

THE NEWZ

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Differences Between **Japanese** And **Foreign** Healthcare Systems

From The Perspective Of University Students Studying Abroad

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A b o u t T h e N e w Z

The Japanese have had opportunities to enjoy medical care under the universal health insurance system. However, with the declining birthrate and aging population, the burden of social security costs on the younger generation is expected to increase, and the corona disaster has revealed the weak points of Japan's healthcare system. Therefore, there is a growing need to review it. In addition, the voices of patients are less likely to be reflected in healthcare policies and the number of young people who desire to participate in the design of the healthcare system is increasing.

Considering the current situation, Institute for New Era Strategy (INES) and Japan Counselors (JC) have decided to publish a monthly report to provide an opportunity for young people to think about the future of the social security, medical insurance system, and the healthcare system.

Students studying abroad will gather information on episodes that symbolize the differences between the local healthcare system and the Japanese healthcare system, and write reports in both Japanese and English.

The title, "The NewZ," was created with the "Generation Z" in mind. The NewZ is a newsletter whose entire process, from project launch to writing and editing, has been performed by "Generation Z" college students.

We hope that you will have an interest in the healthcare system of your generation and the future.



Japanese Ver.

Development of healthcare in The U.S.

Kana Hashizume

Lindenwood University, United States



In general, many people think the difference in the healthcare system between Japan and the U.S. is the cost where the U.S. costs borne by the citizens much more than in Japan. Since Japanese citizens have a national health insurance system, they get treated cheaply. This article shows the U.S. effort to reduce the vast medical care costs and some different Medicare features between Japan and the U.S. because of the medical care systems.

First, Japan's average hospital stay is much more extended than in the U.S. The average length of stay is

16.4 days(2020) in Japan, while it is 5.4 days in the U.S. (2019). Next, the number of doctors per 1,000 citizens is 2.6 in the U.S.(2019), the same as in Japan(2020). However, the number of hospitals per 1,000,000 citizens is 66.2 in Japan, while it is 19.1 in the U.S. demonstrating that Japan has about three times more hospitals than the U.S. Also, the number of doctors per hospital is 37.7 people in Japan and 136.7 people in the U.S. Hence, Japan has more hospitals and excellent access to hospitals, but they have fewer doctors per hospital than the U.S.

Why the length of hospital stay is more than two times longer than in the U.S

As this article mentioned, the U.S. medical care costs are much more expensive than other countries. Hospital charges are also higher than in Japan. Therefore, people try to leave hospitals as soon as possible, and doctors also put effort into completing treatment as quickly as possible. On the other hand, since Japan has much more hospitals than the U.S., if patients leave hospitals soon, many beds will be empty, affecting hospitals' revenues. Moreover, since Japanese citizens have the national health insurance system, even though they need to stay in hospitals long, they do not need to pay as much as in the U.S. Also, there is a system where Japanese citizens receive reimbursement when hospital expenses, including medical expenses, exceeds the limit in a month. This program is called High-Cost Medical Expense Benefit. The limitation is different depending on the person's age and income. Being able to stay in a hospital until the treatment ultimately ends

is a strength of the Japanese medical care system, but excessively long stays in a hospital would cause patients' physical strain.

The quality of The U.S. hospital

When I needed to take covid tests to return to Japan, I went to Urgent Care (hospital). At the time, people could take a covid test at hospitals or drug stores like CVS. The examination process surprised me when I took the covid test. At Urgent Care, they checked my heartbeat and blood pressure before initiating the covid test. However, when I took covid test in Japan, the nurses told me to sit on a chair; then they started taking the test. The covid test sites near my hometown were always busy, and I felt the U.S. had more doctors and nurses per hospital.

The program to reduce medical costs

In The U.S., increasing medical care costs is a huge problem. To reduce the costs, the U.S. has been

working on introducing digital health. Digital health means that doctors take care of their patients online. The positive aspects of digital health are reducing medical care expenses, improving access to hospitals, developing medical care quality, and providing medicine that matches

each person more. FDA(Food Drug Administration) also has provided the risks and advantages of using many kinds of machines for digital health. An example of digital health is supervising patients' health through online interviews.

