

Interview with Prof. Junichi Sasaki & Kazuhisa Suzuki, Keio University Hospital

What Is Needed for the Full-Scale Development of Medical Tourism?

By Japan SPOTLIGHT

Junichi Sasaki, Professor and Vice Director, Keio University Hospital

Kazuhisa Suzuki, Administrative Director of Medical Affairs, Keio University Hospital

What do hospitals currently accepting foreign patients think about the future of their work, and how do they believe they can further expand the acceptance of such patients? We spoke with two individuals at Keio University Hospital, a leading university hospital in Japan which is at the forefront of accepting foreign patients.

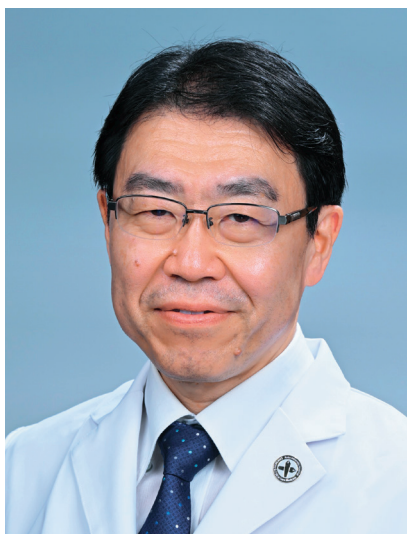
(Interview on Aug. 27, 2025)

Introduction

JS: First, why did we become interested in medical tourism? We believe the service industry will be key to Japan's economy. After consulting experts across various service sectors, we found that tourism, healthcare, and nursing care services hold tremendous potential, yet this potential remains largely untapped. We believe that if we could leverage this potential more effectively, it could significantly improve Japan's economy, which has been struggling.

Medical tourism in particular has tremendous potential, yet we only receive about one-tenth of the number of foreign patients accepted by any of the other Asian countries. On the other hand, I understand that Japanese hospitals face severe financial difficulties. I wondered whether generating revenue through medical tourism could help resolve these financial issues, which is why I requested this meeting.

I understand that Keio University Hospital accepts a significant number of foreign patients. I would appreciate it if you could tell me about the background and history of how this came about, as well as the current number of patients and the breakdown by country.



Prof. Junichi Sasaki

Suzuki: Medical Excellence JAPAN (MEJ) was established with support from the Ministry of Economy, Trade and Industry, which served as one catalyst. The Japan International Hospitals certification program, which aims to accredit medical institutions accepting international patients under the MEJ initiative, was launched in 2016. Around that time, we were approached with a request to consider participating in the certification program. This prompted us to shift from our previous practice of handling such matters individually to adopting a more organized approach. In September 2016, we were certified as a "Japan International Hospitals" facility. To establish the necessary systems for certification, the entire hospital committed to working together.

That said, transitioning from receiving services individually to receiving them through an organized system was quite challenging. Since MEJ's certification program included another service certifying medical travel assistance companies, we decided to establish a framework for receiving patients through an Accredited Medical Travel Assistance Company (AMTAC). This initiative began in 2016. At that time, there were only two AMTAC companies. We were able to quickly establish a business partnership agreement with one of them, Japan Emergency Assistance (EAJ). Primarily through referrals from EAJ, we began accepting patients seeking treatment or check-ups, what is commonly referred to as medical inbound.

Subsequently, with the Olympic Games Tokyo 2020 scheduled and the Japan National Stadium located right next to the hospital, the need to further strengthen the infrastructure for accepting international patients grew. In parallel with this, the actual number of

medical tourists gradually increased.

However, immediately after Covid-19 reached Japan, we were effectively unable to accept international patients from fiscal year 2020 until May 2023, when it was reclassified as a Category 5 infectious disease. While we did offer some limited online medical consultations, operations were essentially suspended for three full years.

After that, we began working to restore the system. However, once something stops, it's difficult to get it back on track. As a hospital, we decided to properly strengthen and promote the acceptance of international medical inbound patients. Consequently, we formally established the Division of International Patient Services under the Hospital Administrative Department in November 2023. Therefore, in terms of being recognized externally, it has been one year since its establishment.

Sasaki: The International Patient Services was established in November 2023, and I serve as the vice president overseeing operations related to international patient services. Additionally, while we have not yet appointed a full-time physician at the division, we have assigned two physicians from within the hospital – one from surgery and one from internal medicine – to serve as the head and deputy head of the International Patient Services.

JS: So since you've only just started accepting patients, you don't have that many patients yet, right?

