

[Lecture 2—Abstract]

Task Shifting—Recent updates in Japan

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Task shifting has been advocated mainly by the World Health Organization for several years for the purpose of improving the treatment of particular diseases in particular regions with extremely limited resources. The World Medical Association adopted the WMA Resolution on Task Shifting from the Medical Profession in 2009, and the CMAAO discussed this issue at the symposium during its Mid-term Council Meeting in 2010.

An example of a successful approach to task shifting in Japan is the “specific emergency life-saving procedures” performed by emergency life-saving technicians, while the approaches we consider unacceptable include prescription-to-OTC switching of some drugs and a movement trying to create a new qualification category called “nurse practitioner.”

The “specific emergency life-saving procedures” were legislated in 1991 for the purpose of improving the survival rate of life saving. These procedures are conducted on the premise that an appropriate supervision of physicians has been ensured for safe treatment.

With respect to prescription drugs, there is ongoing debate as to whether some hypolipidemic drugs should be switched to OTC status. Physicians are opposed to it because taking such drugs solely based on health screening results

without a physician’s examination can cause problems. Economic efficiency should not take precedence over the risks of self-medication. Advocacy activities need to be promoted to alert people in cases where a drug is deemed to involve high risk from a professional point of view.

Since the profession called nurse practitioner would perform its function on an exclusive basis, it would undermine smooth and flexible teamwork. A survey by the JMA has shown that medical procedures are sometimes delegated from physicians to nurses in actual scenes of medical practice. However, such delegation is conducted within a medical team under supervision of physicians. Expansion of the scope of existing nurses’ functions is acceptable, but the creation of a new qualification as part of the institutional system is questionable.

If we allow imprudent delegation of medical procedures, we may be helping the deviation from what health care should be. What should be done in the first place is not to rely on task shifting, but to take measures to eliminate the shortage and uneven distribution of health care resources. In our approach to task shifting, we should hold fast to the principles aiming to secure the quality health care for patients, based on the professional autonomy and self-regulation of physicians.

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