Saitama Medical Association: Recent initiatives

Teruo HAYASHI*

Saitama is one of the prefectures neighboring Tokyo that is rapidly urbanizing, no less so than Kanagawa or Chiba. Saitama prefecture covers an area of 3,797.30 square kilometers, 39th in rank nationally, and has a population of some 7,050,000, comprising 3,550,000 men and 3,500,000 women. With an average age of 41.2 years as of January 1, 2005, Saitama is a relatively young prefecture. The proportion of elderly aged over 65 is currently 15.5%, ranked 47th (and therefore, lowest) nationally. However, the prefectoral population will continue to age, and the race is on to establish the necessary infrastructure in terms of health care, public health and social welfare.

The Saitama Medical Association currently has a membership of some 5,500, including 3,300 A members (JMA A1 members) and 2,200 B members (JMA A2B, B and A2C members). The prefecture is home to some 3,350 medical institutions, including 350 hospitals and 3,000 clinics. Under the leadership of President Tadao Yoshihara, the Saitama Medical Association implemented an internal reorganization in 2004 and has since conducted its activities under the following organizational structure: 1) General affairs division, 2) Accounting division, 3) 1st community health care division, 4) 2nd community health care division, 5) Health insurance & hospitals division, 6) Academic division, 7) Social welfare division, 8) Information & publicity division and 9) Medical advisory division.

This article discusses the moot court for medical accident litigation (of the medical advisory division), the childcare consultation service (of the 2nd community health care division) and the emergency infantile health care study group (of the health insurance & hospitals division) within this structure.

* Executive Board Member in charge of General Affairs, Saitama Medical Association, Saitama, Japan (info@office.saitama.med.or.jp).
Medical Litigation Liaison Council Panel Discussion: Utilizing a Moot Court for Medical Accidents in Obstetrics and Gynecology. This panel discussion comprised a moot court addressing medical accidents in obstetrics and gynecology that had occurred in the past conducted by judges, attorneys and members of the Saitama Medical Association medical advisory division who make up the Saitama Medical Litigation Liaison Council, along with a question-and-answer session. The program had its origins in the thinking of President Yoshihara, based on his 10 years of experience with medical disputes as the Executive Board Member concerned with them, that “the lack of mutual understanding between the medical and legal professions is complicating medical cases.”

The panel was attended by not only doctors, but also medical personnel such as nurses and clerical staff. Liaison Council members played the roles of doctors, patient attorneys, judges and experts and the judges provided commentaries in proceedings. Although they were amateurs, I think the members playing these roles gave powerful performances, the atmosphere was one of veritably attending a court, with additional running explanation of the action, before one’s very eyes, and it allowed us to gain a deeper understanding of actual trial proceedings and judgments in health-care litigation. We are proud that this represented the first attempt at such an endeavor in Japan, and we both hope that it will serve to further mutual understanding between the legal profession and medical personnel and expect that such conferences will play a role in future planning and proposals and in the retraining of doctors.

Childrearing Consultation Service

The Saitama Medical Association launched the childrearing consultation service as a support project for raising children in July 2005.

“We can’t have mothers slamming their own children onto the floor,” and “We need to create an environment in which mothers can raise their children without anxiety,” President Yoshihara, also a published author, often says in newspapers and other venues.

The 2nd community health care division oversees childrearing support and in April 2005 conducted a questionnaire survey of public health centers, health care centers, child consultation centers and other childrearing support operations in Saitama to ascertain the state of childrearing support operations in the prefecture. The findings showed that there were fewer childrearing support operations than expected that had an association with health care and that the various institutions sought to have a joint relationship with health care. To provide childrearing support from the specialist position of a medical association and to resolve mothers’ concerns about childrearing, the Saitama Medical Association therefore established its own childrearing consultation service, available free of charge, in July 2005.

The service consists of receiving written inquiries on all aspects of childrearing from Saitama residents, these written inquiries that relate to health care then being shared out among members of the Saitama Medical Association’s childrearing consultation service operational committee, while those inquiries that do not involve health care are responded to through close working relationships with the operations surveyed. As inquiries made by telephone and email are covered by the Personal Information Protection Act that came into force in April 2005, the service currently handles written inquiries only. On establishment of the service, posters were distributed to county, city and ward medical associations, member health care institutions and municipal public health centers, health care centers and similar operations and the service was publicized in prefectural pamphlets, newspapers and similar venues, but as the service has yet to gain sufficient public awareness, a total of only 9 inquiries has been received, including 2 inquiries from August to October 2005, 3 in November. If the service receives greater publicity in future, we expect that the number of inquiries will increase considerably.

Though the opinion was expressed from the outset that handling written inquiries only would be problematic because young people have lost the habit of writing of late, in actuality we found that written inquiries, unlike those received by telephone or email, preserve confidentiality and engender a sense of affinity in both parties, generating a warm sense of trust between the person making the inquiry and the responding doctor. When some inquirers also sent polite thank-you notes, one felt anew the charms of written correspondence.
Emergency Infantile Health Care Study Group

Long work hours for pediatricians have become an issue with the national dearth of pediatricians. The workload of doctors handling emergency infantile care in particular has become excessive, and we currently seem unable to find a way towards a solution.

The county, city and ward medical associations in Saitama have requested that the Saitama Medical Association take the lead and discuss measures so that the county, city and ward medical associations will be able to handle the provision of initial emergency treatment. Being of the opinion that something must be done about the severe dearth of pediatricians, the Saitama Medical Association has therefore devised an emergency infantile health care study group, sponsored jointly with Saitama prefecture, for internists and other advocates of pediatrics so as to train a certain number of doctors annually in pediatrics. Applicants were narrowed down to 100 in 2005, and 90 doctors participated in two sessions held on October 16 and November 27. The class which concentrated on the practical study of initial emergency treatment was well received, so much so that the participants requested that more time be allocated to it. Certificates of completion were presented to doctors who attended both days jointly by the Governor of Saitama and the President of the Saitama Medical Association.

These are some of the distinctive programs and operations to which the Saitama Medical Association applied its efforts in 2005.