

# **The New Trend in Health Care Services—From Organ-Oriented to General Medicine**

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## **1. Introduction**

Japan's population has the highest longevity among industrialized nations. But at the same time, rising medical costs are straining the government's finances. This strain increases the need to reduce expenditures of the public insurance system, which implies that the public will ultimately have to pay a growing proportion of medical costs out of pocket.

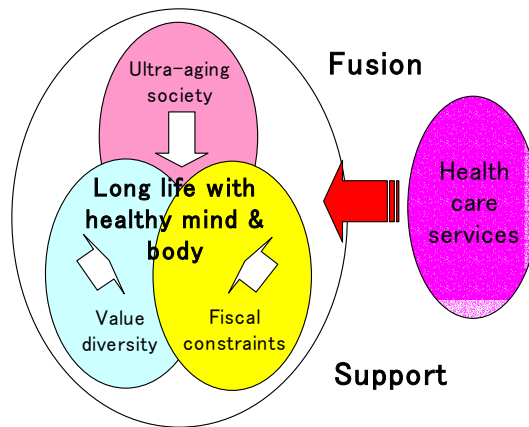
Moreover, it is not enough that people simply longer; they must confront the "longevity risk" of contracting poor health, which increases with age. Moreover, as people live longer, their values and lifestyles are growing more diverse.

The Healthy Japan 21 campaign advocated by the Ministry of Health, Labor and Welfare asserts that individuals in the present era are seeking new ways to enjoy a high quality of life in each life stage and to live a fulfilling life; that prosperity and fulfillment mean different things to different people depending on their values; and that an important part of pursuing prosperous and fulfilling lives is to prevent premature death or disability.

Today's health care services are being called on to inspire a positive orientation for the possibility for a long healthy life. The mission statement of Healthy Japan 21 is particularly relevant: "Never before has any society experienced such pronounced trends in population aging and decrease in children as Japan. For Japan in the 21<sup>st</sup> century, the burden of senile dementia will weigh very heavily on society. With aging increasing the social burden of illness and long-term care, and the economy no longer able to sustain high growth, our priorities must be to cure illnesses and reduce the social burden of long-term care. Creating a healthier society in the 21<sup>st</sup> century will be a major challenge for Japan."

From the perspective of both social policy and growing individual diversity, the theme for health care services will be to support individuals and groups so that people can live longer, healthier lives in mind and body.

**Figure 1 Health Care Services in Today's Society**

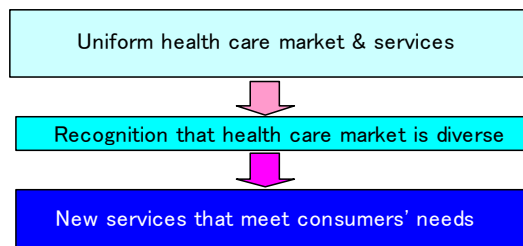


## 2. Diversity of Health

In considering the above theme for health care services, we must remember that health of mind and body means different things to different people.

In maximizing the utility of consumers in the health services market (by offering high-quality services), it is important to remember that consumer demand and satisfaction are far more diverse than in other markets. It would thus be arrogant for providers to try to impose a single uniform definition of health on all consumers.

**Figure 2 Services From the Consumer's Perspective**



The consumers in the health care services market are precisely the individuals targeted in the MHLW's Healthy Japan 21 program. Thus in serving this complex market, it is especially important that serious thought be given to establishing new market categories.

Considering that everybody consumes health care services at some point in their life between birth and death, the market is clearly not only huge but incompatible with the existing paradigm of a uniform market serving undifferentiated consumers.

Health care services must support consumers to choose and consume those services that

produce satisfaction from the consumer's perspective. Of course, consumers also need to develop a discerning eye for services to receive fair and appropriate services. In the future, as aging advances and the public responds more strongly to increasing health care costs, premium costs, and longevity risk, providers of health care services stand to lose much of their present control of the market.

