

KOREAN MEDICAL ASSOCIATION



In Sung CHO*1

Fighting against Tobacco: Building public support for cigarette price increases

Last February, KMA joined fellow CMAAO members at the 1st International Summit on Tobacco Control in Asia and Oceania Region held in Sampran, Thailand. The Sampran Declaration, adopted at the meeting, called on all members to assume a stronger initiative in spearheading each nation's anti-tobacco programs and to bolster efforts to raise public awareness on the need for a tobacco-free society. The Sampran Declaration could be adopted as a CMAAO policy after deliberation following the report by the Resolution Committee. In accordance to the role of NMAs as defined by the Sampran Declaration, KMA announced a statement calling on the Korean government to improve its smoking cessation policies and has been developing more systematic approaches to fight smoking.

According to the OECD, Korea has one of the highest smoking rates in the world, especially among its younger population. Korea's adult male smoking rate is also 15% higher than the OECD average. In August, KMA collaborated with several other health professionals' organization in Korea to announce a joint statement emphasizing the immense harm smoking poses to public health, economic productivity and the national health insurance's finances. The statement strongly called on the Korean government to revisit all existing anti-smoking policies and to devise a much more effective set of programs to eliminate smoking. Given Korea's smoking demographics, KMA believes that higher cigarette prices are the most effective way of reducing tobacco use. Accordingly, in the statement, KMA proposes a double digit increase in cigarette prices because a minor increase would only

add financial burden to the public without forcing many to quit smoking. The statement also calls for non-price policies such as expanding non-smoking areas, banning cigarette advertisement and strengthening the warning labels included in cigarette packaging. The statement has helped build public support for cigarette price increases. KMA will continue to cooperate with other health and anti-smoking groups in its efforts to push for the necessary legal revisions to implement these policies.

Redefining Medical Delivery System and Promoting Primary Care

In Korea, an indistinct division of roles between clinics and hospitals has resulted in an unproductive competition between the two types of medical institutions in both outpatient and inpatient care. This competition often resulted in the financial difficulties of clinics and inefficient distribution of medical resources. Defining clear scopes of practice between medical institutions and adjusting the medical fee structure accordingly are vital to resolving these issues and helping clinics maintain financial viability.

The basic framework being proposed is to have clinics focus on out-patients while hospitals focus on in-patient care. In particular, large-scale hospitals should be allowed to specialize in treating serious diseases and conducting medical education and research. Both KMA and the Ministry of Health and Welfare are determined to make 2010 the year of "redefining the medical delivery system." Currently, a taskforce is defining the different scope of practice to be specialized by each type of institution. Details of the new framework is yet undecided but strict standards on patient referrals and referral-backs, readjustment of fees paid by insurance for outpatient and inpatient treat-

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ments (increase of fees for outpatient treatment by clinics and increase of fees for inpatient care at hospitals) and readjustment of patient co-payments are expected. KMA welcomes the redefining of the medical delivery system and hopes that it will prevent direct competition between clinics and hospitals and help improve the financial conditions of primary health care providers.

Medical Relief Effort in Haiti

On January 13, 2010, a devastating 7.0 magnitude earthquake struck the areas surrounding the Haitian capital city of Port-au-Prince leaving about 220,000 dead, 320,000 wounded and 800,000 homeless. KMA quickly responded by organizing medical relief teams. Over a 2-month period, KMA dispatched a series of 4 medical assistance teams that treated over 5,500 people in Haiti. After completing the mission, KMA published a report based on the field experiences in Haiti to be used as a manual for organizing prompt and effective medical assistance in case of future disasters in Korea and abroad. KMA has also created the Social Cooperation Committee to leverage the lessons learned from Haiti and to act as the expert on providing professional and systematic medical relief to distressed areas.

Death of Mrs. Kim and Debate on Death with Dignity

In last year's national report, KMA had introduced Korea's first court ruling in favor of discontinuing life-sustaining treatment and how that allowed mechanical ventilation to be stopped on an elderly patient identified as Mrs. Kim. Korea's first legally recognized death with dignity case became far more complicated when Mrs. Kim continued to breathe on her own even after the removal of the ventilator. Her ability to survive without life-sustaining treatment triggered another heated debate on the appropriateness of anyone deciding to discontinue life-sustaining treatments. Mrs. Kim did pass away on January 10, 2010, which was 201 days after the ventilator was removed. Her death brought the entire Korean society to deeply contemplate the sincere meanings of death with dignity and helped build a social consensus on the need for better defined social standards and systems. KMA believes the medical profession should play a vital role in pre-

