

REGIONAL ROUNDUP

Family medicine: What does it mean in Japan?

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Abstract: The present review defines Japanese family medicine and the current state of the Japanese medical school and residency training in family medicine, and tries to reveal the reasons for the variations in family practice training in Japan. It also explains the status of family physicians' practices in Japan today and describes the Japanese professional organizations related to family medicine or primary care in Japan. Japanese family practice must undergo further development in order to arrive at an ideal system, as has happened in other nations. Our task is to better educate ourselves about international best practices in family medicine, decide upon the form that family medicine should take within the Japanese medical system, and institute appropriate training in family medicine at both the medical school and residency levels.

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Key words: family medicine, Japan, organization, practice, training.

Introduction

Japan has the highest average life expectancy in the world and a high standard of health care.¹ However, the status of Japanese primary care, including family medicine, lags far behind that of other nations.² The present review explores the status and the future of family medicine in Japan. To be sure, this is my view and does not stand for the official opinion on family medicine in this country.

Definition of family medicine in Japan

In Japan, various terms are used for family medicine, as the discipline is still being established and is not well known among the Japanese people. These terms include primary care, family medicine, general medicine, and others. 'Sogo-Shinryo', or general medicine, is the most widely used term. However, general internists in medical school hospitals or general hospitals also describe their specialty, general internal medi-

cine, as 'Sogo-Shinryo'. Moreover, some physicians use 'Sogo-Shinryo' interchangeably between general internal medicine and family medicine. Meanwhile, many family physicians use the term 'Katei-Iryo' to properly signify family medicine. Sometimes, local general practitioners do not refer to themselves as family medicine specialists, even though they provide the same type of medical care as the specialists; this is because their postgraduate training was in a specialty or subspecialty other than family medicine. These physicians tend to follow the Japanese Medical Association's use of 'Kakaritsuke-I', or personal doctor.

Although the definitions of family medicine in Japan are somewhat varied, and the content of practice is somewhat different for each family physician or facility, the goal of these kinds of family physicians is usually the same: to provide medical care that is not limited to a particular branch of medicine nor to patients of a particular age group or sex.² In this sense, it is true that we have a certain number of excellent family physicians, whether or not they had formal family medicine training.

Undergraduate training for family medicine

Although family medicine is not well known among Japanese laypersons, approximately half of Japan's 80 medical schools now have a department called

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Accepted for publication 28 August 2003.

'Sogo-Shinryo-Bu', or department of general medicine.³ The first of these was formed at Kawasaki Medical University in 1981, and many more were established over the past 10–15 years under the aegis of the Japanese Ministry of Education, Culture, Sports, Science and Technology. Although some of these departments emulate a family medicine model, this model differs from those of the USA and UK. For example, in Japan these departments care for adults and children but not patients with obstetrics or gynecology problems, and they may not have a family practice center outside the medical school hospital. Others emulate a general internal medicine model, and still others emulate specialties or subspecialties of one kind or another that also provide some generalist training.

In Japan, students are permitted to enter medical school immediately after high school if they pass the entrance examination. Medical school in Japan lasts 6 years. In general, Japanese medical students study liberal arts and sciences during the first and second years, basic medical science and basic clinical medical science during the third and fourth, respectively, and clinical medicine during their clinical clerkship in the fifth and sixth years. Japanese medical students then take a single national medical licensure examination, which they must pass in order to move on to residency training.

A department of general medicine generally provides third- and fourth-year medical students with didactic lectures and practical training about basic clinical skills such as the medical interview, physical examination, evidence-based medicine, and others, as the practice of general medicine is involved in these and related areas. Some departments also provide their students with lectures including an introduction to family medicine, the biopsychosocial model, family oriented primary care, community oriented primary care, and so on. Some departments also provide education in medical decision-making, medical ethics, and other areas. The department of general medicine usually coordinates with other specialty departments to plan and conduct the Objective Structured Clinical Examination (OSCE) performed at the end of the fourth year of medical school to evaluate readiness for the clinical clerkship. As explained above, whether a department of general medicine focuses on family medicine or general internal medicine, most of these departments take part in basic clinical skills training for medical students.

These departments of general medicine also teach family medicine or general internal medicine to fifth- and sixth-year medical students during their clinical clerkship. They teach these students how to care for patients in the outpatient clinic as well as patients in the ward in medical school hospital. A few depart-

ments have affiliate clinics or small community hospitals outside the medical school hospitals. Medical students learn how to approach the patient's family and community, and they learn the importance of continuing care at the facilities.

