Japanese Health Care

By Yoshio Gyoten

Quality medical care at modest cost for anybody, anywhere, and anytime. This single phrase encapsulates the features characterizing Japanese health and medical care. It is like a dream come true for many people, and this dream has been reality since 1959.

Even before describing the specifics of the Japanese system, it is important to note that this is arguably one of the best systems ever available anywhere. Given the excellent health and medical care that is available, it is little wonder that the Japanese life span has grown longer and longer until it is now the longest in the world. Of course, it was not only the availability of low-cost, high-quality health and medical care that extended the Japanese life span. Just as important, people are living longer on average because their everyday lives are not racked with stress and turmoil and their communities are at peace.

New medical equipment and new drugs provide the drama in the health-care field, but it is primarily caring communities and social stability that have enabled the 123 million Japanese to live longer and to enjoy their old age more. Not boasting, this is simply to highlight the historical fact that social stability correlates very positively with longevity.

Health facts

The latest figures available, announced in 1991, show 1.22 million births for the year. This number of new births has been on the decline for the last few years. In contrast, the number of deaths has been fairly constant and stood at 830,000 for the year. As the figures show, there are fewer children being born and Japanese oldsters are in relatively good health. Because these trends are likely to continue unchanged for the next few years, it is expected that the population will stabilize around the year 2005 and will start to decline around the year 2010.

Even though the mortality rate is holding fairly constant, the causes of death are changing—as are Japanese lifestyles. In 1991, cancer was the leading cause of death, accounting for 27%. Second were heart ailments, accounting for 20%. Although there has been some increase in myocardial infarction, this is still a less important cause of death in Japan than it is in the United States. Cerebral embolism, which has long been among the leading causes of death in Japan, slipped to third place at only 15% (Fig. 1).

Looking at these three leading causes, cancer is 27% and circulatory problems (including both heart and brain ailments) 35%. Both of these groups are lifestyle-related, and it is expected that lifestyle-related illness will continue to become more important. Even today, the total is over 60%, and it would not be surprising to see it over 75% in the next century.

On the bright side, tuberculosis, which was once branded the Japanese killer because of fears that it would wipe out the entire population, took only a little over 3,300 lives, falling to 13th place on the list. Although tuberculosis was a leading cause of death in the years between 1935 and 1950, it declined rapidly after that as Japan worked to become a modern industrial nation and as Japanese mortality patterns changed with the various ailments of old age beginning to take their toll. It was in 1981 that cancer overtook cerebral embolism to become the leading cause of death.

Very simply put, fewer people were dying because of viruses and other external causes and more were dying because of bodily changes as they grew older. As such, Japan has moved quickly from a developing-country pattern of death to an industrial-country pattern. So rapid was this change that it was hailed, along with the enhanced Japanese longevity, as one of Japanese health and medical care's success stories.

Life expectancy—meaning the average age that a newborn child can expect to attain—is a standard measure of health. In Japan, for males this has gone from 42.06 years in 1925 to 59.57 in 1950 to 76 in 1991. For females, the figures were 43.20 in 1925, 62.97 in 1950, and 82 in 1991. Japanese have had the highest life expectancy in the world since the mid-1980s. The main causes for this enhanced longevity are both that people are living longer and that the infant mortality rate has gone down. Thus Japanese demographics are bound to shift to the older side of the spectrum so long as these trends hold.

The degree to which a society is considered an aged society depends on what percentage of the population is 65 or older. In 1970—the year the International Exposition was held in Osaka—this figure was 7.1% for Japan. With the improvements in national health care and the declining birthrates since then, the percentage topped 12% in 1991 and is likely to top 14% in 1994-95 or so. Even if this 14% figure is not attained until 1995, it will still mean that Japan will have doubled the percentage of its population 65 or over in only a quarter of a century. This is the fastest any society anywhere has changed. In contrast, it took Britain 45 years—and Sweden 80 years—to go from 7% to 14% (Fig. 2).