### **3. From Organ-Oriented to General Medicine**

If we define health care services to include the fields of medical, welfare, and health services, some recent developments in the medical field suggest the future direction of health care services.

In conventional medicine, medical departments are categorized by the specific internal organs affected (gastroenterology, ophthalmology, psychiatry, etc.). This focus on parts of the body has resulted in the anomalous situation wherein the people seeking treatment receive secondary consideration to their afflicted organ.

However, another approach has emerged in the medical field: since diseases are interrelated with people's lifestyles and personal attributes, a categorization of diseases based on personal attributes allows health care to be integrated and managed in such a way as to prevent or cure diseases at an early stage. This integrated approach is best used on an ongoing basis, since individuals once cured still face the risk of encountering other diseases.

#### **1. Specialized Outpatient Care for the Individual**

From the above perspective, hospitals have started to offer integrated health care services based on a categorization by personal attributes, with the aim of fulfilling various goals: prevent patients from having to consult numerous departments, contain growing medical costs, and fundamentally improve hospital management. The categorization by personal attributes represents a new form of specialized outpatient care.

Because of the vertical organization of university hospitals, when patients show symptoms but don't know which department to consult, or their health condition hasn't improved despite the care of a specialist physician, they tend to be shuffled around or prescribed excessive medications. However, in the past few years, under the government's guidance to contain medical costs, university hospitals have established general medicine outpatient departments offering primary care (Figure 3). These departments examine patients comprehensively and provide primary care from a broad perspective that covers community, family, and even personal emotional issues.

**Figure 3 University Hospitals with General Medicine Departments**

Hospital	Department name
Hokkaido University Medical Hospital	Primary care
Chiba University Hospital	General medicine
Jichi Medical School Hospital	Center for community & family medicine
Nagoya University Hospital	General medicine
Gifu University University Hospital	General medicine
Mie University Hospital	Family and community medicine
Kawasaki Medical School Hospital	Primary care medicine
Nagasaki University Hospital	General medicine

Source: Compiled from interviews.

Unfortunately, few hospitals actually practice general medicine in the true sense. Most so-called general medicine departments only operate at the patient intake stage; after the initial examination, patients are still routed to conventional medical departments.

Nonetheless, general medicine departments have emerged that provide primary care for certain segments of the population. According to a survey by the author, there are currently three broad categories of specialization for general medicine departments: (1) aging, (2) decrease in children, and (3) gender.

## **2. General Medicine and Aging**

In the field of aging, where new programs such as long-term care insurance tend to be adopted early, some favorable developments in health care have emerged for consumers: (1) the introduction of geriatrics education, and (2) outpatient care for menopause.

Since the diseases of elderly persons usually involve several internal organs, organ-oriented medicine is generally not as effective as geriatric care except in emergencies. According to a survey by the National Institute for Longevity Sciences of the MHLW (*Research on Improving Geriatrics Education at Universities*), while 75.7% of 74 universities surveyed regard geriatrics education as necessary, only 23.7% (19 universities) have actually introduced geriatrics in clinical medicine (Figure 4). By comparison, 90% of medical schools in northern Europe and the U.K. already have a faculty position in geriatrics. Perhaps hospitals in Japan will finally start to take seriously the need to accommodate the aging society.

**Figure 4 Universities with a Geriatrics Department or Class**

Hokkaido University	Hirosaki University	Akita University
Tohoku University	University of Tokyo	Shinshu University
Nagoya University	Gifu University	Kyoto University
Kanazawa Medical University	Osaka University	Kobe University
Ehime University	Kochi Medical School	Kyushu University
Keio University	Nippon Medical School	
Tokyo Medical University	Kyorin University	

Source: Report of the Ad Hoc Committee on Aging of the Cancer and Aging Research Liaison Council, May 29, 2000.