Postgraduate training for family medicine

Postgraduate training in family medicine is still developing, and not many institutions train family physicians systematically.⁴ Most departments of general medicine have a mission of postgraduate training of family physicians or general internists. The medical school programs of the majority of these departments might train residents in general internal medicine, while the others train in family medicine or a similar specialty. All postgraduate training programs run by these departments have their own outpatient clinic in the medical school hospital. This facility makes it possible for residents to train in an outpatient setting. Many programs also possess a ward or wards in the medical school hospital to provide training in an inpatient setting. Some departments send all residents to large general hospitals in the nearby community for the first few years. A few departments train in affiliated clinics or small community hospitals outside the medical school in addition to the medical school hospital. Some large community hospitals in Japan also have family medicine postgraduate training programs and train both in their hospitals and in their own or affiliated clinics.

No definite departmental affiliation is required for the family medicine residency in Japan. However, the majority of family practice faculty members are board-certified internists, and many are also board-certified primary care physicians (although the primary care physician certification is not recognized by the government). Some faculty members in family medicine have received family practice training in the USA or Canada.

The duration of postgraduate training ranges from 4 to 6 years, depending on the institution. For the first few years, most programs require residents to rotate through several specialty services, such as internal medicine, surgery, pediatrics, obstetrics/gynecology, and other specialties or subspecialties. Rotation through these departments provides residents with exposure to a wide range of medical problems so they can learn to provide comprehensive medical care. However, medical school-based programs, where residents train in medical school hospitals, tend to care for patients with uncommon or more serious diseases that are outside of the primary care setting. In return, they might learn how to coordinate with many other

specialists or subspecialists in the medical school hospital.

After their first rotation period, many residents undergo family medicine postgraduate training in the outpatient clinics. Many medical school-based programs use the school hospital's outpatient clinic. In such a clinic, or in the outpatient clinic of a large and famous general hospital, residents might find it difficult to learn continuing medical care, which requires knowledge of the patient's family or community. Some medical school-based programs cooperate with local family physicians and send residents to these local practitioners for various periods of time. This local clinic experience offers residents the opportunity to learn the value of continuing medical care. The local clinic experiences might also help residents to understand the context of medical care and the centrality of the family and community in such care. Since Japanese, like other Asian societies, have strong family relations and strong ties with other community members, contextual care might be especially important for family medicine in Japan. The outpatient clinics of many community hospitals are more suitable for learning the merits of family medicine functions, as these clinics provide real primary care settings and the department members provide direct instruction. Indeed, more family medicine residencies are teaching from the biopsychosocial approach than did so in the past.

The Ministry of Health, Labor and Welfare plans to require all medical graduates who expect to be clinical physicians to complete a 2-year postgraduate clinical training program in primary care medicine following graduation from medical school. The aim of this national residency program is to ensure that residents have the essential medical competence to perform primary care. This national program, which applies to most training hospitals, will start in 2004. Medical graduates and other participants will each get a position at a selecting institution through a 'match' system. In this program, residents must rotate through a core program of internal medicine, surgery, pediatrics, obstetrics/gynecology, psychiatry, and community health and medicine. Some institutions will also offer elective rotation in a specialty or subspecialty during this period. The rotation through community health and medicine will be planned and managed mainly by the departments of general medicine or internal medicine in medical schools or large general hospitals. Each rotation lasts more than 1 month, 3 months are the ideal situation. Residents are supposed to receive training in local clinics, small community hospitals, local health centers, nursing homes, blood banks, and other facilities. After completing this program, residents who want to be family physicians enter a family medicine residency program.

The reason for the variation in family medicine training

The reason for the variation in family medicine training (both medical school and residency) in Japan might be the lack of a detailed, authorized program of requirements for it. The Japanese Ministry of Education, Culture, Sports, Science and Technology has released a model core curriculum of medical education for all medical students. However, neither this ministry nor any other representative council has authorized program requirements for medical education by departments of general medicine. Likewise, neither the Japanese Ministry of Health, Labor and Welfare nor any other government agency has established such requirements for postgraduate training. The Japanese Academy of Primary Care Physicians is the biggest organization for primary care, including family medicine. Although it has an examination system for certification and re-certification, it does not have certification requirements to regulate training programs or facilities in detail. The Japanese Academy of Family Medicine is not yet a strong medical organization, although it is growing rapidly. This academy has no certification system yet.

