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“I think it’ll be fine, but could you wait until I confirm whether my insurance covers it?”

In the middle of a consultation, these unexpected words slipped out from the patient’s mouth. At first, I was puzzled by the unfamiliar nuance, but then I quickly realized—it was because I was in the United States, not Japan. Unlike Japan, where universal health coverage provides a safety net, people in America must constantly be aware of what their own insurance will or will not cover when seeking care. In that single phrase, I felt the reality of the U.S. healthcare system was condensed.

From August 16 to 31, 2025, I participated in an overseas training program hosted by Kanazawa University Hospital. It was only two short weeks, yet they were packed with rich experiences: conducting medical interviews and physical exams in English, attending an ACLS course, visiting a lab led by Japanese researchers, and observing clinical practice in New York. Among them, what left the strongest impression on me was the clinical setting I witnessed in New York.

I visited two clinics, both staffed by physicians originally from Japan, welcoming people of all backgrounds living in New York (though, in practice, nearly half of the patients were Japanese speakers). Mornings at the clinic felt familiar: doctors booted up their computers, reviewed appointment lists, and replied to emails during spare moments. In the consultation rooms, they listened to patients’ chief complaints, performed necessary physical exams, discussed treatment plans, and sent patients home once they were satisfied. Even the sight of doctors eating a rushed lunch because appointments ran over into their break time felt just like Japan.

There was, however, one major difference: the use of time. Each patient was given at least 15 minutes, and much longer for first visits. As a result, the number of patients seen per day was limited, but the conversations between doctors and patients were deeper and more meaningful.

Naturally, this reflects the structural background. In the U.S., primary care physicians act as gatekeepers, and people generally contact their family doctor or internist first. Same-day appointments are difficult, and waiting several days is common. If someone insists on being seen immediately, they have no choice but to go to an urgent care clinic or the emergency department—often resulting in an enormous bill. Perhaps that is why many people think, “If it’s just a mild symptom, I’ll wait and see.” The shelves of fever reducers, stomach remedies, and allergy medications lined up in pharmacies and supermarkets showed me that this approach had become a natural part of daily life.

At the same time, American healthcare had unexpected advantages. Consultations lasted longer, and waiting times were shorter. In Japan, visiting a hospital often feels like a half-day commitment. But here, I saw brief waits followed by substantial face-to-face time with the physician. I couldn’t help but feel that such thorough communication contributes to patient satisfaction.

After the clinic visits, I stopped by a major drugstore in New York with a friend, out of curiosity. Every over-the-counter medication was displayed in transparent locked cases—a

response to the rising wave of shoplifting in urban areas, I was told. To pick up any medicine, you had to call a store clerk. Since I had no plans to buy anything, I hesitated and left without asking, which left me with a slight sense of regret. On one hand, medications were easily available; on the other, high medical costs meant that even people who truly needed a doctor's care sometimes avoided visits. Witnessing this contrast made me think deeply about how healthcare balances "ease of access" with "sustainability of the system."

I cannot wholly endorse the American healthcare system, yet there are many points Japan could learn from it. The mandatory appointment system and the seamless integration of pre-consultation questionnaires with electronic medical records were particularly striking. In Japan, same-day walk-ins and handwritten forms are still the norm. I believe that accumulating such small innovations could improve not only efficiency but also patient satisfaction.

Although I had studied the system beforehand, it was only by seeing the reality in person that I could truly grasp it. Healthcare systems are deeply tied to culture and values. Experiencing that connection firsthand was a profound lesson beyond any textbook. Moving forward, I want to continue approaching my training with this spirit of proactive learning.