

Work-life Balance in Academic Medicine in the United States: A Mirror for Japan?

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Objectives

- **Tell my personal story**
- Define work-life balance and understand its relevance
- Explore societal, generational and gender-related approaches to work-life balance
- Understand why balance is important for individual physicians, academic medical centers, and the profession of medicine
- Learn about ways to promote work-life balance for individuals and institutions
- Discuss what balance means to Japanese physicians today

Society of General Internal Medicine

Mary O'Flaherty Horn Scholars Program

- Three-year career development award
- To foster new career track for physicians centering on successful balance of career, family, social responsibility
- Provide role models for less-than-full time academicians in general medicine
- Dedicated to working half time as an academic clinician educator and spend the other half attending to children

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What is work-life balance?

What is work-life balance?

- Individualized
- Fluid
- Culturally and socially rooted
- Work and non-work responsibilities energized and productive
- Priorities and values respected and realized
- Personal and professional growth optimized

Work-Life Balance

- Defined by its absence or by the opposite of work-life conflict
 - Work-life conflict exists when the role pressures from work and family are incompatible
- Predictors of work-life conflict
 - Pressure to perform and high personal investment in work
 - Family domain-children at home, high demands from family, tension with spouse/partner

Application to Our Daily Lives as Academic Physicians

Work roles as doctor, teacher, researcher, resident,
student...



Outside work roles and responsibilities

- Parent, partner, family member
- Friend
- Self-care
- Personal/group interests and activities

Is Work-Life Balance
Important in Medicine?

Growing Interest in Work-Life Balance

- Google - 5 million links
 - Websites, consultants, workshops, articles
- *Balance: The New Workplace Perk* Forbes.com 3/07
- *Balancing Life and Job Become a Matter of Choices*
Baltimore Sun, 8/07
- *Dr Mom: A Tokyo Support Group helps women doctors*
The Asahi Shimbun (Japan), 6/05
- *Fertility Decline and Work/Life Balance* *Economy,*
Japan Spotlight 11/2007

From Marcus Welby To Grey's Anatomy: The Next Generation

- Survey of US physicians under 50 yrs,
- Association of American Medical Colleges (AAMC) and the American Medical Association
- Quality of Life is Essential
 - 71% polled identify family and personal time as a very important factor in practice
 - 2 out of 3 young physicians not interested in working longer hours for more money
 - 13% of doctors under 50 currently work part-time and an additional 32% would prefer part-time hours

» Dr Darryl Kirsch president and CEO of the Association of American Medical Colleges

From Marcus Welby To Grey's Anatomy: The Next Generation

- In the next 20 yrs 1 in 3 US doctors are likely to retire
- Treating 71 million baby boomers

- Dr Darryl Kirsch president and CEO of the Association of American Medical Colleges

Impact of Physicians Working Fewer Hours?

- Job Structure - Job sharing, part-time work, and flexible schedules must become more common
- Technology - Information technology, particularly electronic medical records and emails between physicians and patients, will need expansion to maintain continuity of care
- Team based patient care - Medical education will need to focus on interdisciplinary training with nurses, pharmacists, and other health professions
- *As this generation of physicians leads by example and shows us that a work-life balance is possible for doctors, they provide us with an excellent opportunity for constructive change in how we practice medicine*
- Dr Darryl Kirsch president and CEO of the Association of American Medical Colleges

What predicts work-life
balance for physicians?

Predictors of Physician Career Satisfaction, Work-Life Balance, and Burnout

- US survey of 2,000 MDs, multiple specialties deemed “uncontrollable lifestyle”
- Scale to measure work-life balance
 - Conflict between work and personal life
 - Missing social obligations because of work
 - Worrying about issues at work when home
 - Having home activities interrupted by work
 - Experiencing household tension because of work

Predictors of Physician Career Satisfaction, Work-Life Balance, and Burnout

- Physician career satisfaction
 - Most highly associated
 - emotional resilience and personal accomplishment
- Strongest predictor of work-life balance and burnout
 - Control over schedule and hours worked
- Gender, age, and specialty were not strong independent predictors of career satisfaction, work-life balance, or burnout

What are responses to the
work-life conflict in medicine?

Response to work-life conflict

- Work-life policies
 - Part-time, flexi-time, job-sharing
 - On-site childcare
 - Telecommuting
 - On site phone / personal counseling
- Benefits
 - Recruitment and retention
 - Increased loyalty
 - Increased productivity
 - Decreased absenteeism

Alliance for Work-life Progress, <http://www.awlp.org/awlp/home>

Job sharing: a retention strategy for nurses

- Job sharing offered as a way to respond to nurses' requests for more equitable balance between work and home
- Compared full-time, part-time and nurses job sharing
- Job sharing associated with increased satisfaction and retention

Kane D. Can J Nurs Leadersh. 1999; 12(4): 16-22

Effect of part-time practice on patient outcomes

- Retrospective study of patient care practices of part-time and full-time MDs
- Outcomes
 - Cancer screening rates
 - Diabetes management
 - Patient satisfaction
 - Ambulatory costs

Effect of part-time practice on patient outcomes

- No differences in patient satisfaction and costs between part-time and full-time MDs
- Part-time MDs better cancer screening rates and diabetes management

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Work Culture Influences in US Academic Medical Centers

- Societal Influences – “ideal worker”
- The culture of medicine
- Changes
 - gender
 - generational values
 - work hours
 - training choices
 - recruitment environment
 - work environment

Unbending Gender: Why Family and Work Conflict and What to do about it

- Existing work structures rely on “ideal worker”
- *Good jobs typically assume an ideal worker who is willing and able to work full-time for 40 years straight, taking no time off for childbearing or childrearing. This ideal is framed around...men's life patterns. ...many mothers find it difficult, if not impossible, to meet this standard, and the assumption that workers are supported by a flow of childcare and other family work from their spouses that many men enjoy, but most women do not.*

Williams, J. New York, NY: Oxford University Press; 2001.

Unbending Gender: Why Family and Work Conflict and What to do about it

- Lack of real choices for workers who cannot or do not wish to fulfill the “ideal worker” role
- Marginalizes parts of “working” population
- Recognition that this is moving beyond gender

Williams, J. New York, NY: Oxford University Press; 2001.

