

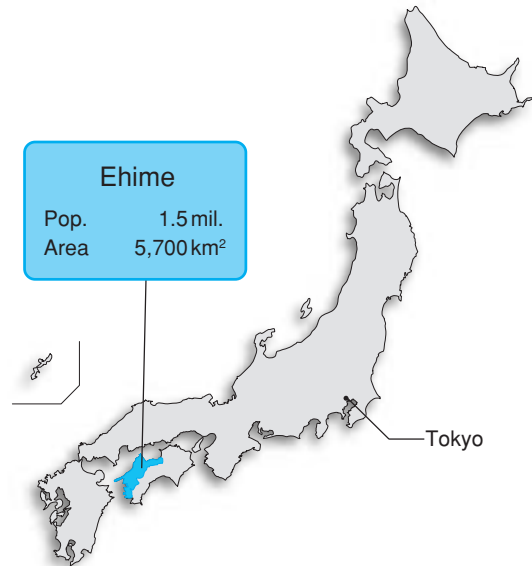
The Development of Networks through Various Activities by the Ehime Medical Association

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Stretching lengthwise east and west, Ehime prefecture is divided into three regions: the central commercial district centered on the prefectural capital Matsuyama, the east with a large manufacturing sector producing paper, ships, towels and other goods, and the southern region of primary industry. The population of 1,450,000 is in slight decline outside the center, where it is holding steady. Its Seto location has made Ehime prefecture a trading hub since early in Japan's history. Perhaps due to the long-standing fame of the Dogo hot springs, Ehime prefecture was also a stopover to the Korean peninsula. As Nukata no Okimi wrote in the Manyoshu, the ancient anthology of Japanese poetry, "At Nigittatsu we waited for the moon before boarding our boat; now the tide is in at last—come, let's get to rowing." During the Tokugawa period (1603–1867) Ehime prefecture was governed by successive generations of the Hisamatsu clan, one of the Tokugawa collaterals. In the subsequent modern period, Ehime prefecture has produced such literary luminaries as Masaoka Shiki, Takahama Kyoshi and Kawahigashi Hekigoto, and is associated with Natsume Soseki, renowned author of the novel "Botchan." Nobel laureate Kenzaburo Oe is a native of Ose in nearby Uchiko. The Akiyama brothers, protagonists of Ryotaro Shiba's "Saka no Ue no Kumo," are leading figures in Japan's victory over Russia in their 1904–05 war as officers in the Imperial army and navy, and have recently been in the spotlight again.

As of 1 August 2007, the Ehime Medical Association (EMA) has a total membership of 2,899, including 1,109 A members and 1,790 B members. Over 99% of physicians eligible for



A membership status and 77% of those eligible for B membership status are members of our Association. Although the municipal mergers of recent decades have brought a variety of problems, the forward-looking efforts of those involved at one point led to wide-area medical associations spanning multiple municipalities, but elsewhere resulted in medical association boundaries matching administrative jurisdictions and it is hoped that it will lead to smooth coordination with administrative bodies in the future.

Ehime prefecture had previously fallen behind in medical information, but has made dramatic progress since hosting the national conference on medical information systems communications in 1995. In a first effort among prefectural medical associations, EMA in December 1995 installed an Internet server in a closed environment within the office building to operate a medical association intranet called Ehime Medical Association Medical Information Network, or the EMA Network. Functioning as a mechanism for the exchange of information among medical association members,

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the EMA Network also has the purpose of serving in practical medical activities as hospital-clinic collaboration.

With over 1,000 users currently registered, the use of VPN connections to provide a secure environment over the Internet now permits access from the in-house networks of core hospitals, and we consider the number of potential physician users within Ehime prefecture to exceed 2,000.

The EMA Network is comprised of a closed intranet zone accessed via VPN and an open zone accessible over the Internet. The policy we are looking at moving forward will take into consideration the convenience of the membership. For the public zone, the information provided by the medical association is to be specialized, and for the intranet zone, we are to specialized the operating of a medical information system handling patient records that require security measures in view of recent circumstances that attach great importance to coordination in community healthcare. EMA employs WebLi (a system for exchanging medical records and graphics) as its system for handling patient records.

