

Policy Address*¹

JMAJ 59(4):141-144, 2016

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At the 137th Regular General Assembly of the JMA House of Delegates, held yesterday, I was elected to serve as President for a third term. Healthcare in Japan is facing a major turning point as the year 2025 draws near,^{*2} and I sincerely thank the JMA delegates and the JMA members for the trust they have bestowed upon me.

Coincidentally, this year marks the 100th anniversary of the Great Japan Medical Association, the predecessor of the JMA, which was established in 1916. In 1923, the JMA was approved by the government as a national medical association uniting medical associations nationwide. At its opening ceremony, Dr. Shinpei Goto, a physician and then Minister of Internal Affairs, stated, “I implore that the JMA work with local medical associations to advance conduct and skills in medical practice as an internal effort, and to improve public health facilities as society develops as an external effort, thereby contributing to the mutual prosperity of medical practitioners and the public.” One century has passed, but the JMA’s role has not changed at all in that time.

The JMA has worked to improve medical science and practice and to promote social welfare *continuously*, and we will not stop our steps toward progress. In addition, we have valiantly striven to realize necessary *reforms* to give the benefits of medical science and practice back to the public at large. It can be said that the good reputation of the JMA—and our response to the

public’s trust—lies in our determination to continue our progress hand in hand with Prefectural and Municipal Medical Associations and our courage to tackle needed reforms.

During the past century, the environment surrounding medical practice has constantly changed. We have a history of serving public healthcare by always nurturing advanced knowledge to meet the demands of the times. The JMA’s stance on social security issues is clear when one closely examines our history. It lies in two criteria, namely “Will this policy contribute to safe healthcare for the public?” and “Will this policy allow protection of universal health coverage as a public healthcare program?”

In light of these criteria, Prime Minister Abe’s recent decision to postpone the consumption tax increase to 10% for two and a half years was, in fact, truly regrettable from the standpoint of securing funding for social security programs. It is the local residents who suffer the most if the availability of healthcare services, including long-term care, falls short of local needs due to lack of funding for social security programs. The JMA has repeatedly insisted that the government should uphold the promise they made to the public and use the revenue from the consumption tax increase to fund social security programs. From now on, not only we will insist on the same points as before, we will also strongly urge the government to secure different sources of funding for social security in lieu of the consumption tax increase.

*1 This is a revised English version of the policy address delivered in Japanese at the 138th Extraordinary General Assembly of the JMA House of Delegates held in Tokyo, June 26, 2016.

*2 The baby-boomers (those born between 1947 and 1949) will be over 75 years old and over in Japan by 2025.

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Just the day before yesterday, the people of the United Kingdom expressed their will to withdraw from the European Union, which is likely to bring some confusion to the outlook of the international economy. In the midst of such economic chaos, when people's anxiety becomes elevated, it is all the more important to stabilize social security as a safety net, especially the universal health coverage that allows every citizen to seek medical and long-term care at ease. A sense of security contributes to social stability and leads to economic development.

As for the consumption tax issue's relation to healthcare, the JMA will demand measures for tax deduction or refund for taxable purchases and urge acquisition of the necessary funding.

Meanwhile, as healthcare providers, we must work toward and submit proposals on the proper framework of healthcare expenditures to establish sustainable social security programs, and above all, to protect universal health coverage. To address the recent problem of insurance coverage listing for expensive drugs and medical equipment, we must work to raise awareness for the Central Social Insurance Medical Council while remaining in line with the thoughts of patients and medical practitioners. New roles and guidelines should be set based on such an approach, and we must also encourage appropriate and cost-effective drug prescriptions and use of medical instruments. We can expect to positively influence healthcare expenditure by systematizing lifelong health programs to extend healthy life expectancy.

The key is that we, at the front line of healthcare delivery, take the initiative—not the government officials, including those from the Ministry of Finance. The JMA has continuously made various recommendations to the government as a leader in the areas of health, medicine, and welfare. Our unique feature comes from the fact that medical practitioners thoroughly analyze various issues using on-site opinions as evidence. The JMA conveys those voices to the government as the reality of the community, and urges realization of national policies that consider community health; and we fulfill our role at an appropriate level of administration so that a given policy is properly implemented at prefectural and municipal levels. The strength of the JMA lies in a close bond with communities.

To further expand this strength, we will work

to introduce information and communication technology (ICT) in the area of medicine, which is now facing a turning point, and to effectively leverage information networking for collaboration between medical care and long-term care. The JMA has always led the framework of collaboration of community health in the ICT era by extended application of Medical Doctor Qualification Certificate cards and other efforts. In the future, we will use the data we obtain through our activities to understand the realities of communities and to propose healthcare policies based on the verified results of previous or existing policies. These thoughts led to the new announcement of the JMA Declaration of IT Introduction 2016, which clearly set forth promotion of IT application. A new section, the Information Section, will be launched in the secretariat office to strengthen our efforts.

