

Policy Address*1

JMAJ 56(6): 407–410, 2013

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Japan is currently experiencing a rapid demographic change at an unprecedented rate in the world, namely the declining birth rate and aging population. The world is closely observing how Japan will overcome this challenge.

In order to surmount this difficulty, we must thoroughly discuss the ways in which sustainable community healthcare systems could be revived as well as the operations that would allow fair allocation of healthcare resources and trustworthy medical practice, while strictly maintaining the universal health insurance system under which Japan has become one of the countries with the longest healthy life expectancy in the world.

Firmly Addressing the Government's Move Such as Trans-Pacific Partnership (TPP) Negotiations

Prime Minister Abe is well versed in the social security issues and has shown some understanding of our opinions. However, the government meetings of the Council on Economy and Fiscal Policy and the Council for Regulatory Reform attended by experts of the private sector as well as the financial debates of government councils such as the Council for Industrial Competitiveness suggest that some of these discussions in the name of relaxation of regulations may have adverse effects on the future operation of the universal health insurance system in Japan. We are deeply concerned about this move.

In the first place, the principle of a Japanese national public health insurance system is to ensure that all citizens are equally eligible for quality healthcare, while fairly sharing the burden of expenses based on individual solvency.



Therefore, the discussion of the policies that oppose this principle should not move forward from the beginning.

The Japan Medical Association (JMA) has been making all-out efforts to steer the healthcare system of this nation into the right direction by preventing the entrance of profit-seeking companies into the health market, hampering the restriction policy of healthcare provision covered by both private and public insurances to be fully lifted, and opposing the introduction of a fixed copayment system for each healthcare that would increase the financial burden on patients. By doing so, we have been firmly maintaining the universal health insurance system in Japan.

The JMA shall continue to firmly address the government's movements including the TPP negotiations to secure sufficient healthcare benefits for the people of Japan. We will judge government policies according to the evaluation standards of "whether it can contribute to safer healthcare for the people" and "whether it maintains the universal public health insurance system."

Strengthening the Roles of "Community-Based Doctors" to Revive Community Healthcare

The universal health insurance system of Japan allows its people to receive high-standard healthcare at a low cost compared with other countries,

*1 This is a revised English version of the policy address delivered in Japanese by Dr. Yoshitake Yokokura at the 129th Regular General Assembly of the JMA House of Delegates held in Tokyo, June 23, 2013.

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which is the crown of the efforts of us physicians who have been devoted to mastering fast-advancing medical knowledge and skills throughout our careers and fulfilling the role of “family doctors” while continuously providing healthcare day and night. Naturally, only physicians can support the continuing medical education of other physicians and properly evaluate the talent of each individual. Therefore, the JMA will continue to further strengthen our efforts regarding education and training of physicians, based on the philosophy of physicians’ professional autonomy.

Additionally, we will continue to strongly insist that the ruling and non-ruling parties seek to provide seamless medical care and long-term care emphasizing “family doctors” to revive sustainable community healthcare systems.

In this aging society, geriatric medical and long-term cares are a part of the systems that support the community life and that maintain and improve the quality of life. In addition to the existing healthcare services, home care will play a significant role.

Therefore, physicians should make efforts to prepare comprehensive community care systems, in which medical and long-term cares will work together, sharing reformed awareness and new ideas such as considering a community as a single hospital ward. Physicians are also expected to continuously and comprehensively support community healthcare, in which patients feel satisfied with the “life” that they lead, recognizing it as the extension of their daily living, and are able to accept the end of their lives as the natural course of events.

Family doctors play the most pivotal role in preparing such comprehensive community healthcare systems. Besides having a healthcare function that comes with daily medical practices, the unique function of “family doctors” that the JMA considers important is to build a trusting relationship with local residents, actively participate in the social and administrative activities surrounding community healthcare, such as health consultations or regular medical check-ups, and also play a social role of cooperating with the health and long-term care personnel and social workers.

What we believe to be the best course of action to revive community healthcare starts from these “family doctors.” They will play the main role in supporting the health of the people

and offering assurance by being involved in seamless medical and long-term care as the neighborhood doctor in the acute, chronic, and convalescent phases, as well as for home care. “Family doctors” will also deduce the healthcare needs of each community by understanding its current and expected demographic structures and prevalence rates. According to their evaluations, approximately 900 local medical associations in Japan will lead the required cooperative efforts among persons involved in the healthcare, long-term care, and social services or family doctors and doctors working in hospital.

Although physicians are not allowed to charge consumption tax when providing healthcare to patients under public insurance coverage, we are not exempt from it when we purchase the equipment and supplies we need. Because the consumption tax is expected to rise in April 2014, this is a most serious concern for healthcare institutions. In order to stand behind cooperation of community healthcare, the JMA will continue to work with the government to resolve this issue of non-deductible consumption tax, while taking note not to increase the burden on patients, so that the operation of healthcare institutions bearing the responsibility of community healthcare can be stabilized.

Solving the Problem of Shortage and Uneven Distribution of Physicians

Another problem this nation faces is “the proper allocation of healthcare resources and the practice of medicine based on trust.” Solving the problem of the shortage and uneven distribution of physicians is a task that must be urgently taken up to deliver high-quality healthcare provision systems throughout the nation.

