

Efforts of Local Medical Associations in Japan to Improve Medical Ethics and Quality of Member Physicians: Results of a questionnaire survey on patient complaints and consultations

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Abstract

For physicians, ethics and quality improvement involves diligently performing the duties of their profession with pride and conscientiousness. Although, in principle, these are the responsibility of each individual physician, the Japan Medical Association (JMA) has made various efforts to aid its members in recognizing the importance of medical ethics by supporting prefectural and municipal medical associations' activities in medical ethics.

This paper summarizes these prefectural medical associations' efforts to improve ethics and quality of physicians, focusing mainly on the results of a questionnaire survey on patients' complaints and consultations conducted by the JMA to prefectural medical associations from December 2010 through January of the next year. According to the survey, around 60% of complaints and consultations involved the "responses of physicians or administrative staff," "treatment content," and "physicians' explanations." About 90% of these complaints and consultations are resolved by the prefectural medical associations and the remaining 10% are resolved by external organizations such as the prefectural governments, attorneys, or the JMA.

Key words Consultation service for healthcare, Prefectural medical associations, Complaint and consultation, Medical ethics and quality improvement, Active self-discipline

Introduction

The Japan Medical Association (JMA) established the *Principles of Medical Ethics* and the *JMA Guidelines for Physician's Professional Ethics*, and prepared a *Handbook on Promoting Active Self-discipline* to improve medical ethics and quality among its members. Furthermore, they have conducted numerous international surveys on medical ethics. JMA has also provided instruction materials on ethics through e-learning at the JMA continuing medical education (CME) online program and other activities in an attempt to help its members recognize the importance of medical ethics.

The report of the FY 2008–2009 Committee for Ethics and Quality Improvement of Members (Chair: Yasuhiko Morioka), titled *Ethics and Quality Improvement of Members: Putting into Practice* (issued February 2010), proposed that the practical efforts of prefectural and municipal medical associations are essential to improve the medical ethics and quality of their members, and that the JMA should actively support such activities. The report also strongly recommended that the persons in charge of medical ethics and quality improvement at the community level meet all at once, exchange information, and discuss the problems that they typically face. The committee continued its discussion on the involve-

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ment of JMA after finalizing the report, holding a JMA symposium titled “Efforts to Improve Medical Ethics and Quality Among Members” for the first time on February 24, 2011. The sub-title of the symposium was “Examination of ethical questions based on the information from patient complaints.” Along this line, JMA administered a questionnaire (consisting of 16 questions on 4 areas) to 47 prefectural medical associations throughout Japan on patients’ complaints and consultations from December 2010 through January of the next year.

This paper summarizes the efforts of prefectural medical associations to improve their member physicians’ ethics and quality, mainly focusing on the results of this questionnaire survey.

Consultation Services and Responses to Complaints

The current situation of “consultation services for healthcare” by prefectural medical associations (Q1)

Question 1 of the questionnaire asked each prefectural medical association if it had provided “consultation services for complaints.” The *Guidelines on Provision of Medical Information*—the ethical guidelines prepared by the JMA on April 1999—define these consultation services for healthcare as the prefectural or municipal medical associations’ efforts to professionally address patient complaints and provide consultation along with the JMA Promotion Committee on the Provision of Medical Information. However, as a result of the full implementation of the Act on the Protection of Personal Information in April 2005, these guidelines were revised into the *Management Guidelines for Healthcare Consultation Services* in May 2006 to integrate the privacy of patients’ personal information in the frameworks of the consultation services for healthcare and the Promotion Committee on Provision of Medical Information.

In a previous survey conducted in 2000, all 47 prefectural medical associations provided consultation services for healthcare. However, in the 2010–2011 survey, only 46 had it, with 1 prefectural medical association answering that the General Affairs Section of the association responds to complaints because there are too many to handle in a single consultation service on a daily basis, and they have no full-time staff for the task.

Of the 46 medical associations that provide consultation services, the Aichi Medical Association in particular has created a consultation service center (called the Aichi Medical Association Healthcare Safety Support Center), as a project commissioned by Aichi Prefecture in collaboration with the administration.

Information sharing with administrative agencies and its frequency (Q2)

Question 2 asked each prefectural medical association whether it shared information with administrative agencies, and if it did, how regularly that information is shared. Of the 47 prefectural medical associations, 36 (approx. 80.0%) answered that they “share information” with administrative agencies, while 10 (approx. 20.0%) answered that they “do not share information” (1 association did not answer the question). Of those that shared information, the frequency of sharing was as follows: 18 associations answered, “about once a year”; 9 answered, “as needed”; and 2 associations (Aichi and Mie) answered “every month.”