In parallel with these projects, we are also preparing for concurrent revisions of medical fees and long-term care fees that are expected to take place in FY2018, and the upcoming debates for the launches of the 7th Healthcare Planning and the 7th Long-term Care Service (Support) Planning.

The aging society we face challenges the framework of terminal care. However, what we must consider in terminal care is what constitutes the best care for patients and how to emphasize patient dignity and quality of life in the medical approach. We will also need to discuss promotion and awareness-raising for the creation of "living wills" in depth in the years to come, not only amongst healthcare professionals but also with various stakeholders, including religious scholars and legal experts. The approach to terminal care with human dignity should not be based on financial viewpoints; it is important to involve the people of Japan in its examination.

On the other hand, the JMA has heard many voices of concern from the public and JMA members about the new specialist system. The system was originally intended to further ensure a sense of security for the people of Japan through professional autonomy of physicians. However, there was strong concern that physicians, both those who teach and those in training, might become concentrated in major cities at university hospitals serving as high-capacity acute-care hospitals, which would magnify the uneven distribution of resources between popu-

lated and unpopulated areas, and could bring big confusion to the workplaces of community health. In response to such fears, at the joint press conference with the Council of Four Hospital Organizations held on June 7th, 2016, the JMA and the Council announced that the specialist training program should start only after hearing the opinions of a wide range of stakeholders, and with due consideration not to collapse community health.

It takes a courage to stop the creation process for a new system. Still, we should never allow haste to create confusion and inconvenience to the people, because healthcare belongs to the people. Without the trust of the people, healthcare cannot exist. At the same time, a person cannot live where no healthcare is provided. Thus, a sustainable system for healthcare delivery is essential for people to live at ease.

Physicians long ago nurtured their academic background and provided their medical knowledge and care through individual effort. However, the flow of the times—systematic expansion of medical fields and their subdivisions and the increasing complexity of addressing social issues, for example—demanded that a union of physicians to make integrated effort to improve public health, and so the JMA was born.

Today, birthrate is decreasing, society is aging, and more populations move to city areas, and the people need a system that can continuously provide the necessary medical and long-term care with no excess or shortage. To respond to these needs, it is important to promote the division of functions and collaboration in the community as a whole, and to provide people with necessary information concerning nutrition, exercise, or care in an integrated fashion by encouraging everyone to have individual *Kakaritsuke*^{*3} physicians. To realize this, we physicians must be involved in building a healthcare delivery system in which *Kakaritsuke* physicians play a central role and the Community-based Comprehensive Care System is customized to the circumstances of each community. This is an urgent challenge that we are expected to address to ensure the life of the people and to contribute to their sense of security.

While I was recalling the past history of the JMA and picturing how future community health should be, I decided to uphold three basic policies in the beginning of my third term. Those policies are “community development,” with *Kakaritsuke* physicians at the core; “human resource development,” to nurture those who will carry out future medicine; and “organizational development,” in which a strong organization will continue to lead national healthcare policies.

In addition to these policies, I shall maintain three basic stances of proactive action, balanced policies, and challenge to new initiatives—namely, “Action, Balance, and Challenge”—to take a solid step forward in improving national health.

On top of that, I will work to further enhance Japan’s healthcare system, which pushed healthy life expectancy to the world’s top class, to the level of a global model that can provide a true “sense of security” to a super-aged society never before experienced in the world. The JMA’s achievements will be transmitted to the wider world through the World Medical Association and other international activities so that the JMA can contribute to bringing happiness to people globally.

The history of the JMA is also the history of national healthcare development. Behind this development are many noble medical practitioners whose dedication and hard work was spent for the people. This year, the JMA reaches the milestone of its 100th anniversary, and it is a great honor to be appointed as the president. Once again I feel the weight of my responsibilities.

No matter how the next 100 years turn out, we must calmly dedicate our work to the good of the people through medical science and practice, and work to protect universal health coverage. This is a promise that the JMA also upheld in its Codes of Principles. I will stand to lead the efforts to improve medical science and practice and promote social welfare *continuously*, and to valiantly strive to realize necessary *reforms* to give the benefits of medical science and practice back to the public at large.

*3 “Kakaritsuke Physician” is a physician who people can consult on any issues, is well versed in the up-to-date medical information, can refer a patient to a specialist or specialized medical institution when needed, and is a trustworthy and familiar figure with comprehensive capabilities entrusted with community medicine, health, and welfare.

I will manage the JMA with determination and courage so it truly becomes a “national medical association that walks alongside the people” and a “medical association that walks with its members,” along with all the board

members. Finally, I would like to close my speech by humbly asking the JMA delegates and the JMA members for their continuous, utmost support of my third term.