

JAPAN MEDICAL ASSOCIATION



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Countermeasures against New Influenza

Based on the “Guidelines for Countermeasures against New Influenza in the Workplace/for Employers” issued by the Japanese government in February, 2009, the Japan Medical Association compiled an “Action Plan concerning Countermeasures against New Influenza (H1N1) for medical professions” in April (Fig. 1).

In the case that transmission of a new virus in Japan or overseas is confirmed, President of the JMA will set up a task force and invoke a state of emergency in consideration of the status of the spread of influenza in Japan, overseas, and among the members of the JMA. The task force will be headed by JMA President as Chief and comprise Deputy Chiefs (JMA executive board members responsible for general affairs and infectious diseases) and members (JMA executive board members responsible for industrial health and other members able to attend). The task force will summarize general countermeasures against new influenza and decide whether measures prescribed in the task force’s action plan are to be implemented or terminated.

With regard to classification of development phases within the task force’s action plan, it will formulate responses to each phase determined by the Japanese government. However, in the case that transmission is confirmed in the Tokyo metropolitan area or an unforeseen situation develops, the task force can implement responses for a phase other than that officially announced by the government. Moreover, in the case that transmission is confirmed in the Tokyo metropolitan area, responses will be implemented in conformity with development stages decided independently by the Tokyo Metropolitan Government.

The JMA will continue to work to control the spread and health damage of new influenza through JMA-led public services.



Fig. 1 JMA's Action Plan concerning Countermeasures against New Influenza (H1N1) for medical professions

Opposition to Task-shifting

The JMA emphasizes a stance of opposition towards the introduction of new health workers with higher level of specialization, such as so-called “nurse practitioners (NP),” nurses who are entitled to treat and prescribe/administer drugs for chronic or mild diseases. The reasons for this position are as follows.

First of all, Japan has a universal health insurance system; consequently, people desire and expect to be able to enjoy the same quality of health, regardless of their level of income. Accordingly, looking at task-shifting from the standpoint of health quality, unless medical examinations are performed, treatments implemented, and drugs prescribed by medical professions who are those with qualifications that enable them to make high-level medical decisions or equip them with high-level skills, patients are at risk of not only unfortunate outcomes but also jeopardizing their lives.

Moreover, from the standpoint of dividing duties in Japan, appropriate duty division in health

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care can be fully ensured under the current Medical Practitioners Law and Law for Public Health Nurses, Midwives, and Nurses. The JMA also intends to consider how duties are divided in the context of the actual situation following clarification of the actual duties performed in medical practice.

For the JMA, the most urgent issue currently requiring attention is not the expansion of task-shifting through the introduction of NPs, but the efforts to resolve the lack of physicians once health quality and patient safety—the essence of health—have been achieved.

Japan Medical Association Declaration on the Environment

In April 2009, the JMA adopted the “Japan Medical Association Declaration on the Environment.” Related documents were also presented at the WMA Council Meeting in May.

The establishment of a society capable of preserving and sustaining the global environment is imperative for humankind to continue to exist into the future. This declaration aims to preserve the global environment as well as health of the human population by means of four pillars: (1) promote health activities that are environment-friendly; (2) promote environmental health education; (3) provide education on the importance of environmental health and support the general public with practical environmental health activities; and (4) lobby the government to create a safe and secure environment.

By communicating to local medical associations as well as individual members its intentions to proactively take measures against environmental problems, JMA aims to raise understanding of global environmental issues within Japan’s medical professions and health related people and further advance efforts to address environmental issues within health institutions. These activities are based on the coordination by Environmental Health Committees of JMA. It is meaningful for the JMA to address the environmental problems as an organization with the mission to protect health of the nation.

JMA has been undertaking the promotion of environmental protection activities, both in Japan and overseas, in order to resolve problems related to health effects caused by environmental factors such as pollution.

Revision of the Organ Transplant Law

The revised Organ Transplant Law was passed with majority approval by the Diet of Japan in July 2009. Under the revised law, age limitations on organ donation have been removed, enabling organs to be donated for transplantation with the permission of a donor’s family if the donor has not expressed an unwillingness to donate while alive.

The revised law will go into effect one year from the date of its promulgation. Prior to the revision, the major problems posed by this law were identified as: organs could not be donated for transplantation without the donor’s explicit declaration of intent as well as a diagnosis of brain death; and persons aged under 15 years of age were deemed incapable of making a declaration of intent and were therefore unable to donate organs for transplantation. The revision of this law has opened the way for long-awaited organ transplant operations for children to be performed in Japan, too, in the future.

Even in cases where the donor has not declared their intention to donate organs in writing, transplantation is possible if the written consent of the donor’s family is received. The JMA wishes to commend the revised law on this point.

The revised organ transplant bill needs to be implemented appropriately in order to avoid confusion in medical practice, including with regard to the definition of “brain death.” In the case of children, especially, there are also the problems of brain death diagnosis and child abuse to be fully discussed. Procedures which are generally acceptable to the public will surely be required.

Results of the Lower House Election of Japan and the JMA’s Healthcare Policies

Lower House elections in Japan took place on August 30, 2009, and the Democratic Party of Japan took the reins of government from the long-ruling Liberal Democratic Party, its first loss of power in over 50 years.

The JMA maintains its stance and intends to continue lobbying the new government appropriately without losing sight of our purpose amidst the change in administration to ensure the promotion of proper health policies that provide the general public with most appropriate health care.