

Policy Address^{*1}

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First, I would like to briefly explain the activities of the Japan Medical Association (JMA) Board since its inauguration on April 1, 2010. I was elected the President of the JMA with only slightly more than one third of the votes. Because the Board of Trustees actually included members whom I did not recommend before the election, it was criticized as a “twisted” Board and the media expressed anxiety and concern about the future activities of the JMA. Fortunately, however, the entire Board consisting of medical professions from the local associations was endorsed by all the representatives of medical associations across the nation. Thus, I believe the current Board of Trustees has a historical significance for the JMA. The members of the Board are actively engaged in lobbying activities by visiting political circles and related ministries and agencies to give explanations regarding issues in their respective fields. I highly appreciate the efforts of the new board members for their positive activities based on the awareness of the JMA’s main role to present physician’s opinions to the government, instead of simply implementing policies that were pushed by the government as had been the case.

Regrettably, the political world has been in a state of confusion these years. The Hatoyama Cabinet resigned en masse in June of 2010. The succeeding Cabinet led by Mr. Naoto Kan consisted of ministers who were mostly members of the Hatoyama Cabinet. Then, the reformed Kan Cabinet started after the House of Councilors election in September. Under these political situations, my basic belief is that if the JMA were influenced by politics, that would bring nothing but misfortune to the whole nation.

The other day, the JMA received courtesy visits from Mr. Ritsuo Hosokawa, the first Min-



ister of Health, Labour and Welfare (MHLW) to visit the JMA in six years, and Mr. Osamu Fujiwara, Senior Vice-Minister. I took this opportunity to mention that we need to act in concert and understand each other in regards to building a future healthcare policy. In response, both Minister and Senior Vice-Minister stated that they would also like to continue close communication with us in the future.

To Strengthen Advocacy Efforts

Looking back at our past activities, our discussions on what the JMA should do for its members and the general public have been productive. Meanwhile, we must take appropriate action to solve the immediate problems. Health care in local communities has been deteriorated due mainly to the cutbacks in medical costs that were implemented during the Koizumi Cabinet (Apr 2001–Sep 2006) and long before that. It is our mission to restore and improve the level of community healthcare as soon as possible. We are determined to address the issue with an all-out effort.

Japan is a liberal nation, both politically and economically. However, bureaucratic intention to constrain healthcare may expose the healthcare system to the risk of lower quality of care. I have come to realize the need to demonstrate our efforts in protecting the well-being of people under the stronger support from the public.

^{*1} This is a revised English version of the policy address delivered in Japanese by Dr. Katsuyuki Haranaka at the 123rd Extraordinary General Assembly of the JMA House of Delegates held in Tokyo, October 24, 2010.

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I surely feel that the JMA must express our opinions clearly in order to have the medical fee schedule fixed on a correct and stable basis, and not set up in accordance with a biased idea of a few politicians.

Immediate Issues

To strengthen a medical association, it is very important for all the members to be more aware of the fact that they belong to the organization. I created a committee named “Committee to Review the Election System for the JMA President,” to which I requested to make a practical suggestion regarding the revision of the election system of JMA president. I also set up a system to directly receive comments through emails from the members across the country, and those comments have been really helpful to deepen my knowledge about the needs of members.

Other domestic issues include such topics as raising the consumption tax, revision of the medical and long-term care fee schedules, opening of new medical schools, establishment of special medical zones, and the propriety of combined care of insured and uninsured medical treatments, medical tourism, and introduction of a new type of qualified nurse called “nurse practitioner.” Some details of the audit and instruction system on health services covered by insurance must also be discussed. We have been negotiating with the government regarding these issues, acting according to our conscience.

There are also many proposals related to health-care services brought up from ministries and agencies that do not have working relationships with the JMA, such as the Ministry of Economy, Trade and Industry, the Ministry of Finance, and the Ministry of Education, Culture, Sports, Science and Technology. It is our primary mission to maintain the universal health insurance system to keep a high health level of Japan. The national population is expected to decrease by 40 million in 2055 in an era of low birthrate. The JMA Board members are united in our commitment to protect the social security system and universal health insurance system by clearly expressing our strong objection to any wrong notions, with our sights firmly set on maintaining the systems that ensure benefits to the nation.

Revision of Medical and Long-term Care Fee Schedules

The next revision of the medical fee schedule coincides with the revision of the long-term care fee schedule that takes place once every six years. For this fiscal year, we organized two project committees under Committee of Social Insurance Medical Fee Schedule, namely Project Committee Concerning Basic Medical Fees and Project Committee of Simultaneous Revision of Medical and Long-term Care Fee Schedules. The former committee was created to examine appropriate medical fees, and the latter to address coordination of medical and long-term care services including the issue of their fees. The outcome of these active discussions will be conveyed to the government and officials in the MHLW.

Towards Full Participation of All Physicians in Medical Associations

I believe that the law should be revised to require all physicians to join local medical associations when they obtain a medical license, particularly when they become certified as medical practitioner under the public health insurance. Although we physicians are all the same in terms of professional work, mass media has created and expanded a wrong impression among the general public that hospital-based physicians are quite different from those working at clinics.

All physicians follow the medical ethics such as the Oath of Hippocrates (Hippocrates, ca. 400 B.C.) and the Declaration of Geneva (World Medical Association, 1948). Doctors’ medical practices are divine duties that are performed to save people from pain and sicknesses. If we do not stand on this principle, medical associations will be nothing more than a trade union.

Whether they work for hospitals or at clinics, physicians must work in unison in order to overcome various difficulties. The issue of community healthcare is one such example, which must be improved based on the combined efforts of medical associations and prefectural governments.

I also feel that prefectural medical associations must play a pivotal role in protecting community healthcare. The JMA will be always ready to work for its members and the people of the nation, and remain committed to its most fundamental mission of saving lives.