Re-defining the “Ideal Worker” in Academic Medicine

- Most young physicians are hard workers but don't fit traditional “ideal worker” profile due to responsibilities outside of workplace
 - *Hirsch G, Strategic Career Management for the 21st Century Physician. Chicago: American Medical Association, 2000.*
- ...”greatest time commitment in years that young families need the most attention, ... forces an “either/or” choice between work and family”

Williams J. Unbending Gender: Why Family and Work Conflict and What to Do About it. NY: Oxford U Press. 2000.

Unbending Gender: Why Family and Work Conflict and What to do about it

- “principle of proportionality”
- *offer high-quality work on reduced-hours schedules that offer slower, but still steady, advancement, as well an equal pay rate and proportional benefits... keeping in mind that in many workplaces 40 hours per week would qualify as part-time*

Williams, J. New York, NY: Oxford University Press; 2001.

Re-defining the “Ideal Worker” in Academic Medicine

- Flexibility and less-than-full-time options should be explored and evaluated by each department and institution
 - Society of General Internal Medicine (SGIM) Part Time Career Proposal – Mark Linzer and Carol Warde
 - SGIM Horn Scholars Program
- Job Sharing
 - Residency Training
 - Faculty Clinical Work
 - Educational and Administrative Roles

Re-defining the “Ideal Worker” in Academic Medicine: Research Careers

- The National Institutes of Health (NIH) a new policy concerning career development K awards and part-time institutional appointments.
- The policy allows K award recipients to reduce their appointments to less than full-time in consideration of personal or family circumstances
- <http://www.im.org/PolicyAndAdvocacy/PolicyIssues/Research/NIH/Pages/NIHAnnouncesNewPolicytoSupportPart-timeKAwardees.aspx>

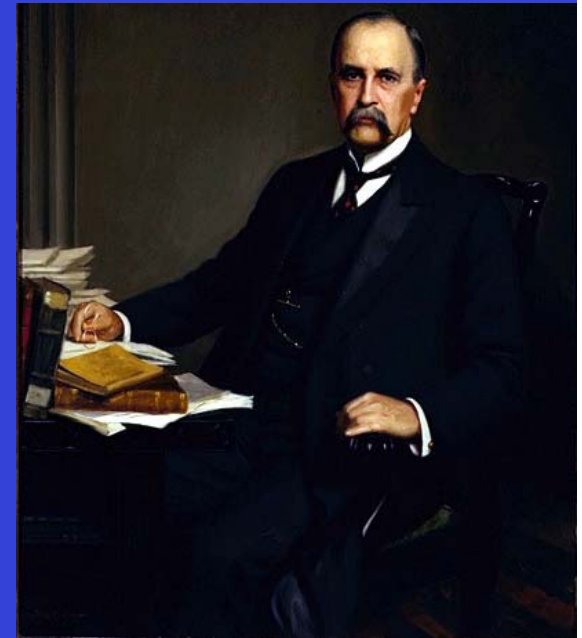
Re-defining the “Ideal Worker” in Academic Medicine: Research Careers

- National Institute of Health Institute and Office of Research on Women's' Health July 2004
“Assistance program for research grants to support individuals with high potential to reenter an active research career after taking time off to care for children or attend other family responsibilities”

(<http://grants.nih.gov/grants/guide/pa-files/PA-04-124.html>)

Medicine is more than a job...

- William Osler says...
- The practice of medicine is an art, not a trade; a calling, not a business: a calling in which your heart will be exercised equally with your head.



What's Changing in the US Medical Centers?

- gender
- generational values
- work hours
- training choices
- recruitment environment
- work environment

Demographic trends in medicine

- Women medical school graduates
 - 1966-7%
 - 2006-49%
- Women residents
 - 1995-34%
 - 2005-43%
- Women physicians
 - 2006-25%
 - 2040-50%



When more women are doctors?

- Increased work-life conflict
- Increased number of “dual physician families”
- Impact on academic careers
 - Women faculty with children report slower career progression
 - Women physicians more likely to make career changes to accommodate family
 - Lack of role models with shared personal and professional values

Generational Diversity

- Each generation strongly influenced by the economic, political and social events of the time
 - Values, professional identity and work ethic
- Recognition of differences important for workplace dynamics

Work Characteristics by Generation

Baby Boomers (1945-62)	Generation X (1963-1981)	Millennial(1982 to present)
Work hard out of loyalty	Work hard if balance allowed	Techno-savvy
Self-sacrifice considered a virtue	Occasional willing to endure self-sacrifice	Diversity, teamwork and change valued
Respect authority	Question authority	Uncomfortable with formality

The Generation and Gender Shifts in Medicine: an Exploratory Survey of Internal Medicine Physicians

- How do Baby Boomer and Generation X physicians perceive the generation shift in physician's work attitudes and behaviors?
- Qualitative interviews with 54 physicians in a single DOM
- Predominant theme
- Greater emphasis on work-life balance

Jovic et al. BMC Health Services Research 2006, 6:55.

- *“men are equally as interested in knowing their family and participation in their family life, even if it means that their work has to take up less of their time...”* Baby Boomer
- *You don't have to be defined by the job you do. Being a parent is good; balance is good. I'm not working 365 days a year. I do not need to do that to be a better doctor.”*
Generation Xer

- *“What I’m seeing is a lot of the upcoming fellows and students don’t work as hard as my cohort did...there may be benefits to that...but it appears they are not working as hard.”* Baby Boomer
- *“the younger generation are just as committed but believe more in the importance of ... having an outside life.”* Generation Xer

Influence of Controllable Lifestyle on Recent Trends in Specialty Choice by US Medical Students

- Determine the influence of controllable lifestyle on specialty choice using NRMP results (1996-2002)
- Variables
 - Controllable lifestyle, income, hours worked and years of training
- Controllable lifestyle:
 - Personal time free of practice responsibilities
 - Control of total weekly hours spent on professional activities (total hours worked and call nights)
- Dorsey et al. JAMA. 2003;290:1173-1178

