Recent and Future Activities of the Japan Medical Association as a Member of the World Medical Association

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Admission of the JMA to the WMA

Reformed following the end of World War II, the Japan Medical Association (JMA) became a member of the World Medical Association (WMA) in 1951. The conditions for the JMA's membership were that it "was an organization representative of Japan's physicians" and that it "operated independently of the government."[1] With its WMA membership as the base point, the JMA began its post-war international activities.

Domestic and International Activities of the JMA

As Japan recovered from the devastation of war, together with all its members the JMA actively participated in fields such as school health and occupational health in addition to daily healthcare activities, with efforts focused on more activation of community healthcare. Amidst the huge postwar democratic trend, the directions aimed for by political and administrative leaders meshed with the result that a huge landmark was reached in 1961 with the establishment of the universal healthcare system. In the same year the basic framework for Japan's healthcare insurance safety net that remains in place to this day was established through the conformity of workers' compensation insurance and automobile liability insurance to health insurance.

Of these, in the field of automobile liability insurance, under which medical treatment is at one's own expense, a two-tier system was introduced, with compulsory public health insurance covering treatment up to a fixed amount and private health insurance covering all treatment above that amount. If one focuses solely on the compulsory insurance part within this type of blended healthcare configuration, the insurance takes the form of a cash benefit in that healthcare is provided within a fixed amount. Moreover, when receiving medical care under automobile liability insurance, within the two-tier structure that adds a voluntary enrolment part to the compulsory insurance, a framework was constructed so that the best medical care is provided within the compulsory insurance part. Consequently, the framework of universal health insurance coverage and the principles of free access and benefit-in-kind in that necessary medical services are provided on demand, have come to operate as major criteria applied to all kinds of medical care under the health insurance.

This means that the doctor-patient relationship in Japan under the Medical Practitioners Law is a one-way contractual relationship—that is to say a requirement to meet demand for health care from patients at any time. This legal concept strongly implies that the relationship is very protective of patients.

Within this concept, the JMA has worked in cooperation with local medical associations to provide medical liability insurance as a safety net for JMA members while autonomously responding to the smooth operation of treatment under

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the health insurance. These actions have included various measures such as responding to the emergency healthcare system and highly specialized medical care, as well as preparing regional healthcare networks. Moreover, in accordance with the spirit of professional autonomy, the JMA has also been operating its own continuing medical education (CME) program. Based on cooperation with the Japanese Association of Medical Sciences (JAMS), the specialist physician system has been built up in collaboration with this CME program.

Against this background, Japan's healthcare insurance system has functioned as the foundation supporting public health for nearly 50 years since the overall framework was established. Furthermore, pressure from such events as the trial of the introduction of health care under combined public and private insurance, establishment of designated exceptional zones, and the entry of private-sector organizations into the healthcare arena that shook up the system from its bottom was repeatedly brought by the government and related agencies. The JMA, in fulfilling its purpose of upholding the quality of healthcare enjoyed by the public, has made utmost efforts to protect the framework for the universal healthcare system.

From today's perspective, various problems affecting the sustainability of the universal health insurance, including funding theories, have been identified, and the system itself is appearing more and more like a patchwork with parts that stopgap measures alone cannot rectify, including issues such as enormous emergency medical treatment costs and coordination between universal health insurance and long-term care insurance in the aging society. However, when you consider the fact that Japan has achieved outstanding health performance, ranking Number 1 in the world according to WHO health indicators,[2] coupled with the working lifetimes of Japan's health system, it can be said that the universal insurance system design is overall truly excellent.

However, when the JMA became a member of the WMA which had been formed in 1947 as a non-governmental organization (NGO), it has been stated that it sent the WMA a letter stating regret from the atrocities committed by Japan against its enemies during wartime.[3] In promoting this international organization which recognized Japan's participation, the JMA's basic standpoint is strengthening both its domestic and international activities and capacity to make policy proposals.

Under the strategic concept of strengthening the voice of the Asia and Oceania region within the WMA through the consensus of opinion on a regional level, original intent for the establishment of Confederation of Medical Associations in Asia and Oceania (CMAAO) in 1956 was to enable NMAs to confront not only their own national governments at home, but in international activities as well to engage the International Labor Organization (ILO) and World Health Organization (WHO) as an international organization of government agencies through the WMA.[4]

It is inferred that measures for conveying this policy, which appears somewhat circuitous at first glance, to all JMA members endeavoring to enhance and expand domestic healthcare and Japan's healthcare system focusing on regional healthcare, and for sharing the significance of this policy were not necessarily straightforward. Over the years the JMA leadership has conveyed information using not only direct conveyance methods, such as various conferences and meetings, but also the JMA News and JMA FAX and existing daily newspapers, TV, and other media, in addition to the Japanese periodical, Journal of the JMA. With respect to international activities, the JMA published the English-language Asian Medical Journal, which developed as an independent forum for conveying various kinds of information into the current JMAJ. The JMAJ strives to provide even more thorough, practical, and educational information.[5]

Recent Activities of the JMA as a Member of the WMA

Since joining the WMA in 1951, the JMA has been continuously involved in WMA activities. The WMA officers are elected to support these activities, which include basic roles such as association administration and operation; drafting and adopting declarations, statements, and resolutions that may meet the requirements of the day and communicating these ideas and opinions to national medical associations and the world in general; and amending these declarations, etc., in accordance with the times and re-communicate them to the world.