An adoption rate of electronic health record

The adoption rate of electronic records in the U.S. is 80%, while 57% in regular Japanese hospitals. The rate depends on the number of beds in Japan. The rate is 49.9% in regular health clinics, 91.2% in hospitals with over 400 hospital beds, 74.8% in 200-399 hospital beds, and 48%

with less than 200 hospital beds(2020). According to the rates, electronic health records have not grown in small hospitals in Japan. The U.S. is more active in introducing technology in the medical field.



[Photo] Virtual Care Center

Mercy's virtual care center in Missouri

Mercy's virtual care center in Missouri is the first hospital, which mainly focuses on digital treatment, and there is no bed in the hospital. This hospital has four digital health facilities; doctors catch patients' health conditions. The four systems are vICU, vStroke, vHospitalists, and vEngagement.

· vICU is the largest electronic intensive care unit. Doctors and nurses supervise patients' crucial signs and double handle the patients' health conditions by providing the essential sign to 30 ICUs in five states.

· vStroke is a facility for solving a problem that most hospitals do not have neurologists. In this system, when patients with brain stroke symptoms come to the emergency room, they can see a doctor quickly with sound and video.

· vHospitalists means doctors operate on a 24-hour schedule to see patients using virtual care technology. By providing necessary tests and the result of tests, doctors

provide prompt treatments to their patients.

· vEngagement: Mercy uses this system for monitoring over 3,800 patients consistently, and when treatment is necessary, they provide the treatment. Using this system would reduce the length of stay in hospitals, and patients can live their independent life longer.

By introducing technology for medical care, individuals could reduce medical costs, and doctors could use the time for seeing patients and staying in the hospital efficiently. However, it is hard to get used to digital platforms since many people have gotten used to paper works. Although there are many hospitals in Japan allowing easy access to hospitals, encouraging the use of digital technology for medical care could reduce medical care expenses and solve short staff. Then, many more patients could receive a diagnosis and get treatment more comfortably.

Addiction Problem

Yuika Ikeda

University of Washington, United States



I used to take coffee on a daily routine to wake me up, but one day, after drinking coffee for a while, my hands started shaking. When I told my friend about it, she said, " You should avoid it because I think it is a symptom of addiction," and I was very surprised by my experience, so I would like to research about addiction this time.

According to the results of a 2020 survey on addictions in the U.S., alcoholism is the most common addiction, followed by marijuana and over-the-counter or prescription painkiller addiction. Addiction is a state

Caffeine Addiction

Caffeine is not a problem when consumed in moderate amounts, but when it is consumed chronically, dependence occurs and the person becomes unable to function without it. People feel exhausted when a substance called adenosine binds to adenosine receptors in the brain, but caffeine binds to these receptors and interferes with adenosine binding. This mechanism makes people feel less fatigued. However, with repeated intake of caffeine, it becomes difficult for a small amount of caffeine to work in the brain. This makes people feel more sleepy and fatigued, and they gradually increase the amount of caffeine they consume in an attempt to relieve this feeling, which can lead to addiction.

I feel that people in the U.S. are more sensitive to the presence of caffeine in food and beverages than people in Japan. For example, my host

Alcohol Dependence

Drinking alcohol is legal in almost all countries once you reach the age of majority, and especially in Japan, it is an indispensable part of work-related socializing. On the other hand, alcohol is highly addictive, and the number of young addicts seems to be increasing. In Japan, psychiatrists provide treatment for addiction, but in

of "wanting to quit, but not being able to" by continuing to use a particular substance or behavior. It is not a phenomenon that occurs due to the person's mental weakness, but a disease in which symptoms are caused by changes in the brain. Early therapeutic intervention with appropriate advice from government agencies and specialists can help prevent the transition to abuse and addiction. There is no specific cure for all addictions, and it is important to continue the treatment in a way that suits each individual.

