

## THE FAR SIDE

# Japanese medicine playing catch-up



DIABETES is less prevalent among Japanese children than American, but Gaucher and Tay-Sachs diseases are more prevalent.

BY ANGELA BIANCHI

**F**ORTY YEARS ago Japan was a nation of war-torn families barely able to make a living. Today the average family brings home \$50,000 yearly, and is able to wear the top in designer fashions and buy a new car every year.

But while the country is satisfied with its economic status, the medical profession has to play a catchup game with most Western countries in areas of research and schooling.

An area where the Japanese seem to be devoting more attention is medical research. Of particular concern is Alzheimer's disease, primarily because the country has one of the highest average life expectancies in the world. Ten per cent of the country's population is 65 years or older and the ratio is expected to reach 24.2% in 2043.

Research in prenatal disease is gaining importance. A recent Japanese comparative study of lysosomal storage diseases and genetic metabolic diseases in pregnant women from the U.S., Western Europe and Japan found that environmental and genetic factors play a large role in the prevalence of these diseases.

Data collected show that Japanese children suffer less from diabetes than American children but the prevalence of Gaucher and Tay-Sachs diseases are higher in Japanese children.

The country has one of the lowest infant death rates in the world and that can be partially attributed to government-sponsored screening programs for infants and school children.

Teruo Kitagawa, professor of pediatrics at Nihon University school of medicine, said newborns are screened for phenylketonuria (PKU) five to seven days after birth. They're given a general checkup after one month. At three months they are checked for TB and vaccinated against polio and tetanus (DPT). Children also undergo early detection for cancer and for neuroblastoma.

Urine tests are mandatory every year from children to check against kidney disease. First-graders are given

kidney tests, chest X-rays (to check for pulmonary diseases) and electrocardiograms.

Japan is slowly making headway in the field of medicine but, like many countries, it is encumbered by numerous problems.

It is facing regional discrepancies in the number of hospital beds and doctors, a trend that is spreading.

There is also a lack of co-operation between hospitals and clinics. The Ministry of Health and Welfare has made attempts to encourage prefectures to reorganize their various medical facilities and curb the disorderly increase in hospital beds.

Rural relocation programs for doctors have helped somewhat to alleviate the problem, but generally doctors don't want to practise in remote areas.

Japan is either facing a surplus of doctors or a scarcity. Japan's Ministry of Health and Welfare fears that in future the country will have a surplus of doctors and dentists.

One of the major complaints heard from doctors, said Kiyohiko Yoshida, executive member of Japan's Medical Association, is that they're overworked and underpaid. "They make on average \$8,000 (U.S.) monthly."

**T**HE MAJORITY of Japanese doctors work in internal medicine, followed by pediatrics and orthopedics.

But getting into medicine isn't easy, especially here. Last year Keio University, one of the most prestigious private universities in Japan, accepted only 61 undergraduates into the faculty of medicine; 6% of applicants. Tuition in the faculty of medicine was \$20,000.

Most medical students complain that they're not given enough "on-the-job experience."

The competition in the medical field is so fierce that some doctors volunteer up to four days a week at prestigious hospitals to better their chances of being put on staff.

At Nihon University Hospital, a (see Japanese—page 69)



GOVERNMENT-SPONSORED screening programs for infants contribute to very low infant death rate.

# Japanese play catch-up

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prestigious private hospital in Tokyo, 400 doctors on staff at smaller hospitals or clinics volunteer their services, sometimes up to 10 years. In the end 130 of them get hired at Nihon.

Understanding Japan's bureaucratic medical profession is not an easy task but what surprises many foreigners is that many medical decisions are based on religion and societal values.

Said Yoshida, "We have the knowledge of how to perform heart transplants but we don't do them for ethical reasons. Kidney transplants are OK but not single organ transplants. The Japanese can't accept them."

Their views on abortion are fairly liberal. One is allowed in cases where the mother's life is in danger and, added Yoshida, "if a mother can't have the child for financial reasons."

The number of abortions in Japan has decreased since the use of contraceptives was encouraged by government agencies.

Abortion costs range from \$500 to \$1,000 in Japan and are not covered by insurance. Medical fees are set nationally: a mastectomy costs \$290, a cesarean \$500 and an appendectomy costs \$430.

Japan has been quick to pick up on Western medical techniques and schooling procedures in a relatively short time. But they're not quick to accept much "American medical evidence."

Ask staff members of Japan's Ministry of Health and Welfare why the ministry hasn't removed asbestos from public buildings and schools and they hedge the question by saying, "We're conducting our own research," although numerous studies in Canada and the U.S. have shown the hazardous effect of asbestos use. And the ministry has also been very lax in introducing pollution controls and cleaning up the water systems.

The Japanese government has been unwilling to open its economy to foreigners but it appears that its medical field is ready to open its textbooks and hospitals to Western thought and methods . . . and even break some taboos in the name of progress.