



## I am going to Japan

(JAPONYA'YA GİDİYORUM)

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The best heritage you can pass onto your children is a country governed by science and wisdom.

I am over 65 and I will soon retire. I have never thought that years would pass so quickly but I almost came to the end. I might as well not have reached that stage. Let's leave this subject aside and move on to Japan. Until April, 2007 I had not had the chance to see Japan. To be honest I could not have afforded to go to Japan for a holiday. But I have always wanted to see that country in the far east which have created miracles.

Although going to Japan was out of my agenda Professor Dr. Mithat Bozdayi called me towards the end of March and told me that our common friend Kamruddin Ahmed wanted me to join a research based meeting. Although I liked the offer, I hesitated because of some drawbacks. I told him that a long journey without a companion discouraged me but Ahmed assured me that everything would be organized in its best terms. Therefore I was convinced.

Toshio Fujiako (MD. PhD. Professor and Chairman, Department of Infectious Diseases, Division of Gastroenterology and General Medicine Oita University, Faculty of Medicine), who was in charge of the research meeting and research, did everything to provide a safe journey for us. The main aim of this meeting is to introduce the research 'The Relation Between Helicobacter Pylori Infections and Gastric Cancer in Asia' and to review the works of the participating countries and their responsibilities.

My trip to Japan started at 5 a.m. on 25 April, 2007. I flew from Ankara/Esenboga to Munich/Franz Joseph. The same day from Munich to Frankfurt and then finally to Osaka/Kansai. My plane landed quietly on Osaka/Kansai at midday. My guide met me and took me to Osaka/Itami airport where I took the plane to Oita. There Ahmed met me with the warmth of a Bangladeshi and did his best as a guide. Since my stay in Japan would take

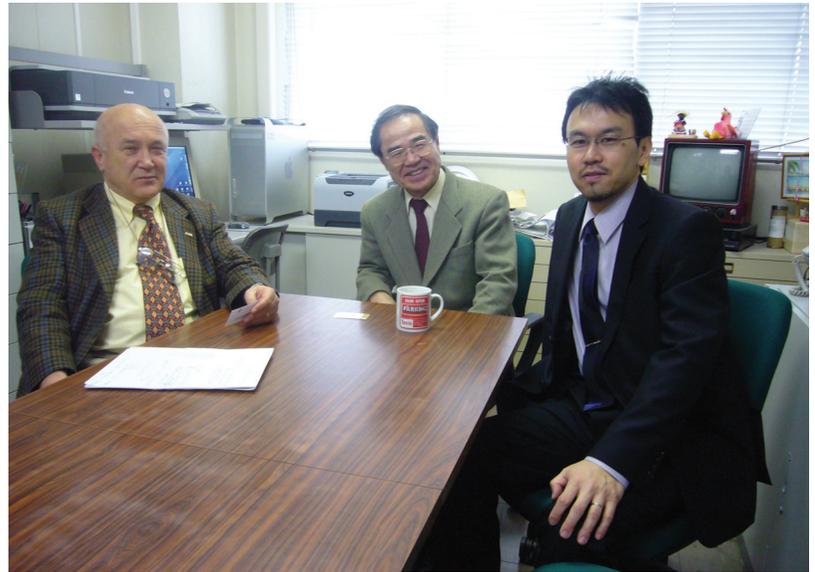
more than one day, I needed a guide who spoke Japanese. Such a short trip in a far away country like Japan may puzzle you, but as you see it is possible. The name of the hotel I would stay for two days was Hotel Oita Quasis Tower. It was a quiet, comfortable and nice hotel. On 27 April, 2007 I told Ahmed that I wanted to go to the Oita Medical Faculty. Ahmed said that we had time only for a short and quick visit. Because the meeting we were invited to was supposed to start at midday. Therefore we headed to the Department of Infectious Diseases and Environmental Medicine where Ahmed worked. There I met Professor Dr. Akira Nishizono, the director of the Department of Infectious Diseases. He is a kind and confident gentleman. He told me to ask him whatever I would like to. He said 'I will answer you immediately if I know the answer, otherwise I will make an explanation later.' He is a true scientist and administrator. I told Ahmed that he is lucky to have such a boss, a man of strong personality. Ahmed agreed. I also told Dr. Akiro that he is lucky to work with Ahmed. Dr. Akiro also agreed with me. I think Dr. Akiro will eventually be the rector of the University. I asked Akiro plenty of questions about the faculty and medical education. He answered willingly since he was interested in the subject. He told me that he was glad to answer my questions. Ahmed also worked in 'The Institute of scientific Research'



