Policy Address[*1]

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In September 2009 the people of Japan expressed their will with a vote for change of government, replacing the long-ruling Liberal Democratic Party (LDP) with the Democratic Party of Japan (DPJ). Prime Minister Yukio Hatoyama in the new government has since expressed himself robustly: "We must contribute to international society not only economically, but also in such spheres as those of the environment, peace, and culture, and we must build a country that has the trust of international society. The role for Japan to play is not a small one.... We will make proposals regarding the shape of the new nation so that all people living in Japan can live their daily lives with pride."

Addressing the United Nations on September 24, he further defined five challenges: Action on the global economic crisis; engagement with the problems of climate change; nuclear disarmament and non-proliferation; peace-building, development, and poverty; and the construction of an East Asian Community.

Japan has experienced growing economic disparity resulting from excessive market fundamentalism together with a weakening of healthcare, and its people are stricken with great anxieties. Our new government, however, is seeking to overcome these difficulties and achieve a Fraternal Society. It will seek also to contribute to peace among nations and to the formation of a low-carbon society.

The Japan Medical Association (JMA) is an independent academic body with a membership of professionals. We work to promote the medical profession and have generated policy proposals with the aim of providing the best possible healthcare to the people of Japan. While the LDP was the ruling party, it was our practice to approach those of their legislators working on health, medical, and related issues to the end of achieving healthcare that the people of Japan would find reliable, that would secure their well-being. We did not change our approach to realizing our policy.

The fact is, however, that the general election has brought a change of government. The new cabinet sees as one of the factors contributing to its victory in that election "an intractable distrust of politics, frustration with and deep anger over the dysfunctional state of conventional politics and government." I take those words seriously.

The position of the JMA had been to support and advocate the LDP as the ruling party. However, there is no denying that, even as the arena of politics became one of competition between two dominant parties, as healthcare providers responsible on the ground, we lacked the broad-mindedness to appreciate the diverse values of the other political parties as well as we did the LDP's.

Now more than ever, we must embrace the will of the people and take their side in acting in accordance with our first principle of "safeguarding the lives and health of the people of Japan."

On October 20 of that year the Ministry of Health, Labor and Welfare published its relative poverty rate, which indicates the proportion of low-income earners nationally. According to Ministry documents, the 2007 survey found that rate at the high level of 15.7%.

Japan suffers also from an unemployment rate that persists above 5% and is worsening. One result is thought to be an increase in people holding back from medical consultations due to economic distress and the burden of co-payments.

It is the duty of the JMA to retrieve a society

*1 This is a revised English version of the policy address delivered in Japanese by Dr. Yoshihito Karasawa at the 121st Extraordinary General Assembly of the JMA House of Delegates held in Tokyo, October 25, 2009.

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in which the people may receive appropriate healthcare any time without worrying about the expense involved. The JMA urges on our new government two policies to achieve this goal.

The first is to lower outpatients' co-payments. In support of countermeasures to the declining birthrate and to alleviate concerns over the expense of raising children, our proposal is particularly to eliminate medical charges for child outpatients from birth and through their enrollment in compulsory education. We propose lowering co-payments for people of working age who have completed compulsory education from 30% to 20%, and for people aged 70 and older uniform co-payments of 10%.

Second, we propose raising medical fees substantially and across the board. We would like to prioritize upgrades to obstetric, pediatric, and emergency care treatment and alleviating the undue workload placed on hospital physicians.

It should be guaranteed that the people can continue to receive appropriate healthcare. Further to this requirement is the continued and robust presence of accessible healthcare facilities, including post-hospitalization care, home medical care, and clinic access.

Turning to social conditions, the Ministry of Internal Affairs and Communications has published its aging index, which expresses the proportion of people aged 65 and older in the total population. As of October 1, 2009, according to Ministry documents, people aged 65 and older make up 22.7% of the Japanese population, more than ever before. At 20.0% they are one in five men, and at 25.4% one in four women.

Meanwhile, the number of suicides in 2008 exceeded 32,000, its highest level ever. Broken down by cause/motive, the largest number, at 48%, were due to health problems and then at 23% to financial/livelihood problems, followed by family problems and problems at work.

Nor can we overlook the many social strains apparent in healthcare and long-term care for the elderly, including the solitary deaths of the elderly living on their own and the wretched incidents involved in nursing care.

In March of that year, new influenza virus was confirmed in North America and in a trice grew into a worldwide contagion. The JMA set up an influenza countermeasures office, proclaimed an emergency and devised measures to cope. The labors of healthcare professionals affiliated with medical institutions, not least those of physicians engaged in healthcare, are beyond reckoning. I would like to express my regard and gratitude for their efforts.

In April 2009 the JMA addressed issues of global warming with JMA declaration on the environment. This declaration incorporates both the whole of past efforts and those we should undertake going forward.

The medical profession should be able to contribute to fulfilling the pledge, made in the DPJ manifesto and by Prime Minister Hatoyama at the United Nations, to reduce carbon dioxide emissions to 75% of their 1990 level by 2020.

Through the specified non-profit corporation Association of Medical Doctors of Asia (AMDA), which conducts medical and health humanitarian relief efforts in an emergency, we provided assistance in the wake of such events as the September typhoon on the east coast of the Philippines, the earthquake off Sumatra in Indonesia, the earthquake and tsunami that struck Samoa in the South Pacific, and the flooding in southern India.

In closing, one senses a glimmer of hope for Japanese healthcare, and for community healthcare in particular, in the new government's moves to reverse the cuts in social security spending and to raise healthcare expenditure.

In line with the will of the people, we of the JMA have redoubled our resolve in our proper responsibility for the lives and health of the people.

In our capacity as medical practitioners responsible on the ground, we will continue to identify and monitor healthcare issues and to advocate healthcare practices in support of the people's livelihood.