

Policy Address*1

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One year and seven months have passed since the Great East Japan Earthquake of March 2011 left large scars and deep sadness. Although reconstruction and restoration activities in the disaster-stricken areas are in active progress, they are still halfway toward completion. The Japan Medical Association (JMA) has provided support to the affected areas, such as Japan Medical Association Team (JMAT) activities, since immediately after the outbreak of the disaster under the tremendous cooperative efforts of the prefectural medical associations. I would like to express our sincere respect for the physicians in Iwate, Miyagi, and Fukushima Prefectures who are working hard even now.

In the research area in medical science, Professor Shinya Yamanaka, director of the Center for iPS Cell Research and Application of Kyoto University and a member of the JMA, received the 2012 Nobel Prize in Medicine and Physiology—a first for a Japanese physician. I would like to take this opportunity to extend our sincere congratulations to Professor Yamanaka on his award and pay tribute to his dedication to his research thus far.

The JMA had the opportunity to present the Medical Award of the JMA to Professor Yamanaka in 2010 and the honor of hosting a commemorative lecture on that occasion. The JMA wishes to provide full support from the aspect of creating a legal framework and ethical guidelines so that the research environment may be developed efficiently.

Basic and advanced medical researches have been actively conducted in Japan. However, the attempts to provide a bridge between these two areas are not necessarily efficiently managed.

So I consulted the Academic Promotion Council of JMA to discuss the theme of “the Current Situation and Task of the Translational Research in Japan” and also asked the Bioethics Council of JMA to deliberate the topic of “Bioethics in Current Health Care—Focusing on Terminal Care and Gene Diagnosis and Therapy.”

Advanced medical technologies, such as regenerative medicine and gene therapy, tend to attract attention of the general public. However, strengthening of the community health care system is the vitally important issue as part of the social common capital in order to ensure stable and healthy living of the nation.

Toward a Better Health Care Provision System

The national government is promoting differentiation of the roles in health care activities and attempting to reorganize the roles of medical and nursing care in the future in which patient care will be provided more by nurses and other health professionals than physicians to reduce medical expenses. However, in Japan, uninterrupted medical and nursing care, which ranges from the acute stage to chronic and convalescent stages and home care, has been provided primarily by family physicians at clinics readily accessible in the community and thus has supported public health and well-being of the community people. Community health care should be based on the actual health needs and other cultural and social conditions of the local areas instead of forcibly applying the national health care policy to the local communities. I believe that the health policy based on this idea will surely establish a health

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care system appropriate for both the general public and medical profession.

Under the circumstances, it is important for each one of the JMA members to recognize his/her role in practicing health care in the community. To reconstruct the so-called bottom-up type community health care system from a perspective of consecutive medical and nursing care, we should propose flexible and diverse frameworks that are based on careful study of reality and culture of communities and families.

In fiscal year 2013, the national health care plan will be developed by the Ministry of Health, Labour and Welfare of Japan. The plan should be designed reflecting the actual health needs of communities and allowing for flexibility. It is essential to keep in mind the whole needs including medical care, nursing care, and welfare of the community. And no organization, except local medical associations, may propose a program that covers a whole system of care that ranges over many areas such as the acute, preventive, convalescent, and chronic stages and home care. To facilitate easier access of the community people to medicine, it is important to further promote the roles of family physicians and strive to work based on the division of roles played by the clinics and hospitals and their mutual cooperation using the past achievements of the local medical associations.

Because the elderly population is expected to increase chiefly in the urban areas such as the Tokyo metropolitan area, the disease structure in the community will also change, and it is likely that disease prevention and nursing care will become all the more important. Medical resources available vary according to the community; therefore, it is necessary to establish a health care system in which family physicians can fully play their roles in providing health care based on the local characteristics and needs such as the future population composition and prevalence rates by gender and age group.

It is expected that home care services will become increasingly important. Instead of aiming to reduce the number of hospital days and hospital beds, it is needed to improve the Quality of Life (QOL) of the patient and serve to benefit the division of roles between home medical care and nursing care. To address this problem, the pressing need is to establish a home care network system which the whole community can partici-

pate in, considering home medical and nursing care providers, medical institutions in emergency cases, difference in conditions between rural and urban areas for home care, and the option between home care and facility nursing care services. Further study of ambulance transportation for terminal patients at a nursing-care facility may be required.

In addition, it is also necessary to provide continuing medical education for physicians, nursing staff, and other health personnel and to establish a cooperative system to be shared by diverse parties and job categories. The JMA, from the standpoint of a leader of health care provision of Japan, has played an important role in coordinating and strengthening ties with related organizations in local areas, such as the National Health Care Promotion Council, the Disaster Victims Health Support Liaison Council for the Great East Japan Earthquake, and the Diabetes Measures Promotion Council.