Sasaki: Regarding the status of accepting inbound medical patients for fiscal year 2024, specifically for the one-year period from April 2024 to March 2025, there is inevitably a gap between the number of inquiries and the number of cases that actually lead to treatment. However, inquiries alone were quite numerous, totaling 139 cases. Approximately two-thirds, or 67%, were from China. Vietnam accounted for 18%. Next was Mongolia, followed by others.

Of those 139 inquiries, approximately two-thirds, or 96 cases, ultimately led to acceptance. During the course of communication, 16% were canceled. After hearing various requests, there were inevitably some that Keio could not accept, and we had to decline 15% of them. Of the 96 cases actually accepted, approximately 60% (59 cases) led to treatment. The remaining cases primarily involved requests for second opinions, seeking assessments based on Japan's medical standards. Due to the pandemic, online consultations became widespread for these second opinions as well, with 30 cases conducted online and seven in person, making online consultations the primary method for second opinions. Therefore, the 59 cases that led to treatment plus the seven in-person cases

totaled 66 cases where patients actually came to Japan and were treated at Keio.

JS: Even though you've just started accepting foreign patients, the fact that you're already receiving so many inquiries suggests that the outlook is for steady growth, correct?

Suzuki: Initially, we only accepted members from AMTAC, but starting midway through last fiscal year, we expanded to include members of the Medical Tourism Forum within MEJ, a core organization promoting international development of healthcare established by the Japanese government in 2013. I understand AMTAC certification is quite stringent and difficult to obtain, so broadening our scope to that extent was a significant step.

Before the pandemic, online consultations were virtually nonexistent. While we did receive inquiries, mostly were for treatment purposes, and the actual number of treatments we accepted was around 50 cases. However, since the pandemic, the number of consultations has increased significantly.

During the pandemic, changes may have occurred ways of providing healthcare in each country, online consultation mechanisms, and patients' interactions with hospitals. Before the pandemic, overseas hospitalized treatment was common. After the pandemic, while online consultations surged, cases requiring hospitalization have not increased and have actually decreased.

Language Issues in Healthcare

JS: In the sense that it's still in its early stages, while there are aspects that are currently successful and challenges that will likely emerge, if there are more people coming from China and Vietnam, what about language barriers?

Sasaki: We've decided to expand our medical tourism services going forward, and recently I had the opportunity to see the actual situation in Taiwan firsthand. Frankly speaking, the language barrier proved to be a significant challenge. While university hospitals do have a fair number of staff who can use English, in reality there are a significant number of patients who cannot use English at all, or who can use it but cannot understand it freely. Chinese is certainly a key language in this context. The issue of language barriers and how many medical interpreters can be secured to bridge them is a major challenge. Ensuring smooth communication in the medical setting is critically important.

Regarding language, this applies not only to actual interactions

during medical consultations but also to document exchanges. Naturally, Japanese documents are not accepted overseas. So what about English? When requests come in specifying that English is unacceptable and instead the primary language of that country must be used, language support becomes a significant hurdle. How much progress can be made in establishing this infrastructure, and how much funding can be invested to address it, will likely become major challenges.

In communication, the question arises: is any form of communication sufficient? However, institutional and legal issues, or whether it could lead to problems from a medical safety perspective, become extremely important. Looking at Japan's current situation, issues like the complexity of visa procedures or the extent to which guidelines for accepting medical tourists are established – how much of a foundation is actually in place from the perspective of each medical institution? I believe this is where the major problem lies.

JS: I also often hear that Japanese people dislike having foreigners admitted to hospitals. What do you think we should do about that?

Sasaki: In the case of Keio University Hospital, patients admitted in this manner are typically assigned private rooms, so sharing a room with others is generally not an issue. While it might not be entirely absent from public sentiment, based on what we observe within the university hospital, it does not seem to be a major problem.

In this regard, the key challenge is not so much whether others find it unpleasant, but rather whether the patient can adapt to hospital life in Japan. This depends on their background-factors such as religious considerations, previous daily habits, dietary requirements, and so forth.

In the case of Keio, for example, when it comes to whether we can fully provide halal options, we haven't quite reached that point yet, so I think that will be one of the challenges we face.

Suzuki: Turning consent forms and documents into language is definitely a challenge, and it comes down to how much we invest in this area. I have high hopes for AI. For example, I've heard that simply using a camera within an app can now convert Japanese into your native language. However, since we provide the content in Japanese as the original language, I also anticipate new challenges arising, such as whether it is acceptable for patients to use such app translations.