Municipal medical associations enthusiastic about network architecture are currently actively working to expand it, and at the district level it continues to spread gradually. For the future we are considering further improvements with the goal of expanding the network to all districts in the prefecture.

As drastic systemic reform continues apace throughout the field of healthcare, and if means are available for members to use the network in routine consultations and medical practice management, we will take a positive attitude to deploying such systems.

The medical disputes settlement committee has been taking an interest recently in the Medical Alternative Dispute Resolution (ADR), a scheme for seeking out-of-court settlements for medical accidents and disputes. The dialog-form of ADR between practitioners and complainants is positioned as essential in the design of the scheme in order to improve healthcare theater. Medical mediators are knowledgeable experts who resolve disputes between practitioners and their patients through dialog. In Ehime prefecture we are nurturing their role in coordination with the center and consider it necessary to establish a locus for individuals to interact more fully. We have completed the first conflict management

training session and plan to offer workshops consisting primarily of practical training through conflict management seminars.

In 2006, EMA began offering public lectures for prefecture residents. The first featured a talk on the medical system by Dr. Hiroshi Murakami, a director in charge of general affairs for the Matsuyama City Medical Association, and Rakucho Tatekawa, who is both a physician and a *rakugo* comic storyteller, entertained the large audience and drew them to think about healthcare with a mix of healthcare issues and comic tales. The second session, in 2007, featured a talk on healthcare issues by Dr. Hiroshi Honda of the Saitama Prefecture Saiseikai Kurihashi Hospital, who more passionately than anyone laments the state of the healthcare theater, and a talk by Dr. Jinro Itami, who engaged passionately with the subject of motivational treatments. Relating how he climbed Mont Blanc in the European Alps together with a group of cancer patients and also a climb of Mt. Fuji with American and Japanese cancer patients, he made a powerful case for the positive effect a sense of achievement has on life expectancy, illustrating the point with immunocompetence test results. The third speaker was Dr. Hiroshi Inoue, chairman of the Japan Society for Laughter and Humor Studies, who discussed learning on laughter and untold stories behind jokes. He engaged the audience with pieces of humor, successfully cajoling them towards an appreciation of the essence of healthcare and the contradictions it currently faces.

An issue that arose in Ehime prefecture that has drawn national attention is that of renal transplants. The Uwajima Municipal Hospital has long actively performed renal transplants and was the national leader in their number. An investigation initiated due to monetary involvement in organ donation spread more widely to include questions of the transplant of diseased kidneys. What may have complicated the issue is that while the law has always covered cadaveric renal transplants, it made no provision for living renal transplants. It is a requirement of medical service fees that transplants be of healthy kidneys, but they are silent on what qualifies as a healthy kidney. With this and many other issues tangled together, the investigation remains underway. The position of the local medical association is to uphold the cause and look forward to a judgment that does not set back community healthcare.

EMA publishes the academic journal *Ehime Igaku* (“Ehime Medicine”) as a forum for Ehime universities and physicians in the prefecture to report their research findings. The publication became an online journal two years ago and is now available in print only by special request. This has brought the benefits of extensive cost savings, practicality in its availability to the membership by download at all times and has resolved concerns of whether it did indeed have a future.

Lastly, I would like to touch on medical association management. It goes without saying that the board of directors is the ultimate decision-making body, but in a prefecture that stretches so far lengthwise as Ehime prefecture does it is difficult to set times for the board to meet. Many directors are required to work forty-hour weeks and have Thursday (or in some cases Wednesday)

afternoons as non-consultation hours. Therefore, the executive board, regular board, and the various committee (including the external ones) meetings tend to cluster on Thursday afternoons so that directorial duties interfere as little as possible with consulting duties. We hope this will lead to greater participation by eager young directors. The final item on the agenda of every meeting of the regular board addresses the affairs of municipal medical associations, cycling among them two at a time to take up the issues they raise and sharing their problems.

We hope to continue to work actively to play our role as the lubricant between municipal medical associations and the Japan Medical Association, between the membership and local government, and between prefecture residents and association members.