

Chapter 1 : Health in Japan - Wikipedia

Japan's 47 prefectures (regions) implement those regulations and develop regional health care delivery with their own budgets and funds allocated by the national government. More than 1, municipalities operate components of the SHIS and organize health promotion activities for their residents. 1.

Rating Mixture About this rating Origin Healthcare reform has been a perennial political project in American politics, from the presidencies of Franklin D. We examine this meme point-by-point below: This is basically true. Japan has universal health care , which means that everyone who lives there except undocumented immigrants and short-term visitors can access affordable care and is required by law to be covered by some form of insurance. For the most part, residents do this through two kinds of insurance, which are administered by the government: Costs are half of what is spent for healthcare in the United States. By the two most commonly-used metrics, this is about right. According to the Health and Global Policy Institute, patients should get a referral letter before presenting at larger hospitals. This is partly because the free access system can sometimes mean individuals with only minor ailments present at hospital emergency rooms, creating a backlog for patients in more urgent need of care. Japanese people visit doctors even more than twice as often Americans do, at least according to OECD data. In , that figure was According to United Nations data , a Japanese person born in could expect to live, on average, until the age of Children born in Hong Kong can expect to live to 84, but Hong Kong is a territory of China, not a sovereign nation. Research has shown that the relatively healthy diet and lifestyle of Japanese people, as well as good healthcare, plays a significant role in their longevity. United Nations data also show that in , the most recent year for which data are available, Japan had the joint second-lowest rate of infant mortality in the world, defined as the number of children who died under the age of one for every 1, live births. Does this mean 95 percent of healthcare providers operate on a not-for-profit basis? That 95 percent of procedures are performed on a non-profit basis? That 95 percent of all health care expenditures relates to not-for-profit providers? We do know that by law, hospitals in Japan cannot operate for profit, with the exception of large for-profit companies who build hospitals for their own employees. Facilities that provide care for elderly and disabled people e. The government sets all fees for medical services and drugs. More specifically, the fees are set by a government-appointed body called the Central Social Insurance Medical Council. Zhang, Xing and Tatsuo Oyama.

Chapter 2 : The Most Efficient Health Care Systems In The World (INFOGRAPHICS) | HuffPost

The health care system in Japan provides healthcare services, including screening examinations, prenatal care and infectious disease control, with the patient accepting responsibility for 30% of these costs while the government pays the remaining 70%.

Oct 21, This newsletter introduces our community of readers to some of the basic concepts behind the traditional medicines and healing practices of Asian cultures. People belonging to these Asian cultures are accustomed to relying on distinct health practices and beliefs that are significantly different from those of native born Americans and other immigrants. This topic is expansive, so links for further study are embedded throughout the article. We will be focusing on the health beliefs and practices of people from Southeastern Asia i. China, Japan, and Korea. A brief explanation of the interrelatedness of the primary traditional medicine practices is followed by a brief description of each. East Meets West In the 17th century, traditional Vietnamese and Chinese practitioners began identifying their medicine as Dong Y to distinguish their medicine from the Western colonial medicine. Today, the terms Eastern medicine and Asian medicine are more commonly used in this country, and perhaps they are the better terms. The use of oriental has shifted to refer to home furnishings, carpets especially, and certainly in the field of cross-cultural communications, the word oriental is never used as a category of culture. The philosophies of health and illness causation at the root of Eastern medicines are even less understood and just as important. Traditional Vietnamese medicine TVM actually evolved together with traditional Chinese medicine and arguably the development of the two are so-intertwined that it is impossible to separate them. However, there are differences. Closely related to both are Japanese and Korean traditional medicines. Historically speaking, many societies in Eastern and Southeastern Asia have been part of the Chinese cultural sphere due to trade, migration, and occupation. Thus it is safe to say that the healing traditions of most Asian cultures are intertwined to some extent, much as their religious philosophies are. Health beliefs can have a profound impact on the clinical care of Asian patients in the United States, affecting the accuracy of health histories and compliance with treatment recommendations from Western providers. Because the principles behind the Western medical model are so different from those of Eastern medicine, it is difficult for American providers to shift gears when talking to Asian patients and consider a mind-set where health is seen as a state of balance between the physical, social, and super-natural environment. Western medicine tends to approach disease by assuming that it is due to an external force, such as a virus or bacteria, or a slow degeneration of the functional ability of the body. Disease is either physical or mental. The Eastern approach assumes that the body is whole, and each part of it is intimately connected. Each organ has a mental as well as a physical function. Examples are earth and heaven, winter and summer, night and day, cold and hot, wet and dry, inner and outer, body and mind. These pairs of opposites are connected via a circular harmony. The yin and yang symbol is helpful in representing this concept. Harmony means health, good weather, and good fortune, while disharmony leads to disease, disaster, and bad luck. The strategy of Chinese medicine is to restore harmony. Each human is seen as a world in miniature, and every person has a unique terrain to be mapped, a resilient yet sensitive ecology to be maintained. Like a gardener uses irrigation and compost to grow robust plants, the doctor uses acupuncture, herbs and food to recover and sustain health. They come in the form of pills, powders, tinctures and raw herbs taken internally or as balms for external use. Japanese Herbal Medicine Kampo is Japanese herbal medicine, which has a long history of clinical application. Kampo uses precisely measured herbs to treat illness, based on the skillful use of well-known formulas, valued for their impact on clear as well as vague conditions. Kampo does not use rare or endangered plant or animal products. Kampo medicine is based on the theory that diseases arise because of a disharmony in the flow of Qi Chi. By stressing prevention, Kampo helps the patient to maintain good health according to natural principles. The practitioner employs the ancient tools of pulse diagnosis and urine analysis, to find the root causes of disease. Tibetan Medicine is based on Buddhist principles and the close relationship between mind and body. Traditional Vietnamese Medicine The distinguishing feature of TVM is the emphasis on nourishing the blood and vital energy, rather than concentrating on specific symptoms. TVM views building

