Basic Policies of
the Japan Medical Association

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The WMA and International Cooperation Projects

My term as the president of the World Medical Association officially ended on October 6, 2001 at the WMA Council Meeting held in Ferney-Voltaire, France; and for the next one year, I will serve as immediate past-president of the WMA.

The WMA General Assembly was originally scheduled to be held from October 4 to 7 in New Delhi, India, but due to the multiple terrorist attacks that occurred in September in the United States and in view of the international situation, it was decided to postpone the General Assembly. But in the case of the Council meeting, a postponement would have impeded the business affairs of the association; therefore, it was held in Ferney-Voltaire.

The proposal, “WMA Declaration on Patient Safety”, was adopted at the Council meeting and it was decided that the JMA would spearhead the working group as the major country in preparation for the next General Assembly. The JMA also worked actively to promote consideration of the crucial issue of professional freedom by the WMA. These Council activities have served to greatly enhance JMA’s presence in the WMA, but the international responsibilities of the JMA as an active member have increased.

The international assistance project on health care in Nepal has gradually begun to achieve results. I had the honor of receiving the medal of achievement from His Majesty, the King of Nepal in August last year, and recently, an agreement to extend the Khopasi school and community health care project was drafted and it was decided that the project would be extended for three more years. The beneficial impact which this project has had on the community is known throughout Nepal and subsequently, there have been requests from
other regions requesting JMA’s cooperation. But JMA’s policy is to adhere to the original scope of the project and substantiate its content in order to promote a high quality project that will continue to be of benefit to Nepal.

The academic achievements of the research scholars from Asia and Africa have especially been notable in the cooperation project, the Takemi Program in International Health between the JMA and the Harvard School of Public Health. The program has gained a reputation as a first rate research project in health care policy. This is greatly in part to the sincere cooperation and endeavor of Harvard University, specifically that of Prof. Michael R. Reich, the head of the program. The JMA will continue to recommend one new researcher to the program yearly and to work toward the further success of the Takemi program.

Health Care Countermeasures Against Multiple Terrorism

I would like to extend my sincere prayers for the repose of the victims of the multiple terrorist attacks on the World Trade Center and others that occurred last month.

This terrorist incident has forced Japan to enact health and medical care countermeasures in preparation for potential damages sustained from terrorism within its borders. Presently, the need to enact protective countermeasures against biological weapons such as smallpox, anthrax, plague, or botulinus is of the utmost urgency.

As for chemical weapons such as sarin and VX, the JMA has compiled a manual on treatment measures and other relevant information about chemical weapons due to Japan’s firsthand experience with their use. JMA will be expanding the distribution of this manual in the near future.

Fortunately, a manual to cope with the use of biological weapons is presently available and it can be speedily distributed to the prefectural and municipal medical associations.

Furthermore, although a structural organization of medical associations to cope with the sudden occurrence of terrorist activities exists, the work of improving this organization will be pursued as an urgent task in the near future.

For regional medical associations with such facilities in their regions, there is a concrete system of countermeasures against terrorist activities targeting airports and harbors. An executive board member has been assigned to review the effectiveness of this system.

This is an issue that must be addressed quickly and flexibly, but the major role of medical associations during such crises is to alleviate public fear and apprehension. Therefore, I have requested the full cooperation of all the regional medical associations.
JMA's Antismoking Campaign and Systematization of Translational Medicine

Some of you may remember the words of former JMA president, Dr. Taro Takemi, who said that “health care is the social application of medical science”.

The goal of JMA activities is to promote the prosperity of the Japanese people and to carry out the association’s activities in their interests. This is the aspiration and pledge of all JMA members. In our daily care of patients, we apply medical science through our medical practice in the community and serve to sustain the health of the Japanese people, but to apply the continuous progress made in modern medical science to community health care in a timely manner is not an easy task to accomplish.

Health care is the medium through which advanced medical science can be adapted to community health care. It has been pointed out that medical science in Japan is weak in the area of translational medicine, the medium through which basic medical science is applied in clinical medicine. But to apply clinical medicine in community health care for patients, translational medicine is needed to ensure that health care does not become inadequate. In other words, another kind of health care is required in order to apply modern medical science to the community at large.

The JMA is the professional academic organization that should assume the leadership in creating a health care system that will serve as the medium through which modern medical science can be applied in society. By completing a concrete policy for systematized health care, JMA will serve to raise the quality of national health care.

Recently, the JMA has completely banned smoking within its building and this may be of some inconvenience to a few of our members. But in view of the fact that it has been scientifically recognized that smoking is a health hazard and as a medical association that is committed to protecting the health of the populace, this is a natural course of action to take. It is also a small, but specific example of how the association promotes translational medicine.