Prof. Toshio FUJIOKA MD. PhD. (Japan), Vineet AHUQA, (India) Ta LONG (Vietnam)  
Ali ÖZDEN (Turkey) Prof. Tadashi HANO (President of Oita University), Robin WARREN

The First Meeting of Asian Helicobacter Study Group started at 14.00 on 27 April, 2007 with an opening speech of Professor Dr. Fujioka. He is the director of The Department of Gastroenterology and General Medicine. He is one of the most respected scientists among the gastroenterologists due to his scientific approach and his humane personality. The first scientific speech was given by Hidekatsu Iha and other speeches followed under the chairmanship of Professor Dr. Akira Nishizono. After the speeches of Tomohisa Uckida, Masatsugu Moriyama, Intetsu Kabayashi, Kazunari Murakami, came the most important speech of the day uttered by Professor Dr. Robin Warren, who has received a nobel prize about that subject and who is also a close friend and guest of Fujioka. That was a moment of historical importance in Oita. The meeting ended with Robin Warren's speech about Hp Active Gastritis and duodenal ulcer. An evening meal followed this half a day meeting. Everything was presented with utmost care and grace.

Before the evening meal Professor Tadashi Hano, rector of the Oita University, gave a welcome speech. After that speech Ahmed's boss, Professor Dr. Akiro Nishizono, thanked the spokesmen and participants. Akiro is a true Japanese gentleman. The evening meal atmosphere was quiet and peaceful. It was night time and we were to be flying back the next day. On 28 April, 2007 we would go to Osaka/Itami and then to Osaka/Kansai. Kansai is an artificial island at the far end of Osaka, whereas Itami is at the other end of the island and the connection is provided by a bus. That night we would stay at the airport hotel. Only one night in a faraway country, and the next day is 29 April. I flew from Osaka to Frankfurt, from Frankfurt to Munich, and from Munich to Ankara. I arrived at Esenboga at 23.00, and thus completed my trip to Japan which lasted only more than one day. Running around at the airports and chasing planes is not easy after the age of 65. These days passed and then came the elections of 22 July. I also survived that but got caught on 2 August, 2007. The burden of years accumulated in my arteries and my heart could not stand it any more so I had an acute M.I. Angiogram was performed and stent was implanted. The lights went out all of a sudden but the curtain did not close. Bright days starts again and life goes on. However, this event resulted in my leaving some of the tasks undone. I met Warren in the lobby of Oita Hotel. He asked me how I could take such a long journey from Turkey to Japan. He is an old



Prof. Ali ÖZDEN, Prof. Hiroyuki TAKAOKA, Prof. Akira NISHIZONO

man, too. Well, I was able to complete the trip but unfortunately I was not able to complete some of my tasks.

Oita is in the northeast region of Kyushu Island which is one of the four main islands that make up Japan. Kyushu is the biggest island. Okinawa and other small islands are located in the 600 miles south west of Kyushu. Japan is one of the rare countries in which there are four seasons at a time due to its location which extends from north to south. This feature of Japan makes it hard to describe all its natural beauties. Oita,



Prof. Akira NISHIZONO, Prof. Dr. Ali ÖZDEN, Prof. Yoshihiro MAKINO

being in the south, is close to the temperate climate and is the most popular touristic spot in the country. Oita is a region which provides the facilities to fulfill the expectations and needs of tourists with its sea, mountains, valleys and hot spring resorts. There are hot springs and beaches everywhere. I think Japan is the country with the highest standard of hot spring culture. It is estimated that every year 45 million tourists visit Oita. In this region there are more than 3000 hot spring resorts.