up the blood and energy as the key to good health. The main treatments employed by TVM are herbal medicine, acupuncture, and moxibustion. The cornerstone of its theories is based on the observed effects of Qi energy in the body. Acupuncture is also useful for preventative health care. Suppliers usually age the mugwort and grind it up to a fluff; practitioners burn the fluff or process it further into a stick that resembles a non-smokable cigar. Cupping Fire, or simply cupping, is a form of traditional medicine found in several cultures. It involves placing glass, plastic, or bamboo cups on the skin. Cupping is also used to treat back, neck, shoulder, and other musculoskeletal pain. No hard and fast rules about interacting with Asian patients and families are being offered. Becoming fully familiar with the normative cultural values affecting interactions with patients from different cultures is a process that takes time and experience. It is also important to learn to ask patients questions in a culturally sensitive way, understanding that fear of making mistakes in communicating with them blocks the exchange of vital information. There have been instances where practices such as coining and cupping have been misinterpreted by conscientious healthcare workers and reports of child abuse made in error. Thorough efforts at communication might have prevented these erroneous reports which traumatized families. Clinicians should keep in mind that individuals subscribe to group norms to varying degrees. Searching out and really trying to understanding the individual patient is crucial. The following websites were referenced for several definitions of beliefs and practices: All rights reserved Search for:

Chapter 3 : We can help your healthcare needs in Japan

However, Japan's aging population, low birth rate, and economic stagnation have placed a burden on the country's universal health care system, so reforms to that system are under way. 2.

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Hospitals are one of the most important health care resources in Japan. As such, we investigate Japanese hospitals from various viewpoints, including their roles, ownership, regional distribution, and characteristics with respect to the number of beds, staff, doctors, and financial performance. Applying a multivariate analysis and regression model techniques, we show the functional differences between urban populated prefectures and remote ones; the equality gap among all prefectures with respect to the distribution of the number of beds, staff, and doctors; and managerial differences between private and public hospitals. We also review and evaluate the local public hospital reform executed in from various financial aspects related to the expenditure and revenue structure by comparing public and private hospitals. We show that the reform contributed to improving the financial situation of local public hospitals. Strategic differences between public and private hospitals with respect to their management and strategy to improve their financial situation are also quantitatively analyzed in detail. Finally, the remaining problems and the future strategy to further improve the Japanese health care system are described. Over the past 50 years, Japan has achieved satisfactory demographic health at reasonably low cost. Many researchers attribute the success of the Japanese health care system to policy-makers who have been proficient at balancing demands and supplies with dexterous skill, controlling medical prices under the universal health insurance system. First, the capability of the population to pursue necessary and adequate health services is related to how health care services are financed. The well-established health insurance system has ensured medical services are affordable to every citizen, though it faces increasing financial challenges. Second, accessibility to health care services is related to the equal access to health care services, however, is not well solved yet and faces increasing challenges. In this paper, we aimed to investigate the major characteristics of the Japanese health care delivery system, focusing on the local public hospital LPH reform process. The basic health policy of Japan is characterized as a combination of tight control of the payment system and a laissez-faire approach regarding how services are delivered. For the payment system, the supply-side cost control is imposed by a uniform fee schedule at national level; thus, all providers, no matter whether private or public, share the same prices for their medicines, devices, and services under this nationwide fee schedule. For the health care delivery system, a laissez-faire approach is adopted by the administration. The health care market is open to all domestic participants equally. According to Medical Service Law, 7 establishing a hospital, defined as a facility with 20 or more beds, requires the approval of the government, while starting a clinic with less than 20 beds simply requires the owner to notify relevant local authorities. The policy has led to two consequences: Namely, in , the number of hospital beds in general was more than twice the Organization for Economic Co-operation and Development average, despite a significant drop since . Regarding the total number of hospitals in Japan, we can see a slight decrease over the last 10 years from 9, in to 8, in , a 6.

