

### Policy Address\*<sup>1</sup>

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Looking back on past year, our society has seen various changes. Among these changes, however, the Japan Medical Association (JMA) has been taking a leading role in tackling health, medical care, and welfare issues, and has been addressing innovative activities while maintaining comprehensive and ever deepening insight. In this regard, three basic policies for delivering our activities, which were raised at my reappointment as President of the JMA in June 2014, have been pursued: strengthen the organization's power; support community healthcare; and consider future healthcare.

For strengthening the organization's power, the annual membership fees for resident members were reduced or exemptions were given, and the annual usage fee for the Medical Doctor Qualification Certificate (IC card issued by the JMA Certificate Authority) has been nullified as of April 2015, based on a suggestion from the JMA Organizational Strengthening Review Committee chaired by Dr. Tasuku Oyamada, President of the Akita Medical Association.

As a measure aimed at promoting the initiation of non-member doctors into our association, we are addressing the preparation of a new mechanism for offering a portion of the services for JMA members free of charge for a certain period of time.

In addition, for dissemination of this IC card, regional application and review offices were set up, with the cooperation of prefectural and municipal medical associations, and upgrading and expansion of services were implemented, e.g., by interacting with the continuing medical education system. In recent years, impersonation



of doctors has become an issue of increasing concern. To prevent this serious problem, we intend to promote further spread of our Medical Doctor Qualification Certificate.

We are also addressing an acceleration of our efforts to reassemble the membership information system aimed at mutual use by the JMA and prefectural medical associations, elimination of the time lag at information entry, and so on, as well as other activities including preparation of new brochures to provide a simplified but comprehensive introduction to the activities of the JMA.

The JMA is the only organization that represents the voice of Japanese physicians. Along with our efforts to strengthen the organization to embody our goal, we have been endeavoring to promote public activities to “support community healthcare,” the JMA's founding objective.

As we all know, under the current situation in which we are facing the pressures of financial restructuring at the national level, there is an urgent need to take action toward 2025, when the baby boomers reach 75 years of age or older. To maintain the social security system, it is essential to make plans and achieve improvements adapted to the trends of our aging society. We believe that necessary evidence and ideas for such plans are all present in clinical practice.

While holding this thought in our minds, the JMA is conferring with the Council of Four

\*<sup>1</sup> This is a revised English version of the policy address delivered in Japanese by Dr. Yoshitake Yokokura at the 135th Regular General Assembly of the JMA House of Delegates held in Tokyo, June 28, 2015.

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Hospital Organizations to formulate recommendations regarding the optimal approach to healthcare provision in 2025 and thereafter. The JMA is attempting to enhance the system of providing healthcare while promoting comprehensive community healthcare through cooperative activities.

On March 31 of this year, the Guideline for Conceptual Planning of Community Healthcare was released by the Ministry of Health, Labour and Welfare (MHLW). This guideline shows the process of developing the mechanism for enhancing the community healthcare provision system, adequately reflecting the opinions of the JMA. The main body involved in the planning of the community healthcare concept is the prefectural Council on Medical Service Facilities. Therefore, with reference to the guideline, the prefectural medical association is expected to lead the discussion in the council for planning a community healthcare concept that will fully reflect the voices of healthcare professionals, patients, and citizens.

The 29th General Assembly of the Japan Medical Congress 2015 Kansai, held in April of this year provided an invaluable opportunity for healthcare providers and the public to think about community healthcare, achieving a total of about 400,000 participants in academic lectures and exhibits and participatory events for general citizens. The success of this assembly owes a great deal to the excellent support received from doctors at the Kyoto Medical Association, i.e., the prefectural medical association of the venue for the assembly, and the Union of Kinki District Medical Associations as well as representatives of the JMA and medical association members around Japan. Grateful acknowledgment is expressed to all of these people on this occasion.

In the General Assembly, “Building a Bond” was the subheading. As a system to promote further building of the relationship of trust between patients and doctors, the Medical Accidents Investigation System will be initiated starting in October of this year. We are confident that smooth functioning of this system will facilitate determination of the causes of accidents at an earlier stage and the development of preventive measures.

To make this investigation system more effective, active involvement of prefectural med-

ical associations as support organizations for investigating medical accidents, as well as other related issues, is highly anticipated. The JMA intends to provide continuous support for full implementation of their efforts regarding this important issue.

In addition, the JMA is planning to set up a new form of insurance that covers expenses incurred while investigating in-hospital accidents by any medical institution in which the JMA member is a founder or manager, in accordance with the launching of the investigation system.

We will pursue further enhancement of this system to improve medical safety and promote community healthcare, cooperating with other medical professionals, patients, and the general population in an integrated manner.

In addition, in regard to measures to deal with the ongoing outbreak of Middle East respiratory syndrome (MERS) in South Korea, we will continue our endeavors and commitment to providing information promptly to members and call for the attention of the general public, while remaining in close ongoing contact with the MHLW.

While addressing the various issues we are now confronting, the JMA must undertake an important role which can be broadly described as the need to “consider future healthcare,” taking into account the future demand and supply of healthcare and other factors. We must launch policy recommendations and new projects keeping this important role in mind.

Japan has been facing population decline as a result of the falling birthrate and a growing proportion of elderly people at a rate unprecedented worldwide. In general, a decrease in the working age population occurs first, and this is followed by a decrease in the population of the elderly. Along with this trend, the society as a whole begins to experience economic contraction. However, in the field of healthcare and nursing care services, the demand for such services increases, and hence the labor force demand naturally increases because such services are labor-intensive by nature. These changes occur nationwide, regardless of whether areas are urban or rural, which reflects major impacts of healthcare and nursing care on local economies. The presence of community-based medical facilities that provide “primary care physicians” is directly tied to the appeal of a region, and may help

prevent the outflow of child-rearing families to urban areas and halt depopulation of the region.