Involvement in WMA management

The WMA is governed by a Council comprising

Table 1 Themes of WMA Scientific Sessions (1991–2009)

Year	Venue	Themes
1991	St. Julians, Malta	Pollution—The Scope and Nature of the Problem and Implications for the Future
1992	Marbella, Spain	1) Professionalism and Patient Advocacy 2) Post-Columbian Medicine
1993	Budapest, Hungary	Rationing of Health Care
1994	Stockholm, Sweden	Medical Ethics: Humanity's Needs
1995	Bali, Indonesia	Population policies, Reproductive Health, and Family Planning
1996	Somerset West, South Africa	Human Resources Strategies for Health Care
1997	Hamburg, Germany	Strategies against Substance Abuse
1998	Ottawa, Canada	The Future of Medicine: Issues and Challenges
1999	Tel Aviv, Israel	Questions and Answers about Human Life and the Human Genome
2000	Edinburgh, Scotland	Educating and Lobbying for Health
2001	(Cancelled)	
2002	Washington D.C., USA	Responding to the Growing Threat of Terrorism and Biological Weapons
2003	Helsinki, Finland	Patient Safety in Care and Research
2004	Tokyo, Japan	1) Advanced Medical Technology and Medical Ethics 2) Progress in Information Technology and Health Care
2005	Santiago, Chile	1) Health Care System Reform 2) Access to Medicines
2006	Sun City, South Africa	Health as an investment: Leadership and advocacy
2007	Copenhagen, Denmark	How to use Information Technology to improve Quality and Safety in Patient Care
2008	Seoul, Korea	Health and Human Rights
2009	New Delhi, India	Multi-Drug Resistant Tuberculosis (MDR-TB) and Lessons Learned from this Epidemic

elected representatives of each region. WMA officers such as Chair and Vice-Chair of Council, President and Treasurer, and Secretary General are members of the Executive Committee (ExCo), which is a core unit to manage the WMA activities. Under the Council are three committees—the Medical Ethics Committee, Finance and Planning Committee, and Socio-medical Affairs Committee—and the chairpersons of these committees are the ExCo members. The WMA President serves for a term of one year and is elected by the General Assembly to which all member NMAs belong. The President-elect and Immediate Past President also join the ExCo meetings.

The WMA Council is scheduled to meet annually around May and the General Assembly around October and, whatever the month, are held on a regular annual basis. When a General Assembly is held, the Associate Members Meeting for individual physicians from both member NMAs and non-member NMAs is also held, as well as the scientific session on themes selected by the host NMA (**Table 1**).

Amongst the WMA's Past Presidents are two former Presidents of the JMA: Dr. Taro Takemi and Dr. Eitaka Tsuboi. With the aim of also strategically contributing to the resolution of domestic health problems in Japan, the JMA has produced WMA executive officers and cooperated in WMA activities since the beginning. While successive JMA executives have served on the WMA Council, Dr. Saiichi Mishima (then

Vice-President of JMA) was the first Japanese to serve as Chair of Council. The role of Vice-Chair has in recent years been taken by several JMA officers, including Dr. Saiichi Mishima, Dr. Masamichi Sakanoue (then Vice-President of JMA), Dr. Nobuya Hashimoto (then Executive Board Member), Dr. Kazuo Iwasa (current Vice-President), and from 2009, myself. At present, three JMA officers, President Dr. Yoshihito Karasawa, Vice-President Dr. Iwasa and me are serving as WMA Council members. The JMA also hosts a regional office of the WMA which acts as an organizer for the Pacific region, while at the same time acting as the Secretariat for CMAAO of which I serve as Secretary General.[1]

At the 47th WMA General Assembly held in Bali, Indonesia, in 1995, amendments to the Bylaws were agreed upon, and it was decided to make English, French, and Spanish the official languages of the WMA and to include Japanese in addition to German as a discussion language.[2] Japanese language is now recognized as an official language of an international organization of WMA. This certainly demonstrates how highly the efforts of our predecessors of the JMA in their contribution to the WMA have been evaluated.

