

Family Medicine in the Land of the Rising Sun & Graying Hair

By Dr Lee Kheng Hock, FCFP, Chairman, Practice and Quality Special Interest Group

Inauguration of the Practice and Quality Special Interest Group (PQSIG)

The Practice and Quality Special Interest Group (PQSIG) was formed by the College to spearhead initiatives in advocating quality assurance in family medicine. Continuing the tradition of learning from other countries started by the study trip to Scotland, the SIG invited Dr Ryuki Kassai to the College to speak on Japan's experience in advocating quality assurance in primary care.



Presentation by Dr Kassai

Dr Ryuki Kassai

Dr Kassai is the Director and Chair of the Hokkaido Centre for Family Medicine. He is the Vice President of the Japanese Academy of Family Medicine. He also sits in various state and national committees in Japan. Dr Kassai visited the College on the 13th and 14th July 2004.

He gave two lectures entitled "Family Medicine in Japan: Development and challenges in training, practice and quality assurance" and "Beyond Facts and Psychomotor Skills: New Methods in Teaching Family Medicine". Dr Kassai gave an overview of the primary care system in Japan. He also gave a very frank assessment of the slow development of family medicine in Japan as compared to other countries. The slow adoption of family medicine principles was largely due to historical reasons and the legacy health care system that provides primary care mainly through outpatient clinics in general hospitals and community hospitals. Dr Kassai also spoke passionately about the teaching of family medicine trainees. Many of our trainers who attended his second lecture were very impressed by the novel method of using contemporary cinema to teach communication and empathy to family medicine trainees.

Family medicine is a new discipline in

Japan

Japan is among the oldest countries in Asia and one of economic powerhouses of the world. However when it comes to family medicine, Japan counts itself as a new kid on the block. Dr. Kassai recalled that when he was still a medical student, he was inspired to take up family medicine after reading an article in an international family medicine journal.

When he graduated in 1984, he found that there was no family medicine training programme available in Japan. Finding no avenue to further himself in this discipline, Dr Kassai eventually trained and then worked as a pediatrician for 6 years. His passion for family medicine remained undiminished. Eventually there was an opportunity to take up a family medicine residency programme in Canada and he seized it. Upon his return, he worked in the primary care department of a hospital but found that the practice was far from the principles and the core competencies that he had trained for during his residency. In 1996, he left the department and founded the Hokkaido Centre for Family Medicine to provide postgraduate training for doctors who aspire to be trained as family physicians.

Despite years of effort by the Japanese Academy of Family Medicine (formed in 1986) and the Japanese Academy of Primary Care Physicians (formed in 1978), family medicine training in Japan remains largely unstructured. Doctors who deliver primary care are more like general internist who practice in outpatient departments of hospitals and community hospitals. Those who leave the hospital structure to practice as independent general practitioners tend to be trained in general medicine or its subspecialties. Many are older doctors. More than half of the general practitioners in Japan are more than 60 years old. However the number of young doctors who have received formal postgraduate training in family medicine is growing and the system is changing slowly.

The deficiency of the health care system both in terms of quality of primary care and the high cost of direct specialist care are apparent to all. The Japanese Ministry

of Health, Labour and Welfare has plans for a compulsory 2-year postgraduate clinical training program in primary care for all doctors following graduation from medical school. The aim of this national residency programme is to ensure that doctors have the essential skills and knowledge to work in the primary care setting.

Author's Reflection

Advocates of family medicine are often stumped when they looked at Japan. How can something so wrong be so right? Japan may not be leading the pack in the family medicine movement but her health care performance indicators are the envy of the world. Japan has the highest average life expectancy in the world. In 2000, the World Health Organisation published a set of rankings of the world's health care system using disability adjusted life expectancy as a parameter. Japan was number one.¹ However all is not as well as it looks.

Rising life expectancy combined with rapidly declining birth rate equals a rapidly aging population. Japan has the most rapidly aging population in the world. There had been widespread concern in Japanese society on the impact of such a development on their health care system. Around the world, countries with aging population (like ourselves) are watching the developments in Japan closely. On 1 April 2000, Japan introduced the biggest and most radical, public, mandatory, long term care insurance (LTCI) in the world. This had been perceived as shift in paradigm which in the past had fervently held on to the tradition that caring for the sick elderly is the responsibility of the family and not the state.²

Notwithstanding the radical measures, more difficulties are expected. In the Japanese Ministry of Health, Labour and Welfare's own words, "one of the biggest future issues for the long-term care insurance in the middle to long run, is the improvement in the quality of long-term care services."³ The Japanese LTCI is due for mandated revisions in 2005. It has already been seen as a system under strain and facing a potential overhaul due

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Signing of College Guest Book : (L-R) Dr Lee Kheng Hock, Dr Kassai, Dr Arthur Tan Chin Lock & A/Prof Goh Lee Gan

A well developed primary care system is widely accepted as an effective way to deliver good quality and low cost long term care to patients. In this aspect, Japan is lagging behind many countries despite being a global economic powerhouse and a leader in quality movement on the world stage.

to rising cost and inadequate premiums.⁴

Japan's top position on the ranking of health care systems has also been disputed.