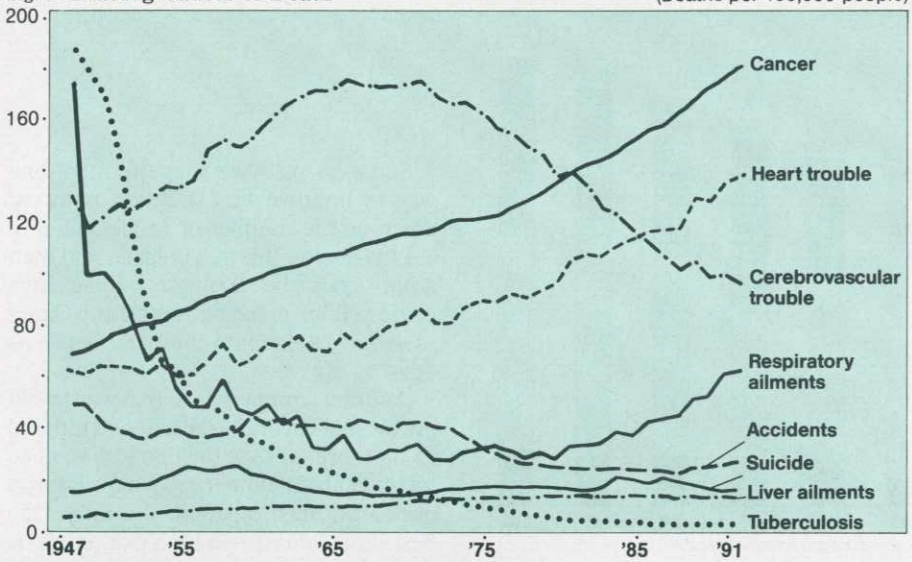
Health care's importance

Given this background, how has Japanese health and medical care contributed to this rapid increase in the Japanese life span and the dramatic changes in Japanese society?

Very basically, Japanese health and medical care may be divided into two parts: the actual health and medical care itself and the health insurance system that underpins it economically.

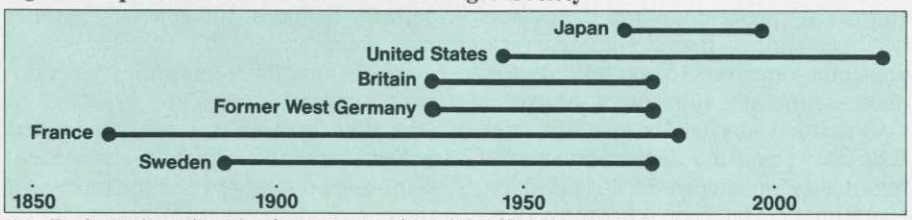
Looking first at the actual health and medical care, it should be noted that modern Western medicine was virtually unknown in Japan until about the mid-19th century. By the end of the century,

Fig. 1 Leading Causes of Death (Deaths per 100,000 people)



Source: *Vital Statistics: Japan*, Ministry of Health and Welfare, 1992.

Fig. 2 Comparison of the Move toward the Aged Society



Note: The figure shows time taken for percentage of population 65 or older to go from 7% to 14%.
Source: Compiled from United Nations and Ministry of Health and Welfare statistics.

when Japan was making a major push to become a modern nation-state, German medicine was adopted wholesale. So pervasive was the German influence that doctors received much of their instruction in German and patient records were even kept in German.

While there was some welfare support for the poor in line with the basic Bismarckian philosophy of medical care for the underclass and support for poor workers, it was still a very expensive proposition for an ordinary person to see a doctor—even more expensive if hospitalization was required. In fact, many families went bankrupt simply trying to care for their sick loved ones. Even though there were a number of doctors in Japan, as in the United States and Europe, who went out of their way to care for indigent patients, this was more the exception than the norm. There was little equality of access to medical care, and the average life span was short.

Despite the best efforts of some socially conscious doctors, tuberculosis swept the land and took a heavy toll. This epidemic started in the early 20th century just as Japan was moving from being a rural, agrarian society to being an urban, industrial society. Japan was moving to be a modern nation, but almost every family had at least one member afflicted with this dread disease.