Specifically, the organizations that they shared the information with included the Healthcare Safety Support Centers (installed at public health centers in each prefecture as stipulated in the Medical Care Act, Article 6, Item 11), the prefectural government division in charge of healthcare services, public health and welfare offices, councils for patient safety, complaints and consultations, the Japan Legal Support Center (*Hoterasu*), base hospitals, prefectural police headquarters, and Regional Bureaus of Health and Welfare.

Complaints and Consultations Received by the Prefectural Medical Associations in the Past 3 Years (FY 2007–2009)

The number of complaints and consultations (Q3)

Question 3 asked about how many complaints and consultations each prefectural medical association has handled. From FY 2007–2009, the number of complaints received by the prefectural medical associations remained at around 3,500 per year (**Table 1**). However, due to the volume of complaints, some medical associations only keep track of the complaints that involve the disclosure of medical information and do not

Table 1 The number of complaints and consultations received in the last 3 years

	FY 2008	FY 2009	FY 2010	Total
Prefectural Medical Associations (in total)	3,545	3,444	3,610	10,599
[Reference] Aichi Medical Association	1,055	1,099	1,272	3,426

Special remarks: The Aichi Medical Association deals with complaints and consultations through a project commissioned by the prefecture.

(Source: Japan Medical Association.¹⁾)

keep record of the number of total complaints nor the content of these complaints. Therefore, the actual number of complaints is likely to be far greater than shown in this survey.

Methods of accepting complaints and consultations (Q4)

Question 4 asked about the methods through which each prefectural medical association accepted complaints or consultations. Of the 10,599 complaints and consultations that all of the prefectural medical associations received between FY2007 and FY2009, approximately 90.0% (9,244 cases) were made via phone. People physically visited the medical association building in 334 cases (3.2%) or sent a letter or fax in 280 cases (2.6%). The remaining were through e-mails and other methods.

Claimants (Q5)

Question 5 asked about the types of claimants who filed the complaint or consultation case with a prefectural medical association. Approximately 60% (6,389 cases) of all cases were submitted by the patients themselves. When this figure is combined with the 2,732 cases made by the family members or friends of the patients, together it accounts for nearly 90.0% of all cases. Physicians also consulted in 324 cases. In addition, other medical staff, staff of administrative agencies, the injuring party of traffic accidents, former employees of medical institutions or administrative agencies, and the deputies of the complaints have also submitted complaints and consultations.

Resolution status of complaints and consultations and the methods of resolution (Q6)

Question 6 asked whether the cases had been

resolved and how they had been resolved. Of the 10,599 complaints and consultations received by prefectural medical associations, 10,596 cases had been resolved by the time of the survey period (Table 2). Of the 3 cases in progress at that time, 2 cases had reportedly developed into lawsuits.

As for the method of resolution, 9,258 cases (approx. 90.0%) were settled through the efforts of prefectural medical associations, and the other 10.0% have been resolved by external organizations such as the prefectural governments, attorneys, or JMA.

Contents of complaints and consultations (Q7) (Table 3)

Question 7 asked about the specific contents of the complaints and consultations that each prefectural medical association has dealt with. The “responses of physicians or administrative staff” accounted for 2,742 cases (25.9%) and “treatment content” for 2,706 cases (25.5%); together they occupy over half of all cases. Furthermore, considering that “physicians’ explanations” accounts for 1,026 cases (9.7%), over 60% of all cases involve complaints and consultations on the responses, diagnosis, and treatment by physicians or medical institutions.

Cases that were difficult to accommodate or resolve (Q8) (Fig. 1)

Question 8 asked each prefectural medical association if there had been any difficult cases to handle (or resolve). There were 58 cases from 24 prefectural medical associations in total. The most common type was “distrust in the response, diagnosis, or treatment of physicians or medical institutions,” which accounted for 15 cases (25.9%). “Malicious claimants” and “patients with paranoia or mental disease, or the elderly with dementia” were also common

Table 2 The number of complaints and consultations that were resolved in the last 3 years (according to who had dealt with the case)

The case was dealt with by:	FY 2008	FY 2009	FY 2010	Total
Prefectural medical associations	3,006	2,957	3,295	9,258
Attorney	22	15	28	65
Police	3	3	2	8
Prefectures	15	11	43	69
Japan Medical Association	5	8	8	21
Others	61	59	63	183
Unknown (unreported)	445	400	173	1,018
Total	3,545	3,444	3,607	10,596

Note: The sum of each column does not match the total number of cases of a given fiscal year because multiple answers were allowed.

