds of medicine, but both of them are essential for people in each community, so I felt close cooperation with each other lead to improve people's health.

Next, I explain about school health. In this program, I visit public elementary school, junior high school and high school, and observed how nursing students do health screening and provide care for students. When I observed health screening of lower grade children in elementary school, I was surprised that there were many children who had decayed teeth. Decayed teeth are also health problem in elementary school in Japan, but in Thailand it is said that almost all of lower grade children have decayed teeth, and some of them are serious condition. At present, education about teeth brushing is started from babyhood in kindergarten. But teacher told me that the

parents of children were not taught the importance of teeth brushing during their childhood, so some parents didn't make children brush their teeth. For this situation, I think health education about teeth brushing is important not only for children but also for parents.



Picture 1: Traditional medicine, Lana massage

Picture 2: Health screening in elementary school

2) OB& Gyn Nursing Division

I practiced in obstetrical and gynecological division for 8 days, and visited antenatal clinic, labor and delivery room, postpartum ward, lactation clinic, and gynecological unit.

In antenatal clinic, pregnancy checkup were held. Frequency of pregnancy checkup, maternal and child health handbook, and differences of works between doctors and nurses were almost same as those in Japan. What I impressed is about thalassemia, which is one type of anemia caused by blood disorder genetically inherited from parents. Nowadays, there are no certain cure and only treatment about symptoms. So when parents want genetic examination and amniotic diagnosis and it is confirmed that the fetus has thalassemia, doctor sometimes suggest artificial abortion. In Thailand, abortion in this case is legal, but almost all of people in Thailand believe Buddhism. In Buddhism, abortion is not good action, so if parents choose abortion, they will feel guilty and have an excuse for a long time. I think it is important that not only we expect certain cure about thalassemia, but also medial workers, especially nurses support parents' mental condition.

In postpartum ward, there were no curtains between beds and it was like open space. I was surprised that some mothers in the same room gathered at the same time, and practiced milking. We, Japanese people emphasize a personal space or privacy, so many mothers don't like to show their breasts in front of other mothers. So in Japan, in many casso, midwives provide care to mothers individually, not in a group. I think the reason why care and education in a group are popular in Thailand is that Thai people don't care about privacy and have good relation with other people. By doing same things in a

group such as milking or postpartum exercise, mothers can easy to ask something each other and talk together, and I thought it lead to encourage each other for a long time even if they left hospital and went back their houses.

As gynecological disease, there were many patients who had cervical cancer or ovarian cancer. In addition, now in Thailand, sexually transmitted disease (STD) or pelvic inflammatory disease (PID) are serious problems. One of causes of PID is to have more than one sex partner like sex workers, who earn money by sex. I think this problem is influenced by poverty. In Thailand, there are a big gap between rich and poor, and this gap is the most serious among Southeast Asia countries. Moreover, poverty leads to difficulty to take education. If people took enough education and have enough knowledge, they can understand the risk of having more than one sex partner and will not be sex workers, even if they can earn large money. In Thailand, people can receive medical treatment at 30 bahts per one visit, can vaccinate under subsidy by government, and take health screening for free, so I thought by this system, all people could take medical services equally. However in rural area, there are few hospitals. Hospitals are far from their houses, and there are no transportation such as train or bus, so it seems inconvenient to access hospitals. Moreover the penetration rate of the Internet is very small, which is about 35% in 2014, so I think poor people cannot get the information about medical services such as health screening or vaccination. And even if poor people know these medical services, they may not receive them because they don't feel the importance of receiving medical treatment and they have little money. Like these, poverty influences health problem deeply, so I think this is the tasks in medical and healthcare area in Thailand. About this problem, I think though it may be difficult to dissolve the gap between rich and poor immediately, it is important to provide the information about healthy life, health screening or vaccination for rural people and poor people widely, and let them recognize these systems and thier importance.



Picture3: Postpartum ward



Picture4: With professor and nurses in postpartum ward



Picture 5: Drinks which is said to good for breast-feeding

3) Adult Nursing Division

I practiced in adult nursing division and visited surgical ward and ICU. In general ward, there were about 8 beds per one room, and curtain between beds were open except the cares of exposing patient's skin such as bed bath or washing pubic region. By keeping open the curtain between beds, nurses can check all patients' conditions at first sight and notice the change of their conditions immediately. Moreover, disposable tools were not so common in Thailand, though in Japan, many medical tools are changing to disposable things. I think this is because the budget about medical area is not enough, so it's difficult to change to disposable tools. But I was impressed because nurses provide safe and heartfelt cares to patients by using limited resources. ICU was divided into medical ICU, surgical ICU, CCU and CBT, so I thought this hospital took on the role and responsibility as an advanced care hospital. ICU was very clean and it seemed that patients could receive considerable cares.

In surgical ward, I observed nursing students' practice in 3rd grade. In Chiang Mai University, nursing students of 3rd grade practices in surgical ward for 3.5 weeks and medical ward for 6 weeks. In practical training, nursing students provided paramedical cares such as change of drain bags or setting of intubation under instruction by a teacher. In Japan, nursing students cannot do paramedical cares, so I was impressed by nursing students doing many things in Thailand. They can acquire all nursing skills during undergraduate, so it is possible to work as one of full-fledged nurses soon after they graduated their university. I think it leads to relieve the shortage of nurse.



Picture 6: Marti room in surgical ward



Picture 7: Preparation room in surgical ward

4) Daily Life in Chiang Mai

During this program in Chiang Mai, I stayed in the dormitory of faculty of nursing. In the dormitory, there were lockers, clean shower, clean toilet and wi-fi, so I could spend a comfortable life. Moreover, many staffs in Chiang Mai University took care of and gave advice to us, Japanese students, so I was relieved very much.

In Chiang Mai, there were no public transportation such as a train or a bus, and there were few pedestrian crossings or traffic lights. I was surprised at transportation rules in Chiang Mai and sometime I felt dangerous.

On weekday night or weekend, nursing students or teachers in Chiang Mai University took us dinner, night market, and sightseeing, so I could understand not only medical systems but also cultures in Chiang Mai.

4. Summary

While I had studied in Chiang Mai, I found not only same things but also different things, in healthcare systems, environments in hospitals or the way of cares by nurses, compared with that in Japan. From our, Japanese people's point of view, I sometimes felt that this healthcare system or way of caring should have changed. However I learned this difference were based on the cultures and values in each country. Moreover, I learned health problems or healthcare systems in each country were related to not only the medical factors such as a shortage of medical professions and hospitals, but also national funds, individual levels of income or education, and traffic environment. From these things, I learned it was important that when I participated in healthcare of other countries, we not only compared with that of Japan, but also understand and respect the culture and values of that countries.

5. Conclusion

Through this exchange program, I came to think of medical area deeply and widely. I have been interested in international nursing since I entered the university, so this experience enhanced my interest more.

Thank you for great supports from everyone; professors, supervisors, staffs and students of Chiang Mai University and Kobe University through this exchange program.