To achieve this goal, the JMA would like to recommend the establishment of “prefectural management centers for community healthcare” (tentative title), and broadly propose promoting cooperation for training and securing physicians among medical associations, communities, administration, and medical schools.

Furthermore, to make the relationship between healthcare professionals and patients a truly trustworthy one, we believe it is necessary to enact what we would call the “basic healthcare affairs act,” in which basic philosophies of healthcare policies and the roles and obligations

of physicians, patients, and the administration are clarified. We also believe that the overall reorganization of the current legal system involving the Medical Affairs Act is necessary to realize an ordered and balanced system. We will encourage a wide range of discussions not only within the JMA but also in medical circles generally, and continue to make efforts on this issue.

Ongoing Efforts Toward the Creation of a Medical Accident Investigation System

The JMA believes that the practice of medicine, which is provided with good intentions by definition, should not be accused of criminal penalty. In reality, however, 70 to 100 physicians are being prosecuted every year for professional negligence resulting in death or injury, which is extremely regrettable. We will endeavor to increase the public understanding of the uncertainty in medical practice. We will also continue to make efforts toward the creation of a medical accident investigation system with the full support of healthcare professionals and medical societies, so that providing healthcare to patients will become less intimidating.

On the other hand, the self-purging process within medical circles requires a physician who repeats a medical accident to receive re-education and guidance. We can identify the members who appear to be in need of re-education and guidance through the JMA's Professional Liability Insurance Program. We will strengthen our efforts on this issue by establishing a new committee for the improvement and guidance of physicians within our organization, which will discuss specific guidance contents for such members.

All Physicians Should Be United in the Common Interests, Leaving Minor Differences Behind

As stated above, it is us physicians actually practicing medicine who are most familiar with the current situations, problems, and solutions of the field and the best practices to protect the lives and health of people.

The environment surrounding healthcare has become demanding and many problems have emerged. It is now necessary for physicians to walk together with the people of Japan, upholding professional autonomy and strong leadership

to implement healthcare systems that people truly need.

All physicians must first agree to overcome minor differences and become united in a common interest. We must firmly appeal to the government and citizens that healthcare policies should aim to improve public healthcare, as is the consensus of physicians.

Regrettably, the common conception of physicians is divided into "physicians with private practices" and "physicians employed by hospitals/clinics." The media coverage gives an impression of conflict between these two types, and politics has taken advantage of this image. However, the desire to save those who suffer from disease is something shared by all physicians. Furthermore, physicians do not seek excessive profit in their medical practice. Therefore, differences in work style or specialty should not fundamentally produce any conflicts of profit among physicians. The widely publicized differences of opinion between "physicians with private practices" and "physicians employed by hospitals/clinics" is a debate conveyed through various media on what each physician believes to be the solution to improving the healthcare system in Japan and saving many patients, based on his/her work environment and experiences. Nevertheless, understanding and respect for each other is a prerequisite for improved discussions, and we must all first sit at the same table. We can say that we have successfully achieved our initial purpose only when we present the government with our proposals, which we arrive at through sincere debates and mean to ensure the lives and health of the people.

Any licensed physician is eligible for the JMA membership. Although there are different groups in the membership fee, there is no difference in rank, with all members sharing equal rights and obligations. The JMA has been involved with the national administration serving as its counterpart in the healthcare field, and has built strong connections with the government, through which we continuously propose policies based on the voices of those in healthcare field.

The best answer will be formed naturally and rationally if those who share the same goal are to participate in a discussion with the spirit of cooperation and friendship. We are certain that the place of such discussion is the JMA.

It is therefore essential that the existing members actively appeal to non-members to join and

Table 1 Fundamental Principles of the Japan Medical Association

(Adopted at the 129th Regular General Assembly of the JMA House of Delegates on June 23, 2013)

The Japan Medical Association (JMA) aims to achieve a society where human dignity is valued on the foundation of high ethical standards and a sense of purpose.

1. The JMA will support a healthy, civilized, and bright life for every person in Japan for a lifetime.
2. The JMA, together with the people of Japan, will build a safe and secure healthcare provision system.
3. The JMA will contribute to developing and improving the quality of medicine and healthcare.
4. The JMA will protect the universal insurance system that is based on public solidarity and support.

We hereby promise to faithfully perform the above.

sit at the same table. To solicit more effectively, the JMA will need a guideline clarifying what the organization strives to achieve. The JMA Fundamental Principle Study Committee was launched last year under that idea and, today, I have the pleasure of presenting the “Fundamental Principles of the Japan Medical Association” (**Table 1**) compiled by them.

I would like to conclude my speech by mentioning that today marks the first general assembly since the JMA made the transition

to a public interest incorporated association. As we begin this memorable meeting, all of the JMA officers including myself would like to renew our pledge to firmly uphold the universal insurance system and continue to serve the people of Japan through medicine and healthcare, while further emphasizing the public good in our various activities. We shall make even more efforts toward the realization of the healthcare, medicine, and welfare goals that the people of Japan truly desire.