(Source: Japan Medical Association.¹⁾)

Table 3 Content of complaints and consultations submitted in the last 3 years

Content of complains and consultations	FY 2008	FY 2009	FY 2010	Total
Responses of physicians or administrative staff	908	746	1,088	2,742
Treatment content	961	850	895	2,706
Physicians' explanations	397	266	363	1,026
Disclosure of medical records	107	91	115	313
Medical expenses (medical fees, etc.)	359	306	378	1,043
Psychiatric/psychosomatic issue	316	340	405	1,061
Others	669	821	910	2,400
Unknown (unreported)	264	266	0	530
Total	3,545	3,444	3,610	10,599

Note: The sum of each column does not match the total number of cases of a given fiscal year because multiple answers were allowed.

(Source: Japan Medical Association.¹⁾)

(13 and 12 cases, respectively). Other cases concerned “the disposition or attitude of a physician,” “doubts about past treatment or past cases in which the involved physicians were not held liable for the results of their medical care,” “complaints or consultations that are not related to the affairs of the medical association,” “consultations about legal procedures from a third party,” “questions or complaints from patients whose cases are currently in legal dispute,” etc.

The specific contents of the “distrust in the response, diagnosis, or treatment of physicians or medical institutions,” which was the most com-

mon, included cases such as “when I asked to be transferred to another hospital, the staff involved lacked consideration in making the arrangements,” “mechanical and cold attitudes after admitting a medical error,” “assertive and heartless words that shows no consideration for the patient’s feelings,” “I called to check my appointment time in advance before visiting the physician, but the physician would not see me because I was one minute late,” “When the condition of an infant with congenital disease worsened late at night, the primary care physician refused to examine the infant, and in the end we were sent

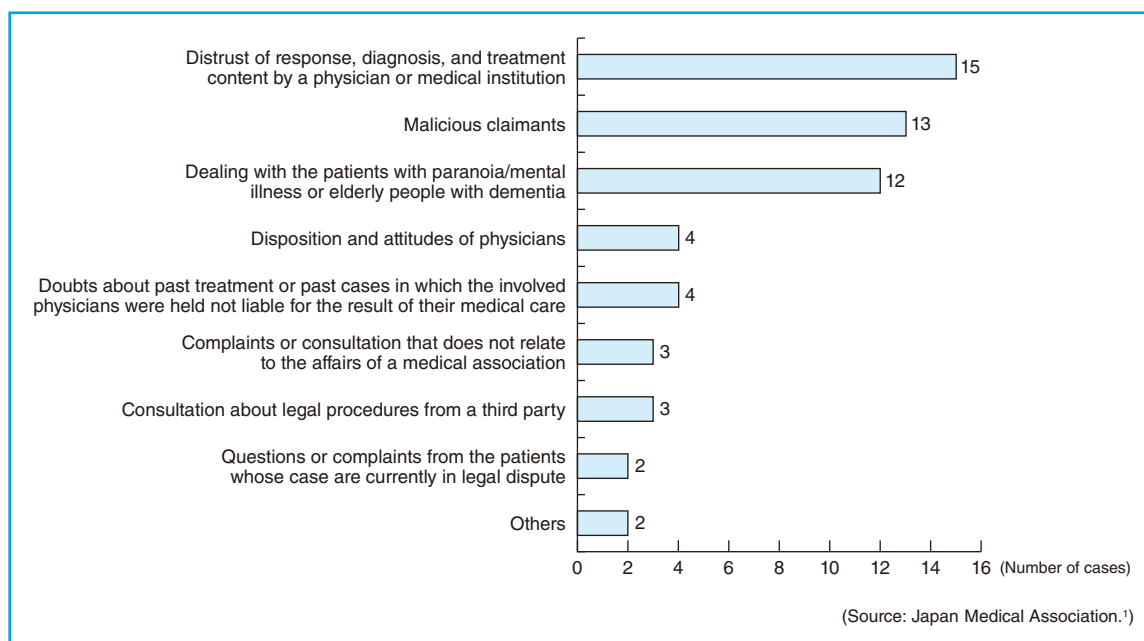


Fig. 1 Complaints and consultations that were difficult to accommodate or resolve

to other hospitals one after another,” “the sanitary control for gastric tube is poor,” “a different hospital had told me that I would not need an operation and that conservative treatment would be sufficient, but I was operated and my condition got worse after the operation,” “the physician in charge had a resident run a test on me without telling me,” and “I was not given a full explanation of the treatment, and I felt uneasy about the treatment results.” To these complaints, the prefectural medical associations involved attempted to resolve the situation through steady and earnest efforts such as interviewing medical institution staff and providing guidance to them, while also explaining the situation soberly to the claimants.