The WHO's World Health Report that ranked world health system, attributes health attainment to health systems. Many had argued that life expectancy and health statistics are determined by many other factors besides health care systems. A country's gene pool, level of economic development, cultural attitudes towards health, traditional diet and even climate and geography have significant impact.

A recent study used age standardized mortality amenable to health care instead of disability adjusted life expectancy as a parameter.⁵ Japan's ranking fell from 1 to 3 (including mortality from ischemic heart disease) and from 1 to 13 (excluding mortality from ischemic heart disease).

Interestingly, the rankings of Southern European countries which enjoyed the known benefits of the Mediterranean diet, also fell significantly when mortality from ischemic heart disease was excluded. The ranking of Scandinavian countries such as Denmark, Sweden and Norway, known for their well organized primary care, improved remarkably when mortality amenable to health care was used as a parameter. The most remarkable was Norway whose ranking rose from 11 to 2.

Perhaps here lies the cause of their difficulties and possibly the solution to their problems. Japan had done well despite being encumbered with a hospital centered health care system. This appears to be supported by the recent study that showed a relative fall in mortality ranking when amenability to health care is taken into consideration.⁵ The health care system may not be as effective as was assumed. Her past success may be largely due to her ability to manage the sick elderly in the community, through a well-developed social support system and a culture that emphasizes personal and family responsibility. Perhaps things might be even better if the health system is transformed into one that delivers primary care through an integrated network of family practices in the community, managed by trained family physicians.

¹ World Health Organisation. *The world health report 2000. Health systems: Improving Performance.* Geneva: WHO 2000.

² Matsuda S. *Long term care insurance and integrated care for the aged in Japan.* *International Journal of Integrated Care* 2001. Vol 1 Jul-Sep.

³ *Long term care insurance in Japan.* Ministry of Health, Labour and Welfare July 2002. www.mhlw.go.jp/english/topics/elderly/care/

⁴ Saidel A M. *Japan's Long-Term Care Insurance System Faces Overhaul: Straining to Meet Demand, Lawmakers Set to Make Change.* *AARP Global Aging Program.* www.aarp.org/international/

⁵ Nolte E, McKee M. *Measuring the health of nations: analysis of mortality amenable to health care.* *BMJ* 2003; 327: 1129.

CONGRATULATIONS

National Day Awards 2004



The College congratulates
A/Prof Goh Lee Gan
for receiving the award of
"The Public Service Star"
(Bintang Bakti Masyarakat)



Drs Ang Corey Damien, Ang Lai Lai, Beh Chong Teck Peter, Chen Jenn Yuh, Cheng Kah Ling Grace, Chin Wai Meng Andrew, Chew-Lau Clara, Chng Chee Kiong Ronnie, Chong Chin Kwang, Choo Chee Hoe Ivan, Chow Yew Cheong Daniel, Chua Kim Ghee Vincent, Chua Thiam Eng, Davamani Diraviyam, Eapen Sunitha, Eu Tieng Juoh Wilson, Foo Ti-Wei, George Varghese, Goh Shu Huey, Ho Keng Boon Kenneth, Khin Naing Naing Htut, Kao Wei Hung, Khoo Chooi Yong, Khoo Yiok Bin Christine, Ko Hong Beng Gregory, Liao Kah Han, Lee Chian Chau, Lim Jiak Woon, Lim Wei Liang Daniel, Low Siew Teong, Mah Li T'ing Adelina, Nam Min Fern Alvina, Ng Poh Heng, Ng Siau Peng, Ng Soon Yin, Ng Su Lyn Lynette, Ong Min Jiunn, Sa'adah Bte Ismail, Seah Chiew Wan, Sim Chin Sing Evan, Sng Gek Khim Judy, Tan Chee Keong, Tan Ching Wah, Tan Chu Hui Anne Regina, Tay Say Kee, Wong Eu Joon Adrian, Wong Khai Hong, Woodworth Belinda, Yang Chyan Han Jasper, Yap Yang Ming Milton