

## JAPAN MEDICAL ASSOCIATION



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Of the problems that have occurred in Japan since October 2010 that should be reported to CMAAO, first and foremost are the Great East Japan Earthquake, which struck on March 11, 2011 and the subsequent nuclear power plant accident in Fukushima Prefecture. My report will be centered on these events.

### **Great East Japan Earthquake and Nuclear Power Plant Accident**

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As I discussed in the pre-conference seminar held yesterday, the catastrophic earthquake and tsunami that affected mainly the north-eastern part of Japan and the radiation leakage accident at a nuclear plant in Fukushima that occurred as a result of the earthquake were both unprecedented experiences in the history of the JMA. (A video of tsunami in Japan was showed in the meeting hall.)

### **CMAAO Ad-hoc Committee Meeting**

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Dr. Dong Chun Shin of the Korean Medical Association has already mentioned this matter, but I will go over the outline of the meeting again as a host National Medical Association.

Following the proposal decided at the CMAAO Malaysia Mid-term Council Meeting in September 2010 to hold the CMAAO Ad-hoc Committee Meeting in Tokyo, the meeting was held at the JMA Building from March 2 to 4, attended by representatives of 10 national medical associations, with President Dr. Wonchat and Secretary-General Dr. Kloiber representing the WMA. Dr. Shin acted as chairman for the entire proceedings. The discussion on the first day centered on the issue of task shifting, which had been taken up by the WMA as a topic for debate at the Vancouver General Assembly in

the autumn of 2010. The CMAAO Ad-hoc Committee findings were eventually summarized in the form of the CMAAO Tokyo Statement.

As you know, this Statement presupposes the securing of patient safety and professional autonomy and emphasizes the belief that any transfer of medical tasks should be performed under the supervision of physicians. Furthermore, Dr. Shin analyzed the results of a questionnaire conducted in member countries on the theme “Strategy for Continuous Development of Medical Practice in Asia and Oceania.”

I believe that this meeting was extremely meaningful from the standpoint of further invigorating CMAAO activities and deepening friendship between member associations. In addition, I would like to sincerely thank CMAAO, the Korean Medical Association, and the Taiwan Medical Association for their donations, which we put towards the cost of holding the meeting.

### **WMA Working Group on Placebo**

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In July 2011, “WMA Second Expert Conference on the Ethics of Placebo Control in Clinical Trials” was held in Sao Paulo, Brazil. Dr. Masami Ishii attended this meeting as representative of the JMA as well as a member of the committee and chairman of a session. The placebo issue has been continuously debated over many years as a matter of concern with regard to the issue of medical ethics within the Declaration of Helsinki (DoH), and was also deliberated by the working group at the WMA Uruguay General Assembly in the previous month. The JMA intends to continue providing cooperation proactively in order to resolve the issue in line with the basic concept that all people involved in a clinical trial, especially trial subjects, should receive equal benefits from the trial. The WMA will be planning a major

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revision of DoH in 2014 which is a 50 year anniversary of this declaration.

The task of the work group on placebo was ended at the General Assembly of WMA of this year. The WMA will be engaged in total revision of the DOH toward 2014 which is 50th anniversary of this declaration.

### **Progress of Anti-smoking Activities**

In 1999, President of the JMA discussed with the then-WHO Director-General, Dr. Gro Harlem Brundtland, the issue of anti-smoking, and this meeting provided the momentum for the JMA to actively step up and expand its anti-smoking efforts in earnest. Since then, surveys have been conducted of the smoking habits of JMA members, the results of which have been reported at a previous CMAAO meeting.

Furthermore, the JMA Tobacco Control Project Committee was set up and anti-smoking commercials were broadcasted on television. At the same time, open public forums were held on anti-smoking related themes as part of active

efforts to educate the general public. In 2002 the JMA office was made completely non-smoking, and in 2003 the JMA adopted the Declaration for the Nation's Medical Professions to Combat Smoking. This has also been reported to CMAAO previously.

Recently, as a means of promoting COPD measures, the JMA, Japanese Respiratory Society, and Japan Anti-Tuberculosis Association joined together to lead efforts to lobby the Ministry of Health, Labour and Welfare. As a result in 2009, the "Commission on the Prevention and Early Detection of COPD" was established within the ministry. Furthermore, the "Japan COPD Countermeasures Promotion Committee," in which President of JMA had the honor of heading, was also established with the objective of promoting measures for preventing the incidence of COPD and complications. A pamphlet entitled "The Essence of Treating COPD" was produced and distributed to all the JMA members enclosed with the Japanese version of Journal of the JMA at the beginning of this year.