Chapter 4 : Japan's Universal and Affordable Health Care: Lessons for the United States?

Japan's health care system is characterized by universal coverage, free choice of health care providers by patients, a multi-payer, employment-based system of financing, and a predominant role for private hospitals and fee-for-service practice.

That amount was less than the average of 9. The government is also able to reduce fees when the economy stagnates. While some countries like the U. The negotiations determine the fee for every medical procedure and medication, and fees are identical across the country. If physicians attempt to game the system by ordering more procedures to generate income, the government may lower the fees for those procedures at the next round of fee setting. As of , Japan had a goal of adding more drugs to the nations National Health Insurance listing. Age related conditions remain one of the biggest concerns. Pharmaceutical companies do focus on marketing and research toward that part of the population. Life expectancy at birth was 83 years in male. There are four times more MRI scanners per head, and six times the number of CT scanners, compared with the average European provision. The average patient visits a doctor 13 times a year - more than double the average for OECD countries. Traditionally, physicians have been trained to become subspecialists, [17] but once they have completed their training, only a few have continued to practice as subspecialists. The rest have left the large hospitals to practice in small community hospitals or open their own clinics without any formal retraining as general practitioners. The first general practitioner course was established in Saga Medical University in Quality[edit] Japanese outcomes for high level medical treatment of physical health is generally competitive with that of the US. Japan excels in the five-year survival rates of colon cancer, lung cancer, pancreatic cancer and liver cancer based on the comparison of a report by the American Association of Oncology and another report by the Japan Foundation for the Promotion of Cancer research. Surgical outcomes tend to be better in Japan for most cancers while overall survival tend to be longer in the US due to the more aggressive use of chemotherapy in late stage cancers. Five-year survival of patients under dialysis is According to the International Association of Heart and Lung Transplantation, the five-year survival of heart transplant recipients around the world who had their heart transplants between and was In contrast to physical health care, the quality of mental health care in Japan is relatively low compared to most other developed countries. They oversee annual hospital inspections. In Japan introduced a law to require hospitals to conduct reviews of patient care for any unexpected deaths, and to provide the reports to the next of kin and a third party organization. However, it is up to the hospital to decide whether the death was unexpected. As above, costs in Japan tends to be quite low compared to those in other developed countries, but utilization rates are much higher. Most one doctor clinics do not require reservations and same day appointments are the rule rather than the exception. Japan has about three times as many hospitals per capita as the US [31] and, on average, Japanese people visit the hospital more than four times as often as the average American. Some patients with mild illnesses tend to go straight to hospital emergency departments rather than accessing more appropriate primary care services. This causes a delay in helping people who have more urgent and severe conditions who need to be treated in the hospital environment. There is also a problem with misuse of ambulance services, with many people taking ambulances to hospitals with minor issues not requiring an ambulance. In turn this causes delays for ambulances arriving to serious emergencies. The problem has become a wide concern in Japan, particularly in Tokyo. A report has shown that more than 14, emergency patients were rejected at least three times by hospitals in Japan before getting treatment. A government survey for , which got a lot of attention when it was released in , cited several such incidents in the Tokyo area, including the case of an elderly man who was turned away by 14 hospitals before dying 90 minutes after being finally admitted, [33] and that of a pregnant woman complaining of a severe headache being refused admission to seven Tokyo hospitals and later dying of an undiagnosed brain hemorrhage after giving birth. There is controversy over whether certain changes to the healthcare system are good or not. In , some doctors along with the Japanese Medical Association did not want reforms in Japan. They believe that the specific reforms would widen the gap between haves and have nots. The reforms were part of the Prime Ministers

plans to deregulate certain sections of the economy. According to Mark Britnell , it is widely recognised that there are too many small insurers.