Since it's AI, the more it's used, the more it learns and becomes smarter, so we have certain expectations. Naturally, responsibility for the content provided in written form falls on the healthcare providers. Currently, the more multilingual documents healthcare

providers prepare, the higher the associated liability risk becomes.

JS: While advanced AI translation tools are very convenient and I think they're fine for everyday conversation, when it comes to medical treatment – especially highly sensitive cases – it could prove difficult.

Sasaki: A significant issue is the gap in understanding between what we think or feel and what the patient perceives.

Suzuki: Naturally, interpreters are needed for the finer details, and especially when it comes to informed consent, I believe high-level medical interpretation is essential. On the other hand, there are also many generic documents like explanations for CT scans, so for those, wouldn't it be better if machine translation could be used? Also, since medical questionnaires are written in simple, easy-to-understand language, I believe utilizing AI for such tasks would actually reduce the workload.

Chinese Is Important

JS: In Singaporean hospitals, multilingual support is quite extensive. They ask patients, "Which language would you prefer?" and if a patient says, "I'd like Chinese," a doctor who speaks Chinese will come out. Because of this, Singapore and Malaysia seem to have a very high number of medical tourists. Should we consider this aspect in the future?

Sasaki: When I visited Taiwan, I noticed that many patients come from mainland China. A major reason for this is the absence of language barriers. Beyond English, Chinese is widely spoken throughout Asia. Therefore, I believe it will become increasingly important for Japan to employ medical professionals who are licensed and fluent in Chinese.

Keio University Hospital also conducts comprehensive health check-ups and screenings for international patients at its Center for Preventive Medicine in Azabudai, in addition to its main hospital's International Patient Services. We have assigned one staff member there who speaks Chinese. While having Chinese-speaking personnel with medical knowledge will be crucial going forward, I suspect challenges will arise – such as securing the right talent and funding for hiring – making progress far from straightforward.

JS: So compared to overseas, for example Singapore, is the language barrier still a major reason why

Japanese hospitals don't accept as many foreign patients?

Sasaki: I believe language is a significant issue. Conversely, from the perspective of those receiving treatment or the referring agencies, I suspect this aspect is one of the key factors. For example, if there were hospitals in Taiwan and Japan offering nearly identical medical care, someone who only speaks Chinese would likely choose the one with the lower language barrier.

Another factor is cost. In Japan's case, providing medical care to foreigners inevitably incurs significantly higher expenses at present. In contrast, places like Taiwan set their service costs considerably lower to attract customers, creating a disparity.

Conversely, I think it's also important to consider whether Japan can offer something that surpasses competitors in terms of cost. When speaking with people from Taiwan, it became clear that overseas patients – especially affluent individuals – want to receive medical treatment in Japan. While this was discussed extensively even before Tokyo 2020, a significant part of their motivation actually stems from expectations for Japanese-style hospitality, or *omotenashi*. Therefore, if we fail to meet expectations in that regard, patients won't choose to come to Japan for medical treatment. That aspect may be where the differentiation lies.

Policy Support Needed

JS: Given that costs are high for foreign patients, I believe policy support is necessary. In Malaysia, the government has a special agency promoting medical tourism that provides various forms of assistance. If Japan is seriously considering matching Malaysia's level of support or even reaching Singapore's standards, I feel that government support would be essential. What are your thoughts?

Sasaki: I think it is difficult to achieve this through the efforts of medical institutions alone. I firmly believe that national support, including the creation of systems to assist medical institutions, is absolutely essential.

There are also legal issues to consider. Medical institutions like ours are bound by certain provisions of the Medical Care Act. For instance, we cannot run large-scale advertisements, and there are other legal restrictions. As medical institutions, we face significant constraints on what we are permitted to do. Therefore, if medical tourism were to become a national policy, I think it would be necessary to relax those restrictions or implement limited exemptions.

Suzuki: Hospitals overseas that accept international patient in Europe and US, and I believe in Singapore as well, allow you to see videos featuring actual patients who received treatment, sharing their experiences of hospital life. This would fall under advertising regulations in Japan. Medical institutions are not permitted to release patient testimonials. At most, they can share survey results; it is prohibited in Japan for patients themselves to collaborate with medical institutions for the institutions' promotional activities.

What international patients want to hear most isn't reassurances from us healthcare providers saying, "It's safe, so please come," but rather the actual experiences of those who have been in the hospital saying, "This is what the hospital was like." I would be grateful if that aspect could be eased.

