Policy Address[*1]

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With Regard to the JMA's Effort in the Great Eastern Japan Disaster

In order to respond to the Great Eastern Japan Disaster that struck us on March 11, 2011, we organized the Japan Medical Association Teams (JMAT) immediately after the disaster. I would like to express my deepest gratitude to all member physicians for their extensive help.

JMAT, whose activities were to support disaster medicine and health management during the post-acute phase of the disaster, completed their activities as of July 15. Now, the JMAT-II staff is in operation, assisting the people in the disaster areas to lead a healthy life as they listen to the needs of the disaster areas. The focus of their activities includes providing psychological care, examining patients including home visits, conducting health check-ups, and administering vaccinations. Over 205 teams have already been dispatched to the disaster sites.

In addition to the JMAT, we launched the "Liaison Council to Support Disaster Victims' Health" on April 22 at the request of the special headquarter for disaster victim support in order to respond to the Great Eastern Japan Disaster, in which members of related ministries and agencies, namely the Ministry of Health, Labour and Welfare (MHWL), Ministry of Internal Affairs and Communications, Cabinet Secretariat, and Ministry of Education, Culture, Sports, Science and Technology, also participate as observers. The Liaison Council consisted of seven organizations at the time of its establishment, but now it has expanded to 37 organizations including the Japanese Red Cross Society. Here, we continue to discuss the framework for assistance to the disaster areas. So far the opinions of the Liaison Council have been submitted to the government twice regarding the response to the Fukushima Daiichi Nuclear Plant accident, implementation of various policies for the revitalization of the community healthcare system, the response to future disasters, etc.

On July 27, I visited the then Prime Minster Kan at the prime minister's official residence to personally report that member physicians volunteered to go to the disaster sites entirely of their own volition and participated in the disaster area support. The next day I related the same subject to the then Chief Cabinet Secretary Edano. They both offered words of gratitude for the efforts of the JMA toward this disaster, along with their reply that they wish to act as soon as possible with regards to our requests.

Member physicians and many organizations have donated close to 1.9 billion yen (over 24 million USD[*3]) in total, of which over 1.7 billion yen (over 22.5 million USD[*3]) have been sent to the prefectural medical associations of Iwate, Miyagi, Fukushima, Ibaraki, and Chiba. For the remaining contribution money, we are currently considering other recipients and the allocation amounts so that the money will be used for meaningful activities.

Three Requests Made to the Ministry of Finance with Regard to the Medical Fee Schedule Revision

On the issue of the medical fee schedule revision,

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*3 Yen/US dollar exchange rate: 1 US$≒78 yen.

the JMA submitted a proposal to the then MHWL Minister Hosokawa on May 19. The proposal, which consisted of five items, stated that it was unreasonable to conduct surveys and studies on the status of medical economy toward the medical fee schedule revision while the problem of Fukushima Daiichi Nuclear Plant accident still persisted. In the proposal, we also insisted that the government forego the revision and that irrational parts in the current medical fee schedule should be reevaluated. Since then, the JMA executives have continued their negotiations with the ruling party of the government (the Democratic Party of Japan, DPJ), and in August 15, Prime Minister Noda asserted that the budget for medical expenses would basically not be cutback during the DPJ's "meeting to discuss the framework of social security and revenue source." In addition, MHLW Minister Komiyama recently mentioned about increasing the medical budget. We have been making efforts to convince the ruling party that community healthcare will collapse unless the general standard of the medical budget is raised, and I believe these comments show that our efforts are being accepted gradually.

Also in September 27, the leading members of the Budget Bureau of the Ministry of Finance visited the JMA Building and inquired about our expectations of the simultaneous revisions of medical and long-term care fee schedules. We requested that the government: 1) approve the natural increase of medical expenses, 2) allow the net increase in fee schedules when revised, and 3) not pre-decide the ratio of inpatients to outpatients in advance and leave the matter to the discussion of the Central Social Insurance Medical Council. Considering that the Ministry of Finance never made any inquiry to the JMA with regard to the fee schedule revision in the past, having an opportunity to directly communicate with the Ministry of Finance is indeed remarkable progress, I believe.

