

JAPAN MEDICAL ASSOCIATION



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Aiming to be “a medical association that is open to the public, protects the public, and advocates for the public,” the Japan Medical Association (JMA) has led the nation to have the highest longevity with best health in the world. This achievement was realized by the firm adherence to Japan’s universal healthcare system. We believe that the most important task for the JMA is to ensure the realization of a healthcare provision system that the people of Japan truly seek by undertaking diverse activities from the perspective of the general public.

Of the JMA activities we conducted in the past year, we would like to report the following five issues to our CMAAO colleagues.

“Placebo Controls in Clinical Trials” Conference, Hosted by WMA

At the World Medical Association (WMA) General Assembly 2008 (Seoul), the WMA made major revisions to the Declaration of Helsinki. In the course of making these revisions, a working group was installed to continue the discussion on the use of placebos, to which our Executive Board Member Dr. Ishii served as a representative of the JMA. He also attended the “The Ethics of Placebo Controls in Clinical Trials” conference held in Brazil this past February, where he opened a very lively discussion.

This conference heard the opinions of national medical associations and relevant international organizations on the human rights of placebo-trial subjects and other relevant issues, with the purpose of providing an opportunity for the WMA to formulate its policies.

About 40 experts participated in this three-day conference in active discussions. The working group intends to continue its discussions via teleconference and other means to have its conclu-

sions adopted at the WMA General Assembly 2011 in Uruguay.

Global Health Committee Report

The JMA’s Global Health Committee compiled a report on “The Involvement of the Japan Medical Association in Global Health” following two years of discussions and deliberations, in which global health experts played a central role.

Upon tracing the footsteps of the JMA’s international activities, the report points out that organizational system of both within and outside the JMA require further strengthening in the future.

The report also recommends utilizing the human resources in the field of global health who have been nurtured through the Takemi Program in International Health at the Harvard School of Public Health in order to expand the role that the JMA plays to more international level.

The report further emphasizes that global health activities imply the spiritual meaningfulness as the starting point of what physicians are for—the pure desire to help people who are ill and to save lives, which significance cannot be simply expressed in numerical figures. In the future, the JMA intends to become even more actively involved in global health activities through CMAAO and the WMA.

Issues Regarding Prescription Rights

The JMA strongly insists that we oppose the introduction of a special nursing qualification that would enable nurses to treat, prescribe and administer medications for chronic and mild diseases. The Japanese Government is attempting to introduce this task shifting as a means of controlling healthcare expenditure, which we briefly

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mentioned in our Country Report last year.

The WMA General Assembly is to be held next month in Vancouver, Canada. This General Assembly will decide whether or not to adopt the two statements, which clearly state that prescription rights belong solely to physicians. These statements are “Proposed WMA Statement on the Relationship between Physicians and Pharmacists,” and “Proposed WMA Resolution on Drug Prescription,” which was prepared jointly by the JMA and KMA. I strongly request the firm and united support of all CMAAO members present here today for the adoption of these statements.

We believe that the most pressing task for the JMA is not the expansion of task shifting, but rather the resolution of the shortage of physicians while ensuring patient safety and quality of care, which are the essence of healthcare. The JMA will continue striving to solve this problem.

Global Warming Countermeasures in Hospitals: Report of the follow-up survey on the Voluntary Action Plan

In August 2008, the JMA formulated a “Voluntary Action Plan for Global Warming in Hospitals.” Then, a follow-up survey was conducted for the duration of almost a year.

In this survey, questionnaires were distributed to 4,632 of the 5,680 hospitals participating in the Voluntary Action Plan, of which 1,513 responded.

The survey results showed a 7.9% decrease for Fiscal Year 2008 over the previous year in basic

emission units for carbon dioxide (CO₂), which is an improvement that greatly exceeded the annual target of 1.0% decrease. Particularly large factors are considered to be the impacts of “reductions in the amount of heavy oil, kerosene, and other fossil energies used” and “energy conversion from heavy oil and/or kerosene to electricity and/or gas” due to the promotion of energy conversion engineering, according to the analysis.

One important future issue is to discuss mechanisms for both new financial resources and systems that ensure stable and sustainable hospital management. The JMA will continue to work on other ongoing environment-friendly activities, as well as this Voluntary Action Plan.

Continuing Medical Education Program

Established in 1987, the JMA’s Continuing Medical Education (CME) was launched as a program for supporting physicians’ learning under the principle of professional autonomy that physicians themselves shall govern their position as physicians. Subsequently the program underwent numerous revisions in efforts to improve its quality. It was again revised in April of this year, and curricula of 84 topics were prepared. Additionally, a “JMA CME Certificate” will be issued to all those who meet the requirement within three years.

This concludes my report on main activities of the JMA over the past year.

1. “Placebo Controls in Clinical Trials” Conference, Hosted by WMA, in Sao Paulo Brazil, Feb. 2010



About 40 experts participated.

2. Global Health Committee Report

“The Involvement of the Japan Medical Association in Global Health”

1. Further strengthening of the organizational system
2. Utilizing the human resources

3. Issues Regarding Prescription Rights

1. Prescription rights belong solely to physicians.
2. “Proposed WMA Statement on the Relationship between Physicians and Pharmacists”
“Proposed WMA Resolution on Drug Prescription”



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4. Global Warming Countermeasures in Hospitals: Report of the Follow-up Survey on the Voluntary Action Plan

1. 7.9% decrease in 2008 over 2007 in basic emission units for CO₂
2. Reductions in the amount of heavy oil, kerosene, and others
3. Energy conversion from heavy oil and/or kerosene to electricity and/or gas

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5. Continuing Medical Education Program

1. Established in 1987
2. Physicians professional autonomy
3. JMA Continuing Medical Education Certificate

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This concludes my report on main activities of the JMA over the past year.

Thank you very much for your attention.

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