And because there was no known cure—neither any effective drug regimen nor any curative surgical procedure—the only thing doctors could do was to prescribe plenty of rest. Unable to afford to have its young people bedridden in sanitariums while there was work to be done, the government knew it had to do something. Thus was the Ministry of Health and Welfare established in 1938, community health service facilities were established the next year, and a nationwide effort was begun to prevent TB.

This institutional structure for the prevention of illness has been carried over to the present and is one of the three main pillars of Japanese health care—the other two being medical treatment and welfare for the needy.

With the end of the war in 1945, the Japanese government, administrative structure and everything else were placed under the direction of the American-led Occupation forces. Medicine was no exception. Not only did medical education switch to English, but also patient treatment methods followed the American model.

Following the American ideal, a determined effort was made to create a system of comprehensive medical care available to all of the people regardless of wealth or social status. Even as the economy was moving dramatically toward market mechanisms and free-market ideals, the government undertook major leadership responsibilities in the health and medical care field.

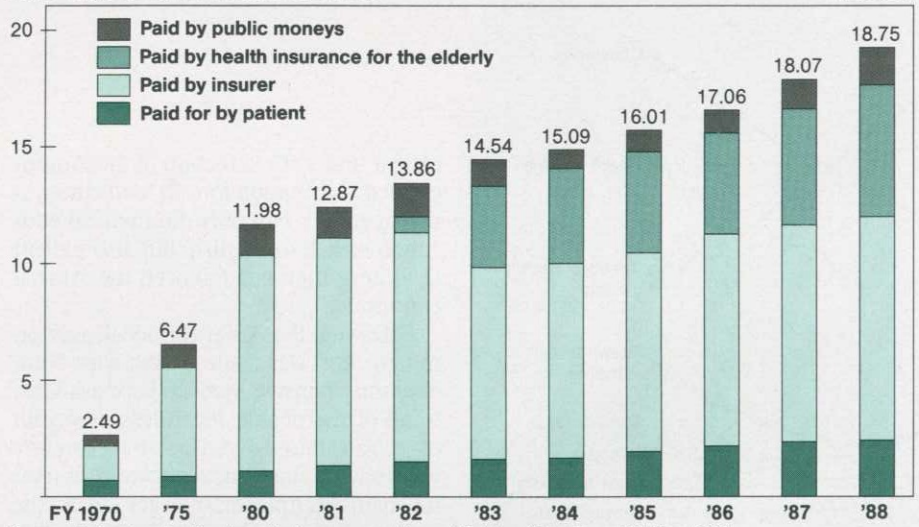
Equal care for all

Although the start-up problems sometimes meant that doctors wanted to prescribe drugs or procedures that the government-run insurance did not cover, the system took hold rapidly and moved to extend the range of free care that was available to all. With the enactment of the National Health Insurance Law in 1959, medical insurance coverage was extended to the entire population, and the cost of such care has been gradually lowered in the years since then. This system was then combined with provisions for providing free medical care for old people so that anyone can take his or her health insurance certificate and be treated by any doctor anywhere in Japan.

Because all Japanese and all Japanese health service facilities are enrolled in this system, the patient is not limited to a particular hospital or even a particular region. Just as important, the spread of medical education now means that there are only minor regional disparities and that equivalent care is available in urban centers and rural hamlets. No matter where they are, Japan's 123 million people pay only a modest amount for quality medical care—an enviable situation that has been maintained for more than a quarter of a century.

As of 1992, Japanese are spending a total of about ¥25 trillion ($192.3 billion at the rate of ¥130/$) a year on health and medical care. Of this, about ¥20 trillion is direct medical care costs ac-

Fig. 3 **Spending on Health Services** (¥trillion)



Source: Estimates of national medical care expenditures, Ministry of Health and Welfare, 1991.

counted for under the national insurance schemes, and the rest goes to miscellaneous items such as normal deliveries, vaccinations and medical checkups not covered by insurance (Fig. 3).