family drinks coffee everyday, but they prefer to have decaf coffee in the afternoon. She says this is because she is conscious of not disturbing her bedtime. Seattle is the original location of Starbucks, so there are many cafes to drink coffee. Even at small local cafes that are not part of a national chain, I have the impression that when ordering, they ask if you want decaf or not, and there are many options on the menu. After the onset of my caffeine addiction, I tried to choose decaf as much as possible and drink coffee less often. I myself did not have many withdrawal symptoms from caffeine because I gradually stopped drinking it, but some people seem to experience headaches, severe fatigue, sleepiness, and depression, just like when they catch a cold. I would like to avoid relying on caffeine more than necessary because it is something that is readily available to us.

the U.S., treatment is generally provided by counselors qualified to treat addiction. If sobriety is difficult to achieve through counseling alone, a prescription-based treatment called MAT (Medication Against Alcohol Abuse and Alcohol Abuse Treatment) may be used in conjunction with the treatment.

Prescription Drug Addiction

In recent years, the number of deaths associated with prescription fentanyl use has increased dramatically in the U.S. and has been widely reported in the media. Fentanyl is a synthetic opioid originally used for anesthesia, analgesia, and pain relief. Because it is inexpensive and easy to manufacture, it is often mixed in with many drugs of choice, and many cases of fatal overdoses have been reported when users take these drugs without knowing they are doing so. In addition, because it is easier to use than other drugs and loses its effect in a short time, it tends to cause overdose. A

Marijuana (drug) addiction

Marijuana's effects include pain relief, euphoria, nausea suppression, appetite enhancement, and tension relief, but it also impairs judgment, concentration, and short-term memory, and its dependence has become a problem.

In Japan, the Marijuana Control Law prohibits both possession and cultivation of marijuana, but in the United States, marijuana is being deregulated under the Biden administration. Marijuana for recreational use is now legal in 19 states, including Washington

friend of mine who had her wisdom teeth removed by a dentist in the U.S. told me that after the treatment, she took fentanyl as a painkiller and experienced an enjoyable (so-called "high") even though she did nothing, which she had never experienced before.

Another example is the regular use of sleeping pills and anti-anxiety drugs called benzodiazepines, which were prescribed to relieve insomnia and anxiety caused by stress, etc., and the amount of use increased and the overdose continued.

and Oregon, as well as in Washington, DC, and for medical use in 37 states. The movement to legalize marijuana had been underway throughout the U.S. for some time, but Covid-19 seems to have triggered even more people to support the legalization of the drug. Therefore, when walking around downtown Seattle, the smell of marijuana is always in the air. There also seem to be several stores specializing in marijuana, which makes me feel as if it were the Japanese equivalent of alcohol.



[Photo] A marijuana store in downtown



As I mentioned at the beginning of this article, addiction is not a phenomenon caused by a person's mental weakness, but a disease whose symptoms are caused by changes in the brain. The things that can lead to addiction are more common than you might think living in the United States. Therefore, I wrote this article because I think it is important to be aware of the risks of addiction and the possibility of becoming

addicted in order to avoid falling into addiction. If you do become addicted, please see a specialist as soon as possible.

Depression and Suicide Rates

Kanna Yamazaki

Working in London (Kanazawa University)



Depression in Each Country

In the last report, I described the differences in how depression is understood in Japan and the U.K. In this report, I will summarize the relationship between depression and suicide in Japan, including the differences from other countries and my own views. According to data published by the WHO, about 3% of the total population in Japan suffers from depression in a year, about 5% to 6% in the U.S., and the highest rate is about 15% in Middle Eastern and African countries, especially in Afghanistan with approximately 20%, which is quite high. Regarding

Afghanistan, we can imagine that being in such a hard situation every day due to the war makes people more easily depressed.

In East Asia, economically developed regions such as Japan, South Korea, and China have been found to have extremely low rates of depression, and it is said that Japanese people may actually be less prone to depression.

On the other hand, the suicide rate among depressed people in Japan and South Korea is one of the highest in the world.

Suicide rates by age group

Suicide among young people has become an emerging issue in Japan. While the suicide rate for young people (aged between 10 to 29) consistently declined from 2010 to 2018 across Japan, by 2020, Japan recorded 19% increase in suicides among the young people, with an average of 2.2 suicides per 100,000 young people per year (the suicide rate increased from 11.7 to 13.9 per 100,000). It is speculated that this sharp rise could be related to the impact of the COVID-19 pandemic. Meanwhile, in the U.S., the youth suicide rate increased by 2% during the same period of COVID-19.