Controllable Lifestyle

Specialty	Hrs /wk	Income	Years GME
Anesthesiology	61	225	4
Radiology	58	263	4
Ophthalmology	47	225	4
Emergency Med	46	183	4
Dermatology	45	221	4
Pathology	45	202	4

Uncontrollable Lifestyle

Specialty	Hrs/ wk	Income	Years GME
Ob/gyn	61	224	4
Surgery	60	238	5
Orthopedics	58	323	5
IM	57	158	3
Pediatrics	54	138	3
Family practice	52	132	3

Changes in specialty choice

- 1996-2002
 - Increase in ranking of anesthesiology, dermatology, emergency medicine
 - Decrease in ranking of general surgery, IM, Ob/gyn
 - Income, work hours, years GME and controllable lifestyle - significant association with specialty preference
 - Controllable lifestyle demonstrated greatest percentage of variability accounting for trends in specialty preference

Dorsey et al. JAMA. 2003;290:1173-1178

The Influence of Controllable Lifestyle and Sex on the Specialty Choices of Graduating US Medical Students, 1996-2002

- Controllable lifestyle strongly associated with specialty choice
- Trends not explained by specialty preferences of female medical students

Dorsey et al. Acad Med. 2005;80:791-796

The Case Western Reserve SOM Professionalism Oath

- Created by students as part of professionalism module for incoming medical students
- Trigger cases stimulate discussion and identify key points about the physician's role and responsibilities to patients, self, colleagues and society
- Recited at White Coat Ceremony

The Case Western Reserve SOM Professionalism Oath, Class of 2011

- We, as students of medicine, don these white coats to acknowledge our responsibilities to self, to patient, to profession, and to society.
- Our path is one of diligent scholarship and a lifelong commitment to learning. We pledge to exemplify humility and honesty. We strive to be dignified and composed, approaching our profession with passion, integrity and excellence, **while maintaining a healthy balance between our personal and professional lives.**

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Why is balance important?

- Individuals
- Academic Medical Centers (AMCs)
- The medical profession

Why is balance important?

To individuals:

- Physicians reporting greater control over work hours report higher life and job satisfaction
- Lack of workplace control associated with increased burnout
- Dissatisfaction and burnout
 - Poor health outcomes for physicians
 - Decreased quality of care for patients

What do we know about burnout in the United States?

- 3 dimensions
 - 1) emotional exhaustion
 - 2) depersonalization
 - 3) sense of lack of personal accomplishment

Linzer Archives of Inter Med Vol. 169 No. 10, 2009

What do we know about burnout?

- More common among women physicians and solo practitioners⁵
- Found among generalists⁴⁻⁵ and subspecialists¹⁻²
- Studies of United States and Dutch physicians, less burnout with work control, work-home balance, and home support⁵

What about part-time and burnout?

- Part-time and flexible work practices
 - associated with less burnout in the United States¹
 - better control of the work environment
 - essential for the academic department of the future²

1. Linzer M, et al *J Am Med Womens Assoc.* 2002;57(4):191-193

2. Harrison RA, Gregg JL *Acad Med.* 2009;84(1):80-86

Why is balance important? To AMCs and the medical profession:

- Recruitment and Retention
 - Students focus on “lifestyle” in career choice
 - Less intention to leave job among physicians reporting control over work hours and schedule
- Productivity
 - Decreased productivity when work-life conflict high
- Diversity
 - Inflexible work environments may discourage diversity
- Patient care
 - Patient satisfaction and quality of care

Why is balance important?

To AMCs:

- Academicians must balance not only work and non-work roles but also multiple professional roles, including teaching, research, patient care, and fluctuating workloads

Why is balance important?

To AMCs:

- Multiple roles in academia
 - Clinical Research Education and program building
 - Administrators Mentors
- Fluctuations in workload-grants, ward attending, residency and fellowship recruitment
- Culture of work-intense commitment to career
- Personality - “do it all”

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Promoting work-life balance

- Work and non-work responsibilities
 - energized and productive
- Priorities and values
 - respected and realized
- Personal and professional growth
 - optimized

Personal Balance

- Value clarification
- Mindfulness
- Fulfillment

Not simply “balance”



- The word balance evokes an image of constantly seeking a physical equilibrium, a mental and emotional steadiness
- Fulfillment may be, for some busy physicians, a more realistic state to strive for as we seek satisfaction in our personal and professional lives

Discover and Live Your Values

- *The first step to getting the things you want out of life is this: Decide what you want*
– Ben Stein



Value clarification and self-reflection

- Important steps in identifying the type and amount of work that will allow a physician to be most successful

Promoting work-life balance: Individuals

- Clarify values
 - If I could focus on one thing in my life and only one thing, what would it be?
 - If I could add a second thing, what would that be?
 - A third?
- Prioritize and organize around your values
 - Recognizing what is most important may make it easier to say no to unimportant tasks
 - Avoid making decisions in high stress situations
- Priorities change over time, reevaluate regularly
- Make small but meaningful changes

Another Approach: Appreciate Inquiry

- Take a moment to think of a time when you were most balanced
 - What was the context?
 - How did you organize your priorities and activities and why?
 - What about you made this possible?

Promoting work-life balance: Individuals Mindfulness

- Be as present mentally in your life as you are physically
 - “I am at home now with my children, chopping carrots”
 - “ I am talking with my patient about their need to quit smoking”
 - “ I am now doing yoga to help my body be strong”

Promoting work-life balance: Individuals

- Strategies for work-life balance
 - Mentors and role models
 - Objective career advice
 - Sample many strategies for balance
 - Create “margin”
 - Conquer guilt!
 - Let go of perfectionism when not important
 - Negotiate for balance

Promoting work-life balance: AMCs and the Medical Profession

- Leadership, innovation, and culture
Recognize the prominence of balance
- Support role-models for balance
- Be aware of generational diversity
- Restructure work environments and policies
 - Borrow from models outside of medicine
“proportionality principle”
 - Part-time work options that are meaningful,
alternate career tracks, adjust promotion
timelines, compensation and benefits packages

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 - Observations
 - women in medicine
 - Eynet Organization and Hospirate Program
 - Open up for discussion

Work-Life Balance and Japan



Japan and Work: Some Observations

- Japanese fit the “ideal worker”
- Face time is important at work
- Work is an important community
- Balance of group valued over individual
- Women physicians with family responsibilities appear particularly challenged
- Male physicians, particularly young men, also changing
- Change can be slow

Japan has a healthy population

- Japan has universal health care coverage and excellent health outcomes compared to the rest of the world
- Campbell JC, Ikegami N. The art of balance in health policy: maintaining Japan's low-cost, egalitarian system. Cambridge University Press. 1997.

