



NEXT ERA

LEADER'S AWARD

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Sasaki Clinic Koichi Sasaki

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Dialysis treatment that improves quality of life

Sasaki Clinic is one of the few medical institutions where a nephrologist provides hemodialysis. We provide nighttime consultation services and nocturnal hemodialysis as standard, so that patients can continue to visit us without having to leave their jobs and instead make effective use of their time.

Thirteen years have passed since I became a nephrologist, following in my father's footsteps. I have run Sasaki Clinic as a director since I took over the family business in 2016. For 30 years, since the start of the practice in 1991, Sasaki Clinic has served as the only clinic where a nephrologist provides hemodialysis in Tsurumi Ward of Osaka City. It may be surprising that even in a large city like Osaka, we remain the only clinic of its kind in the ward. There is, in fact, only a very limited number of nephrologists. If a hospital starts offering hemodialysis, it will face much higher costs than other hospitals for special machines, beds, the construction of water supply and other equipment. This often prevents nephrologists from providing hemodialysis services. You can open a dialysis clinic if you are a physician with experience in critical care, a cardiovascular physician or a urologist and have knowledge of artificial hemodialysis together with sufficient funds.

The need for specialized knowledge

This might initially seem straightforward, because you have knowledge of hemodialysis. However, artificial hemodialysis treatment is closely related to renal functions. Therefore, you have to examine the state of the kidneys properly. You cannot do that unless you are a nephrologist. For example, a patient should start hemodialysis if renal failure arises from hypertension or diabetes, because current therapies cannot cure the disease. But if the kidney is still functioning despite being in an unhealthy condition, hemodialysis is not necessarily required. Generally, artificial hemodialysis is carried out three times a week, for four hours at a time. This does not necessarily apply to all patients, however. It may be necessary in some cases to reduce the time spent. Such pathological conditions as multiple myeloma and postrenal renal failure also need to be considered. Some patients can regain their renal functions after treatment following a temporary decline in renal function. In fact, a clinic may miss this and provide artificial he-

modialysis resulting in a deterioration of the remaining renal function because of the lack of intervention of a nephrologist. I have seen such cases many times. A hemodialysis session is long. In many cases, the treatment needs to continue for the rest of the patient's life. Patients undergoing treatment have less physical time for themselves. They usually need to go to the hospital during the day, because only a small number of clinics are open at night. Some have to quit working and receive welfare benefits. I have heard from some very pessimistic patients that they would rather die than receive hemodialysis. Hearing that always makes me very sad. There is thus an urgent need to take measures that consider patients' quality of life. That is why we at Sasaki Clinic accept patients until 7:00 p.m., so that they can come to us after work and finish at 11:00 p.m. We provide nocturnal dialysis that allows patients to receive treatment while they sleep. There is still a very limited number of dialysis clinics like ours. Given the difficulty in securing staffing, we can provide late-night medical services only three times a week, on Monday, Wednesday and Friday. This reflects the challenges of receiving hemodialysis during sleep. Normally, with artificial hemodialysis,

blood pressure is measured every 15 to 30 minutes. Artificial hemodialysis is done by taking blood out of the body of the patient, cleansing it with a machine and returning the cleansed blood to the body. This places a significant burden on the body. Patients are very likely to experience an impaired physical condition during treatment. It is therefore very important to observe the patient carefully. In the case of nocturnal hemodialysis, we measure blood pressure only twice, at the beginning and end of the treatment. That is because we do not want to wake the patient to take their blood pressure. This entails the risk of a delay in detecting unexpected events during treatment. Even medical professionals need to have the courage to take on night duty, recognizing this risk. Those on night duty must acknowledge the risk and have the requisite knowledge. Securing staff is thus a very challenging issue.

Putting patients first

Our current services have resulted from our patient-first approach. I believe it is important that physicians adopt this thinking. In addition, I needed to win the understanding and cooperation of my staff before starting our current

services. I have shown my attitude and initiative as the leader of the organization. I think it has helped a lot. It partly stems from what I learned from my mentor, who was my teacher when I was a medical intern. I stayed at the hospital seeing patients 24 hours a day, 365 days a year for about three years after becoming a medical doctor. My teacher, naturally, used to do the same thing. My mentor always had kind and appreciative words for nurses and other staff, and dealt with patients and their families empathetically, seeking to reassure them. I learned a lot from that. Now, the philosophy of Sasaki Clinic is to "become a clinic where our own families can come without anxiety." We aspire to be a clinic you can trust, always asking ourselves if we are treating patients as if they were members of our own families. Today's medical workplaces are under severe stress with the Covid-19 pandemic. In spite of this, I look forward to more fully equipped dialysis clinics in the years to come. While the current situation is frustrating, I regard opportunities like this as part of a campaign to raise awareness. I will continue to do my best for my patients.



Clinic Director
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