National Council of the University Medical Associations in Japan: A new leader of medical school reform

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The National Council of the University Medical Associations in Japan was launched on August 5, 2006. The Council was established at the suggestion of the Tokyo Council of University Medical Associations to clearly articulate the state of affairs at university medical associations and the status of the physicians working there and to make this widely known among the public and members of the Japan Medical Association (JMA) with the aim of improving and bettering the circumstances. The Council was formed with participation from a large majority of medical colleges/medical schools in Japan, including 50 of the 60 university medical associations at 80 medical colleges/medical schools nationwide plus 11 of 21 institutions without a medical association.

At present, I am serving as president and secretariat and as a member from the Tokyo Medical and Dental University Medical Association. One regional secretary each is elected from the Hokkaido Tohoku region, Kanto-Koshinetsu region, Tokyo Metropolitan area, Chubu (Tokai and Hokuriku) Kinki region, and the Chugoku Shikoku Kyushu Okinawa region. In fiscal 2008, we set up a committee on general affairs and a public relations committee to improve executive functions and have been putting effort into public relations and other matters (http://daigaku-ishikai.org/). Specifically, we provide materials that explain the state of affairs of university medical schools and physicians in a straightforward manner through media outlets in and outside medical associations and through the Council's website. These materials are made available for direct perusal by the public and members of the JMA, and we encourage members of the Council to use these materials to explain the situation to their friends and acquaintances, particularly leaders of politics and economy. It has been more than three years since the Council was launched and I think that it is slowly but steadily gaining recognition and that understanding of our assertions is growing.

In recent years the situation surrounding medical practice in university hospitals has changed greatly, including a high incidence of medical accidents, the introduction of a new postgraduate clinical training system, and the conversion of former national universities into independent administrative institutions. In the midst of these changes, physicians working in university hospitals have been shouldering the responsibility to provide high-caliber, advanced, and specialized medical treatment for intractable diseases while supervising the clinical training of young doctors. Additionally, they are an indispensable part of the pre-graduation education of medical students. Recently, their involvement in medical education has been growing to also include that for underclassmen as well as supervising bedside training in the upperclassmen years. What is more, given the importance of the research that is an inseparable part of highly sophisticated medical treatment, these physicians also play a part in identifying the cause of disease, elucidating pathogenesis, and developing diagnostic and treatment methods. Clinical tests and clinical trials in particular are growing in importance in the development of treatment approaches. In these ways, university hospitals have a great

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responsibility that cannot be shifted to other medical institutions, and this responsibility is increasing steadily.

The salaries of university hospital physicians are low—the lowest level compared to physicians working at medical clinics and private hospitals. Still, university hospital physicians used to have more freedom and time to conduct the research they were interested in. And, they were able to provide first-rate medical care and turn out world-class research by continuing desperate efforts even with extremely low faculty numbers on the order of 1/5 to 1/10 those in the US.

How about today? The focus on profit that arose with the conversion to independent administrative institutions alongside rising numbers of patients seen at university hospitals in the cities has compelled a decline in university hospitals' original function of carrying out their customarily advanced medical care and research. Moreover, with the greatest emphasis placed on medical treatment among the three responsibilities of treatment, education, and research, from the standpoint of ensuring medical safety it has become usual for young doctors to work on the hospital wards until late at night and to come into work on Saturdays and Sundays. Faculty members work under these same conditions or even more severe ones. Many clinical instructors hold collateral posts as hospital physicians. At graduate universities, graduate school faculty member also have their main duties to attend to. Even in medical school education, faculty members hold collateral posts.

In other words, at this point, university hospital physicians may have triple postings. Thinking logically about this, one would have to say that is it impossible to fulfill even the usual duties of each position. More specifically, in every field the number of personnel hardly rises compared to the remarkable improvements in the level and service of medical care, education, and research, meaning that each person's workload is continuing to grow hand over fist. In fact, many studies have shown that the number of hours these physicians are working is putting them on the brink of death from overwork.

In this situation, there is an accelerating trend among young to mid-career physicians giving up on universities, asserting that there is no advantage to remaining in university hospitals any longer. If nothing is done about this, medical science and medical care in the medical schools and university hospitals that train all physicians will fall into ruin; this will inevitably have an enormous impact in the near future on all physicians and medical institutions, regardless of the type of practice—be it a clinic or hospital—and is feared might cause the level of Japanese medical care overall to drop catastrophically. Of course, research would also come to a major standstill and fall behind that of the world's developed nations.

It is likely that most citizens and even many physicians outside the university hospital system are unaware of this current reality in our medical schools and university hospitals. In the face of this crisis that may well be dubbed the collapse of medical schools, I think that now is the time that we medical school and university hospital physicians must go into action and remake medical science and medical care in universities and turn them into what they ought to be. It appears that, being as busy as I just described, we university physicians did not get much involved in trying to change this system. But, history shows that the truly necessary reforms will not be made unless we, the hectically busy university hospital physicians on the scene, say something and take action ourselves.

Although there are organizations, such as the Association of Japanese Medical Colleges, that represent medical schools and university hospitals, they have a very strong official character and, I think, the reality is that they are quite far from representing the physicians who work there. To be precise, whereas the interests of medical clinics have been represented by the JMA and the private hospitals have been represented by the Japan Hospital Association and other hospital groups, there have been very few organizations that have fully represented the interests of university hospitals and university physicians.

The National Council of the University Medical Associations in Japan is a completely autonomous organization and can act with greater freedom and flexibility. Accordingly, the Council and the Association of Japanese Medical Colleges and other similar associations stand in completely complementary positions to one another to such as degree as to be two halves of the whole. As such, it is hoped that they can act together. In addition, the JMA has a committee of hospital-based physicians and many prefectural medical

associations have a section for hospital-based physicians. While committees of hospital-based physicians deal with problems that concern all hospital-based physicians, I hope that the National Council of the University Medical Associations in Japan can contribute to the progression of committees and sections for hospital-based physicians by taking action that focuses specifically on the unique characteristics of university hospitals as described above. I believe that the activities and growth of the Council are essential for the JMA to truly develop as an organization that represents all physicians in Japan.

Curiously enough, although many members of the JMA are likely sending their children to medical school, most of them are unaware of the situation in our universities. All the more strangely, it is not uncommon for even physicians working in medical schools and university hospitals to give little thought to the issue. This may be caused by a feeling of hope that somewhere, someone is seeing our actions correctly and will someday make things right. However, as noted previously, the past few decades prove that reality is otherwise. If we do not, at the very least, correctly communicate to the nation the present state of affairs at medical schools and their affiliated hospitals, it is possible that any reform that might be made could end up not going in the right direction. I hope that our action will enable many people in the country, including physicians in medical clinics, private hospitals, and university hospitals, to correctly know for the first time the real situation in medical schools and university hospitals as well as the self-sacrificing efforts of the physicians working there. And then, with the nation correctly understanding and supporting our cause, I want us to aim for the realization of world-leading medical research, efficient medical education, and advanced medical care that is both safe and reassuring.