

Prof. Shinichi Takamoto: to live along with patients

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Prof. Shinichi Takamoto (*Figure 1*) is Professor Emeritus of the University of Tokyo and till June, 2018 has been the CEO of Mitsui Memorial Hospital, a leading general hospital in Tokyo devoted to the betterment of society as a whole by offering medical services in a spirit of respect, comradeship and care. In the interview, Prof. Takamoto has shared with us his perspectives in “role and mission of the medical doctors”, his professional experience as a doctor and a manager of the hospital and shown his passion and philosophy for the medical career.

Interview

JHMHP: *You have given a speech on “role and mission of the medical doctors” in China, would you highlight some of the main points for us?*

Prof. Takamoto: The recent advancement of Medicine has been phenomenal and astonishing. For example, we can see the advancements in heart transplantation, left ventricular assist device, robotic surgery, transcatheter aortic valve replacement (TAVR), MitraClip, stent graft and so on. Although these advancements are terrific, our understanding of the human body remains very limited. It is because we, as human beings, act only a part of the whole-body mechanisms. Therefore, the way a doctor tries to care for the patient is mostly counting on the experience of how to heal the patient, but not by entirely understanding the precise mechanism of the disease itself.

What Surgeons usually do is to replace diseased tissue and repair malfunctioned parts of the body of their patients. To put it more precisely, it's not about the doctor curing the diseases, but it's about the vital “power of the patients' life”, implying that the doctor only acts as a tour guide, and leads the patients to get cured by providing them with specialized treatment. Hence, I believe doctors should respect the patients' life by “living along” with the patients (accompany the patients throughout the treating process of the disease), and should never think of the doctors themselves as the most pivotal element of the cure.

The term of “To live along with patients” comes from



Figure 1 Prof. Shinichi Takamoto.

a Japanese word of “Ikiru”, which is also equivalent to a Chinese word of “生”. “To live” in English literally means to experience and survive in an existence of a physical life. However, The Japanese word of “Ikiru”, which equals to a Chinese word of “生”, it means much more than “being alive” in English. “Ikiru” implies a deeper interpretation of human beings having a mindful, emotional and spiritual life, which includes life at birth and everything comes around this vital “life”. In other words, “To live along with patients” means that doctors and patients are indeed equal as human, there is no comparison that no one is more superior than another.

Thus, we should respect people despite of their different abilities in lives. Everyone has a potential and a unique capability in life, we should also encourage and inspire others to make their fullest of their capabilities. We should also maintain the good teamwork between patients and the professional care providers by being more considerate for our patients, and understanding the feeling of our patients when they are receiving the treatment no matter it's full of sorrow or joy. And that's the main idea of the word “Ikiru”.

JHMHP: *Can you share with us your experience on how to handle conflicts with patients?*

Prof. Takamoto: In Japan, we do encounter problems or conflicts with patients and their families. If the hospital or the doctors are responsible for the problems, we have to compensate for the patients. The lawyers will then suggest a proposal or an out-of-court settlement to avoid the lawsuit. However, some of the lawsuits are still inevitable. We just could not avoid everything. The treatment we provide for our patients is not always perfect but we should try our best to reduce the cases of medical negligence, and to learn how to treat the patients better. If the patient or the patients' family is facing a conflict with us upon an unreasonable dispute, we should try to settle this by explaining to them our concerns and our stances. For instance, we can explain the current condition of the diseases, the process of treatment and so on. Since these are all the facts, we can definitely reason with them without expressing the anger, and thus settle the dispute. Hence, I think we should try to explain all these in the easiest way possible, so that people can understand easily, and we can make sure they understand too. However, if the dispute is raised to a new level and linked with violence, then the hospital is obligated to fight against all forms of violence by discharging the violent patients from the hospital. For most lawsuits that are pending for the court to settle, the lawyer who represents the hospital, normally will take care of the case.