Medical Professionalism in Japan: Bushido and the “Ideal Worker?”

- The seven virtues in *Bushido*
- “Rectitude (Gi)”
- “Courage (Yu)”
- “Benevolence (Jin)”
- “Politeness (Rei)”
- “Honesty (Sei)”
- “Honor (Meiyo)”
- “Loyalty (Chugi)”



- Robbe, Nishigori, Onishi, Kikukawa August 2007 Workshop AMEE 2009
- Nitobe I. *Bushido: The soul of Japan*. Leeds and Biddle Co. Philadelphia. 1900.

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Japanese women physicians

Yoshioka Yayoi MD

(1871 - 1959)

- Physician and women's rights activist
- Founded the Tokyo Women's Medical University in 1900



Women and Bushido



- The role of women in *Bushido* was *naijo*, the “inner help” of the home
- With more women in the work force and medicine, do these traditional concepts of women still exist?
- How are women physicians in Japan managing the expectations of being physicians and fulfilling traditional roles?
- How are Japanese men changing?

What is the Experience and Future of Women Physicians in Japan?

- Increasing number of Japanese women becoming physicians
- Health care provider shortage
- Negative population growth in Japan
- Traditional roles and responsibilities of women and men still respected
- Many young women are leaving medicine
 - One Solution...