Fukuoka, Japan "No one here in this island nation of million has gone bankrupt as a result of medical fees. In a country notorious for \$80 cantaloupes and coffin-size hotel rooms for \$

Where can I get a mental health medication or counselling in Japan? In Japan, mental health care services are arranged into 3 major groups. Consulting times are generally short, less than 30 minutes when you use Japanese Health Insurance. Psychiatrists can prescribe medications to treat mental health conditions. General internal medicine doctors can prescribe some mental health related medications but restrictions apply. If you are taking several kinds of psychiatric medications it is recommended to see a psychiatrist rather than an internal medicine doctor. Psychiatric services are covered by Japanese Health Insurance. They mainly treat physical problems caused by psychological stress, such as insomnia. Psychosomatic medicine doctors may not be able to treat psychiatric disorders like manic-depression or schizophrenia. If you have a physical symptom and primary care doctors do not know the cause or treatment for it, psychosomatic medicine clinic is an option to get an opinion. They can prescribe medications to treat illnesses and are covered by Japanese Health Insurance. They work in mental health clinics, hospitals and counselling centers. Some clinical psychologists provide telephone or skype counselling. Clinical psychologists can perform psychological tests, but cannot prescribe medication. Generally, they can deal with patients with wide range of mental health issues but some specialize in only counselling. At present, there is no national licence system like the one for medical doctors to become a clinical psychologist in Japan. Depending on the skill and experience of the psychologists, the quality of service a patient receives can differ. Counselling services are not covered by Japanese Health Insurance. JHI can assist you find a mental health specialist that matches your needs. Please contact us to discuss your needs.

Chapter 6 : NPR Choice page

THE Japanese spend half as much on health care as do Americans, but still they live longer. Many give credit to their cheap and universal health insurance system, called kaihoken, which celebrates.

How does Japan compare? In Japan, health care has long been likened to air and water “givers often taken for granted. Like all other developed countries except the United States, Japan has universal coverage, which means everyone is covered by the public health insurance program. The government has long boasted that Japanese health care is first-class, affordable and helps extend its high life expectancy rates. In , Japan was ranked first in the world in this category, with the average life span hitting . But a closer look at the system tells another side of the story. As informal surveys by The Japan Times show , the Japanese health care system, the basic structure and regulatory mechanism of which have changed little since universal coverage was achieved in , has its own set of shortcomings and flaws compared with systems abroad. Not only that, its rapidly aging society and shrinking ranks of premium-paying workers, coupled with the arrival of new drugs and technologies fetching phenomenal prices, are putting immense strains on the system, experts say, making its sustainability uncertain. Under the Japanese system, everyone must join a public insurance program through their employer or municipal government and pay a monthly premium that is determined by income. In exchange, they receive access to government-approved medical procedures and prescription drugs, for which they pay 30 percent of the cost or less. Though premiums have risen over the years, medical services have been affordable for most people. Unlike in the U. A case in point is an unprecedented decision made by the government in November to halve the official price of Opdivo, a biotechnology-driven lung cancer drug. Under the public insurance program, people undergoing costly treatments are exempted from paying more than a certain amount determined by their income level. In fiscal , patient payments made up . Premiums paid by the insured and employers made up . On the other hand, the system has defied reform. The government wants to introduce a yearly review from fiscal to further rein in costs. This has fostered a culture in Japan of patients seeking more care than necessary because access is unlimited, he explained. This explains why doctors in Japan are always busy, handling dozens of patients daily and sparing little time to communicate with them. It also explains why tests are so commonplace at clinics and hospitals. That can reduce waste in the system and alleviate the shortage of doctors and nurses in some parts of the country without significantly increasing overall resources, he said. But Japan also has a lot to learn from the U. So-called family doctors in Japan are not well trained at detecting illnesses when faced with myriad symptoms, he said, because any independent doctor can claim to practice internal medicine regardless of specialty or training. Japan will also need to reconsider its easy access to care, with the postwar baby-boom generation scheduled to enter their 80s in , Ishiyama said.

Chapter 7 : Health care system in Japan - Wikipedia

HEALTH CARE IN JAPAN. Japanese Health Care System. brain surgeon with patient Universal health care is enshrined in the Japanese Constitution. A national health.