For example, in a cooperative plan to develop measures for diabetes, the Japan Diabetes Measures Promotion Council is primarily composed of the JMA, the Japan Diabetes Society, the Japan Association for Diabetes Education and Care, and the Japan Dental Association; furthermore, cooperation among the parties concerned is being established with participation of the National Federation of Health Insurance Societies, the All-Japan Federation of National Health Insurance Organizations, the Japanese Society of Nephrology, the Japan Ophthalmologists Association, and the Japanese Nursing Association as main leaders. The JMA is also making efforts to establish an organized coordination countermeasure system for diabetes using the activities of the Japan Diabetes Measures Promotion Council in the national health care plan. We prepared a booklet entitled the *Essence of Diabetes Care* to be distributed to all the JMA members. Family physicians are providing diabetes care based on this guideline such as early detection, referrals to specialists and re-acceptance after improvement, daily clinical care including diet therapy and oral agent therapy, and prevention of further aggravation. Thus, concerted efforts of all those involved in medical, health, nursing care, and welfare are required to prevent diseases and improve patients' QOL. Collaborative relations in health care activities in the community utilizing IT should be encouraged.

Four Proposals to Solve the Maldistribution of Physicians

With regard to the issue of maldistribution of physicians, the number of medical student quota shifted to increase in 2008. In fiscal year 2008, the number increased by 1,366 to 8,991, which is a 20 percent increase over the previous year. Supposing that the quota for a newly established medical school is 100, the number corresponds to the total quota of 13 medical schools. I would propose the following four measures to solve this problem: (1) make the experience of engaging in community health care activities a requirement for better career of physicians, (2) reduce the number of cases that may result in lawsuits and exclude medical accidents from criminal prosecution, (3) improve the work environment for physicians and provide support especially for female physicians who are increasing sharply, and (4) review the matching program for the first phase of clinical training program.

The investigation of unexpected deaths related to medical treatment must not pursue the responsibility of an individual. It should be primarily intended to analyze the cause of death. And based on the results it should aim at preventing a recurrence, improving quality of care and patient safety, and enhancing the transparency, equity, and reliability of medical care.

To secure sufficient financial resources for medical and nursing care is indispensable to solve these challenges. However, while national tax revenues have been decreasing, social security-related expenditures have been growing. Under such circumstances, a bill related to the comprehensive reform of social security and taxes was passed in the Diet on August 10, 2012. With regard to the comprehensive reform that the national government is currently pursuing, the government's intentions to strengthen the functions of social security and ensure its sustainability are the same as ours. And I would also recognize the government policy that an increased consumption tax is to be appropriated as additional funds to steadily improve pension payment, medical care, nursing care and a declining birthrate problem.

However, because health care services under the universal health insurance in Japan are tax-exempt, the nondeductible consumption tax paid by the medical institutions has increased to a

considerable amount that cannot be overlooked. The current system that allows the tax to be added to the medical fee is nontransparent and insufficient from the viewpoint of either the general public or medical institutions, and a drastic elimination of the nondeductible consumption tax is urgently needed.

In addition, the Social Security Reform Promotion Act sets forth that the framework that all the people in Japan, in principle, take part in the public health insurance system should be maintained. The expression, "in principle," suggests the possibility that permits an exception to the universal health insurance, and I am also concerned about future trail of the reduction of both insurance benefit items and the scope of application. Furthermore, we fear that it might lead to the full liberalization of "mixed medical care," which uses both public and private insurances for treatment, as well as the introduction of an insurance indemnity system, a flat-rate payment by the patient on each visit. And all these may undermine the universal health insurance system. We need to watch it carefully to prevent health care disparity from widening.

Utmost Importance of Maintaining the Universal Health Insurance

In my opinion, the Trans-Pacific Partnership (TPP) has the potential to undermine Japan's universal health insurance program through the demand of foreign business companies to participate in the medical field and become involved in the drug price determining process of the Central Social Insurance Medical Council.

The United States has so far made a variety of demands on Japan in terms of Japan's health insurance system that could be called foreign interference in domestic affairs, as in the Market-Oriented Sector Selective (MOSS) talks in 1985, the "Annual Reform Recommendations" from the government of the US in 2001, "Report on Foreign Trade Barriers" in 2010, and the "United States-Japan Economic Harmonization Initiative" in 2011.

There is a movement observed in the US approach to Japan that aims to use the universal health insurance program as a business tool, such as so-called medical tourism. Business use of the universal health insurance and full permission of "mixed medical care" may take a risk

of collapsing Japan's current insurance program. I believe that necessary regulatory reforms should be implemented. However, we should by no means accept excessive regulatory reforms, which are against JMA's mission to maintain universal health insurance.

Under the circumstances, the "Comprehensive Strategy for the Rebirth of Japan" adopted at a Cabinet meeting on July 31, 2012, sets forth a policy to promote the utilization of special zones, including special rehabilitation zones and newly sets up special institution zones. In the proposal for special zones, I am concerned about the problems of private business companies' entry into the health care field and full liberalization of "mixed medical care."

Japan's health care system, as a world-class system, should consist of the following three

principles to support the fundamental philosophy of its insurance program: all the people of Japan receive quality health care; all the people of Japan bear their fair share of the burdens according to the ability to pay; and all the people of Japan enjoy a sustainable health care provision for the future. I will continue to be committed to protecting these principles in the future as well.

The JMA is the only professional organization that represents Japanese physicians and takes the leadership in the medical and health field of Japan.

As a professional organization that serves the people of Japan, the JMA is determined to make all-out efforts to establish the health provision system that really meets the health requirements of the whole nation.