Basic WMA declarations[6]

Major WMA declarations include:

a. Declaration of Geneva: Adopted in 1948; final amendment made in 2006
b. International Code of Medical Ethics: Adopted in 1949; final amendment made in 2006
c. Declaration of Helsinki: Adopted in 1964; final amendment made in 2008
d. Declaration of Lisbon on the Rights of the Patient: Adopted in 1981; final amendment made in 2005
e. Declaration of Seoul on Professional Autonomy and Clinical Independence: Adopted in 2008
f. Declaration of Madrid on Professional Autonomy and Self-Regulation: Adopted in 2009.

During just the four years I have been in office, the JMA has been involved in the amendment of all of these declarations excluding the Declaration of Lisbon (d). Below is a brief description of the aspects I found particularly impressive.

The Declaration of Geneva was set down by the WMA as a reinvention of the so-called Hippocratic Oath that has been passed down to this age as the framework for medical ethics as a common heritage that can be newly understood in modern times. It goes without saying that this declaration provides the most fundamental guidelines in the world for current discussions of medical ethics, together with the "WMA Medical Ethics Manual" which was published in 2005.[7]

As a member of the working group to revise the Declaration of Helsinki, which is "ethical principles for medical research involving human subjects," the JMA was deeply involved in every aspect of this process and was successful in having the amendment draft adopted at the General Assembly in Seoul, 2008.[8] Within of the proposed revision, the text concerning placebo research encountered objections from various countries, mainly Latin American countries. Consequently, when the issue was brought to the vote in the General Assembly, it was proposed on the decision of Chair of Council Hill that another working group be set up to focus on this theme. The JMA has continued as a member of the working group since then.

I also have strong memories regarding the Declaration of Madrid, which advocates professional autonomy. This was essentially a declaration adopted in 1987 on the important theme of self-regulation by physicians, and the JMA was also deeply involved in its establishment. However, looking over the text of the declaration with today's eyes, following the items on self-regulation, which was the major principle of the declaration, there was a list of somewhat trivial phrases, and it was pointed out that several of these points are no longer appropriate for the times. Consequently, a working group was formed to consider these problem items, and as chief of the group, the JMA had a role on finding consensus. Based on a proposal from Dr. Blackmer of the Canadian Medical Association, it was decided to divide the declaration into two separate declarations, one dealing with the autonomy issues concerning basic principles and the other dealing with sections that could be referenced for more practical and clinical application.

Within these deliberations it was also pointed out that the term "autonomy" may become difficult to understand with the passing of time, but I pointed out that the phrases used in the "Critique of Practical Reason" are the core elements of Kant's philosophy and so the term "autonomy" should remain in the basic principles section,

which consequently they did. In this way, I myself have performed the role of consensus-builder. The declaration draft corresponding to this basic principles section was eventually adopted unanimously at the 2008 Seoul/Korea General Assembly, and on the proposal of the JMA, the new declaration was entitled the "Declaration of Seoul." That one of the WMA's basic declarations should be given the name of an Asian city is of historical significance and not only a reward for Korea's years of effort that went into hosting the General Assembly.

The declaration concerning the remaining practical aspects of self-regulation had not yet been approved by various NMAs by the time of the Seoul General Assembly, and so following a process of traveling the world after the Seoul General Assembly and obtaining NMAs' opinions, the approval of all countries on the final draft was finally obtained at the General Assembly in New Delhi, India, in 2009. This declaration was approved with the place name of the original declaration, Madrid. To have the names of these two declarations whose establishment I played a part entered amongst the WMA's basic declarations makes me somewhat emotional.

Other declarations and decisions that the JMA played a significant role in establishing are the Declaration of Tokyo, which prescribes the ethical duties of physicians in relation to detention and imprisonment (adopted in 1975), and the 2006 amendment of the WMA Statement on Water and Health (adopted at the 2004 Tokyo General Assembly). Declarations and decisions proposed by the JMA include the WMA Declaration on Medical Ethics and Advanced Medical Technology (adopted in 2002), WMA Declaration on Patient Safety (adopted in 2002), and the WMA Resolution on North Korean Nuclear Testing (adopted in 2006).

Of these, looking back over the circumstances of the last example, the WMA Resolution on North Korean Nuclear Testing, directly preceding the Pilanesberg/South Africa General Assembly, North Korea forged ahead with nuclear tests in the face of the world's opposition. At this time, my fellow delegates to the General Assembly and I kept in close contact with the JMA staying in Japan, despite the time difference, and building consensus. I remember how the motion that we drafted in South Africa was quickly shown to and approved by the other NMAs, with the result that the resolution was passed unanimously. It was an all-out battle in which we all worked together as one: the International Affairs Division staff in the JMA delegation; JMA legal advisor, Mr. Tatsuo Kuroyanagi, who accompanied the delegation; and our interpreter (also a lawyer), the late Ms. Maki Yoshida.