Efforts by Prefectural Medical Associations to Improve Ethics and Quality of Members (Including Activities Aiming to Promote Active Self-Discipline)

Establishment of a committee for ethics and quality improvement (including active self-discipline) of members (Q9)

Question 9 asked each prefectural medical as-

sociation whether it had installed a committee specifically for handling the ethics and quality improvement (including active self-discipline) of its members. Of the 47 prefectural medical associations, 31 (66.0%) answered that they had such a committee. Of those, 60.0% had committee regulations established, whereas 40.0% did not. Furthermore, 16 prefectural medical associations (34.0%) did not have a specific committee for ethics or quality improvement established. However, this issue has likely been raised for discussion at meetings of the boards of directors and various committees or sub-committees.

Efforts to improve ethics and quality of members (including active self-discipline) (Q10)

Question 10 asked each prefectural medical association about whether they had made particular efforts to improve the ethics and quality (including active self-discipline) of their members. Nineteen answered that they “share information and opinions at committee or board of directors meetings,” and 20 answered that they “have other approaches.” These “other approaches” included “holding seminars regarding ethics” (7 associations), “sharing informa-

tion through an awareness-raising letter in the association's official magazine" (5 associations), "sharing information by preparing case study reports" (5 associations), "enhancing ethical values by commending several awards" (1 association), and "having a committee member recommended by the medical association as a specialist of the area provide guidance and share information" (1 association). In the case of an unlawful billing, one association also reported bringing the matter to the social insurance guidance committee for review, and the physician involved was summoned to a sub-committee meeting to receive guidance. One association employed "medical care monitoring system" and "expulsion of the member" as other methods. Finally, 16 associations (approx. 34.0%) answered that they "do not make any particular effort."

Number of physicians who received administrative sanctions among the JMA members in the last 5 years (Q11)

Question 11 asked each prefectural medical association how many of their members had received administrative sanction in the last 5 years. Several prefectural medical associations reported that they did not keep any record of the physicians who received administrative sanction, and they are not aware of how many of their members had been sanctioned. There were also some physicians whose licenses as insurance physicians (physicians who are licensed to accept the public health insurance) had been revoked due to unlawful billing of medical fees but who had not been subjected to an administrative sanction at the Medical Ethics Council in the Ministry of Health, Labour, and Welfare, and some medical associations do not count those physicians in their statistics. In the light of these facts, the collected answers were never tallied.

For reference, the Medical Ethics Council meets twice a year (February and September) to review the cases that are under investigation for administrative sanctioning. The number of physicians sanctioned in a given fiscal year varies: in FY 2007, it was 78; in FY 2008, 60; in FY 2009, 63; and in FY 2010, 51. A very small number of physicians receive administrative sanctions—about 2 out of 10,000. Nonetheless, when such cases do occur, the public's trust of physicians as a whole is at stake, and the issue requires serious attention.

Implementation of re-training (or guidance) of JMA members who received administrative sanction (Q12)

Question 12 asked each prefectural medical association whether they had implemented any re-training or provided guidance to those members who had received administrative sanctions. Of the 47 prefectural medical associations, 44 (93.6%) answered that they "do not offer any."

Those 3 associations that did offer re-training answered that "there are no rules or systems in particular, but guidance and advice are offered as needed to the physician who received administrative sanction after a direct interview by a board member," "the physician in question had his license suspended due to a violation of the Road Traffic Act and professional negligence resulting in injury, and was suspected of being alcoholic, and therefore the committee for active self-discipline recommended him to concentrate on treating his condition," and "guidance was provided through documents."

Implementation of re-education/training of the member physicians who have repeatedly received administrative sanction (Q13)

Question 13 asked each prefectural medical association whether it implemented any re-education/training program to member physicians who had repeatedly received administrative sanction. Such a program is available in 16 prefectural medical associations (34.0%). The specific content of these programs included "the physician in question is encouraged to participate in a training program for preventing medical accidents held by JMA and the prefectural medical association" (5 answers), "the appointed member of the prefectural medical association's board will interview, provide guidance, and alert the physician in question" (8 answers), "individual re-training is imposed on the physician in question through a local medical institution, university hospital, or the prefectural medical association" (3 answers), and "the physician in question was asked to provide measures to prevent further recurrence in written form" (1 answer). (Note: multiple answers allowed.)

