

Home care services in Japan

There recently has been a certain kind of paradigm shift happening in the national health insurance system in Japan in terms of both medical and nursing care—from establishing medical or care service facilities isolated from one another to comprehensive networking of those facilities at the community level. New laws and additional policies proposed by the national government are accelerating this movement to prepare for the upcoming super-aged society, which will reach its maximum in 2025 and is expected to last for a few decades.

In addition to this general perspective, it must not be dismissed that the wide-ranging context of medical and nursing care is in need of better service with sustainability in each community. The fundamental feature of the Japanese medical and nursing care systems lies in the universal coverage of public health insurance as the government program. The difference is, the former is available as benefit in kind, whereas the latter is provided as a cash benefit.

The Japanese healthcare system, with its unique features founded on the universal health coverage and maintained by the medical workforce mainly of the private sector, was once estimated as efficient by the Wall Street Journal. If that is still true, the reformation of national healthcare to the multidisciplinary networking of

various facilities at the community level should involve not only the public sector but the private sector as well. This also means that the involvement of local medical associations is essential to accomplish the goal. I hope that this JMAJ issue reflects these contexts for readers.

Nepal Earthquake in 2015

Nepal was hit by a major earthquake disaster in April 25, 2015. JMA has been actively involved in contributing necessary medical support with the international NGO, AMDA*¹ on a humanitarian basis. I once developed the framework of the Japan Medical Association Team (JMAT)*² program for nationwide medical support in a disaster, which worked considerably well after the Great East Japan Earthquake and Tsunami (March 2011). Recently, I also proposed a framework format for international support, *iJMAT*, for the better performance of mutual medical support with sufficient accreditation by both national medical associations and governments.

I sincerely pray for the well-being of those who suffered in the disaster and all the people of Nepal and other affected nations.

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*1 AMDA (Association of Medical Doctors of ASIA). <http://en.amda.or.jp/>.

*2 Ishii M. Activities of the Japan Medical Association Team in response to the Great East Japan Earthquake. JMAJ. 2012;55(5):362-367.