Presentation for TEDxTokyo

Ejnet
A Non-profit Organization
For Career Development of Female Doctors

Representative: Toshiko TAKINO, MD

NPO Ejnet

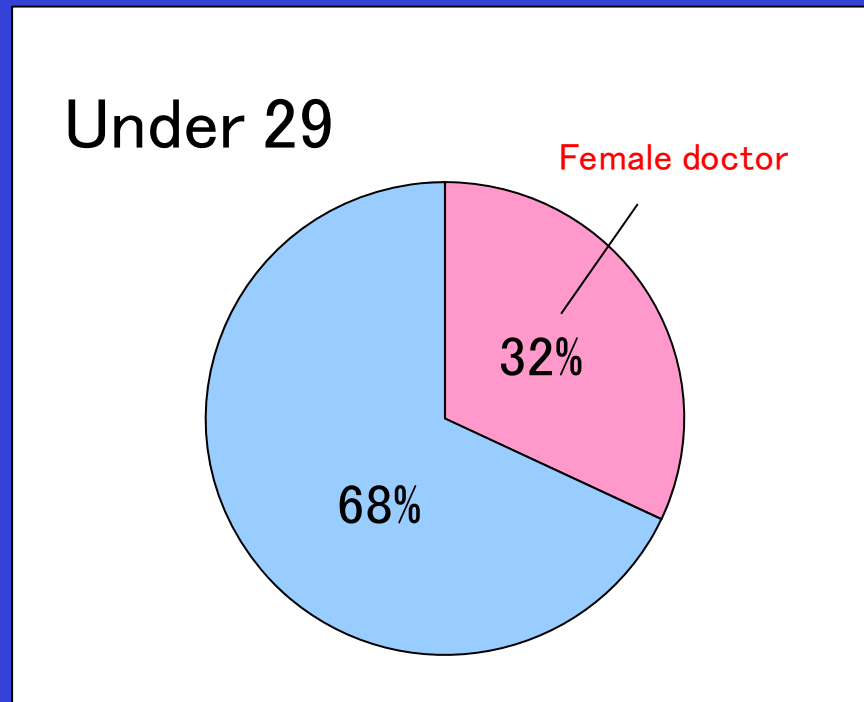
TEL +81-6-6271-5534

FAX +81-6-6267-1535

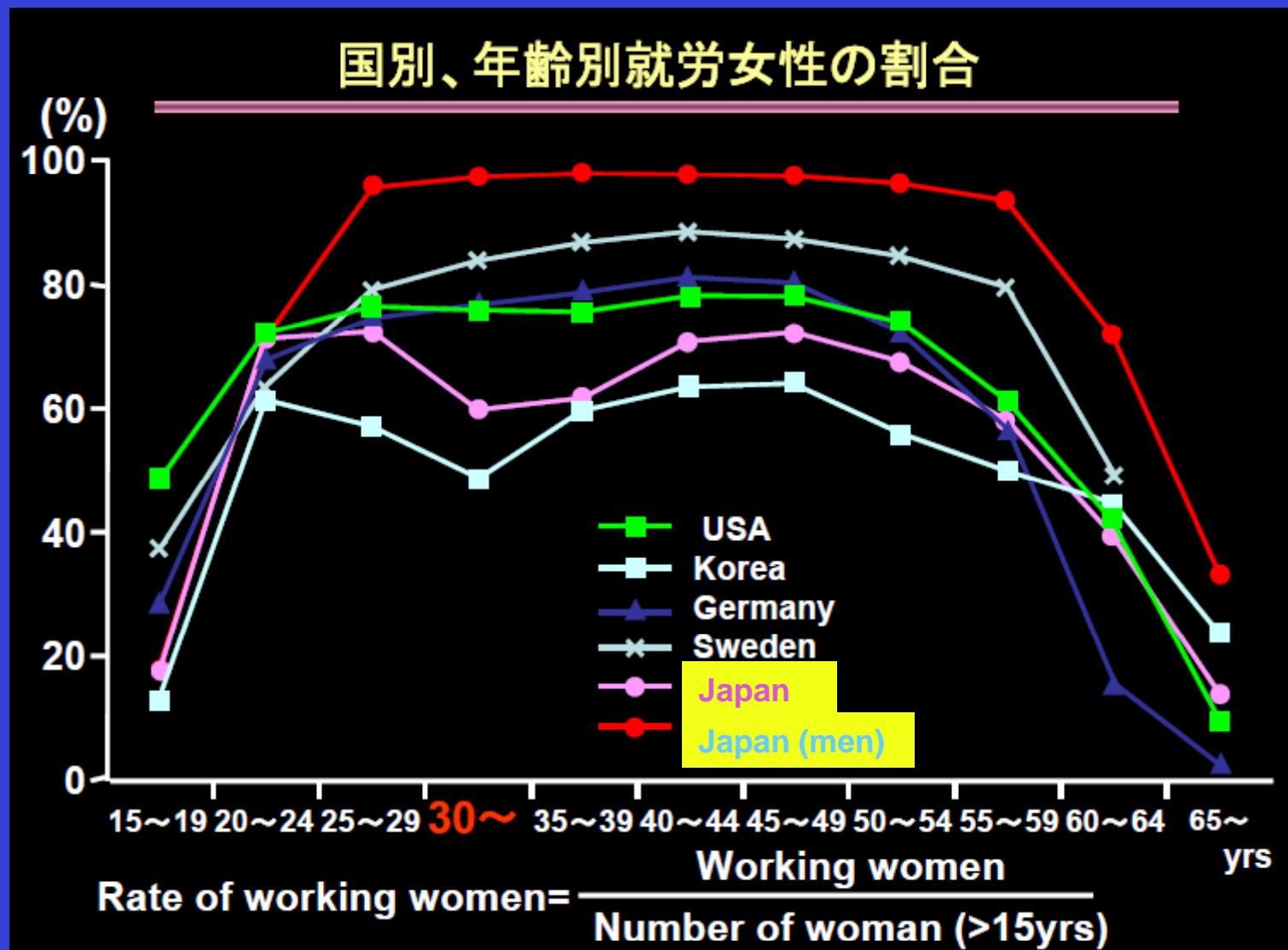
info@ejnet.jp

http://www.ejnet.jp

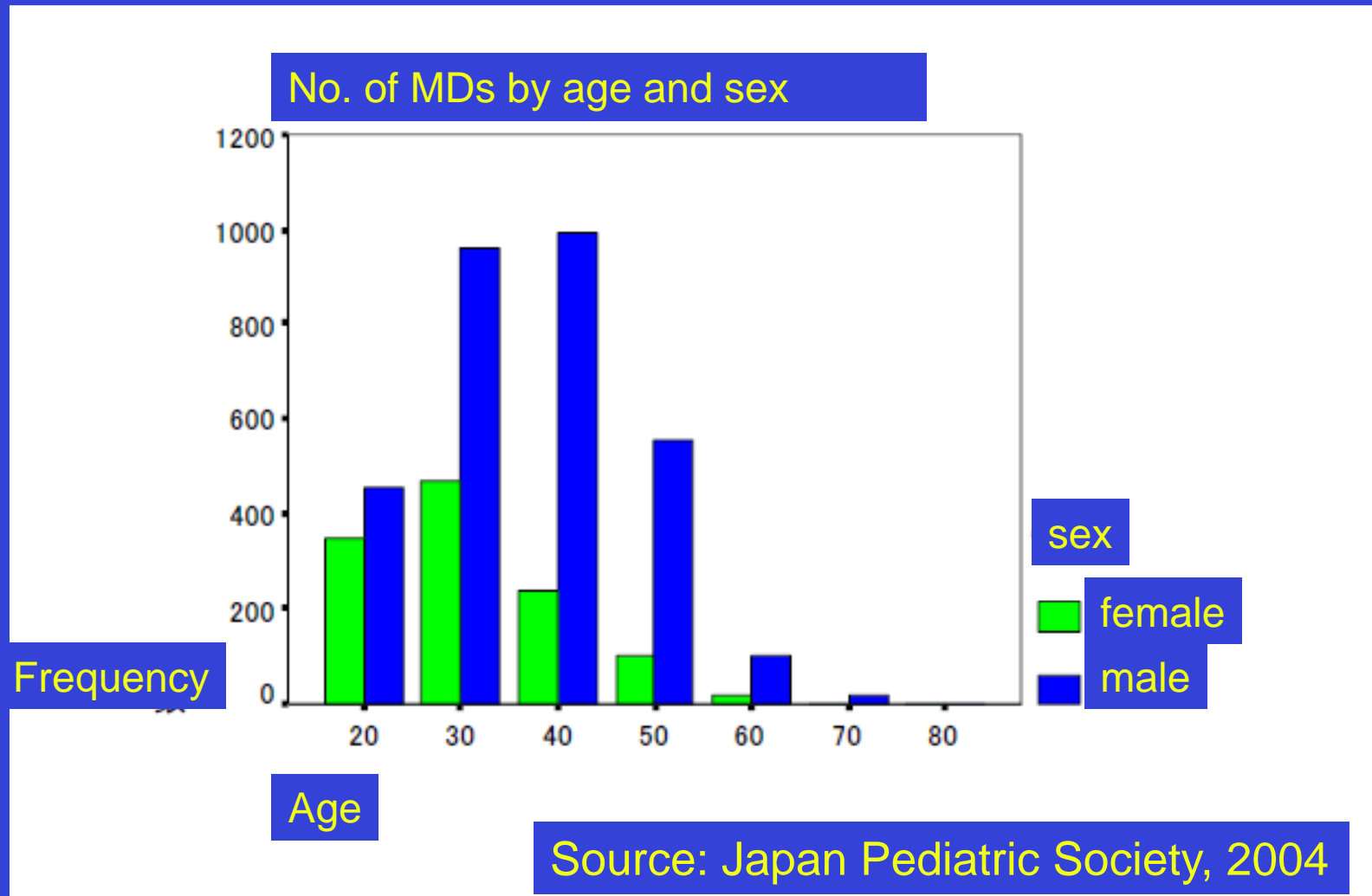
Japanese doctors' male-female ratio (2008)



