KOREAN MEDICAL ASSOCIATION

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Korea's First Court Decision to Discontinue Life Support

On May 21st, 2009, the Supreme Court of Korea accepted a patient's demand to discontinue life support that was medically futile. The patient surnamed Kim fell into a vegetative state after suffering brain damage during a lung cancer examination at the Severance Hospital in February 2008. Her family had filed a law suit against the hospital to discontinue life support, claiming that their mother was unwilling to be kept alive dependent on artificial means. The Supreme Court upheld the lower- and appeal court's judgment, ordering the defendant (the hospital) to remove the respirator. This judgment presented the general criteria and process of withdrawal of life-sustaining treatment and specific requirements of advance directives for the first time in Korea.

Although there are conflicting responses in Korean society, and controversies on the judgment continue with the patient still breathing over 150 days after the removal of respirator, Korean medical field overall appears to welcome the recent ruling. Korean physicians have been extremely cautious to patient families' requests to discontinue life support since a court's judgment of finding physicians guilty of abetting homicide for such practices in 1997. Nevertheless, an increasing number of Koreans appear to favor death with dignity. Caught between a forbidding social system and changing public attitudes, physicians on the medical front lines had been placed under serious confusion. Considering changing public attitudes, similar disputes are likely to be repeated and establishing a social system regarding such situations will decrease unnecessary social confusion.

As a part of follow-ups to the decision and efforts to minimize confusion, KMA has drafted "guidelines on discontinuing life support" in collaboration with hospital association and medical societies.

Deteriorating Conditions in Primary Care

With medical fees kept at levels that fail to reflect inflation, the recent economic downturn has resulted in an increasing number of private clinic closures. Private clinic closures have been continuously growing from 6.96% in 2006, 7.70% in 2007 and 7.76% in 2008. As of 2008, 5.6 clinics closed each day due to financial difficulties. Compared to the closure rate of 1% among hospitals, clinics appear to be experiencing greater financial challenges. Another factor that aggravates the difficulties of clinics is that many out-patients still prefer to visit hospitals rather than clinics as a result of a weak distinction between the roles of clinics vs. hospitals. KMA believes that this trend could eventually lead to the collapse of Korean primary care and has demanded active policy solutions to the government. A collapse of primary care will result in a high-cost, low-efficiency medical system. Eventually, it is the patient that will shoulder the entire damage. To solve this primary care crisis, KMA is looking into various solutions including medical fee increases, elimination of unnecessary regulations, allowing medical providers to opt-out of medical insurance and introduction of multiple insurers.

Clinical Examination Added to National Medical Exam (First in Asia)

Korea is the first Asian country to include a clinical examination in its national medical exam starting from this year. The clinical examination

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Fig. 1 A scene from clinical practice exam

Fig. 2 Advices to public

Fig. 3 Demonstration of correct hand-washing

uses systematically trained standardized patients to comprehensively evaluate the examinee's clinical attitude and knowledge.

The clinical practice exam will be conducted during a 51-day period from September 23 to December 1 with 3,549 examinees. It consists of 6 CPX (clinical performance exam) stations and 6 OSCE (objective structured clinical exam) stations. The examinees will also fill out patient notes between CPX and OSCE stations.

KMA and the Korean medical community expect the clinical examination to contribute to fostering higher quality physicians and to improving the overall quality of medicine by adding clinical skill and patient interaction evaluation to the existing paper-and-pencil test (**Fig. 1**).

Active Response against Spread of H1N1 Virus

The spread of the H1N1 virus has led to global losses and concern. In Korea the first H1N1 fatality occurred on August 15, 2009. As of end of October, a total of 33 deaths have been attributed to the virus along with nearly 40,000 confirmed cases. KMA has formed a "Type-A Influenza (H1N1) Emergency Response Committee" consisting of various medical experts and has been conducting an active campaign targeting the public and KMA members to fulfill KMA's mission of leading the prevention and treatment of the disease.

KMA also produced public education material on Type-A Influenza (H1N1) prevention guidelines. KMA has focused on serving as the reliable health communicator to dispel unnecessary public anxiety and to encourage a rational response. To assist its members, KMA has produced guides on H1N1 patient care to enable an efficient response by general medical institutions. To minimize confusion, KMA also presented guidelines on how to refer H1N1 testing and criteria for administration and distribution of anti-viral medication.

In addition, to protect medical professionals at clinics where most frequent contact with acute fever and respiratory cases occur, KMA is working on a program to distribute free protective gear (particle masks, hand disinfectants etc) to clinics.

To preempt any major H1N1 outbreak during autumn, KMA also opened a temporary consultation center in Seoul Plaza and provided expert

advice to the public on the disease itself and its prevention, distributed communication material, demonstrated correct hand-washing and promoted healthy hygiene habits (**Figs. 2, 3**).

Community Activities

To demonstrate the increasing consensus on the need for social contribution, 14 organizations in the medical and pharmaceutical area including KMA, the Ministry of Health and Welfare and Korea Pharmaceutical Association have formed a Social Contribution Council. The significance of this program is that the member organizations work in mutual cooperation as complementing partners to conduct volunteer programs that befit the status of expert organizations. The members of the council held a ceremony to proclaim their strong commitment to social contribution and to a culture of community care and sharing. Since the 1st contribution campaign in 2006, the council has conducted a total of 9 campaigns. In 2009, the council organized a medical and non-medical volunteer visit to "Eunpyoung Village" where 1,700 disadvantaged people including the homeless, the disabled and the elderly live.

Other than this, KMA has been conducting medical volunteer visits to residents of 89 leprosy communities throughout Korea since 2009, as a part of its social contribution activity. The medical visits to leprosy communities started as a way to fulfill our professional mission as medical professionals and to provide hope and love to those isolated from society. KMA plans to continue such programs to protect the health of Korea's 5,000 leprosy patients and to correct the unnecessary social prejudice against them.