

# Fifth Year of “Healthcare Town Talk”

## Toward mutual understanding with healthcare providers and recipients

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This is the 5th year since the introduction of healthcare town talk, a forum that brings together the Kagoshima Medical Association (KaMA), local government, mass media and community residents to discuss healthcare. Reported in local newspaper and television features and specials, this is a big event in Kagoshima.

A total of 4,700 people participated in the past four healthcare town talk forums. With themes expanding from “Building a bridge of trust over the river between patients, families and healthcare providers” to “Enabling patients to select their own treatment methods based on informed consent,” “Both patients and healthcare providers are human: constructing people-orientated healthcare,” and “Spreading a model for healthcare and long-term care nationwide,” the discussions have also deepened with each forum, maturing to a point where proposals are being made concerning the appropriate direction for regional healthcare in the future.

### Depopulated Regions Including Isolated Islands and Remote Areas

Symbolized by the Sun and the black stream, Kagoshima Prefecture stretches north-south some 600 km from the Japanese mainland over the Ocean Alps to include the world natural heritage site, Yakushima Island, the rocket base on Tanegashima Island, and the crescent-shaped Amami Islands, covering a broad area roughly equivalent to the area between Tokyo and Aomori Prefecture. Kagoshima has a population of 1.75 million which is aging while the birthrate



simultaneously declines. It is also the most depopulated area with the highest number of households aged 65 years and over in Japan.

Due to the large number of isolated islands and remote areas, healthcare in the Prefecture faces some harsh realities, with insufficient physicians (particularly obstetricians and pediatricians), an inadequately staffed emergency medical system and problems with patient transport. The residents have deep feelings about and high expectations for healthcare and long-term care. With people expressing anxiety about not only healthcare services but their everyday lives and saying “Financially strapped pensioners are holding back from seeing the doctor” and “We’re recommended we should have a family doctor but there are none in our neighborhood.”

### Patients’ Voices Hotline

This town talk began in 2003 as the result of the patients’ voices hotline service established by the KaMA in the previous year. This service heard

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complaints, frustrations, and questions from patients, providing medical institutions with feedback while expanding the circle of exchange with patients. Its purpose was to provide a forum for face-to-face communication between patients and physicians.

A hotline center was also later established in the prefectural government office and is providing services as the Kagoshima Patient Safety Support Center through cooperation between the KaMA and the Prefectural government.

### **Remarkable Speakers from all over Japan**

The 2007 town talk comprised keynote lectures and panel discussions with questions from the audiences. The remarkable speakers included the Consumer Organization for Medicine & Law (COML) President Yoshiko Tsujimoto, Tokyo Women's Medical University Visiting Professor and Nikkei Shimbun editor Shunsuke Watanabe, and NHK commentator Natsuko Iino.

The Japan Medical Association (JMA) President Dr. Yoshihito Karasawa, the JMA Executive Board Member Dr. Takeo Uchida, and locally born member of the House of Councilors and former Health, Labour and Welfare Minister Hidehisa Otsuji provided a global perspective as invited speakers, while Kagoshima Governor Yuichiro Ito provided a local perspective in a dynamic intersection of opinions. Health-themed *Rakugo* (comic monologue) performed by comic storyteller Rakucho Tatekawa (real name: Dr. Tsunetoshi Fukuzawa) also set the forum alight, and the town talk became established as a unique fun and helpful healthcare event.

### **Persuasive Capacity of Speakers**

The persuasive capacity of the speakers addressing the local residents and medical workers in the audience resonated in the heart as a warning bell for people throughout Japan. Some of their arguments were that "Patients and medical professions are from different cultural zones. It is vital that two-way communication (both expressing thoughts and listening) is established"; "Show consideration such as providing comfortable chairs with tall backs and arm rests so that patients can relax in the consultation room"; "People in their 20s require manuals; people in their 30s and 40s

search for information on their own, demanding perfect answers. People in their 50s and 60s, who were raised with insufficient information and affection, require interpersonal relationships of trust. Elderly people want their anxieties to be resolved. Doctors truly become parental substitutes"; and "Communication is the keyword of the 21st century."

### **Toward a Society where People Can Live Healthily into Old Age**

We wish to present the following proposals to the nation:

When speaking about healthcare in Japan, the topic always turns to the issue of money. Herein lies the tragedy: medicine is by no means arithmetic;

The ideal healthcare system provides people with the best possible healthcare and controls of expenses are considered only as a result;

Firm support must be provided for a social system that enables people to live healthily into old age;

There is consumption tax on baby formula. There is consumption tax on vegetables, which need to be eaten to overcome metabolic syndrome. Such a society is unacceptable;

Healthcare system reforms have increased the roles of prefectures. Consequently, the social responsibility of informing the public of the true status of healthcare is being left to physicians; and

It is the responsibility of the national government to formulate a system that enables the same level of quality healthcare and nursing care services to be provided anywhere and everywhere in the country.

### **Current Status and Future Direction of Healthcare Coming into Sight**

How did the audience react to the speakers' comments? The following are some of the responses: "I'm starting to be able to see the current status and future direction of healthcare"; "Not only the national government but also the general public must think about how the healthcare system should function"; "I received pointers about not only healthcare but also how to live"; "I'd like doctors to be trained to provide patients with warmhearted psychological care"; "I'd like to

have children but I'm worried about the shortages of obstetricians and pediatricians"; and "I'd like to hear more from nurses and pharmacologists." In addition, the exhaustion of physicians providing emergency medical care became apparent.

### **Safe, Reliable, Transparent Provision of Healthcare Services**

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In retrospect, the start of the town talk coincided with the implementation of reductions of tax allocations to local governments and curbing of social security expenditure under the national government's so-called "Trinity Reforms," at a time when the anxiety and concerns of the general public were mounting daily with the increase

of salaried workers' burden of medical bills to 30% and other reforms.

The year 2006 saw the implementation of healthcare system reform-related laws said to be the most major reforms since the establishment of the universal healthcare system in 1961, and the healthcare program for the elderly aged 75 and over was introduced in April 2008 without further consideration of objections to it. In future, the KaMA intends to continue considering the status and direction of regional healthcare with local residents, provide safe, reliable, easy-to-understand transparent healthcare, and further enhance the healthcare town talk activities with a sense of purpose that generates inspiration.