It is possible to fly from Tokyo to Japan in 1.5 hours and from Osaka to Tokyo in 50 minutes. There are also direct flights from Oita to South Korea. It also takes 2.15 hours to go by train from Oita to Fukuoka, which is one of the most important cities of the island.

For some the meaning of the island is 'Land of Abundance'. In the eighth century A.D. Oita was the capital of Bungo, the province which belonged to the Otama Clan. At that time Oita was described as a vast land which was known as Okita-Kuni. That is 'Land of the Great Field' However, the topography of Oita is highly convoluted. Today the prevailing theory is that Oita's name is derived from 'Okita' which means 'many fields' reflecting the complex terrain of the area.

Oita grew to be very important in the 16th century. As a result of the trade with the Portuguese, Oita developed all kinds of contacts with the Western world. Oita is the first region where the contact with the Western culture started. The influence of Western medicine, fine arts, music and theatre is obvious in Oita. The Western influence developed in harmony and became permanent.

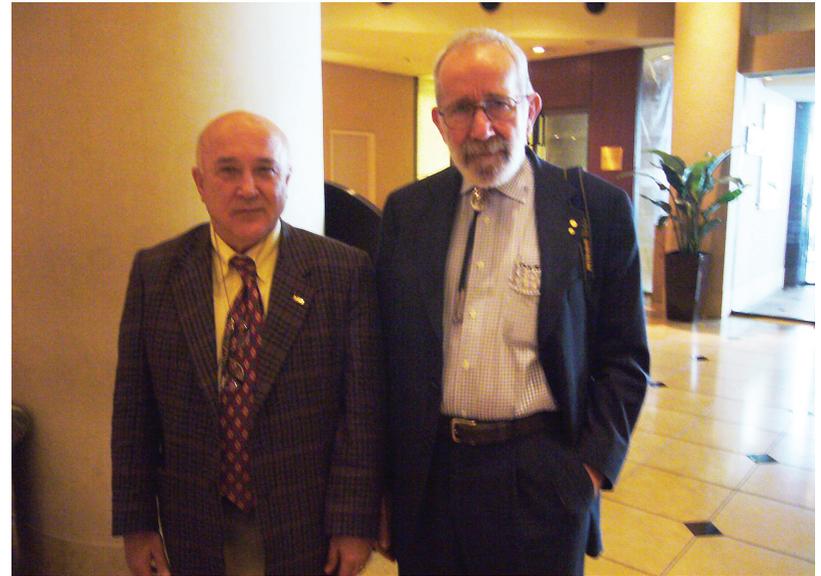
I am aware of the fact that it will not be right to mention my observations after a visit which lasted only slightly more than one day in Japan. Besides, there is a risk of giving wrong information. However, I have a feeling which encourages me to write about my observations so I decided to share my experiences with you.

For me the word 'Japan' recalls plainness and silence. During my visit I could do without everything except cigarette. In those days the smoking areas at the airports were clean and healthy. There were also smoking areas in the streets where Ahmed and I smoked from time to time. Japanese people have problems about smoking. They are not knowledgeable about cigarette smoking and its harms therefore they smoke

too much. I am sure they will soon solve this problem.

Ahmed told me that in Japan there is not a system to look after young children so mostly men work and women stay at home. According to some sources it is the women who created the Japanese miracle. One can not say that women do not want to work outside the home, however, when conditions force them they prefer to stay at home and look after children.

Most of the Japanese do not use credit card. They prefer shopping and paying in cash. Japanese buy only what they need when they have money because they earn money with great difficulty. It is said that one of the most difficult jobs is



April 26, 2007, Oita, Ali ÖZDEN, Robin WARREN

selling credit cards contrary to Turkey where no one rejects the credit cards offered by banks.

When they get retired they go to countries where it is cheap since Japan is an expensive country. Thailand and Australia are the most popular countries they want to live after they get retired. Therefore doctors who can speak Japanese can easily find a job there.