World Health Organization] Systematized medical care in Japan dates from the introduction of Chinese medicine in the 6th century. This medical tradition produced many noted Japanese physicians and continued up to the Meiji Restoration. At the same time, the system is faced with a number of challenges, including the small number of medical professionals doctors, nurses, etc. In the 21st century, the medical system will have to cope with changes in the disease structure, changes that include the growing prevalence of psychiatric disorders such as depression, the appearance of new infectious diseases like SARS, and, most of all, the greater number of cases of geriatric disease that will result from the rising average age of the population. The health-care provision system has built in these two key aspects so that everyone, regardless of where they live, can be sure to obtain medical services. Efforts are also being made to introduce, on an experimental basis, new medical services for those living in remote locations, such as mountainous areas, so that they can receive medical services via the Internet and other communication technologies. In , more than 1, women died from problems related to childbirth. In only 35 died. Photos of Health Care Workers japan-photo. Versus Japan in Health Care livescience. Ministry of Health, Labour and Welfare mhlw. One of the biggest health problems in Japan in the 19th century was the use of human sewage to fertilize rice fields. When it rained the sewage ended up in rivers which supplied drinking water. Burton help produce clean water by routing drinking water through purifying sand filters and storing it better in reservoirs. Japanese Health Care System brain surgeon with patient Universal health care is enshrined in the Japanese Constitution. A national health insurance system was established in . Only conditions related to an ailment of some sort are covered by health insurance. Having a baby or other things not regarded as an illness or injury are not. In many cases local governments pick up the tab for having a baby. Medical care is relatively cheap. Because of this people visit the hospital or even call an ambulance for relatively minor ailments. People often stay in the hospital much longer than they would for the same ailment in the United States. Visits to clinics for health check ups are quick and efficient. Dentist give filing in less that 2 minutes. The waits can be long though. Japanese sometimes refer to their experience at the hospital as "three for three"wait three hours and then spend three minutes with the doctor. Medical care for infants is nearly free and the elderly only pay small fees. In many cases, people over 75 are only required to pay 10 percent of the medical costs incurred at hospitals. Insurance plans rarely resist paying for treatments ordered by doctors. In some cases aromatherapy and stress management are covered by health insurance. Study In May , a study of 13 industrialized countries released showed Japan spends the least on health care, while the United States spends the most without providing superior care for the money. The United States had among the highest rates of potentially preventable deaths due to asthma and diabetes-linked amputations, and showed average rates of in-hospital deaths from heart attack and stroke, it said. Data for the study came from the Organization for Economic Cooperation and Development and other sources, the foundation said. According to Ryohei Yozu, professor of cardiovascular surgery at Keio University School of Medicine, heart bypass surgery is more effective than catheter-based therapy in restoring blood flow. Yomiuri Shimbun, February 14,] Japanese Health Insurance A Health Insurance Law amendment which went into effect in entitles all Japanese citizens and resident aliens to coverage under one of six health insurance plans. Other plans provide coverage for seamen, national public-service employees, local public-service employees, and private-school teachers and employees. Those 75 or older are enrolled in a separate system from the general health-care system, the Long Life Health Care System. The insurance carrier then remunerates the doctor, hospital, clinic, or other medical care provider directly for the remainder on a fee-for- service basis as determined by the Ministry of Health, Labour and Welfare. This universal medical care insurance system gives all citizens access to adequate medical care, thus contributing greatly to their peace of mind and to the overall level of health in society. The situation worsened in the economic crisis in and . In January a special fees for emergency room visits by people with minor illnesses such as insect bites was introduced to help

reduce the burden on doctors and the health care system. Need for Computerizing Medical Records in Japan

Medical records at many hospitals along the Tohoku coast were lost in the huge March tsunami. The Yomiuri Shimbun reported: Such a lack of medical information was also one of the major difficulties faced by doctors from across the country when they gathered at evacuation centers. The lives of more disaster victims could have been saved if records of their examinations and treatments had been quickly confirmed online. Electronically available medical information is useful not only in times of disaster but also in ordinary times. For example, cooperation between major hospitals and nearby clinics and between home-visit nurses and nursing care services could be made easier. Superfluous medical examinations and inconsistent drug prescriptions could be averted. Patients taken to hospitals for emergency treatment could receive the most appropriate treatment more quickly. Computerization of medical information would also be helpful in regions suffering from a shortage of doctors. More integrated record-keeping among medical institutions would make it less necessary for local governments to maintain major central hospitals, thus facilitating a more efficient dispersal of personnel.