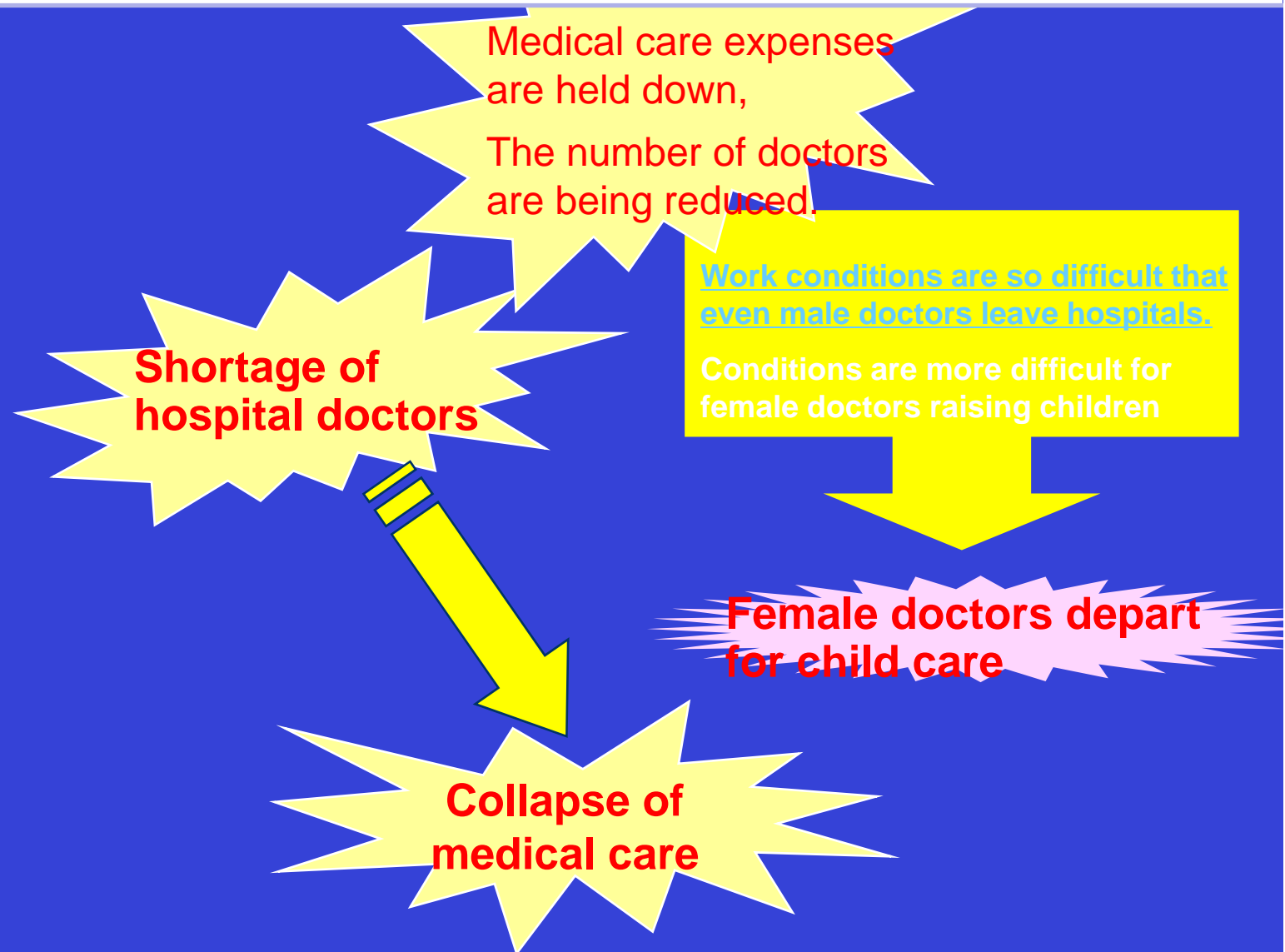
Only in Japan and Korea, rate of working women in 30s decreases significantly.



Numbers of Female Hospital Pediatricians drop steeply in their 30s and 40s.



The fact that female doctors are leaving their jobs for child care spurs “collapse of medical care”