Young people must work hard and make a high value production in a country like Japan where average life expectancy is 75 years of age. Otherwise it will be hard to take care of the old and the economy will collapse. In Turkey the average life expectancy is around 65. This shows that the population of

the old will increase in the coming years.

With the existing education system it seems impossible to secure the future of our country. Therefore we should establish our education system on a scientific basis and limit the religious education to the privacy of the individual. Otherwise we shall lose all our values.

When we were going from the airport to the Oita city center Ahmed showed me a mountain whose name is Mount Tasaiki as far as I remember. The jungle where the highest population of monkeys live is in that mountain. Therefore the mountain is a conservation area and declared as the national park. This national park is home to almost 2000 monkeys.

Oita has a very fertile land with the mountains, valleys and lowlands. In addition to bamboo forest farms there are fields where rice and other grains are produced. Beppu Tourism which is near Oita is a host for international organizations with its Opera House, Convention Center, hot springs and hotels. Oita region is also called the land of festivals since it is home to many festivals all the year round. I guess a great amount of rice wine is consumed in these festivals.

Oita is famous for its production of 'lime'. Lime, which is Oita's Kabo, is rich with vitamin C and citric acid. Oita is the only region that produces saffron in Japan. Saffron produced in that region is also used as medicine and is famous all over the world. Oita is the main area of bamboo production. It is full of natural beauties and in its rich soil rice, wheat and all kinds of vegetables and fruits are grown. Oita has a significant role in fishing and its related industry. In the last years a new leap in industry is observed.

In the sixteenth century Funai, now Oita, was an international city. It was the first area where the Japanese developed the first contacts with the foreign countries. Otama Sorin (Cristion Daimyo: The Christian Feudal Lord) (1530-87) was the 21. generation leader of the Otama Tribe. Sorin invited the Christian missionary Fransisco Xavier to Otama. Sorin protected Christianity and contributed to its expansion. He was fond of western culture and lifestyle. He welcomed the westerners. He also became Christian and received a Christian name 'Don Fransisco'.

A lot of scientists and medical scholars were trained in Oita, which developed contacts in terms of culture and science with the western world. These scholars and scientists produ-

ced works both in English and Dutch. The most prominent of these scientists were Fukuzawa Yukici (1834-1901), Miura Baien (1723-89), Hoaski Banri (1778-1852), Hiroso Tanso (1782-1856), Maeno Ryotaku (1723-1803). Besides these scientists, many artists and musicians also flourished in Oita.

In the province of Oita there were 17 small towns and 1801 villages in 1871. However, this condition changed rapidly. In 1969 there were 19 cities, 36 small towns and 11 villages which developed into 18 areas of municipality in 2006. 14 of them are big cities, 3 are small towns and 1 is a village. In Oita the number of small towns and villages decreased and a rapid urbanization took place.



Prof. Akira NISHIZONO, Prof. Ali ÖZDEN, Kamruddin AHMED

According to the 2002 data the population of Oita region is 440.933. (Male: 212.531, Female: 228.402). The population of Oita's Center is 195.399 (Male:93.059, Female: 102.340) Today the population of the province of Oita- with its periphery is approximately 500.000.

Oita Medical Faculty was established in 1971 as a result of the proposal to set up a medical faculty in every town. The preparation stage lasted years and finally in 1976 the faculty became 'Oita Medical University'. The first entrance examination was given in 1978. In 1981 the university hospital with a capacity of 320 beds was opened and the capacity reached 600 beds in 1983. In 1984 the medical faculty had its first gra-

duates. Also in 1984 the Graduate School which enabled students to do research and PhD. studies was established. This school had its first graduates in 1988. In 1990 Animal Research Laboratory was opened. In 1994 Nurse School was founded and had its first graduates in 1998. Also the master degree programme in that school started and had its first graduates in 2000. In 2003 master degree programme in medical sciences started. The same year preparations for the establishment of the scientific research center began. In 2004 Oita Medical University is accepted by the national university network.