Of this about one-third is paid for from taxes and another third is paid for from insurance premiums that are levied roughly proportional to income. The final third comes from the patient or some non-health insurance scheme. This financial stability is crucial. One of the main reasons Japan has been able to provide quality health and medical care for a quarter of a century is that doctors and other health professionals know they will be paid promptly. Economic growth has been an essential element enabling the national and local governments to provide sufficient funding from tax and other revenues. And because the system works so well, the people have paid their premiums unfailingly and uncomplainingly (with their employers picking up about half of the cost under the Japanese system.)

What does this mean in practical terms for the average Japanese? So long as someone is on either employer or national health insurance, their insurance certificate is valid everywhere in Japan. If they get sick and have to go to the hospital by ambulance, it is free. On arrival at the hospital, they simply show them their insurance certificate. This insurance certificate alone is identification enough—far more trusted than any credit card. It is the indispensable identification.

At the hospital, the receptionist makes a note of the person's insurance certificate number and create a patient record for them. With this, they can go to the appropriate department and the doctors will take care of them. They may also prescribe some tests (blood tests, X-rays, photogastroscopy, ultrasonics, or even a CAT scan). And when the results of these tests are in and the doctors know what treatments or medicines to prescribe, everything proceeds on schedule with no delays. Even if the patient is hospitalized, it all happens at little or no cost to the patient. (There are some differences depending on the particular health insurance scheme, but the net result is virtually free care for all.)

Complaints

Yet there are problems with this system. Even though the system is arguably the best in the world, there are complaints and things that could be done better. Among the most common is that waiting rooms at hospitals and clinics are so crowded with people seeking care that it is a long wait—and then once you do get in, the doctor does not have enough time to explain everything in detail. This is commonly expressed as "waiting three hours for three minutes with the doctor."

There are now about 200,000 doctors in Japan. And there are about 10,000 hospitals and about 70,000 clinics. Including inpatients, these facilities have to treat about 8.3 million people a day. Since we have 200,000 doctors treating over eight million people, it should come as no surprise that people have to wait three hours for three minutes with the doctor.

Some people have suggested that one way to improve this situation is to cut down on the number of people going to see the doctor. But that is easier said than done, since the Japanese people have come to think of their hospitals and clinics as serving the community and hence as open to everyone.

Another complaint is that some old people feel so comfortable and pampered in the hospital that they do not want to leave. Still remembering when TB was prevalent, most Japanese think that the best thing you can do for a sick person is to put him to bed and make sure he gets lots of rest. So the nurses and paramedics bring the patients their meals, help with the bedpans, and generally pamper their charges.

This is very different from other countries, where patients are expected to look after themselves. Little wonder that patients find they enjoy it and do not want to be discharged—all the more so if their families do not really have room for the patient to be sleeping all day at home, are not trained health-care workers, might have to be out all day working, and are glad to have the patient safe and sound in the hospital for as long as possible. As a result, the statistics show that the average patient spends more than 30 days in the hospital. Although the insurance system is being changed to just cover the basics if someone is hospitalized for more than a certain length of time, there are still many people who prefer to be in the hospital—even after they are well—and society is having to come to grips with the concept of "hospitalization of convenience."

Yet another problem is that, as in many other countries, there is a serious shortage of nurses. There is also a shortage of paramedics and other people to make the nurse's job easier. Taking care of people, especially emptying bedpans, is not one of the most popular jobs anywhere, and this is all the truer in Japan, where people still expect families to take care of their own. Although this idea of family care is still idealized, there are more and more nuclear families and more women working outside of the home—with the result that there is often no one available to take

care of the sick person. As a result, the system is having to cope with new realities as people cling to the old ideals. It is an almost impossible situation.

Despite the ease of hospital life, many elderly patients would rather be recovering at home for personal reasons. The government would rather have them out of the hospitals and at home for financial reasons. But as the economy has expanded and more jobs have become available, there are fewer people available to take care of other family members at home. Young and middle-aged couples would like to look after their parents, but they have neither the time nor the space, and the end result is that their parents spend longer and longer in the hospital.