There were 31 associations (66.0%) that did not have such re-training. Of those, 13 associations reportedly had no members with 2 or more medical accidents in the last 3 years.

Cases in which the prefectural medical associations had difficulty in relation to the ethics and quality improvement of members (Q14)

Question 14 asked each prefectural medical association if it had had any difficult cases to handle that had involved medical ethics and quality. Three prefectural medical associations answered that they had met such challenges. In one case, a member became discontented with the guidance provided by the prefectural medical association with regard to the application procedures for medical fees, and he/she repeatedly engaged in disturbing behaviors (e.g., silent phone calls) and was accused of violating the Anti-Nuisance Ordinance. In another case, a member physician in a private practice consulted the prefectural medical association about other members of the medical association who had expressed their doubt about the prescriptions issued by the member physician to the patients directly, planting seeds of anxiety and distrust in patients. In addition, the hospital-employed pharmacist reportedly provided instructions to patients that had not been approved by the consensus of a relevant academic society. Upon reviewing the facts, the committee for active self-discipline found that the other member physicians did not fully understand the medical guidelines, so they were provided guidance and were advised to correct their understanding. As for the pharmacist, the committee asked the prefectural pharmaceutical association for help in investigating the facts of the situation and providing guidance as needed. Since then, members' questioning of the medical care provided by physicians has shown signs of improvement, and the association reported that active self-discipline had worked well. One association expressed concern about "a member who did not listen no matter how many times they were repeatedly told the same thing," and another mentioned that "it is difficult to get people to participate in a planned training session."

Requests to JMA to Improve the Ethics and Quality of Member Physicians

Expected support from JMA on improving the ethics and quality of members (Q15)

Question 15 asked each prefectural medical association about what kind of support it hoped

to receive from JMA to improve the ethics and quality of association members. The most common request was "to hold a symposium," made by 24 associations. Twenty-two associations requested "opportunities to share information among prefectural medical associations about each other's efforts" and "to incorporate the subject of ethics into the JMA CME's curriculum," and 21 associations requested JMA "to prepare case study reports." Some candid comments were also made about JMA's efforts, including "the challenge is how to convey the information to the members, especially those who are not interested." Furthermore, the following comments were also submitted to the JMA, including "it is questionable whether holding a symposium at the national level would really be effective," "the topic of ethics should be enriched as part of the CME through publishing articles on ethics in the Journal of the Japan Medical Association (official journal of the JMA published monthly in Japanese) in a series or preparing instructional materials such as dramatized videos or CD-ROMs, etc.," "it would be helpful to have instructions on how to accommodate patients, including the legal grounds," "participation in seminars and workshops on ethics would hopefully be included as a prerequisite for obtaining a license as the promoter for patient safety," and "please share how to select instructors for seminars and workshops on ethics."

Topics to include in a JMA symposium, if one were to be held (Q16)

Question 16 asked each prefectural medical association whether there is any particular topic it hopes JMA would address in a JMA symposium (if one were organized). Twenty-seven associations suggested "the efforts of each prefectural medical association in an attempt to improve the ethics and quality of their members"; 25 suggested "handling complaints and consultations"; and 24 suggested "the JMA's CME program that targets the ethics and quality improvement of members." In addition, 15 associations suggested "how to deal with a physician who has committed an illegal act," and 8 associations suggested "the efforts of other nations concerning medical ethics."

Other possible topics were also proposed to JMA, including "the sense of having a mission as a professional," "contracts between physi-

cians and patients regarding medical care,” “the methodology of re-education for physicians,” “the framework for identifying and dealing with problems through case studies, provided that the privacy of those involved is fully considered,” “drawing up an instruction manual on medical complaints/consultations including specific methods of dealing with those cases (e.g., role-playing),” “guidance on how to respond to someone who chose to withdraw his/her membership from the medical association before the JMA Ruling Committee reaches a decision (e.g., will not allow re-admission).”

Conclusion

About 60% of all complaints and consultations submitted to prefectural medical associations involve the “responses of physicians or administrative staff,” “treatment content,” and “physicians’ explanations.” For physicians, improving medical ethics and quality involves diligently performing their profession with pride and conscientiousness; such efforts are essentially the responsibility of each individual physician. Nevertheless, JMA plans to continuously support prefectural and municipal medical associations through various activities to improve the ethics and quality of member physicians and promote active self-discipline, as well as provide information to individual members on medical ethics and ethical issues.

Reference

1. Japan Medical Association. The Results of the Questionnaire Survey on the Complaints and Consultations Submitted to Prefectural Medical Associations. Feb 2010.