Moreover, menopause outpatient care, which in the past exclusively treated women's disorders such as hot flashes and depression, has recently become available for men as well (Figure 5). Though still few in number, some men's menopause outpatient clinics practice general medicine by treating not only conventional areas such as the urinary system, but the potentially large area of mental health as well.

**Figure 5 Hospitals with Menopause Outpatient Care for Men**

Hospital	Location
Ishinkai Hospital	Chiyoda-ku, Tokyo
Sapporo Medical University Hospital, urology dept.	Chuo-ku, Sapporo
Sanjukai Hospital	Shiroishi-ku, Sapporo
St. Marianna University Hospital, urology dept.	Miyamae-ku, Kawasaki
Kansai Medical University Hospital	Moriguchi City, Osaka
Okayama University Hospital	Okayama City, Okayama pref.

Source: Compiled from news reports.

We often tend to associate aging and the elderly with illness and long-term care. However, the primary aim of health care should be to enable elderly persons to be healthy and active. We hope that services in this field will be actively reconstructed toward this end.

### **3. General Medicine and the Decrease in Children**

When thinking of health care in an era of decreasing children, perhaps what first comes to mind are to provide lavish new maternity hospitals. However, important issues need to be addressed: young mothers are stressed with problems unique to the era of decreasing births, such as not having other young mothers to interact with or persons to confide in, particularly given the nuclear family.

For society to instill confidence in women to raise children, health care needs to provide comprehensive support for the mind and body, including the treatment of neuroses stemming from infertility and infant care. Organ-oriented medicine is obviously incapable of dealing with the practical issues that mothers must confront: whether they can have children given

their busy life, what to do if the child becomes sick, dealing with the child's slow development, communication problems, anxiety about being able to raise children correctly, and problems trying to raise children while holding down a job. If health care services can put these concerns to rest, women will feel more confident and assured about having a second and third child.

However, rather than being an independent entity that supports mothers, the mainstream form of maternal care still consists of: (1) comprehensive support services that combine obstetrics & gynecology with women's outpatient care, and (2) instances in which medical institutions collaborate with municipalities to provide general child care information services. In this respect, the approach is still primarily a conventional organ-oriented approach centered around the ob-gyn department, and offers little support for mental health care and child care consultation.

In the future, in addressing the decrease in children, specialized health care services are needed that provide comprehensive support for mind and body to women who intend to give birth but have not done so, and to women during pregnancy and after giving birth.

**Figure 6 Hospitals with Ob-Gyn Depts. in the Women's Health Clinic (Tokyo)**

Hospital	Attending physicians' specialties
Tokyo Metropolitan Police Hospital	Obstetrics, gynecology, dermatology, urology, etc.
Teikyo University Hospital	Obstetrics, gynecology
JR Tokyo General Hospital	Gynecology
National Center for Child Health and Development	Maternal medicine, parenting psychology, gynecology, fertility medicine
Tokyo Women's Medical University Women's Health Center	Neurology, pediatrics, obstetrics, gynecology, ophthalmology, etc.
Omori Red Cross Hospital	Breast medicine, gastroenterology, obstetrics, gynecology

Source: Compiled from information on web sites.

**4. General Medicine and Gender**

Of all the areas of general medicine, the most actively being developed is gender specific medicine. In the U.S., gender specific medicine emerged over a decade ago by questioning medical practices that ignore gender, such as calculating dosages for women based on clinical results obtained for men. The approach is based on the idea that even where the same disease is concerned, men and women should receive different medical treatment.

**Figure 7 Women's Health Activities in the U.S.**

Organization	Activity
Journal of the American Medical Women's Association	Journal specializing in women's health
Society for Women's Health Research	The only non-profit research organization in the U.S. dedicated to improving women's health

Source: Compiled from information on web sites.