Factors contributing to teenage suicide vary by age. Elementary and middle school students may commit suicide due to problems at home, such as children being strictly controlled by their parents or not getting along with their parents. Isolation and bullying at school are also likely factors.

Some experts suggest that Japan's unique culture contributes to the high suicide rate among children

and teens.

When children are growing up and searching for their own identity, it is possible that Japan's unique culture of collectivism and peer pressure accelerates depression.

In fact, when I was growing up in elementary and junior high school, I had my doubts about the "others-first" education that told me I should be the same as everyone else and that I should not assert my own personal opinions. In Japan, it is very important to take action by reading the atmosphere around you and considering the feelings of others. However, as a teenager, I was so preoccupied with this that I was unable to assert my own opinions, and in fact, I saw it as something that I should not assert. Japanese "collectivism" and "peer pressure" have both merits and demerits, but it is also possible that this customary, invisible culture is causing young people to suffer, leading to suicide

Suicide Rates by Occupation

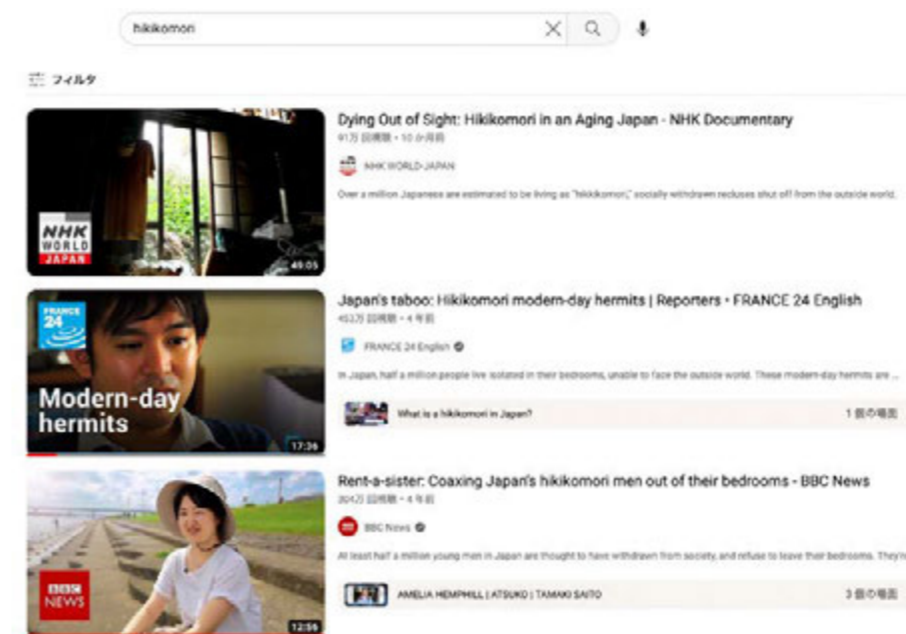
In the past 10 years, suicides by unemployed people have accounted for more than 50% of all suicides, indicating that there is an essential connection between unemployment and suicide rate. Note that in 2020, suicides by students increased by 17%, exceeding 1,000 for the first time since 2011

(estimated suicide rate of 5.0 per 100,000). After all, this could be due to a combination of numerous anxiety factors in the coronary disaster, such as increased family problems due to "stay-home", lack of communication with friends and society, and anxiety about getting infected.