paring any law or system that defines the concept, timing, methods and medical grounds for death with dignity and has been leading discussions on the basic framework. After a half-year deliberation, last July the religious, medical, legal and civic groups were able to agree upon standards on discontinuing life-sustaining treatments. According to this standard, life-sustaining treatment can only be discontinued on patients who are terminally ill or who are in a vegetative state and suffer from a terminal disease. Even when life-sustaining treatments such as mechanical ventilation or cardiopulmonary resuscitation are discontinued, basic treatments such as nutrition and hydration supply cannot be stopped. In addition, the patient himself must have expressed his written wishes to forgo life-sustaining treatment in advance. These standards are expected to be used as a framework in drafting of the final bill on discontinuing life-sustaining treatment.

Drug Treatment for Sex Offenders against Minors


A recent series of repulsive sex crimes against minors in Korea has instigated public outrage. In response to public demands for fundamental measures against such crimes, a law allowing the use of sex-drive inhibiting drugs on sex offenders was enacted and will come into force from July 2011. KMA is concerned that any drug therapy not accompanied with systematic integration therapy or training programs would only become another form of punishment rather than treatment. Accordingly, KMA has been emphasizing the need for developing an integrated treatment and training program for sex offenders before the implementation of the law. In addition, in order for effective implementation of the drug treatment, clinical research is necessary to establish the efficiency and safety of the drug by determining diagnostic standards, dosage, treatment guidelines and side effects. For this reason, KMA believes it is essential to develop an expert group including psychiatrists to verify these questions. KMA plans to play an active role as the medical expert until the new law takes effect. As the first step, KMA delivered its opinion on behalf of Korea's medical professionals at a discussion session held at the National Assembly last July. KMA will continue to play a pivotal role in leading public opinion on this issue based on its expert knowledge.


The 46th CMAAO
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Country Report

Activities of Korean Medical Association
2009-2010

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Executive Board Member
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 Korean Medical Association

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1. Fighting against Tobacco

The 1st International summit on Tobacco Control in Asia and Oceania Region (Sampran, February 2010)

The Meeting adopted "The Sampran Declaration"

- It calls on all CMAAO members a stronger initiative in anti-tobacco programs and efforts to raise public awareness on the need for a tobacco-free society
- In accordance to the Sampran Declaration, KMA announced a statement calling on the Korean government to improve its smoking cessation policies and develop more systemic approaches to fight smoking

⇒ The declaration is to be adopted as a CMAAO Policy

1. Fighting against Tobacco

Smoking situation of Korea

- Korea has one of the highest smoking rates in the world, especially among its younger population
- Korea's adult male smoking rate is 15% higher than the OECD

Reasons for the higher smoking rates

- Lack of efforts by the government and medical society
- Lack of long-term integral plan for reducing smoking
- low price of tobacco

1. Fighting against Tobacco

KMA issued a joint statement with other health professionals' organization in Korea (August 2010)

- Emphasizing the immense harm that smoking poses to public health, economic productivity and the national health insurance's finances
- Strongly calling on the government to revisit all existing anti-smoking policies and to devise a much more effective set of programs
- Proposing a double digit increase in cigarette prices
- Non-price policies such as expanding non-smoking areas, banning cigarette advertisement and strengthening the warning labels

