Why Is Family Medicine Needed in Japan?

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In Japan there are many general practitioners, but they have not yet organized as a specialty. There is only one academic department of family medicine in Japan—at Jichi Medical School (JMS). Most physicians in Japan receive their specialty training in university hospitals or other large hospitals for five or ten years. After that, about one third become private solo practitioners (Table 1). The majority become general practitioners without the benefit of special training in family medicine.

Educational opportunities for becoming a general practitioner are limited. At present there is an interest in Japan in family medicine from those in both the medical establishment and the community. These supportive people, however, have ideas about family medicine and family physicians that are quite varied and sometimes in conflict. To find a common ground, knowledge is needed about not only what Japanese general practitioners now do in their practices, but also what the primary care needs of the people are. Plans then need to be made to prepare physicians for the future of primary care in Japan.

GENERAL PRACTICE IN JAPAN

Almost all general practitioners in Japan are private and solo practitioners. They take care of common diseases and, in many instances, have first contact with emergency patients. Other activities include home visits and disease prevention.

At the Community and Family Practice Center in JMS, common diseases were explored using the International Classification of Health Problems in Primary Care (ICHPPC-2) classification (Table 2). Common diseases in Japan are not so different from those in the United States,[1] and common diseases in the city are much the same as those in rural areas (Table 3). The exception is that in the cities, most emergency patients go directly to large hospitals, while in rural areas, they go to a clinic first. Studies show, however, that city and rural family physicians need both the skills and knowledge of emergency medicine.[1–3]

The JMS study also showed that general practitioners practice disease prevention (eg, immunization), perform health examinations, and provide public health education. Many general practitioners work with schools and companies to promote better health. They rarely, however, interact with government officials in disease prevention, partly because government officials do not view general practitioners as adequately trained in the knowledge and skills of disease prevention.

THE NEED FOR FAMILY MEDICINE IN JAPAN

Specialization of Medicine in Japan

Recently the growth of specialization has been a dominant feature of medicine in Japan. Specialization has brought great progress to medicine, but it has also brought rising medical costs and loss of closeness in the physician-patient relationship.

During their postgraduate education, Japanese physicians usually have a narrow band of clinical experience. Although they may have studied and trained in the various clinical specialties in medical school, after graduation they do not have the opportunity to maintain and expand their knowledge in the broad range of clinical medicine initially learned in medical school. Thus, many young physicians in Japan who practice as general practitioners do not have adequate training in the various medical skills needed in the community.

Primary care training in Japan is somewhat similar to that of the United States in the 1960s. In the United States, education programs for changing general practice to family medicine as a specialty started in the 1950s and 1960s. In 1966 four reports were released reflecting these changes and recommending future improvements in medical education for family physicians.[4–7] Calling for basic changes

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TABLE 1. NUMBER OF PHYSICIANS IN JAPAN (1984)

Physicians	Number	Percent
Private Practitioners		
Hospital	3,539	2.0
Clinic	62,201	34.3
Employees		
Hospital (including university)	98,092	54.2
Clinic	9,620	5.3
Other	7,649	4.3
Total	181,101	100

From Koseisho, Medical Care Facilities Survey, 1985

throughout the structure of medical education,[8] these recommendations resulted in growth of medical school programs in family medicine, three-year family practice residencies, and improved continuing medical education for family physicians. Similar activities are being considered or undertaken in Japan,[9,10] and it is expected that these changes will favor family medicine's growth in Japan.

Rising Medical Costs

At present, medical costs in Japan are $100 billion, or 5 percent of the gross national product. Increases are predicted every year. Much of the medical costs go to cover all Japanese people through employee and national health insurance programs as well as government-sponsored national welfare. The general population has not voiced concern about medical costs because patients are not required to pay much money when they go to a hospital or clinic. There is now a tendency to pass some medical costs on to the patient, however, and this activity is causing concern among the people.