Additionally, I think various institutional relaxations are necessary. For example, the number of hospital beds is allocated by prefectures based on medical plans. Using these beds for foreign nationals creates challenges in balancing them with the national government's required plans.

Sasaki: If there were a system where medical resources like the number of beds used for medical tourism or international patient care were managed under a separate framework, hospitals could operate without straining Japan's current healthcare system. Even if hospitals want to provide medical services for foreigners, the more they do so, the more it strains Japan's existing healthcare system. I think many hospitals are hesitant to do this for that reason.

JS: When I ask people overseas, many seem eager to come for treatment because Japan's medical standards are high. However, unless the government clearly demonstrates its commitment to providing proper support, it will be difficult to reach the point where medical tourism generates revenue to reduce the burden on healthcare.

Sasaki: Just as we establish separate quotas for importing goods, when it comes to medical tourism from overseas, I think there are practical limits to incorporating it entirely into Japan's current healthcare system without establishing something like a dedicated medical tourism quota.

Preventive Healthcare Is One of the Needs

JS: Another thing I wanted to ask is that while some people want to receive treatment, many others seem to come for travel and then want to try getting a health check-up. What is the potential for health

check-ups and comprehensive medical examinations?

Sasaki: As I mentioned earlier, Keio University has a Center for Preventive Medicine in Azabudai. Some of its users are from overseas. Each year, a few cases involve affluent individuals coming from overseas and undergoing comprehensive health check-ups (it is more likely so-called executive medicine and/or concierge medicine), and then enjoying their stay in Japan before returning home.

Furthermore, Japan is expected to address the need that if any illnesses are discovered there, patients would like to receive treatment before returning home. Therefore, we at Keio also wish to consider establishing a framework where, should such a situation arise at Azabudai, we can collaborate to connect patients to treatment at our university hospital. I think there is an expectation for this, including the Japanese-style hospitality I mentioned, and we want to meet that expectation.

JS: I think the government must demonstrate its commitment to actively supporting the training of multilingual doctors, providing financial assistance, and easing regulations. However, I feel this support is still insufficient. While initiatives to encourage medical tourism have begun, very few people seem to be aware of them. Do you feel the government needs to be more proactive in promoting these efforts?

Sasaki: There is a lack of awareness of our efforts. Multilingual support is necessary not only for doctors but also for nurses, allied healthcare professionals and administrative staff. It is particularly important for nurses to be able to handle this, as even if the doctor doesn't speak the language, the nurse may be able to act as an interpreter and facilitate communication.

Importance of International Exchange in Medical Schools & Hospitals

JS: Finally, Japan's domestic market is shrinking due to the declining birthrate, aging population, and overall population decline. There is an aspect where the economy cannot sustain itself without targeting overseas markets. In the medical field as well, I believe it would be beneficial for the Japanese healthcare sector if both doctors and patients could freely travel abroad. What do you think should be the

long-term direction to aim for in this regard?

Sasaki: As an academic institution, we have regular student exchanges with medical schools in other countries, starting from the medical student level. We collaborate with universities such as Peking University in China, as well as universities in the United States and the United Kingdom, to promote exchanges among students, doctors, and at the research level. We hope that such exchanges will naturally lead to increased movement of patients between international facilities.

Japan's population decline is accelerating rapidly. It is true that even large hospitals are downsizing their beds, with some hospitals exceeding 1,000 beds reducing their capacity by about 100 beds to operate more efficiently. Within the current healthcare system, hospitals cannot sustain operations without increasing bed turnover rates. From this perspective, we must consider how to positively leverage the treatment of overseas patients. However, if this becomes too prominent, it could strain Japan's domestic healthcare system. Therefore, if a separate mechanism were established to handle this as an additional benefit, it would be highly appreciated by us as a healthcare provider.

Additionally, when accepting medical tourists, it is inefficient to handle each step separately – such as visas, travel arrangements, and accommodations. So we would greatly appreciate support in establishing a one-stop service system.

Large hospitals in places like Taiwan are well-organized, with dedicated staff handling everything in one stop. From the patient's perspective, contacting the hospital automatically triggers arrangements for everything – the visa, travel arrangements, accommodations, and of course the hospital treatment itself. It reaches a point where all they need to do is to hear the results of medical consultations and go home, requiring no personal arrangements whatsoever. If they can get this done without paying an exorbitant fee, I think they'd feel inclined to come back again next year.

JS: Thank you for taking the time to share your valuable insights despite your busy schedule.

JS

Written and translated by Naoyuki Haraoka, editor-in-chief of *Japan SPOTLIGHT*, with the cooperation of Tape Rewrite Co.