In Japan, after Kagoshima University established the first women's outpatient clinic in May 2001, the number of clinics has grown rapidly. The first medical reference book for women's health was published in 2003. The greater Tokyo area leads in the number of establishments practicing gender specific medicine (Figure 8). The prefectural government of Chiba, which has been particularly active in promoting women's health care, established the second women's clinic after Kagoshima University at a prefectural hospital (Togane Hospital) in September 2001. At present, Chiba prefecture is rapidly catching up with metropolitan Tokyo. In contrast, the Tohoku and Kansai areas lag behind.

**Figure 8 Number of Women's Health Clinics (January 2004)**

Prefecture	Prefecture	Prefecture
Hokkaido 5	Ishikawa 3	Nara 2
Aomori 1	Fukui 1	Wakayama 1
Yamagata 2	Nagano 2	Shimane 1
Fukushima 1	Gifu 3	Okayama 2
Ibaraki 1	Shizuoka 3	Hiroshima 1
Tochigi 1	Aichi 6	Yamaguchi 2
saitama 2	Mie 2	Ehime 1
Chiba 14	Shiga 1	Kochi 1
Tokyo 19	Kyoto 3	Fukuoka 5
Kanagawa 9	Osaka 5	Nagasaki 1
Toyama 1	Hyogo 4	Kagoshima 2

Source: New Approach to Health and Welfare (NAHW)

Meanwhile, despite a strong demand for men's clinics, their growth has been severely impeded by the common perception that such clinics are primarily meant to treat venereal disease.

Actually, however, the main issue that needs to be addressed by men's clinics is mental health. Although a larger proportion of women visit clinics to treat psychological disorders, the overwhelming proportion of persons who commit suicide are men (Figure 9). Unable or unwilling to confide in anyone, many men apparently become psychologically distressed to the point of taking their own lives. Unfortunately, health care services are currently not being modified to address this important issue.

**Figure 9 The Gender Gap in Psychiatric Care**

**No. of outpatients per 1,000 population (2001)**

	Men	Women
Psychosis (schizophrenia, manic depression, etc.)	3.9	4.1
Neurosis	4.4	5.5
Autonomic ataxia	3.1	9.6

Source: MHLW, *Survey of Patients*.

**Deaths by suicide (2000)**

	Men	Women
Total no. of deaths by suicide	22,727	9,230
Suicide rate (per 100,000)	35.2	13.4

Note: Suicide rate = No. of suicides ÷ Population × 100,000.

Sources: Ministry of Health, Labor and Welfare, *Population and Vital Statistics of Japan*; National Police Agency, *Summary of Suicides in 2000*.

**Figure 10 International Comparison of Suicide Rates**

	Men	Women
Japan	35.2	13.4
U.S.	18.7	4.4
Australia	19.0	5.1
France	28.8	10.4
Germany	22.1	8.1
U.K.	1.0	3.2
Italy	12.3	3.9
Sweden	20.0	8.5

Note: Suicide rate = No. of suicides ÷ Population × 100,000.

Sources: MHLW, *Population and Vital Statistics of Japan*; WHO, *World Health Statistics Annual*.

**Conclusion—Health Care Services and Well Being**

There is a saying that all illness comes from the mind. It is time for Japan to examine to what extent psychological care is actually being practiced in health care services.

People who are sick do not exist in a vacuum; they are sick only when compared to others who are not. The same holds true for patients: patients are recognized as such only when they come under the doctor's care. In other words, illness, sick people, and patients are all relative concepts.

Thus both consumers and providers of health care services must constantly guard against the conceptual trap that some absolute objective standard exists with regard to illness, sick persons, and patients. This only causes consumers to feel anxiety and become resigned to the prospect of receiving uniform, undifferentiated services.



If people have a positive attitude, their condition is that of neither a sick person nor patient. Yet regardless of whether noticed by others, people who must live each day in pain, discomfort or inconvenience are suffering from illness.

Health care services must pursue the theme of well being, and be more concerned with the hearts and minds of people than with their internal organs. In the 21<sup>st</sup> century, as Japan struggles with economic malaise, aging and the decrease in children, the most sought after services will not be those for mending organs, but for health care that genuinely heals and comforts people.