It is generally accepted that medical progress and specialization increases medical costs.[11–13] On the other hand, it is thought that health promotion decreases medical costs. Family medicine offers an answer by giving a broader range of care at less cost while seeking to promote health.[8,14–16]

Geographical Conditions and Effective Health Care Delivery

Japan is a small country consisting of four major islands and a few hundred small islands, covering a total area of 377,000 square kilometers—a size equivalent to $1/25$ of the United States. No less than 67 percent of its land is covered with mountains and forest. Seventy percent of the population lives in major cities or their outskirts, but there are many rural areas in Japan located on small islands or among the mountains. In general, these communities

TABLE 2. FREQUENCY OF MOST COMMON PROBLEMS FOR OUTPATIENTS IN COMMUNITY AND FAMILY PRACTICE CENTER AT JICHI MEDICAL SCHOOL (n = 3,119, September 1985 to April 1986)

Cluster	ICHPPC No.	Percent
1. Upper respiratory tract infection, acute	133	18.4
2. Uncomplicated hypertension, primary or secondary	120	17.0
3. Contact dermatitis and other eczema or dermatitis	214	3.2
4. Asthma	144	2.3
5. Diabetes mellitus	50	2.1
6. Bronchitis, bronchiolitis, acute	138	1.7
7. Post-stroke sequela	124.4*	1.4
8. Cirrhosis and other liver diseases	165	1.4
9. Laceration, open wound, traumatic amputation	323	1.4
10. Back pain without radiating symptoms	238	1.4
11. Conjunctivitis	92	1.4
12. Peptic ulcers	152	1.3
13. Tonsillitis, acute, quinsy (peritonsillar abscess)	135	1.3
14. Irritable bowel syndrome and other	159	1.3
15. Ectopic beat, all types	115	1.3
16. Acute otitis media, acute myringitis	101	1.3
17. Constipation	161	1.2
18. Cataract	96	1.1
19. Iron deficiency anemia	58	1.1
20. Cerebral infarction	124.3*	1.0

** Special classification for Community and Family Practice Center at Jichi Medical Center*

number under 1,000 in population. Travel time to these rural areas is usually two to three hours from larger towns by car, ship, or airplane. The rationale for a family physician in these small communities is that he or she could act as the primary care provider for most health problems while providing curative, preventive, and promotive medicine. It is not cost effective or medically sound to have multiple specialties in the rural areas.[17,18]

Sociocultural Conditions and the Family Physician

In Japan family structure is still strong and the family remains an important resource, especially in the country. Most people want to be taken care of at home and say, "I want to die on a tatami mat." Although general practitioners in Japan go on home visits on the average of 70 or 80 times per month, most have not been specially

TABLE 3. FREQUENCY OF MOST COMMON PROBLEMS FOR OUTPATIENTS AT RURAL CLINIC (KIYOKAWAMURA, OITA) IN JAPAN (n = 15,986, January 1984 to December 1984)

Cluster	ICHPPC No.	Percent
1. Uncomplicated hypertension, primary or secondary	120	11.1
2. Medical examination	338	8.3
3. Prophylactic immunization	340	7.1
4. Back pain with radiating symptoms	239	5.5
5. Chronic ischemic heart disease	412	5.3
6. Upper respiratory tract infection	133	4.5
7. Hypertension with involvement of target organs	121	3.2
8. Acquired deformities of spine	240	2.7
9. Osteoporosis	243	2.5
10. Back pain without radiating symptoms	238	2.0
11. Cirrhosis and other liver disease	165	1.9
12. Disorders of stomach function	153	1.8
13. Osteoarthritis of spine (any region)	237	1.8
14. Laceration, open wound	323	1.8
15. Transient cerebral ischemia	123	1.8
16. Other cerebrovascular disease	124	1.6
17. Advice, health instruction, and education	354	1.5
18. The shoulder syndromes	232	1.2
19. Insomnia and other sleep disorders	75	1.2
20. Heart failure	112	1.2

trained for such activities, as the care of the dying and the rehabilitation of patients take place in their homes. A goal for family practice residencies in Japan would be to train future family physicians to take care of such patients by using family and community resources properly.