The accepted ratio of foreign academic staff has risen to 5% recently. However, since qualified work power is abundant it is hard to find a vacant academic position for foreigners in Japan. Besides, foreigners do not prefer Japan since it is an expensive country and life conditions are not easy.

A lot of students from Asia-Pacific countries and South America come to Oita University for education and research. These students create an international university atmosphere in Oita.

In the past every clinic did research in certain subjects in Japan. A research subject continued for generations in a clinic. Many clinics had an international reputation due to this tradition. In the last years positions have been granted to the scientists who do research in different subjects in these clinics. Ahmed's boss is an authority in rabies which was also his teacher's subject. Since there is not a case of rabies in Japan, they do research in Asia. He gave Ahmed an opportunity to work on Rota Virus. Japan wants to catch up with the system of western medicine.

After the defeat of Japan in II. World War, the evaluation of the situation led to the conclusion that the existing education system was the main reason for the defeat of Japan. Therefore amendments taking American education system as the basis were started. Medical education was also influenced by this amendment. Asian type of education which is based on master-novice relationship was replaced by modern western type of medical education. These alterations have taken time. Amendments to improve the education system in Japan increased in the last years just as those in the western countries. The last education amendment was performed 7 years ago.

Professor Akira Nishizono tried to answer all my questions frankly. I want to pass you what I learned from him. The medical education in Japan lasts 6 years. The education in the medical faculty is organ based. When the student graduates from the medical faculty he is obliged to take a board examination. Those who succeed in the examination have to complete a two-year training to be able to practice medicine. One and a half years of this period should be spent in the departments internal medicine, surgery, pediatrics, gynecology and psychiatry. In the last six months one of the elective departments such as, ear, nose and throat

or tropical medicine dept, should be chosen.

After six years of education, the board examination and the additional 2-year obligatory training medical students must sit another examination if they want to be a specialist. If they pass this examination they have to specialize for 3 years in the department they want. For example gastroenterology, infectious diseases etc.

In Oita lecturers work full time. Some hospitals do not have enough number of doctors so some lecturers contribute to those hospitals. In return those hospitals contribute to the universities financially. Lecturers can only work for 2-3 hours once a week in those hospitals. Private hospitals can get support from the Medical Faculty by making donation to the university. These donations are spent for education and research.

Every year 100 students are accepted to the Oita Medical Faculty. Thus, the faculty has a total of 600 students every year: 40 professors, 40 associate professors and 40-80 assistant professors work in the medical faculty. Labor force structure is as follows:

- 1) Small Family Model: 1 professor, 1 associate professor, 2 assistant professors
- 2) Big Family Model: Applied in clinics. 1 professor, 2 associate professors and 4-8 assistant professors

Assistant professors work for 5-10 years and may be made redundant in the end.

In Oita Medical Faculty liver transplantation is not common but kidney transplantation is performed from time to time. Acute infectious liver diseases are treated in the Department of Infectious Diseases whereas chronic infectious liver disease

ses are treated in the Department of Gastroenterology. Akiro says it is a more reasonable attitude that hematologists treat chronic liver diseases.

The population of Japan is almost 130 million. Doctors in Japan do not like to work in small towns but prefer to live in big cities. It is hard to find doctors who are willing to work in the urban areas in Japan, as it is in many countries. It is said that there are 256.000 doctors in Japan. Surgery education is given under strict discipline and the specializations of side

branches have developed on the basis of organ. After 6 years of medical education and 2 years of obligatory training, general surgery education lasts 3 years. Finally, if one wants to be a stomach surgeon an additional 2 years, to be a liver surgeon an additional 3 years, and to be a colon surgeon an additional 2-3 years of specialization is necessary. In Turkey there is a problem in terms of the concept of general surgery.

In Japan there is left-hand traffic and the electricity is 110 volts.



*Kiyonaga'dan tahta kalıba bir baskı (16. yüzyıl). Muhtemelen Japonlara Çin tıp sisteminden miras kalan masajın uygulandığı bir kadın. Camondo Koleksiyonu, Louvre, Paris*