Health Care for Elderly Public health insurance for the elderly falls into two categories: As of March , about Premiums paid by individual are set by prefectural governments. The system has been somewhat in disarray since the introduction of a new system in the spring of that aimed to get the elderly to pay a greater share of their health care and reduce the burden on future generations. About , people have been treated with the procedure. In countries such as France, Sweden and the Netherlands the procedure is not carried out on patients with advanced dementia but in Japan it is. Just 41 years later, in , it was more than As of April , Japan had Today one in every five people is 65 years or older, and in the ratio will likely be one in three. In , medical expenditures of this group totaled Web-Japan, Ministry of Foreign Affairs, Japan] Through advances in medical treatment technology, the best medical care available can be given, yet at the same time this can lengthen the period of care. In addition, with the progressing trend toward nuclear families and women entering the work force, caring for the elderly at home has become difficult for some households. Concomitantly, there is a shortage of facilities such as nursing homes to care for the aged. This has led to the aged, who primarily require more nursing care than medical treatment, being cared for at hospitals for long periods of time rather than at nursing care facilities, thus accelerating the increase in medical expenditures for the elderly. In an attempt to improve the quality of elderly care, provide additional funding, and eliminate efficiencies that have resulted from the intermixing of medical treatment and long-term care functions, the government implemented a long-term care insurance system in In each individual case, the need for such services has to be certified by city, town, and village offices in charge of administering the nursing care insurance system. A revision to the Long-Term Care Insurance Law added an emphasis on prevention aimed at helping those with relatively mild problems to maintain and improve their conditions, and thereby avoid deteriorating to the point where extensive care is necessary. This preventive care management is handled by community-based comprehensive support centers. Doctors in Japan hospital in Japanese have traditionally regarded the medical profession as kind of sacred and the judgement of doctors beyond reproach. Many patients do not seek a second opinion because their doctors consider it an insult. Medical doctors receive licenses that are for good for life doctors in the U. They are generally immune from public scrutiny and are not required by law to release their medical records. Doctors generally work out of hospitals rather offices. When someone has a health problem they go to the hospital and visit whatever doctor is there that treats the problem the patient thinks he or she has. Some doctors join *ikyoku*, closed groups that decide where doctors work and how much they get paid and other matters. There have been groups with dictatorial leaders that engaged in shady practices and forced doctors to work for little pay. Increasing young doctors are shunning these organization. Some doctors do quite well. Doctors reportedly own more Rolls Royces than any other profession in Japan. Others are overworked and underpaid. He conducts more than operations a year, including ones other doctors refuse to undertake, and performs procedures using delicate movement of less than one millimeter with extraordinary precision. He sometimes carries out two or three operations at a time, subsisting on little more than energy drinks and rice balls bought at convenience store for meals. As the head of St. In , he was among passengers taken hostage by Red Army faction members who hijacked the Yodo, a Japan Airlines jetliner. One survey found that 90 percent of doctors feel burdened by the amount of paperwork

they are required to do. Hospital-hired doctors work especially hard. One survey found that 30 percent of them had worked for a month straight without taking any days off. Obstetricians and pediatricians often put in regular hours in the day and handle emergency cases at night, exhausting themselves working long hours, burning themselves out and endangering patients. The government health ministry is currently working on ways to reduce the workload of hospital doctors such as adhering strictly to night or day shifts, encouraging work sharing, hiring more people to take care of paper work and adhering to rules that give doctors two days off a week and prevent them from working more than 16 hours at a time. Medical Tourism in Japan Japan is making an effort to enter the medical tourism business, attracting wealthy people in need of medical attention mainly from Arab countries, China and Russia. In January Japan began issuing six-month medical visas to allow visitors that much time to receive medical treatment in Japan. The Japanese government plans to set up a special office that will promote medical tourism in Japan. I believe it will help tens of thousands of patients in the future.

Chapter 8 : Traditional Asian Health Beliefs & Healing Practices | Dimensions of Culture

Japan has a stagnant economy, with a shortage of young people that hobbles prospects for growth and strangles the capacity of the debt-strapped government to increase health-care spending.