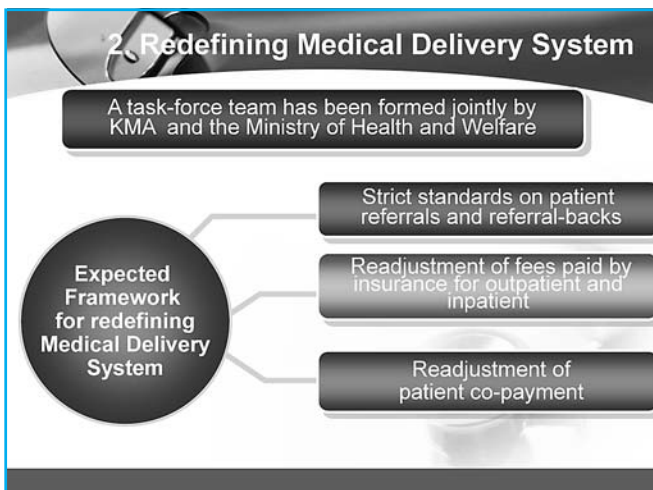
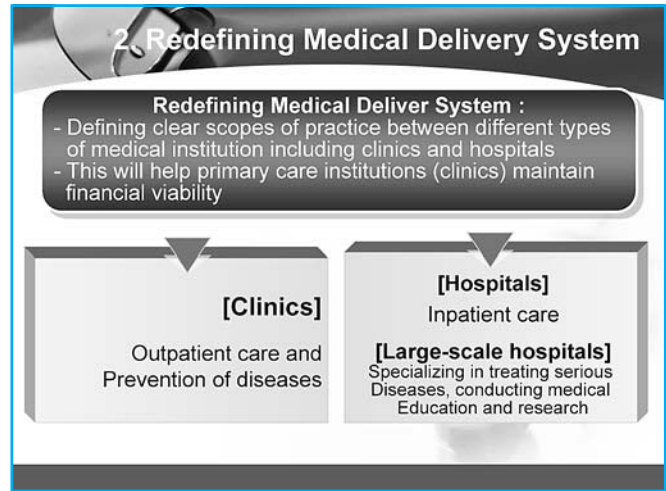
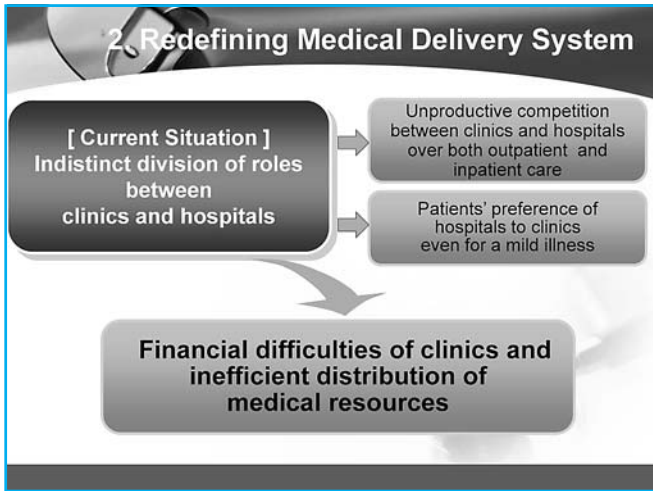
1. Fighting against Tobacco

Impact of the Joint Statement

Building public Support for cigarette Price increases

Strengthening ties of medical societies and anti-smoking groups

⇒ KMA will continue to follow up the joint statement and push for the necessary legal revisions to implement these policies



3. Medical Relief in Haiti

Earthquake in Haiti

On January 13, 2010, a devastating 7.0 magnitude earthquake struck the areas surrounding the Haitian capital city of Port-au-Prince:

- About 220,000 dead
- 320,000 wounded
- 800,000 homeless

3. Medical Relief in Haiti

Earthquake in Haiti

3. Medical Relief in Haiti

Dispatch of KMA Medical Team

- KMA dispatched a series of 4 medical teams to Haiti over 2-month period. (Jan. 25~Mar. 7)
- KMA medical teams treated over 5,500 people in Haiti.

3. Medical Relief in Haiti

Dispatch of KMA Medical Team



3. Medical Relief in Haiti

Follow-ups to share experiences

- Publishing a report based on the field experiences in Haiti to be used as a manual for future disaster medical relief
- Creation of the Social Cooperation Committee to leverage the lessons learned from Haiti and to act as the expert on providing professional and systematic medical relief to distressed areas

4. Debate on Death with Dignity

Korea's first court ruling in favor of discontinuing life-sustaining treatment (May 2009)

- With this ruling, mechanical ventilation was stopped on an elderly patient identified Mrs. Kim
- The situation became complicated as she continued to breathe on her own even after the removal of the ventilator
- Mrs. Kim did pass away on January 10, 2010, which was 201 days after the removal of the ventilator
- Her ability to survive without life-sustaining treatment triggered heated debate on the appropriateness of the ruling and death with dignity

4. Debate on Death with Dignity

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KMA has been leading discussion on the basic framework for preparing any law or system defining the concept, timing, methods and medical grounds for death with dignity

4. Debate on Death with Dignity

Agreement among religious, medical, legal and civic groups (July 2010) on standards on discontinuing life-sustaining treatments

- Life-sustaining treatment can only be discontinued on Patients who are terminally ill or who are in a vegetate state and suffer from a terminal disease
- Even when life-sustaining treatments are discontinued on patients, basic treatments such as nutrition and hydration supply cannot be stopped
- The patient himself must have expressed his or her written wishes to forgo life-sustaining treatment in advance

⇒ These standards will be used as a framework in drafting of the final bill on discontinuing life-sustaining treatment

Thank you



 Korean Medical Association