



Obsolete medical law in Japan harms doctors' health

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Japan has achieved one of the most successful health systems in the world.¹ Under the nation's insurance scheme, Japanese citizens have taken it for granted that anyone is able to choose any health care facilities, and to receive the most advanced medical care across the nation. However, little attention has been paid to the fact that such a health system is supported by dedicated and self-sacrificing medical professionals. Such overloaded expectation is especially high in rural areas where the number of doctors remains unfilled. In addition, doctors are facing a risk of medical lawsuits, because some patients and their family tend to consider that any unexpected consequences are responsible for medical misconduct. These stressful circumstances can lead to ill health in medical professionals including burnout and depression.²

One of the overwhelming pressures in physicians lies in a general *obligation* set by the law; 'doctors are obliged to see patients whenever requested'. This is not just for an emergent situation, but also holds true for non-emergent situations. Furthermore, the obligation is imposed regardless of the doctor's expertise. The obligation was formulated by the Medical Practitioners Act (MPA) and issued in 1948. There are no equivalent medical laws which incorporate such obligation in other developed countries, for instance UK and USA.

In Japan, there has been a societal issue on death due to overwork (*Karoshi*).³ In reflecting it, the Japanese government enacted the Work Style Reform Law (WSRL) in 2018, aiming to restrict the workload among workers. However, WSRL is obviously incompatible with MPA, as the latter demands overwork for doctors. In response to this conflict, Ministry of Health, Labour and Welfare in Japan recently reviewed MPA, and publicised, in July 2019, a

statement without any change in the Act that in a non-emergent case, the obligation can be loosened, and in an emergent case, doctors are permitted not to provide medical care where the facility is not well prepared for treating patients.⁴

Although the statement is welcomed, it remains ineffective at the level of medical practices. In fact, physician's routine work has hardly changed since the issue. To maintain the health system in Japan, devoted doctors should be protected by means of rendering the public aware of the reality that utmost and supreme care cannot be provided to anyone anytime and anywhere. In addition, the law itself needs modification to lessen the level of doctor's obligation in a more realistic manner.

GS and NT wrote the manuscript.

We declare no competing interests.

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References

1. Sakamoto H, Rahman M, Nomura S, et al. Japan health system review. World Health Organization. Regional Office for South-East Asia. 2018.
2. The Lancet. Physician burnout: let's talk. *Lancet*. 2017; 389: 1370.
3. Watts J. In a climate of overwork, Japan tries to chill out. *Lancet*. 2002; 360: 932.
4. <https://www.mhlw.go.jp/content/12601000/000529089.pdf> (accessed 7 August, 2019)