Causes of Depression in Japan

A more likely cause of the high suicide rate in Japan is the growing tendency towards hikikomori and social isolation. Many young people feel isolated from their friends and family for a variety of reasons. Shame about low academic grades or difficulty choosing a career that they can be proud of to their parents and friends also cause a sense of inner isolation. Hikikomori has become a major problem in Japan in recent years, and the fact that the term "hikikomori" is used as it is in other countries indicates the seriousness of the problem in Japan. French international news television network, FRANCE 24 English uploaded a documentary on Hikikomori in Japan to Youtube, and in the comments

section, there were many comments saying that "Hikikomori is not only a problem in Japan, but all over the world" and comments from foreign Hikikomori sufferers. It also seems that this problem has become more apparent since people have become virtually connected through social media and other forms of the Internet. Although social media is not the main and direct cause of Hikikomori, I believe that many Hikikomori cases continue to increase all over the world as a side effect of social media. There are many facts that show that Hikikomori leads to suicide, but instead of blaming the social media for hikikomori, we need to find a solution that can be applied in the new modern society.



Searching for 'withdrawal' on Youtube results in several featured videos.

The Issue of Pharmaceutical Shortage in France

Miu Sukegawa

Institut d'Etudes Politiques de Paris, France



What kind of medicine do you usually take? I often take painkillers and other drugs for headaches, nasal inflammation, and menstrual pain that bother me daily. In France, the medications are designed for people who are physically larger than Japanese people, and the amount of the contents are quite different, so I was told to crush a tablet and take it when I needed it. However, it was too much of a hassle to crush them, so I used to buy up to three months' worth of medication in Japan and bring them back to France whenever I went back home. As a result, I didn't realize until recently that there has been a serious shortage of medication in France since last year. In this report, I will talk about the shortage of medication in France and the production system of medication.

Since the beginning of 2022, the regulation of social and economic activities due to the COVID-19 pandemic has been relaxed, but a serious shortage of medication has become a problem due to the V-shaped increase in the number of infected people, the energy crisis and inflation caused by Russia's invasion of Ukraine, and the increase in demand in China. The French National

Agency for the Safety of Medicines and Health Products (ANSM) lists out-of-stock medicines on its website page called "Disponibilité des produits de santé," but as of March 2023, many products are still on backorder or out of stock. The shortage of medication is particularly evident in the medical field, and the shortage of drugs for hypertension, diabetes and cancer is limiting treatment. A survey found that 68% of French oncologists believe that the shortage of medication will have a significant impact on patients' life expectancy and quality of life for the next five years. Why has such a serious shortage of pharmaceuticals occurred? In fact, the shortage of pharmaceuticals has been a concern for over 10 years, and the number of reports of drug shortages has been increasing every year. In this report, we consider that there are problems with the structure of the pharmaceutical manufacturing industry in France and focus on three possible causes: 1) dependence on foreign pharmaceutical production, 2) excessive drug price reductions, and 3) overuse and over-prescription of antibiotics.

1) External dependence on medicine production

Since the 1980s, France has been facing industrial hollowing out (désindustrialisation) caused by overseas relocation of production sites by the manufacturers. The COVID-19 pandemic has highlighted the problem of relying on foreign production for essential items such as masks, ventilators, medical devices, and active pharmaceutical ingredients (APIs). APIs are particularly dependent on production in Asia, especially in China. The disruption of the supply chain during the pandemic and the surge in demand within each country have resulted in a sharp reduction in supply.

In response, the government announced an economic stimulus plan (France Relance) in September 2020 and provided subsidies to 187 projects in the healthcare sector (including 42 projects aimed at relocating API manufacturing from overseas to France). In addition,

the Minister of Health and Prevention, François Braun, explained in the "France 2030" investment plan, which aims to strengthen industrial competitiveness and create future industries promoted by President Macron, that there is a plan to construct API production facilities within France and to complete the pharmaceutical supply chain domestically. A paracetamol plant is scheduled to be constructed in 2024.

However, the reason for relocating production sites overseas in the first place was the high cost of production, so the increase in pharmaceutical prices resulting from producing APIs in France in the future is inevitable and will lead to increased deficits for the health insurance fund for the government and decreased profit margins for the pharmaceutical industry.

2) Excessive drug price reductions

In France, the reimbursement price for medical products is determined through negotiations between the French Economic Committee for Health Products (CEPS) and pharmaceutical companies using evaluation criteria such as the improvement of medical services. For originator drugs, if sales exceed the demand forecast submitted by the pharmaceutical company during the three years of price listing, the price will be lowered. Note that Japan has a similar system of 'market expansion re-pricing', whereby if sales are unexpectedly high, the price is reduced by up to 50% depending on the drug. In addition, in France, the price of originator drugs is reduced by 20% at the end of the patent period and by 12.5% after 18 months. Generic drugs are listed at 40% of the price of originator drugs and are subject to a 7% reduction 18 months after the originator's patent period.