In many Western countries, parents are parents and children are children and there is a very clear delineation between the generations—with old people not expecting their children to take care of them. Society is set up to facilitate this kind of independence. But 60% of Japanese old people still live with their children, and many of these people still harbor hopes that their children will look after them. There is a wide chasm between the dream and the reality, and this is a major issue for Japanese health and medical care in the years ahead.

There is also the problem of inequitable benefits. People who work for big companies have half of their premiums paid by their employers and have access to excellent sports and recreational facilities. But when they retire, for whatever reason, they lose these perks and are suddenly on their own with the national health insurance scheme. It is almost as though the company does not know them any more.

Questions are also being raised about how health and medical care is billed, with many people arguing that the payments should be based not on the tests that are performed and the medicine that is prescribed but on the medical skills involved. The oft-cited example is the person who catches a cold and it costs the system over ¥5,000 for a shot and some medicine, with no words of medical advice at all. But if the doctor tells the patient that he only has a cold, that he should go home, get lots of rest, and drink lots of fluids, and he will be OK in a few days, it would only come to about ¥1,000. The critics say there is something wrong here. The second doctor may well be the better doctor. Why should it be more expensive to see someone who might not be as good? Are you paying for the medical care or just for the medicine?

There are also many other incongruities in the system. But when all is said and done, it must be admitted that Japanese health and medical care has done a magnificent job of providing the same at-least adequate care for over 100 million people nationwide. Surely the little problems can be overlooked in light of this stunning success.

Prognosis uncertain

The big question seems to be what the future holds for the Japanese economy—since it is the Japanese economy that has sustained this excellent system of health and medical care. Well has it been said that you cannot squeeze blood from a stone, and the economy cannot pay for things when it is broke. What will happen when the government no longer has the money to pay for this level of care?

One solution that is being proposed is to move away from the idea that everything is free and to make some things directly billable to the patient. Meals while you are in the hospital are one example. If you were well and at home, you would be paying for your own meals. Why should it be any different when you are in the hospital? Another area that is being discussed is to charge extra for the added amenity of a private or semi-private room. Most Japanese hospitals have wards with four to six beds each. If a person wants extra privacy and extra service, it should cost extra.

These, however, are minor changes, and there is also a movement afoot to reexamine the Japanese concept of equal health and medical care for all.

In fact, patients' perceptions have changed, and going to see the doctor is no longer a desperate recourse of last resort. It is hard to believe that the 8.3 million people who see the doctor every day are there on matters of life or death. Japan now has the longest life expectancy in the world, and Japanese are among the healthiest people in the world. Why should they also make the most trips to the doctor? Thus it is that Japan is finally getting around to defining this vague concept of health and medical care.

People are looking for a new mix of health insurance to take care of people when they are young, including the many things that people should be doing to stay in good health, and welfare to take care of them when they are old and infirm. What should we do to stay healthy? Who is going to look after us when we get old? Where? How? And how do we pay for this?

The golden age of Japanese health and medical care is drawing to an end, and Japan is looking for new directions and new modalities for the future. Indeed, this is an absolute imperative, given the very rapid pace at which Japanese society is aging and the fact that Japan will soon be among the most aged societies in the world. Little wonder it is being watched closely by foreign observers as well as by the Japanese principals. Can Japan make the conceptual transition from cure to care? This is not a question for the frontiers of life sciences and organ transplant techniques but is rather the philosophical question of quality of life and how we want to spend our declining years.

One other problem that is perhaps peripheral but deserves mention nonetheless is that of how this Japanese health and medical care system can be applied to the increasing numbers of immigrants in Japan. This is something that other countries—particularly the EC countries—have long had to grapple with, but it is gradually becoming a problem in Japan as well.

Basically, it all boils down to the question of how Japan is going to incorporate the Western idea of market-oriented health care and still not violate its tradition of community and equality.

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