Social security and economics are interactive fields, and we believe that reassuring people who have anxiety about rearing their children and about their old age eventually serves as the starting point for regaining economic growth. The JMA will advocate this issue to the general public, and propose optimal approaches to healthcare during and after 2025 and present the policies designed for realization of such healthcare, which is a major subject of discussion with the aforementioned Council of Four Hospital Organizations.

First and foremost, healthcare deals with universal aspirations of all human beings, such as health and life. In Japan, the products of progress in medical science and technology have generally been returned to society through the nation's universal health insurance system. As a result, Japan enjoys a high reputation internationally as having achieved the first-class level of health.

On the other hand, we must also focus on the issue of how to accept new innovations in the current mature society. Namely, it is important to develop an environment which favors and nurtures the benefits of medical science and healthcare and to prepare means of returning such benefits to the general public.

In regard to the domestic market for medical equipment, Japan's is the world's second-largest market following only that of the US, and imports from overseas account for nearly half of this market. The export value is less than half of the import value, showing a prolonged state of import surplus. To improve this situation, the Japan Agency for Medical Research and Development (AMED) was set up in April of this year. Whether Japan can produce a greater amount of scientific output would appear to be a key factor in determining the future potential for continuous growth in our country. Therefore, to support Japan's measures and policies, the JMA launched efforts to support the development and business operation of medical equipment manufacturers and suppliers, as led by doctors, through the use of the AMED.

In addition, the JMA is willing to cooperate with the Japanese government in the implementation of necessary measures and innovations that the government should address to achieve

advancements in medical science and healthcare and the establishment of a sustainable social security system. However, we must take a firm attitude toward the measures and innovations that can bring about the situation in which healthcare is left to market mechanisms, out of the hands of the general public, in the name of financial restructuring or reform.

With these thoughts in mind, the JMA expressed its view against the so-called "reference pricing system" and the policy of "fixed visitation charges," which were proposals submitted by attendees at meetings of the sectional committee of the Fiscal System Council and the Council on Economic and Fiscal Policy. These proposals were not acceptable because they necessitated that the elderly and low-income earners would be unable to visit doctors, thereby interfering with the securing of fair and equal provision of healthcare.

The JMA also issued an emergency statement jointly with the Japanese Association of Medical Sciences and the Association of Japan Medical Colleges, citing opposition to the issue of newly creating medical schools in national strategic special zones, as these might give rise to problems in obtaining the optimal situation for future healthcare in Japan and lead to the collapse of community healthcare.

Thus, in our modern society in which healthcare exerts influences on many aspects of life, it is indispensable to implement policies that are unified and coordinated with those of other healthcare professionals as well as people involved in a variety of fields, including those with interests from the standpoints of the government and ruling parties, the economic community, and judicial circles. Even if the goal being pursued is the same, the attitude toward and means of reaching the goal may differ according to these standpoints. Therefore, strong conviction is necessary to avoid overly hasty or poorly thought out resolutions of differences, i.e. settlements should not be accepted until all issues and viewpoints have been thoroughly considered.

In particular, it is anticipated that discussion of the revision of medical fees for the next fiscal year will become increasingly serious and contentious toward the end of this year. On June 22, the draft of the government's policy for the budget compilation of the next fiscal year, the so-called "Big-Boned Policy 2015," Basic Policies for Eco-

conomic and Fiscal Management and Reform 2015, was presented at the Council on Economic and Fiscal Policy. It is anticipated that the JMA will come under pressure to give a very difficult response under the current financial conditions, as well as based on other political considerations, here in Japan.

However, healthcare and nursing care represent essential public services, and must be placed above all else as national undertakings aimed at maintaining and enhancing the lives and health of Japanese people. To begin with, the social security system is based on benevolence and a high sense of ethics, traits held dear by human beings, and is aimed at contributing to the social stability and peace of mind of the Japanese people.

With recognition of this important aim, we have thus far engaged in discussion of the most appropriate way of implementing and maintaining the social security system, keeping in mind the following criteria: whether the policy is conducive to safe healthcare for the people and whether the policy allows us to maintain the nation's universal health insurance coverage as currently provided by public health insurance.

We intend to strongly state the JMA's opinions, holding to our firm beliefs, and thereby do our utmost for the good of the people. Further understanding of and support for the JMA will be highly appreciated.

Social security is said to provide a so-called

“safety net,” in other words an assurance of public safety during peacetime. In fact, the Diet is presently in the process of debating security legislation. We, as healthcare professionals, hope that this issue is carefully deliberated in the Diet, with the lawmakers listening attentively to the voices of the people. Reaching the best possible policy conclusion, one which protects the lives and peace of the Japanese people, is essential.

On April 4, a lecture in commemoration of the visit of the Dalai Lama was held in JMA auditorium with cooperation from Dr. Tadao Kanai, President of the Saitama Medical Association, and many other dedicated and concerned people. The Dalai Lama stated that, “Healthcare will be perfect when a warm heart is present in addition to excellent knowledge and skills.” He described healthcare professionals who eliminate pain and render services to their patients as “people like bodhisattva.”

If all 166,000 members of the JMA devote their energies to clinical practice with his words in mind, we believe that the sincerity of their efforts will inevitably lead to a good result, and we can assure that this nation has a bright future in terms of healthcare. In closing, I swear that I will do my utmost to fulfill the heavy responsibilities of the president of the JMA, serving as a flag-bearer for the dedicated healthcare professionals who are members of this organization.

Thank you for your careful attention.