In addition to these drug price reductions, there are additional discounts within the French pharmaceutical distribution system. French pharmaceutical manufacturers sell 56% of their products to marketing subsidiaries, 39% to wholesalers, only 2% to hospitals and 3% directly to pharmacist dispensaries. Price negotiations occur between pharmaceutical manufacturers and wholesalers, as well as between wholesalers and pharmacies. As a result, research has shown that discounts on the wholesale price of generic drugs can range from the maximum allowable discount rate of 17% under the law to 20-70%. The discount practices in France are extensive and exceed the range allowed by national regulations, which leads to a decrease in sales and profit margins for pharmaceutical

3) Overuse and Overprescription of Antibiotics

Lastly, while the above two structural issues apply to all pharmaceuticals, the shortage of amoxicillin (a penicillin-based antibiotic) is believed to be linked to the overuse and overprescription of antibiotics. ANSM has announced that antibiotics are not effective against viral infections such as bronchitis, influenza, and COVID-19, but are effective against some bacterial diseases such as pneumonia, otitis media, sinusitis, abscesses, sexually

transmitted infections, rabies, and tetanus. However,

even though there is no evidence of the spread of such diseases, 40 million boxes are sold only in France, and the increasing number of voices suggests that the shortage is abnormal. According to a report by Santé Publique France, French people consume antibiotics excessively, particularly for children aged 0 to 4 years old.

This drug price reduction, discount issue, and the low-profit margins of pharmaceutical manufacturers have also affected their response to the increase in demand for pharmaceutical products. According to Reuters, many European pharmaceutical manufacturers are finding it difficult to maintain their current low prices as the prices of energy and raw materials continue to rise. While they want to increase supply to meet the demand, they feel that they cannot justify investing millions of euros in expanding production capacity without a significant increase in the price of generic drugs that can cover the sudden increase in costs. This suggests that the current pharmaceutical pricing system is providing negative incentives for many pharmaceutical manufacturers seeking economic rationality and contributing to drug shortages. However, applying high prices to drugs, which are a necessity in daily life, may take away access to medication from low-income people and may jeopardize overall public health.

The European Community (EC) has proposed a revision of pharmaceutical laws requiring manufacturers to provide early information on stock availability and supply to ensure adequate inventory. The pharmaceutical manufacturing industry, however, has suggested a review of bidding and pricing systems. The future of the pharmaceutical pricing system remains uncertain, and finding a balance between affordability and profitability for pharmaceutical companies while ensuring access to medication for all remains a challenge.

Conclusion

As described above, the shortage of pharmaceuticals in France is due to structural issues in the medical industry. Additionally, there are cultural factors such as French discount practices and dependency on antibiotics. These issues cannot be resolved solely by returning production

facilities to France or revising pricing systems. With the possibility of medical collapse due to pharmaceutical shortages by 2030, it is necessary to pay attention to how the French government will respond.

Nurses in Japan and Australia

Tanji Itsuki

Monash University, Malaysia



Introduction

The Covid-19 crisis is currently changing the way healthcare workers are viewed in Japan. The Covid-19 crisis put healthcare workers, including nurses, on the front lines of medical care for infected patients. In fact, according to the "2021 Nursing Staff Survey," almost 80% of respondents cited fear and anxiety about infection as the most common impact of the Covid-19 crisis, followed by the worsening of the working environment. As a result, while 70%

of the respondents wanted to continue working as nursing staff, the younger generation was less willing to do so. Therefore, this report will compare the actual situation of nurses in Japan and Australia, and will discuss what the Japanese government should do about it. I also hope that this report will give some of those who read it the opportunity of pursuing nursing careers in Australia.