I had an experience once in my career with my patient. After I performed the aortic arch replacement surgery, the aortic wall became fragile, yet, the surgery was successful. The patient later has returned to intensive care unit (ICU), and the patient's family came to see the patient whom was still under anesthesia at that time. Unexpectedly, the condition of the patient has become worse later, and the level of the blood pressure suddenly went to almost zero. We resuscitated the patient immediately. Still, there was no sign of a rise in blood pressure. Finally, we recognized that the anastomosis line of the aortic arch was ruptured, and there was no way to save the patient's life at that time. Looking back, if it were happened in the operation room, we could have performed an open surgery to the patient. As there might be a chance that the surgery could have been done successfully. However, the surgery could not be performed in the ICU, and it was impossible to save the patient.

I remembered as I stayed at the bedside of the patient during the resuscitation trial and tried to explain the

patient's condition to the family members. They once perceived that the cause of death is fragility of the aortic wall and it was partially the fault of the surgeon. Fortunately, as I have established a proper relationship with the patient and his family, the patient's family did not complain at all. In this experience, I realized that the relationship between the patient and doctor is very important since it helps both parties understand each other better of the roles behind, especially when it comes to a matter of life and death.

JHMHP: *What are the differences between the roles of being a doctor and a manager or CEO of the hospital?*

Prof. Takamoto: The role of a doctor basically takes care of the patients, which should be done any time whether it's in the daytime or the night time. It is because surgeons have to be ready for carrying out operations anytime in the case of emergency. Therefore, even for a night shift, the working hours can be flexible.

A manager or a CEO is responsible for administrating hospital management. The specific work duties often involve attending the business functions, the out-of-office events and the business meetings in order to establish a proper or closer relationship with people from various business sectors. However, a manager's schedule has been determined in advance, along with a relatively fixed working duties and hours. Normally, compared with the role of a CEO, the manager is relatively able to enjoy some private time at night such as going to watch a concert, an opera or a ballet performance.

JHMHP: *How do you strike a balance between clinical, academic and executive work?*

Prof. Takamoto: We certainly have clinical, academic and executive work in the hospital. What we can do is to try our best to fulfill our responsibilities by completing our job duties, which is also the ultimate goal of the mission of the hospital. Balancing our various kinds of job duties is a different thing as all specialized experts are required in different positions of the hospital. For example, resident doctors are assigned for the clinical work, researchers are assigned for academic studies, and the Chiefs of divisions are selected for executive work. You can see every medical professional work for a specialized field considering different natures of job.

JHMHP: *What is your management philosophy or principle as the CEO of the hospital?*

Prof. Takamoto: My managing philosophy is basically to “live along with the patients”. In order to do this, we should provide the best personalized therapy for our patients. In order to do this, we should maintain a good teamwork for patients with “servant leadership”. The concept of “servant leadership” is about the devotion to serve other members (doctors/surgeons) in a team, and leading them to the good objective.

To apply this concept to the doctors, that means we have to work together with other doctors in the team, and treat the patients by providing the best care. Servant leadership is a favorable approach for stimulating a good team-work. “Living along with patients” means not only we accompany with the patients but we also cooperate along with our team including the medical staffs, nurses, technicians and office workers. With a good servant leadership, we can all create a much better and a friendlier working environment in the hospital.

JHMHP: *What do you think are the most important qualities of being a CEO of a hospital?*

Prof. Takamoto: As a CEO of a hospital, it is of most importance to stick with the motto of “living along with patients. If you want to improve and make the world a better place, three essential qualities are needed to achieve this goal. The first one is to focus on “mission”, you got to be goal-oriented for the work motivation. The second one is to stay “passion”, you have to love what you do. The third one is about “action”, you are motivated to act on providing the best care for the patients. These three qualities are definitely vital for being a CEO of a hospital, especially in enhancing servant leadership.