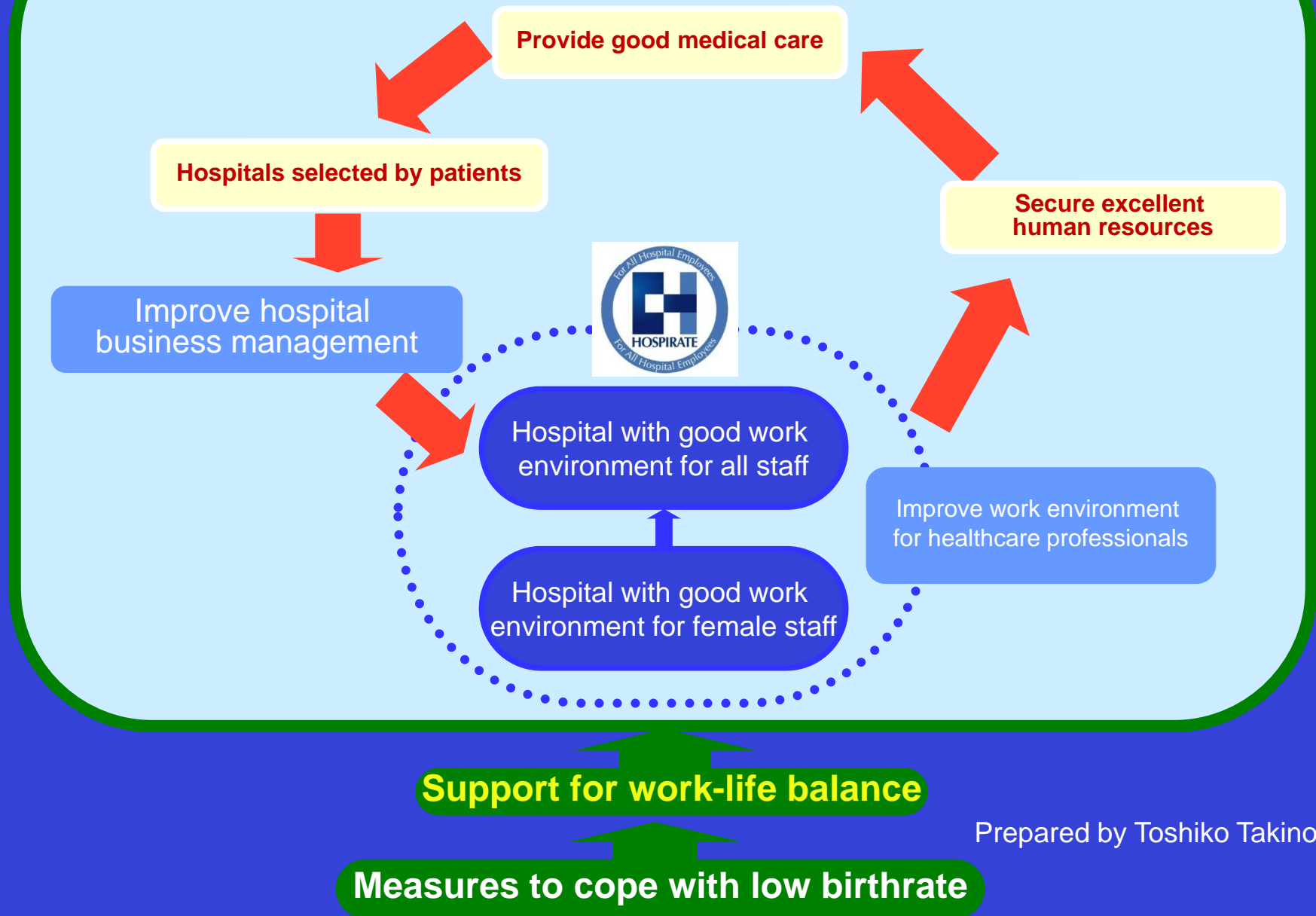


Necessary Actions

1. Support for child care
2. Better working conditions
3. Magnet Hospitals and Hospital network
4. Support for return-to-work

Hospital rating (hospirate)
is working on these areas

Aim of HOSPIRATE (hospital rating project)



Prepared by Toshiko Takino

How Do We Evaluate Hospitals?

1. Document screening
2. Interview with hospital director, administrative/personnel manager, MD, nurses and staff
3. Assessment of working conditions (53 evaluation items including diversified working styles and leaves, child care, nursing care, support for return to work, information sharing among staff)
4. Assessment Committee - members including medical professors, hospital administration, accountant, lawyer, journalist, etc

Our Competitor

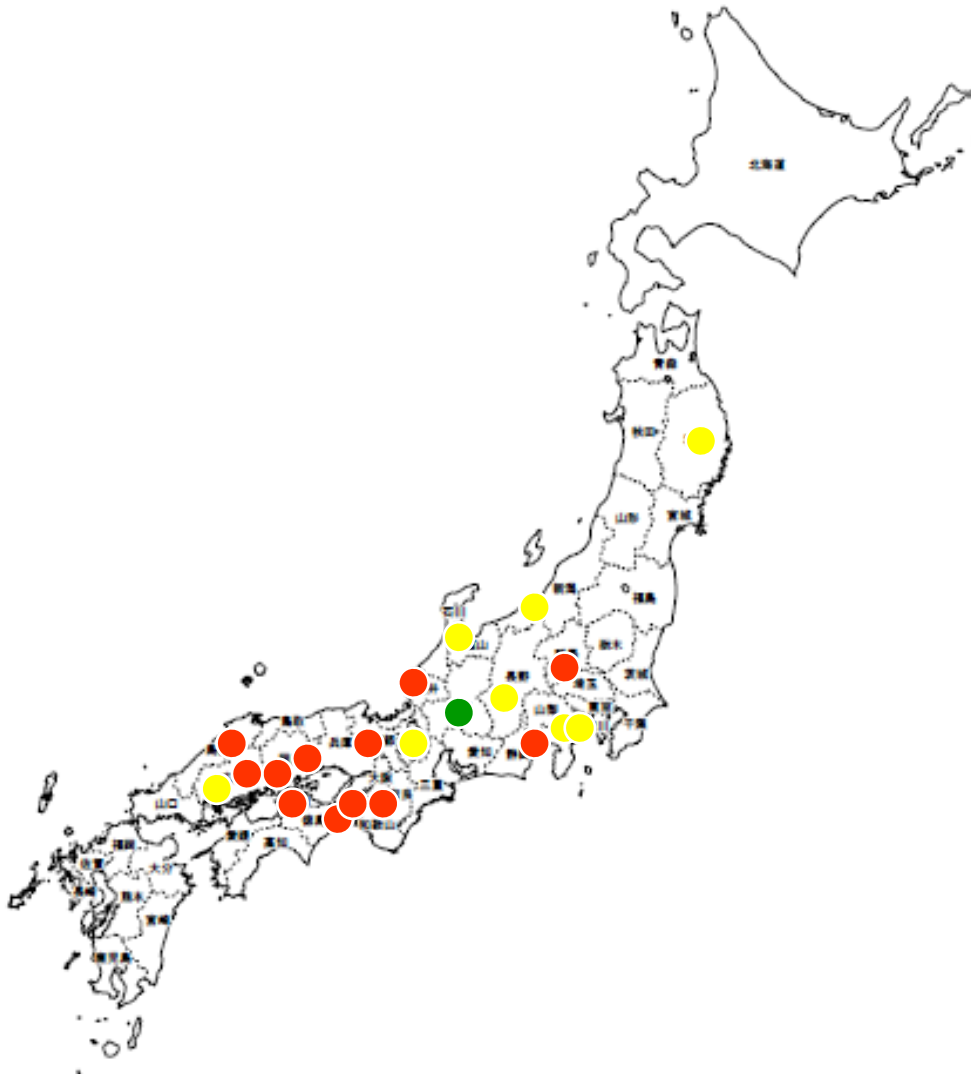
JCQHC (Japan Council for Quality Health Care)

- Established in 1995
- Funded by Ministry of Health, Labor and Welfare, Japan Medical Association and other organizations
- Basic fund: approx. 3 million USD
- Evaluate total quality of medical care of hospitals
- Focused on **Customer (Patient) Satisfaction**

Ejnet

- A small NPO established in 2005
- Evaluate working environment of all hospital professionals including female doctors
- Focused on **Employee satisfaction**