Nursing Facts in Australia

First of all, the premise is that in Australia, nurses who hold nursing qualifications are held in higher esteem than in Japan from a social point of view. Hence, Australia provides generous support for nurses. In fact, in Australia, a wide range of nursing duties are divided into three categories to ensure that nurses are not neglected in their mental,

physical, and health care considerations and support. Specifically, they are: nursing assistants, licensed practical nurses, and registered nurses. The clear division of duties reduces the burden on nurses and allows them to perform their duties more efficiently.

Differences between Australian and Japanese Nurses

Work Styles

In Japan, each nurse is generally assigned to a patient as part of practical training. During the training, the main task is to take a daily record of the assigned patient, which is a very demanding environment with no time to sleep due to the enormous amount of work involved. However, the purpose of this is to improve the quality of nursing by having one patient. On the other hand, Australia has an educational policy that is based on feelings,

such as what they learned or felt today, rather than writing reports or records of the nursing process. This allows nurses to focus on acquiring knowledge and experience in the field, rather than spending time writing reports. In addition, unlike Japan, Australia has patients on a room-by-room basis, so the goal is for them to become ready as fast as possible for the actual work.

Working System

After the Covid-19 crisis, Japanese nurses said that they had to work a lot of overtime because they had to accept infected patients to the point where there was no more hospital beds left. In reality, however, overtime work is performed on a daily basis, with an average of 30 minutes of "service overtime", where nurses do not get paid for their overwork, per day being the norm pre-Covid. This makes the current situation of overtime work without an appropriate compensation a problem. Furthermore, overtime work of 60 hours or more,

which is said to be at the level of the so-called "karoshi", exists in 0.8% of cases, making it very difficult to work as a nurse. On the other hand, the working system in Australia is completely different. Basically, overtime work does not exist in the nurses' working system in Australia. In addition, only those who wish to earn more money through overtime work can do so. As a country, Australia strives to provide a stress-free environment because nurses are highly valued in society.



[Photo] Stress-free workplace

Nurses' judgment and breadth of practice

Australian nurses have more discretion and a wider range of practical responsibilities than Japanese nurses. For example, Australia has Nurse Initiated Medications, which can be prescribed only at the discretion of the nurse (without a doctor's prescription). In Japan, all medications cannot be prescribed to patients without a doctor's order. However, in Australia, some medications

can be prescribed as long as the nurse deems it necessary. In addition, regarding a wide range of practical work, in Australia, nurses are responsible for removing chest drains, central venous catheters, and stitches and hooks after surgery. In Japan, on the other hand, the removal of drains and stitches after surgery is the role of doctors and resident physicians.

Conclusion

As mentioned above, nurses in Japan and Australia are very different. After the Covid-19 crisis, many voices have been raised in Japan about the way healthcare workers, including nurses. I personally believe that the Japanese government should provide more generous support to them. Also, as compared to Australia, nurses

in Australia have a higher social status, with work-life balance taken into consideration by the government, which is what Japan should aim for. Some of you may find working as a nurse in Australia attractive after reading this report. I invite you to find out more about it for yourself.

[Members]



Kana Hashizume

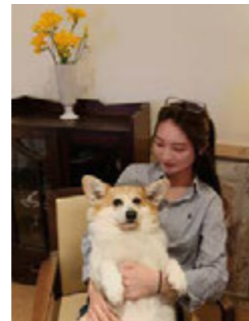
Lindenwood University in Missouri

I hope many people will be interested in the medical program differences between Japan and the U.S. Thank you for reading!

Yuika Ikeda

University of Washington

I am very happy to make newsletter.



Yamazaki Kanna

Working in London(Gap year from Kanazawa university)

I also work on the layout and design of The NewZ.

Miu Sukegawa

Sciences Po Paris

Re-learned the importance of health insurance.

I sincerely ask both countries to digitize the enrollment process though.



Itsuki Tanji

Monash University Malaysia

I'm happy to be able to communicate regarding the healthcare system in Malaysia, which is a minor country. From now on, I will also be transmitting other countries' information about healthcare systems.



Moe Okagawa

Hakodate University

I am pleased to be involved in The NewZ project as an editorial staff member. I hope this newsletter will spark your interest in the healthcare system in Japan and around the world.

