Achievement of Child Health and Welfare in Japan and Current Problems Faced

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The Current Situation of Child Health in Japan

The infant mortality rate in Japan is very low. This has been achieved as a result of the extensive endeavors of people engaged in executing Japanese policies on maternal and child health since World War II. The infant mortality rate decreased from 60.1 per 1,000 live births in 1950 to only 2.8 in 2005. The reasons for this splendid accomplishment are of course multi-factorial.

Small socio-economic difference among the people

Although Japan’s Gross National Product was not so large during the early years after the War, socio-economic differences among the people were small, and have remained so until recently. Such low levels of socio-economic difference are important in driving people to improve their situation on a common basis. The maintenance and promotion of health and welfare are no exception.

Easy access to medical care

Financial accessibility: A well-organized national health insurance

Coverage of the entire nation with national health insurance was attained in 1961 and now almost all Japanese are covered by national health insurance with a coverage rate of 97.8% in 2001. Moreover, although certain portion of medical fees are paid by patients or the patients’ parents, even this portion of medical fees is paid by the government for children suffering from certain diseases, in the case of about 10 disease categories such as obstinate hematological diseases, life threatening endocrine diseases, almost all kinds of child cancer, etc. Recently, many local governments offer free medical care for children below a certain age—3 years old in most cases, but even 12 years old in some areas. These medical policies have made medical access very easy for parents, who are usually still young and whose incomes are relatively low.

Financial accessibility: Inexpensive medical fees

The average expenditure of Japanese people on medical fees is smallest among OECD countries. This is less than the average national expenditure on gambling. In particular, expenditure on medical care and welfare for children is very small and only about 1/10 of the expenditure on “Pachinko,” the most popular gambling game in Japan.

Spatial accessibility: Characteristics of spatial distribution and the scale of hospitals

The most noticeable characteristic of the distribution of hospitals is that many small-scale hospitals are located to adjacent to dwellings. About half of hospitals have only 1 or 2 pediatricians in their pediatric department and only 16% of hospitals have more than 7 pediatricians.

Easy consultation with pediatricians: Japanese pediatricians as generalists

Japanese pediatricians are principally generalists. Children with any disease can visit a nearby hospital from the beginning and have the necessary medical care immediately.

Widely-distributed Maternal and Child Health (MCH) Handbook

MCH Handbook was first launched in 1948, to publicize the ideas behind the “Child Welfare Law” enacted in 1947, and has been revised every 10 years. Each revision has incorporated new results in medical and child health achievement.

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This handbook includes various records of mother’s health status during pregnancy, perinatal events, periodical health and development assessment, immunization and other events concerning child health, and also includes various helpful suggestions for parents to nurse their children. This handbook is very useful to focus people’s attention on child health and even helpful for pediatricians to know their patients’ conditions before children appear in their offices. This usefulness has been noticed in many foreign countries and several countries have employed similar system and other countries are planning to introduce a pilot trial in conjunction with Japan International Cooperation Agency (JICA) or others.\textsuperscript{5}

**Population-based disease screening and health check system**

Neonatal screening program for inherited metabolic diseases, that is, phenylketonuria, maple syrup urine disease, homocystinuria and galactosemia, was started in 1977 and, thereafter, screening for cretinism in 1979 and for congenital adrenocortical hyperplasia in 1988 was added to this screening program. At present, almost all neonates are screened. The screening rate for 2005 was 105.5% (low birth weight neonates weighing 2,000g or less were screened twice or more).\textsuperscript{1}

**Devoted behavior of medical workers, especially pediatricians**

Under unlimited insurance coverage, people do not hesitate to visit hospital for trivial reasons. This behavior makes early detection of possible fatal disorders easier. Actually, the frequency of outpatient visits by Japanese people is very high, the highest among developed countries.\textsuperscript{6} However, because hospital visits are not limited to weekday daytimes, but people visit hospitals 24 hours a day, 365 days a year, the working day of pediatricians is very long and 36 hours continuous work is not rare. More than 18\% of pediatricians have no days off in a month. According to our own experience, about 1/4 (7,500/year) of children who visit our outpatient clinic come out of office-hours (emergency visit). These children do not need to pay an additional charge for an emergency visit.

The factors which are thought to have contributed to the low infant mortality rate in Japan are the results of several epoch making events which occurred after the World War II (Table 1).

**Current Problems in Child Health and Welfare in Japan**

Some of the above-mentioned factors, which have contributed to the low infant mortality rate and long life expectancy in Japan, have also turned into factors that could lead to the collapse of the Japanese medical care provision system for children.

**Easy accessibility to medical care**

**Inexpensive medical expenses**

Too many Japanese people visit hospitals too often regardless of the nature of their illness. They seem to have abandoned the custom of giving some thought to their own, or their child’s, health status. Medical staff, especially pediatricians working in hospitals, are exhausted due to extreme hard work. Such pediatricians and medical staff tend to leave hospitals and many of them open private practices, which is much easier because they can adjust their working load by themselves.

**Characteristics of spatial distribution and the scale of hospitals**

Hospitals which are small-scale but very close to the dwellings of patients are very convenient to patients but worrisome to the pediatricians who work there, because patients visit the hospi-
tals around the clock, but there is often only one pediatrician to see them. **Devoted behavior of medical workers, especially pediatricians**

Japanese are hardworking people. Medical workers are not an exception and, in particular, Japanese pediatricians are very conscientious and feel that taking care of sick children with any kind of illness is their obligatory duty. This kind of devoted behavior inevitably brings about burn-out when a certain threshold is exceeded. **Shortage of pediatricians in hospitals**

As the consequence of above-mentioned and other factors, many pediatricians have left hospitals. There are many hospitals that have no pediatricians or can maintain only outpatient care by part-time pediatricians. Moreover, it is difficult to recruit pediatricians from newly-graduated medical students because young people want to avoid such hard work at hospital. The present situation of child health and welfare is facing vicious circle, in that fewer newcomers in pediatrics is resulting in even harder working conditions.

**Future Prospects**

In order to shake off this vicious circle and keep children’s health and welfare in good shape, we need radical and urgent innovation in the present structure of the health care system.

The Japan Pediatric Society has proposed the following innovative model as a new structure for the health care system.

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**Centralization of hospitals**

Central hospitals should employ adequate pediatricians to provide good quality medical care 24 hours a day, 365 days a year without the overworking of pediatricians.

**Appropriate division of roles to maintain community health care**

Smaller-scale hospitals which are usually unable to employ adequate numbers of pediatricians should not conduct inpatient care, but instead provide close medical care and health support to the community on an outpatient basis.

**Incorporation of pediatricians in private practices into community health care organized at large**

Pediatricians in private practices do not usually work during nighttime or at weekends, but they should participate in the care of children on emergency visits during nighttime and at weekends. They should also participate in health education for the community to avoid the waste of medical resources and to help people maintain their own health.

**Conclusion**

We need prompt action to stop the impending collapse in the medical care system for children and restore the excellent levels of medical care for children achieved in the past.