In relation to the revision of the medical fee schedule, I would like to mention about a problem of the Central Social Insurance Medical Council. Since its establishment, the five council members who represent physicians in the Central Social Insurance Medical Council had been always selected based on the JMA's recommendation. However, after corruption of the council member from the Japan Dental Association was revealed, the "meeting of experts with regard to the framework of the Central Social Insurance Medical Council" was held, where it was decided that two of the five council members that represent physicians should be selected from hospital organizations. In the past, regardless of how the MHLW ministers of the time selected the council members, the recommendation had always been made by the JMA in the past. But when the ruling party became the DPJ, we were faced with an expected situation that JMA members were omitted from the committee.

I believe the insufficient understanding of the JMA was behind this change, but it posed a serious concern. The activities of the JMA involve various aspects in people's lives, from birth to death. Member physicians include both the physicians who have their own practice and those who are employed by hospitals—in fact, over 50% of the membership consists of hospital-employed physicians—and, the JMA is the only organization that represents physicians in Japan. We, the JMA, promise to continue our efforts toward the ruling party to ensure that our activities are properly understood.

There is an issue between the healthcare policy of the current ruling party and our stance. During the Liberal Democratic Party era (the former ruling party), political debate was conducted through sectional meetings so one person's voice did not always dominate. Maybe it is because the DPJ was still not accustomed to being the ruling party, but a specific strong opinion or the voice of a particular politician with strong personality was sometimes submitted as the opinion of the party, which concerned me slightly. But lately our executives have been provided with more discussion opportunities, especially with medically oriented members of the Diet and the members of the Committee of Health, Labour and Welfare from both Houses of the Diet. It is our hope that they will understand and appreciate the ideas and efforts of the JMA through these discussions.

Two Subjects of the Utmost Importance: Compulsory flat fee payment per visit in addition to the current percentage deductible per visit, and TPP

As for the issues of utmost importance that we face, I would like to mention the compulsory flat fee payment system per visit and the Trans-Pacific Partnership (TPP).

Under the current healthcare system in Japan, a person is responsible to pay his/her deductible (0, 10, 20, or 30%; based on the MHLW criteria) each time he/she visits a medical institution. The issue of introducing the compulsory flat fee payment system per visit in addition to the current deductible was included in the integrated reform of the tax and social security, as a measure to reduce the financial burden on patients under the high-cost medical care benefit system. Forcing more financial burden on any patient is a serious threat to the universal health insurance system in Japan. We agree with implementing a measure to reduce the financial burden for the patients who are under the high-cost medical care benefit system, however, its source of revenue should come from the review of insurance premiums. To address this issue, we are conducting a signature campaign to oppose its introduction, and in addition, a public meeting "the rally to protect the healthcare in Japan" will be held at the JMA Building on December 29.

As for the TPP issue, we believe that implementing the TPP as it is now could collapse the universal health insurance system that we have been defending so desperately, leading to a society where levels of income result in the disparity of healthcare. The neighboring country, South Korea, is a good example. The other day, Chief Cabinet Secretary Fujimura stated that healthcare will be exempt from the TPP. We believe that even the TPP promoters will appreciate our desire to protect the people of Japan, and we shall continue to oppose the TPP as we closely examine the issue and monitor the movements of the government.

I shall continue to have faith in the policy of the ruling party, which holds the idea of "From Concrete to People" and values individuals, and I also hope that the DPJ and the JMA will walk together in the discussions of various problems surrounding the social security of Japan. I mentioned my feelings to Prime Minister Noda when I met him in person on October 6. It is my hope that, with the help of all member physicians, the JMA will continue its activities as we uphold the medical ethics standards to protect the public as a basic principle.