For the WMA Resolution on Task Shifting from the Medical Profession (adopted in 2009) and the WMA Declaration of Delhi on Health and Climate Change (adopted in 2009) as well, the JMA group worked as part of the working group to help to achieve the final drafts while preparing the translation of the JMA resolutions on the same themes into English as background materials.

With regard to the position of physicians as leaders in increasingly complex healthcare situations and team healthcare, various discussions are taking place even now amongst NMAs. Of these issues, the concept of "task-shifting," which concerns duties and delegation of authority, has been discussed in particular by the WHO, which has apparently been issuing significant statements. In order to consider resolutions concerning this issue, the WMA took the lead by holding a symposium on this theme in Copenhagen in 2009. At this time, as representative of the JMA I presented as a case example of task shifting a report on the concept and implementation of medical control in emergency healthcare, and the report was favorably received. I pointed out that sufficient prudence is necessary to guarantee the quality of care when moving in the direction of simple delegation of authority. This is because it is also very important to have a view from many different perspectives to develop the measures when we see the extreme state of healthcare resource depletion in developing countries and the uneven distribution and dearth of physicians in developed countries arising from the different situations and conditions. Taking all this into account, the WMA Resolution on Task Shifting (adopted in 2009) was a large volume and the content is sufficient enough for the resolution to be used as a guideline for reference by NMAs regarding various future trends.

The WMA Declaration of Delhi on Health and Climate Change (adopted in 2009) was also, after a year of preparation, announced to the world ahead of the United Nations COP 15 held at the end of the year, demonstrating the WMA's pres-

ence as an organization that practices humanism.

In 2008 WMA membership rose to 89 countries and, with a visible increase in the number of delegates from each country, lively discussions are even more lively. As if reflecting the recent situation, this activity is proceeding in coordination with United Nations and WHO actions.

Future WMA Activities and the JMA

Even looking at its postwar history, the JMA has gone about its activities with a special interest in the future of Japan's universal healthcare system and community healthcare. Meanwhile, amidst the wave of globalization gradually spreading around the world, we can no longer be unconcerned about various trends in the world, such as President Obama's healthcare reform in the US. In Japan, so-called healthcare reform proposals that are falling fast and thick on close inspection appear to be conveniently selected ideas from overseas that have been partially modified, many of which would be difficult to adapt to the Japanese society. Moreover, some of these ideas have apparently been shown to threaten the viability of the universal healthcare system while hiding the intention to peddle influence with certain powers.

For this reason, also, in 2008 the JMA established the Global Health Committee within the International Affairs Division that includes specialists who have completed fellowships on the Takemi Program in International Health at the Harvard School of Public Health. The role of this committee is to formulate recommendations through repeated discussions from various perspectives for what the JMA should be aiming to achieve through and how it should go about its international activities.

Thinking anew about healthcare, the field is regarded as essentially containing two aspects: science and art.[6] Of these, it is only natural that medical associations, being specialized medical care-related academic institutions, are mindful of scientific aspects, but there is always a need to be sufficiently mindful not only of this but also of art aspects that broadly include ethics and autonomy. In this sense as well, collaboration between the English language journal of the JMA or the JMAJ, and the journal of the WMA or the WMJ, is sure to create a firm foundation for this.[9] Moreover, I believe that responding appropriately to the various difficulties that may arise through the promotion of multilayered cooperation between countries regarding human resources and information, with the WMA playing a central role, will become increasingly important in the future to protect public health in Japan.

It is clear that cross-border measures for responding to various phenomena such as the new influenza and large-scale natural disasters such as earthquakes and tsunamis are imperative.[10] Furthermore, there is a need for the JMA to proactively join WMA discussions on responses to rapid changes in social or disease structure, as occurs in an aging society, as well as the expansion of cutting-edge medical technologies such as medical transplantation, and decide its future direction based on the global situation. What is more, in response to pressure from economic market-based principles, task shifting, and various other new policies and measures, the JMA, depending on the situation, will need to take action that will influence that trend based on the situation of the WHO and other international organizations. In this way it can be said that JMA actions for protecting regional healthcare while supporting Japan's healthcare system and international activities are growing increasingly indivisible.

Conclusion

This concludes my overview of the international activities of the JMA as a member of the WMA as well as report on recent experiences of the JMA in participating in WMA operations. Amidst globalization, in order to protect community healthcare and respond appropriately to various issues under Japan's unique universal health insurance system, it is vital that the JMA unceasingly promotes international exchange, create cooperative human and information networks that are even stronger in the future, and build up efforts for continuing these activities.

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