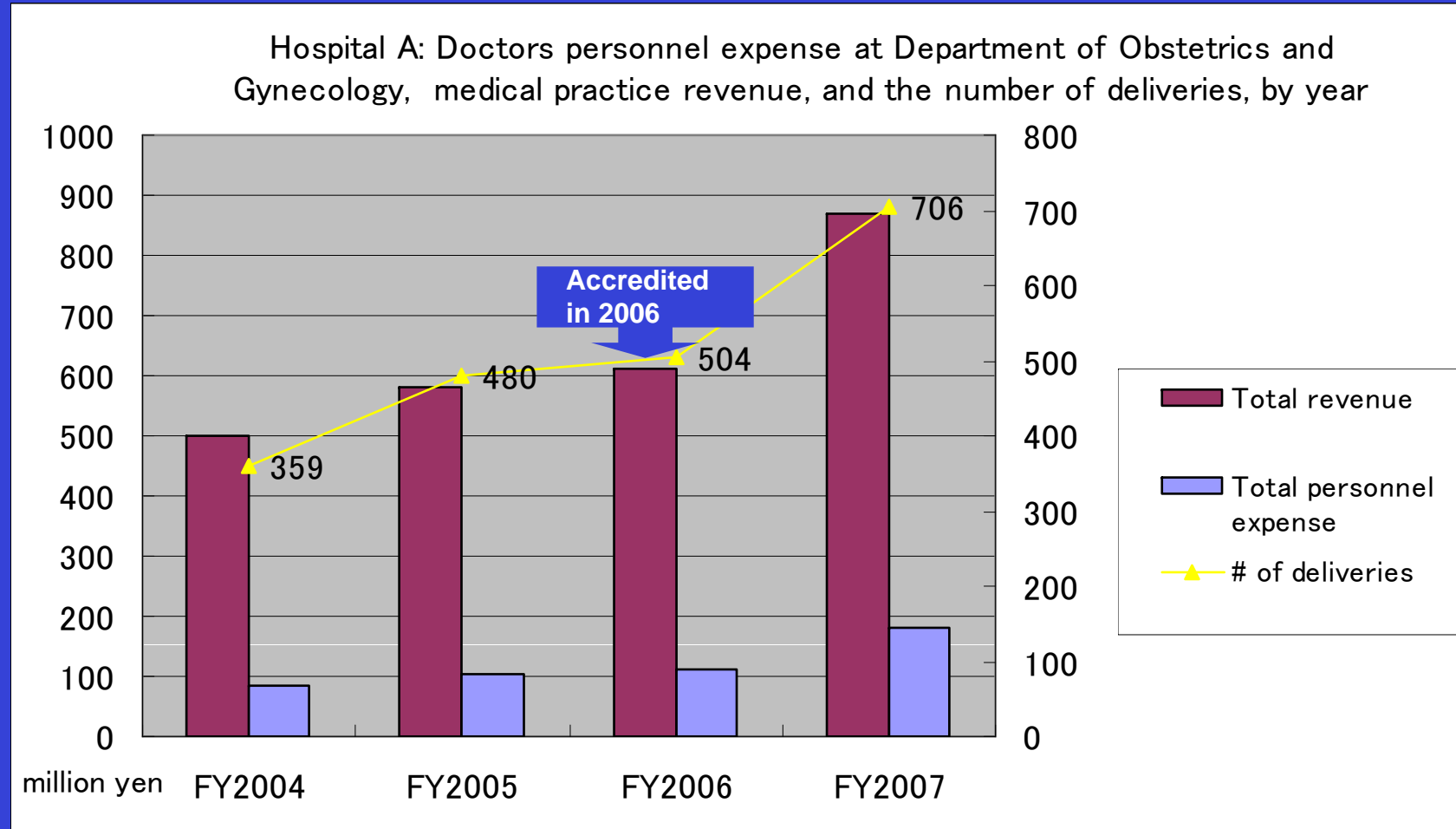
HOSPIRATE Achievements



- 12 accredited hospitals
- 1 under document screening
- 8 applicants

Effect ① Revenue increased as a result of HOSPIRATE

Revenue from medical practice increased at Hospital A after accreditation



Effect ③ HOSPIRATE caused a stir in the government project.

JCQHC has set a new evaluation item in its evaluation items version 6.0 focusing on working conditions of medical staff.

(June 27, 2008)

Conclusion

- Medical care in Japan is facing a **crisis of collapse**, with hospital doctors leaving due to severe working conditions.
- The best way to prevent the collapse of medical care is to prevent the increasing number of female doctors who depart from the workforce to provide home child care.
- HOSPIRATE will increase a good hospital work environment, which **will prevent female doctors from departing**, increase the revenue at hospital, and provide good medical services to patients.
- HOSPIRATE has **the power to change society** by impacting government policy.

Conclusion

- Work-life balance in academic medicine
 - critical to prevent burnout, and retain valuable faculty
 - vital for women and men at all ages and life stages in both the US and Japan
 - Self reflection and priorities
 - Institutional support
- Why Japanese women leave medicine needs immediate attention and further study
- Challenge may be improving work conditions for both men and women without compromising health care outcomes

What is the Experience and Future of Physicians in Japan?

- What are your thoughts about work-life balance in medicine?
- How do you balance work, personal, and family life?
- Does your work environment and society support you?
- What would you change to improve work-life balance for Japanese physicians?

Additional References

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- 2. Viviers S, Lachance L, Maranda M-F, Menard C. Burnout, psychological distress and overwork: the case of Quebec's ophthalmologists. *Can J Ophthalmol.* 2008;43(5):535-546.
- 3. Schmoldt RA, Freeborn DK, Klevit HD. Physician burnout: recommendations for HMO managers. *HMO Pract.* 1994;8(2):58-63
- 4. Lee FJ, Stewart M, Brown JB. Stress, burnout, and strategies for reducing them: what's the situation among Canadian family physicians? *Can Fam Physician.* 2008;54(2):234-235
- 5. Linzer M, Visser MR, Oort FJ, Smets EM, McMurray JE, de Haes JC, Society of General Internal Medicine (SGIM) Career Satisfaction Study Group (CSSG). Predicting and preventing physician burnout: results from the United States and the Netherlands. *Am J Med.* 2001;111(2):170-175

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The End