JHMHP: *If a person has only a study background in management, and is lack of a medical background, is he or she qualified to be a leader of the hospital?*

Prof. Takamoto: According to Japanese law, you have to be a doctor first in order to become the top layer of the hospital. Hence, a medical background is needed in this case. However, we have the board of directors whom are the previous Presidents of Mitsui Company, three of them have even headed to the top layer of the hospital. Nevertheless,

the Chairman of the board is the President of the Mitsui Company, who is not a doctor. Usually, most of the hospital affairs are decided by the executive committee of the hospital, which comprises of directors and sub-directors, the chief nurse, and the secretary-general.

On the other hand, the board of directors decides the major policy, budget and personnel affairs of the hospital. Since a proper hospital management required a certain amount of professional knowledge in business administration like obtaining the degree of master of business administration (MBA), for those who do not have a medical background could alternatively become a member of the executive committee. The only limitation is that they cannot get to the top layer of the hospital because the top layer should know how to provide care for the patients, not only profiting financially as a whole in the hospital.

JHMHP: *How can you be so devoted in making the hospital successful and profitable? Do you have any burdens while making sure the hospital is profitable?*

Prof. Takamoto: I have to make our mission clear by informing to all of the staffs of the hospital that we have this clear mission. The amount of budget given by the Japanese government is limited. Yet, the cost of healthcare management in Japan has gradually increased by the newly developed drugs, various kinds of special care provided to the aging population, the limited timeline on ongoing projects and the newly admitted consumption tax. As the amount of the reimbursement granted for regular medical care is decreased by the government every two year, the regular hospitals in Japan have now encountered financial difficulties. Indeed, every CEO of the hospitals in Japan is trying to work hard on balancing the budgets, which can be a potential burden for the CEO.

JHMHP: *What is your mission in Mitsui Memorial Hospital? And what are the features that makes Mitsui Memorial Hospital stand out from other hospitals in Japan?*

Prof. Takamoto: The mission of Mitsui Memorial Hospital is to “live along with patients”. The term “live along with patients”, as mentioned, means that we respect patients as important human beings and thus we are obligated to provide the best care for them. Meanwhile, we respect every sector of the staffs in the hospital. Thus, we hope that

they respect us in return too. This actually helps to create a friendlier hospital environment, and thus strengthens a long-term doctor-patient relationship. I believe these are the essential features of the hospital that stands out from others in Japan.

JHMHP: *Could you share with us your most impressive experience or event as the CEO?*

Prof. Takamoto: Before I came to Mitsui Memorial Hospital, the Emergency Section had failed at executing operations of providing emergent care for the patients. In one case, a patient in the neighborhood had called to our hospital and requested for an emergent care. However, the care given was not satisfactory at that time because of the inadequate emergent system. The community of the neighborhood town then became very angry about this unpleasant incident. For once, we lost all of their trusts from the people in town.

After I became the CEO of the hospital, we have had a meeting with the people of the town. I elaborated on the motto and the concept of “living along with patients”, and also opened to discussion by listening to them. Finally, they changed their mind and started to build trust on us again. Since then, we often enjoy doing various activities together with them every year such as joint exercises against the diseases, music concerts performed by elementary school students and so on.

JHMHP: *As a CEO, how do you cope with work pressure? And How should one prepare for an administrative/ managing role of the hospital?*

Prof. Takamoto: A CEO is mainly responsible for providing quality care to the patients and managing for economical administration. The amount of quality care for patients cannot be calculated precisely by numbers but economical administration can indeed be evaluated by number. In addition, it is easier for the members of the Board of Directors and the Council to understand the economical administrative outcomes by number rather than the outcomes of quality care to the patients. In other words, the pressures of managing the economical administrative outcome is far heavier than managing the outcome of quality care for a CEO.

I believe that the candidate of a CEO should be trained

with economical administration. After all, the most important matter is to “live along with patients” which means providing best care for patients should be our major task.