One of the biggest public health issues is smoking in Japan, which according to Tadao Kakizoe honorary president of the National Cancer Center kills more than 150,000 people per year and is responsible for one in ten deaths. However, space can be an issue in some regions. More than 14,000 emergency patients were rejected at least three times by Japanese hospitals before getting treatment in 2005, according to the latest government survey. In the worst case, a woman in her 70s with a breathing problem was rejected 49 times in Tokyo. Patients are responsible for the remainder upper limits apply. The monthly insurance premium is 0â€”50, JPY per household scaled to annual income. Supplementary private health insurance is available only to cover the co-payments or non-covered costs, and usually makes a fixed payment per days in a hospital or per surgery performed, rather than per actual expenditure. In 2005, Japan spent 8. Cultural influences[edit] Traditional Chinese medicine was introduced to Japan with other elements of Chinese culture during the 5th to 9th century. Since around 1900, Chinese-style herbalists have been required to be licensed medical doctors. Training was professionalized and, except for East Asian healers, was based on a biomedical model of the disease. However, the practice of biomedicine was influenced as well by Japanese social organization and cultural expectations concerning education, the organization of the workplace, and social relations of status and dependency, decision-making styles, and ideas about the human body, causes of illness, gender, individualism, and privacy. Anthropologist Emiko Ohnuki-Tierney notes that "daily hygienic behavior and its underlying concepts, which are perceived and expressed in terms of biomedical germ theory, in fact, are directly tied to the basic Japanese symbolic structure. A number of books on pharmacology and anatomy were translated from Dutch and Latin to Japanese. During the Meiji period late 19th century, the Japanese health care system was modeled after the model of Western biomedicine. At that time, western doctors came to Japan to create medical faculties at the newly built Japanese universities, and students also went abroad. Innovations like vaccines were introduced to Japan, improving average life expectancy. Patient charts in Japanese teaching hospitals were even written in German. But even today, a person who becomes ill in Japan has a number of alternative options. One may visit a priest, or send a family member in his or her place. There are numerous folk remedies, including hot springs baths onsen and chemical and herbal over-the-counter medications. A person may seek the assistance of traditional healers, such as herbalists, masseurs, and acupuncturists. By 1985 there were reported cases, and by April the number had risen to 2, While frightened by the deadliness of the disease yet sympathetic to the plight of hemophiliac AIDS patients, most Japanese are unconcerned with contracting AIDS themselves. Various levels of government responded to the introduction of AIDS awareness into the heterosexual population by establishing government committees, mandating AIDS education, and advising testing for the general public without targeting special groups. A fund, underwritten by pharmaceutical companies that distributed imported blood products, was established in 1985 to provide financial compensation for AIDS patients. Environment and disease[edit].

Chapter 9 : FACT CHECK: Six 'Facts' About Healthcare in Japan

Rising health care costs are a serious concern in Japan today: if the country takes no action, health expenditures could increase from the current 8% of GDP to around 11% by 4 Rising costs.

Data provided by Toshiro Murase at the Japan Society conference. Medicare rates are for the New York area. These charges apply to physicians who do not accept the Medicare rate as payment in full. Second the organization of medical care in Japan is heavily centered around hospitals. Third, 81 percent of hospitals are privately owned, and they have had few restrictions on their capital investments. Fourth because hospitals have competed fiercely with one another, expansion has served as a key strategy to gain a competitive edge. Finally, at least until the mid s, the Ministry of Health and Welfare has not played an active role in containing the total number of hospital beds. Close to 90 percent of hospital facilities with 20 or more beds are classified as "general hospitals. General hospitals are dominated by small, privately owned and operated "nonprofit" facilities. The average number of beds in a Japanese hospital is -slightly fewer than the in an average American hospital - and half have fewer than beds. With beds, the average public hospital is larger than its private counterpart. Although 19 percent of hospitals are public, they account for 33 percent of all beds. About 75 percent of public hospitals are under the jurisdiction of municipal and prefectural governments the remainder are national institutions. About 1 percent of hospitals are owned and operated by quasi-public agencies and organizations such as the Red Cross, social insurance agencies and employment related groups. Despite these distinctions, all hospitals in Japan tend to be viewed as recuperative centers rather than as merely therapeutic institutions, Even large teaching hospitals do not limit themselves to providing acute-care services. Hospitals have traditionally functioned, in part, as long-term care facilities. Of the nearly hospitals that have more than beds, only about 60 percent have adult intensive care units, and only 30 percent of them have neonatal intensive care units, the majority of which have only five to seven beds. As a result of this orientation, patients in Japanese hospitals have the longest average length of stay in the world. In addition to the nursing home functions played by hospitals, other factors accounting for the lengthy stays are probably the large number of beds, the low admission rates, the per diem form of hospital reimbursement, and the emphasis on recuperation over invasive medical and surgical interventions. As is the case with intensive care units, there are far fewer emergency rooms in Japan than in the United States. But while Japan has roughly half the population of the United States, it has only 7 percent of the murders, 2 percent of the reported rapes, and 0. An integrated system of primary, secondary and tertiary-level emergency facilities appears to meet the need for emergency and trauma care. Increasingly, the public perceives these facilities as preferred sites for receiving medical care. A recent innovation for the delivery of high-tech medical care has been the establishment of officially designated centers for such procedures as open-heart surgery. Most often, highly advanced medical procedures are performed at teaching facilities. Clinics and Ambulatory Care Japanese physicians have traditionally operated on a small scale, working out of their homes to provide health care services to their community. Although these clinics have typically provided a low-level intensity of care, many have recently acquired a wide range of sophisticated medical equipment including ultrasonic testing and gastrointestinal fiberoptics. Although the number of clinics has increased from about 50, in to more than 80, in , the number of clinics with beds decreased by almost 20 percent during the s and s. Larger hospitals are attracting both young doctors and outpatients with their sophisticated technology and services. First, clinic physicians do not have admitting privileges to hospitals. These barriers give clinic physicians an incentive to put off hospitalization. First, clinic physicians are remunerated under the fee schedule each time they write a prescription for a dispensing pharmacist. Second, they make an average profit of 26 percent of the reimbursement rate every time they prescribe - and sell - a drug to their patients. This finding supports the contention that clinic physicians maximize their income by prescribing and selling more drugs. Patients are typically told little about their diagnoses, and doctors explain away problems in "soothing terms without necessarily providing precise information about what exactly the problem is. Such practices were recently supported by a court decision that doctors need not share the full details of a diagnosis with a cancer patient.

