

Policy Address*1

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Promoting “Continuance and Reform”

We executives who were elected in April last year have been administering the affairs of the association for one year. When I was appointed president, I held up the goal of making the Japan Medical Association (JMA) into “a medical association that walks hand-in-hand with the people as a professional organization,” under the slogans of “Continuance and Reform” and “From Community to the Nation.”

“Continuance” means to continue pursuing the JMA’s original purpose, which has been since its establishment “to build a strong professional organization that ensures the protection of the lives and health of the public.” This means, in other words, to firmly maintain Japan’s health-care system in which anyone can receive good healthcare anytime, anywhere, and also to remain firm in strongly opposing political measures that would bring about the collapse of the universal health insurance coverage that underpins that system.

“Reform,” on the other hand, means to propose new systems, and demand that the government implements those systems, so that the public can adequately enjoy the benefits obtained from progress in medical science and healthcare, which are advancing at an extremely fast rate.

The other day Prime Minister Shinzo Abe announced that Japan is going to join the Trans-Pacific Partnership (TPP) negotiations. In responding to questions in the Diet after a Japan-US summit meeting, Prime Minister Abe declared that, “the public health insurance system is not a topic of discussion in the TPP negotiations, which will absolutely not shake Japan’s universal



health insurance coverage.” A Liberal Democratic Party panel, titled the Research Commission on Regional Diplomatic and Economic Partnership, cited in its Resolution on Participation in TPP Negotiations the nation’s universal health insurance system and national health insurance drug price system as “national interests that should be protected to the end.”

The JMA, for its part, suggested directly to Prime Minister Abe, before his trip to the US and right before his decision to join the TPP negotiations, that three conditions should be protected when participating in the negotiations, based on the major premise of protecting the national universal health insurance system: (1) maintaining the scope of medical benefits into the future; (2) not completely lifting the ban on mixing medical treatments that are covered by health insurance with treatments that are not; and (3) not allowing for-profit enterprises to enter medical institution management. Additionally, we are repeatedly stressing these points through the mass media and strongly insisting that Japan should withdraw from the negotiations if it is liable to lose its national interests through TPP participation. We will keep a close watch on this issue and intend to seek the understanding of both the ruling and opposition parties.

We will also continue to keep a watchful eye on trends regarding the Comprehensive Reform of Social Security and Tax, and the Comprehensive Strategy for the Revitalization of Japan,

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which the national government is currently pursuing. Our aim will be to ensure that these policies do not lead to collapse of the universal health insurance system or to reduction of the range of insurance benefits.

Further, the problem of non-deductible consumption tax is creating a heavy burden on medical institutions, since social insurance payment for medical services is exempt from consumption tax. The JMA will strongly urge the ruling party and the Government Tax Commission to reform the system so that a purchase tax deduction is possible and so that the burden on patients does not increase, aiming for a drastic solution in conjunction with the future rise in the consumption tax to 10%.

For its part, the JMA will continue to promote “continuance and reform” so that Japan’s healthcare policy does not head in the wrong direction, taking as its evaluation criteria for policy measures (a) whether a policy contributes to safe healthcare for the public and (b) whether a policy can firmly maintain universal health insurance based on public healthcare insurance.

The Creation of a System “From Community to the Nation”

In health and welfare administration, the policy for many parts, right through to the details, is established by the national government. But the circumstances of problems such as the shortage and uneven distribution of physicians and nurses differ from community to community. That is why it is important to create a system in which each community verifies what is needed and what is not in community healthcare, have that reflected in the government’s policy, and have feedback return to each community. The intention of “From Community to the Nation” is to create such a system.

Two years have passed since the Great East Japan Earthquake, but rehabilitation and reconstruction in the afflicted areas are certainly not proceeding smoothly. The JMA organized the JMAT and carried out powerful medical support operations with the cooperation of physicians from all prefectural medical associations, except those in the affected areas. It is also continuing to support the rebuilding of medical institutions as social infrastructure through initiatives such as the Survivors Health Support Liaison Council.

There was a wide range of lessons that we learned through these undertakings, but the most important was that community healthcare is essential for reconstruction of local communities.

In other words, community healthcare should be a system that appropriately provides the healthcare that is needed by individual community. Accordingly, in the new community healthcare planning that will start in April 2013, respect should be given to community healthcare plans that make use of the community’s characteristics, having been developed and completed within the community, regardless of the size of the city or population.

For that reason, the JMA also needs a system to grasp and analyze the current local situations. It will learn the actual conditions in each community and present the points that it should support to the government and administration. In that way, we must promote the efforts to build up healthcare systems by communities that are desirable by both patients and healthcare providers.