JHMHP: *We knew that you were the Chair of Committee of Education, Faculty of Medicine at the University of Tokyo from 2000–2005. How do we provide the most valuable education for medical students?*

Prof. Takamoto: The education in the medical school is to teach medical knowledge including basic science, social medicine and clinical medicine. More importantly, a doctor is equipped to diagnose the disease, and thus provide the best care for patients. Nonetheless, I believe that the key approach to medical education is to discuss with the students on medical philosophy. For instance, what is medicine? As a doctor, what should we do for our patients? What it means to be a doctor? Those questions should be asked and shared among the professors and students during the academic discussions.

I have created a lecture series of “Principle of Medicine” at Faculty of Medicine, University of Tokyo. The lectures were held by the doctors who had encountered doctor-patient conflicts in clinical practices. The lectures were very impressive and helpful to all the attendees whom were not only students but they were also patients and medical professionals. During the lectures, the students had an in-depth discussion with the lecturers which reminded and motivated them with the purpose of being a doctor.

JHMHP: *If you were asked to teach in the university again, what kind of courses would you design for your students?*

Prof. Takamoto: If I were to teach in the university again, the most important course is to discuss with the students on medical philosophy such as “what is the mission of doctors” and “living along with patients”. For young surgeons, they are especially entitled to recognize these philosophies behind. Usually, I give lectures in many places to medical students and doctors twice a month. Through the lectures, I would like to provoke their thoughts on providing the best care for patients, and reminding them to have a sense of passion for the work. If the students and doctors realize the importance of providing the best care and maintaining

a passion for the work, they will be more devoted to this profession.

JHMHP: *Do you have any advices or suggestions for young people who hope to be a surgeon?*

Prof. Takamoto: To the surgeons who intend to think that they can cure a disease by performing surgeries on the patients, they are mistaken somehow. As a matter of fact, there are loads of human body mechanisms that we do not clearly understand until now. On the contrary, imagine the amount of willpower a patient possesses, which stores within a patients' life, and unleashes the incredible power of "life" from within. The patient then is able to stay alive and even live on for a long time. We can see that sometimes the "power of life" of the patients acts as a more crucial role in treating the diseases, implying that surgeons themselves might not be necessarily linked to the cause of the cure directly.

Instead, doctors can somehow play a role of guiding the patients through their suffering from the diseases. Thus, they should respect patients and "live along with patients". It is also essential in building mutual trusts between the doctors and the patients. As a doctor, I think we should try our best to learn and study medicine if we want to provide the best care for the patients.

JHMHP: *What is the achievement you have got that makes you the proudest of?*

Prof. Takamoto: I set up a database in 2000 in Japan, which was significant and helpful in the development of cardiovascular surgery in Japan. The database included the statistics of around 570 institutes of cardiovascular surgery in Japan. It was 100% widely adopted in Japan, which was also considered as an "unprecedented" accomplishment in the world.

Since 1989, the society of thoracic surgeons (STS) has built a database with present coverage of 90% in USA, but has not yet reached to 100% of coverage. In Japan, Young surgeons are welcome to apply for studying new evidences using all the medical cases to report the outcomes. Recently, I have paid a site visit to the institutes where unsatisfied surgical outcomes were conducted. At last, the surgeons have improved the surgical outcomes after refencing the statistics of the database. All in all, I will say I am most proud of the database I built, which has helped a lot of doctors and patients in treating the diseases.

JHMHP: *What would you like to do after your retirement?*

Prof. Takamoto: After my retirement, I might go for the operas and travel.

JHMHP: *Here we found a list of your favorite restaurant recommendations for food. Do you like food a lot?*

Prof. Takamoto: Yes, I love to share delicious food with others. It is fun, and it is also an alternative for me to relax myself. I would like to do the food sharing once in every two weeks. To me, the main focus is not on the delicious food, yet it is more about gathering with friends and communicating with each other, which is certainly my greatest enjoyment.

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Footnote

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