Most clinic physicians operate in solo practices without hospital privileges, thus making it difficult to collaborate with specialists as well as with peers. Standards of practice, professional competence and patient care are neither monitored nor evaluated in any formal way. In addition, as in the United States, Japanese physicians do not typically subscribe to the idea of "comprehensive primary health care and often fail to respect the person as a whole person operating in a complex social and economic environment. With the economic growth of the s came demands for the expansion of social benefits that could not be ignored. In , the government responded to social pressures by creating an almost free medical care system for the elderly, the national insurance plan administered by local governments. In , in response to rising health care costs, the Health and Medical Service Law for the Aged established the national pool to subsidize medical care. In general wards, no distinction is made between acute and long-term care facilities. Seventy-five percent of the institutionalized elderly are in hospitals and clinics, for example, and survey data indicate that 45 percent of elderly inpatients are hospitalized for more than six months. There are also three other types of facilities that serve the elderly in Japan: There are long waiting lists for admission to nursing homes-applicants commonly wait for more than a year. First, medical practice generally tends to emphasize passive care and bed rest. Second, a lack of space at home to accommodate elderly relatives pushes more of the frail elderly into hospitals and clinics. Finally, women, the traditional care givers for the elderly, are entering the work force in increasing numbers. In , 26 percent of Japanese will be over 65, compared to The Golden Plan is a year national health care and welfare plan for the elderly agreed upon by the Ministries of Health and Welfare, Finance and Home Affairs in The plan relies on four principal strategies to build the infrastructure necessary to accommodate the growing needs of the elderly: Expansion of existing services by increasing the number of home helpers from 40, in to , in and the number of nursing home beds from just over , to ; 34 Creation of a more diverse range of services by defining the respective roles of corporations and of the national, prefectural and municipal governments; Decentralization through an increased role for municipalities in the design of programs; Reduction of fragmentation by developing government entities to provide services, support research, disseminate information and coordinate the regional administration of model projects. In addition to expanding infrastructure for the elderly, the Golden Plan seeks to rationalize services. It aims to reduce the geriatric population of hospitals and to increase capacity in skilled nursing homes and particularly in new institutions known as geriatric rehabilitation centers. In addition, it calls for a three-fold increase in government-employed visiting homemakers, a fold growth in adult day centers, and a fold increase in respite care centers. If the plan is implemented, the bedridden elderly will be shifted over the next decade away from hospitals toward home care support services, informal support services and nursing homes. When the elderly were first covered under national health insurance in , their copayments were set at 50 percent of the allowed fees. Free medical care for the elderly was established in and lasted until When reinstated, the copayment was kept at a low level, far lower than the pre levels of patient contribution. Moreover, the government is now emphasizing programs that draw on family resources. In contrast to inpatient services, local governments now ask the children of residents in nursing homes and geriatric hospitals to contribute toward the cost of care. Cited by Yoshikawa et al. Stanford University, Spring At the conference, Nobuharu Okamitsu pointed out that a new policy was introduced last year requiring patients to obtain a referral from primary-care doctors before going for outpatient services to large hospitals. Without a referral, patients would have to make larger copayments. However, at this time we have no information on the extent to which this policy has affected the flow of outpatient visits to large hospitals. Only two hospitals are currently slated to participate in this program beginning in September