The Policy of the Government in Health Care

Japan has a strong centralized government, and government policies exert much influence on society. Recently the Ministry of Health and Welfare (Koseisho) hammered out some policies for the development of family medicine in Japan, with one goal being the decrease of medical costs. In 1985 a decision was made to establish a government commission to investigate family medicine; another decision was to have Koseisho push for graduate primary care education with physicians rotating through many specialties. A third recommendation was to support home care to decrease long-term inpatient care. Koseisho suggested these changes be connected to the development of family medicine in Japan.

Disease Prevention and Health Promotion

Recently health maintenance has become a major issue for the people and the government of Japan, and the government has recognized the importance of disease prevention and health promotion to achieve this goal.

Japan has 855 community health centers that play an important role in disease prevention and health promotion. The activities of the health center include efforts to improve the environment and personal hygiene. It is difficult, however, for the community health center to carry out such roles alone; assistance and cooperation are needed from other medical personnel. Family physicians are particularly needed, as they are aware of the health problems in the community, and they are in a position to employ disease prevention and health promotion along with curative medicine. Preparations for such activities by family physicians should begin in medical school. For example, in programs such as the clinical clerkships in the Department of Community and Family Medicine at JMS, students are taught to work in community health centers as educators for the people on ways to prevent disease and promote health.[19]

JAPANESE FAMILY PHYSICIANS OF THE FUTURE

What should be the future activities of family medicine in Japan so that they will be appropriate for the lifestyle and culture of Japan? Japanese family physicians need the knowledge, skills, and attitudes to be effective in the management of common diseases and psychosocial problems of patients of all ages. They also need to be able to do primary emergency care. Finally, Japanese family physicians must be prepared to employ health education to maintain the health of their patients and communities.

There are many textbooks and articles that describe the expertise of family physicians in the United States.[14–16,20–23] Much of this expertise is needed for Japanese family physicians. In addition, the following areas need special consideration in that they apply specifically to training family physicians in Japan:

1. Basic office procedures such as laboratory examinations, fiberoptic examination of the gastrointestinal tract, ultrasound examination of the abdomen, and x-ray examinations including upper gastrointestinal series because of high incidence of gastric cancer in Japan

2. Prenatal and postpartum care as well as gynecologic examinations (obstetric patients go directly to obstetrician-gynecologists in Japan) as the patients want to stay close to home for prenatal and postpartum care

3. Assessment and management of psychosocial problems, as there are few mental health facilities in rural Japan

4. Cooperation with other medical staffs and government officers in disease prevention and health promotion. Family physicians should be leaders in their communities in such endeavors because with knowledge of disease prevention and health promotion, they would be in a position to work closely with the communities in which they live

5. Chinese medicine and traditional Japanese medicine, as such knowledge would prove very useful in Japan because many people want advice and treatment with such therapies as herbal medicine and acupuncture.

CONCLUSIONS

In Japan family medicine is not as yet established, but evidence suggests it is clearly needed.[24] In the United States, major providers of primary care are family physicians, general internists, and pediatricians.[25,26] In Japan the present major providers of primary care are general practitioners, but neither are they trained for this responsibility, nor do they have the opportunity to gain such knowledge through continuing medical education for primary care. Geyman[27] suggests that four dynamic and interrrelated themes seem to be reshaping rapidly the health care system in the United States: (1) corporatization of medicine from a cottage industry; (2) cost containment, including changes in reimbursement from predominantly fee-for-service and cost-based systems for physicians and hospitals, respectively, to prepayment and prospective reimbursement of physicians and hospitals; (3) increasing numbers of physicians and other health care providers; and (4) increasing competition among physicians and between physicians and nonphysicians.

A response to the concerns raised by Geyman's themes is a health care delivery system that features a cost-effective and competent family practice–primary care base that is integrated into the total health care delivery system. Japan can anticipate some of its future problems by initiating undergraduate, graduate, and continuing medical education for family practice as soon as possible.

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