As for the system of providing medical and nursing care in communities, continuous medical care has been provided in the acute, chronic, and convalescence phases, ambulant care, and home care stages through the efforts of JMA members, which has supported the health and peace of mind of the public. However, as Japan becomes a super-aging society, the coordination of medical and nursing care has become more indispensable, and we must enhance the functioning of the healthcare system overall from that point of view. Given this situation, roles expected of medical associations include ensuring coordination and cooperation among various healthcare organizations and hospital organizations, educating residents and patients, providing continuing medical education (CME) to physicians, and improving the function of primary care physicians, in addition to collecting opinions from the medical front and negotiating with the government.

Currently, there are many local medical associations that are undertaking forward-thinking initiatives regarding the coordination of medical and nursing care. Referring to those progressive initiatives, the JMA would therefore like to provide support and cooperation so that coordination systems suited to the community can be built in each community.

As for enhancing the function of primary care

physicians, who are the core of community healthcare, guaranteeing and improving quality should be a role of the medical association. We will make further efforts for the establishment in communities of primary care physicians whom the public can rely on by promoting training through CME programs and various workshops.

In regards to resolving the shortage and uneven distribution of physicians, we should establish prefectural community healthcare centers with the cooperation of government administrations, universities, and medical associations and position them as institutions that will support the career development of physicians throughout their lives. Toward that end, I would like to first of all proceed with development in each prefecture while sharing opinions with relevant organizations such as the Association of Japanese Medical Colleges.

In the coming fiscal year we will exert more efforts to restructure a society which ensures the public well-being by fulfilling the restoration of community healthcare as soon as possible through various initiatives under the slogans of “Continuance and Reform” and “From Community to the Nation,” with concerted efforts made by the JMA’s members.

Putting Foundational Principles into a Clear Code

It is truly unfortunate that the contributions to community healthcare made by medical associations and the steady efforts for health and welfare made with the cooperation of their members are not really recognized by the public as medical association endeavors.

This may be because the concept given in medical associations’ articles of incorporation as the association’s foundational principle—that is, enhancing social welfare through the elevation of the art of medicine, development of medical science and medical techniques, and the improvement of public health—is not clear to the public and even to physicians, making it difficult to envision concrete activities.

In order to improve this situation we should redefine the foundational principle in a way that is easy to understand and send it out widely among the public and physicians. That will be the most appropriate way to gain recognition of the public that medical associations are not

organizations that pursue their own interest but are rather professional organizations that walk hand-in-hand with the public.

I established a committee in the JMA for discussion to formulate the JMA’s principles and action goals into a clear form such as a code. Recently I received a report on the final draft. I plan to present it at the next general assembly for adoption, hoping that it will become a major cornerstone for presenting solidarity not only of medical association members but also of the entire healthcare community in Japan.

Deepening Public-Interest Activities

The JMA was established in 1916 with Dr. Shibasaburo Kitazato as the first president. Ever since then, over nearly a century, the JMA has worked wholeheartedly to improve national healthcare while sharing the desire to contribute to the creation of a society in which any member of the public can receive sufficient healthcare.

As a manifestation of the results, Japan, under a national health insurance system that has been in place for over 50 years, has reached the point where it receives high international acclaim as a country that enjoys the world’s highest level of health. It goes without saying that in the background to the achievement were the efforts of our many predecessors who volunteered in medical association endeavors with untiring enthusiasm.

At the JMA’s 50th anniversary commemoration ceremony held in 1997, His Majesty the Emperor said to the effect that he deeply appreciated the efforts exerted for the healthcare of the public by medical association members, who bear the responsibility of community healthcare. Those words gave great encouragement to all medical association members and are still remembered with pride today.

Physicians must, in the first place, respect the public nature of healthcare and exert themselves through healthcare to the development of society. They have a responsibility to not only care for their individual patients but also to cooperate in improving and promoting the health of a community’s entire population and of public health in the community.

In order to fulfill this responsibility, comprehensive initiatives that take local characteristics into account need to be carried out with the

cooperation of many physicians so that organic efforts can be undertaken for society. I think that this is the mission of medical associations and the history that they have traveled.

And from tomorrow the JMA will take its first step in a new history as a public interest incorporated association. While continuing to inherit our predecessors' wish to improve national health, we will take this opportunity to deepen our various public-interest activities with aims such as establishing a national health system, promoting the provision of safe healthcare, securing

the health of the public through health promotion activities, and stabilizing the administration of members' medical institutions.

On top of that, we will exert further efforts toward the realization of healthcare, medical care, and welfare that are truly needed by the public, so that we can win the broad trust of the people with our wish being to continue protecting the lives and health of the public as a medical association that walks hand-in-hand with the people as a professional organization.