There are numerous specific examples of translational health care that can be found in regional health care. Coping with BSE, anthrax, genetically modified foods and other recent medical issues should not be limited solely to public relation activities targeting the populace or JMA’s transmission of information to the urban and rural medical associations. What is being proposed is a concept by which comprehensive and actively implemented systematized health care can be created to enable the practical application of medical science to society. By adopting this concept, the JMA will gain public trust as a professional academic organization and secure the professional freedom of physicians. Accordingly, I have proposed the rapid establishment of a project aimed at formulating such systematized health care.
Establishing A Basic Law on Health

It has been predicted that preventive medicine will become focal in Japan’s mainstream health care in the near future. According to the future forecast of the Ministry of Education, Culture, Sports, Science and Technology issued once every five years, many researchers have predicted that developments in regenerative medicine and gene therapy will enable the treatment of incurable diseases. Additionally, it can be easily foreseen that the demand for a healthy life will rise.

Thus, health policies should move toward supporting health investments legally. The JMA proposes that the Medical Practitioners Law and the Medical Care Law should be radically reformed and a new “basic law on health” should be created.

The enactment of this new law will be greatly significant as one means of promising the Japanese people that basic improvements are being made to create a promising and healthy lifestyle.

The creation of a health system that is autonomously managed and operated requires legal reforms and the JMA will immediately begin the start of a concrete project aimed at achieving such legal reforms.

Structural Health Reforms

Presently, the foremost concern that JMA faces is the health reforms that the Koizumi cabinet has begun to pursue. The current government proposal is based strictly on financial concerns and there is no vision on how health and medical care in Japan in the 21st century should be pursued to enable the Japanese people to live in a safe society. Economic efficiency is the sole priority of these reforms and ethical concerns, that are the essence of medical and health care, have been completely ignored. Legislat ing a policy that is dangerous to human survival and to characterize it as “structural reform without sanctuaries” under the banner of justice and authority, and to unbendingly pursue them, is unforgivable recklessness.

The structural reforms proposed by the Council on Economic and Fiscal Policy and the Council for Comprehensive Regulatory Reform clearly do not reflect the conditions that prevail in the matured health care system of our country, but worse yet, they propose to irresponsibly apply the American health care system to Japan based on shallow thinking. The health reforms that the two councils have proposed sound suspiciously like a money game in view of the comments that they have issued thus far. They are greatly responsible for the chaotic state of the reforms.

Despite these circumstances, the JMA has carefully scrutinized each proposed reform
and explained its opposition. In particular, the JMA submitted its carefully prepared argu-
ment opposing the advent of private corporations in the health care sector based on its

It is hoped that the economists who advocate the pricing of health care services will
review the report on health care policy submitted by the JMA committee; and based on an
accurate understanding of its content, it is hoped that they will submit a policy proposal
from a humanitarian standpoint, which is the essence of health care.

It was always my understanding that the meetings, that are held under the jurisdiction
of the Cabinet Office, determined the areas where fundamental changes in Japan’s health
care were needed and discussed long-term policies with regard to these changes. The fact
that this has not been done, has been a source of great concern not only to me, personally,
but to the general public as well. This is truly an unfortunate turn of events for Japan and
the JMA must utilize its diverse knowledge and its ability to act to revise the reforms that
have been proposed.

Recently, the short-term reforms proposed by the Ministry of Health, Labour and
Welfare and the Ministry of Finance were submitted, which has finally enabled JMA’s policy
proposal to be concretely discussed. Although discussions on reforms have finally com-
mented, stringent debates lie in store for us on specific items and we will be forced to take
a great risk before a final decision is made.

In particular, the issue of increasing the patient’s share of the medical cost has been
based on very superficial financial logic. It is completely removed from JMA’s proposed
structure of social security cost distribution based on the concept of independent invest-
ment. The administration’s proposed reforms are simply measures to cut the deficit and
they should be swiftly withdrawn. I would like to urge the Ministry of Finance to demon-
strate mature and careful deliberation of structural reforms that are in alignment with the
JMA’s proposed policy reforms.

Within this milieu of structural reforms, we would like to cultivate public understand-
ing of JMA’s “grand design” which will enable reforms to be implemented without increas-
ing the patient’s share of the medical costs that are incurred and to inform the public of the
true nature of the administration’s proposed reforms, namely that they are simply short-
sighted countermeasures to reduce the national deficit by increasing the financial burden of
the patient. To raise public awareness of these facts, the JMA will begin a nationwide
signature-collection drive and we have already asked the members of the respective city,
district, and prefectural medical associations for their cooperation.
Conclusion

Within this short period of time, I have attempted to provide in-depth explanations of some of the issues which confront us. It is precisely because we are a professional, academic association that we must dedicate our efforts to establishing a health care system that meets the needs of the public.

This requires a change in the awareness and mindset of individual physicians, to concretely come forth with an assessment of quality of health care in order to maintain a completely universal national health insurance system, and to gain the public’s trust through public disclosure of health care matters.

It is my conviction as the president of the JMA to resolve many challenges that Japan’s health care system is facing today.