This lack of clear-cut guidelines for family medicine education could contribute to the wide variety of definitions of family medicine in Japan.

Practice of family physicians in Japan

As the definition of family medicine is vague, some family physicians are very close to general internists while others are close to the American or British type of family physicians. Furthermore, although many local general practitioners in Japan have the function of family physicians theoretically, many of them do not use family medicine as their specialty. Indeed, since the history of the family medicine residency in Japan is so short, these physicians trained in some other specialty, such as internal medicine or one of its subspecialties, and worked as specialists in hospitals for several years before becoming local general practitioners. Many of them are also old; more than half of the general practitioners in Japan are 60 years old or older.⁴ These days, the number of young family physicians, many of whom have postgraduate family medicine training, is growing, as they are dissatisfied with the highly specialized structure of the system.⁵

In general, Japanese family physicians work in a clinic or small community hospital in their community, not in a large general hospital, and also provide home care or nursing home care. The majority of family physicians are in solo practice.^{4,6} Surprisingly, data

indicate that private practitioners in Japan treat an average of 66 patients per day.² However, the Ministry of Health, Labor and Welfare reports that the most typical waiting time and examination time with a private practitioner are now 'waiting for less than 30 minutes and three to ten minutes of examination'.¹ In any case, these physicians, including family physicians are seeing large numbers of patients in a day. As mentioned above, they see adults, geriatric patients, and children but not patients with obstetrical or gynecological problems.⁵ The diversity of diseases that they treat is the same as that of family physicians in other countries.⁷ They usually treat common diseases and sometimes, especially in rural areas, they practice emergency medicine. They often use diagnostic tests, such as abdominal ultrasound and esophago-gastro-duodenoscopy.^{2,5,6} They also treat psychiatric problems, such as depression, panic disorder, and somatization.⁶ In addition, they do annual physical examinations and vaccinations, and sometimes give lectures on health promotion to persons in the community; topics might include smoking cessation, weight reduction, exercise, and stress reduction.⁶ Family physicians sometimes work with public health departments, which are involved in prevention and health promotion.² Many family physicians in Japan are school physicians or occupational physicians who treat students or employees. Furthermore, they coordinate care through consultations and referrals to and from specialists or other medical coworkers. Finally, the fees for specific services are the same for all physicians in Japan, regardless of specialty. Not a small number of family physicians working at a clinic earn more money than physicians employed by hospitals, even specialists in hospitals. Nevertheless, Japanese confer a higher level of prestige to medical school professors than to physicians in hospitals, and a still lower level to practitioners working at clinics.²

Relevant professional organizations

A few organizations represent family medicine or related areas in Japan. The Japanese Medical Society of Primary Care was founded in 1978. This organization includes family physicians, general internists, specialists/subspecialists, dentists, and other medical personnel who are involved in primary care. Within the Society, the Japanese Academy of Primary Care Physicians was established in 1988, and its members are exclusively physicians.² With more than 3000 members and many local branches, the Society is the largest organization for primary care in Japan. Its goal is to achieve 'primary care' in Japan as defined by the World Health Organization. The academy has examinations

for certification and re-certification as a primary care physician, as explained above. It also provides practicing primary care physicians with frequent lectures as a form of continuing medical education.

Another organization is the Japanese Academy of Family Medicine, founded in 1986. The aim of this organization, whose current membership of 800 is increasing rapidly, is to establish family medicine in Japan. This organization provides medical students and young residents with lectures to deepen their understanding of family medicine, and it provides practicing physicians with lectures as a form of continuing education in the practice of family medicine. The Japanese Society of General Medicine was established in 1993 by general internists and family physicians. The majority of its 600 members seem to be general internists, especially 'hospitalists', physicians who treat mostly inpatients and the organization is somewhat research-oriented.

The Liaison Council of Primary Care Education was established in 2003 to coordinate the community health and medicine programs of the national residency program that begins in 2004. This council is composed of the members of several organizations, including the Japanese Academy of Family Medicine, the Japanese Society of General Medicine, and the Japanese Medical Society of Primary Care. This council could contribute to the unification of the ideas of family medicine and to the formation of a single identity through medical education.

The future of family practice in Japan

Currently, family medicine in Japan faces several problems. First, family medicine is such a young specialty in this country that it has not yet to become a popular term, not only among laypersons but even among medical personnel. Also, Japanese might be satisfied with the medical system as it is, with few primary care physicians. As the area of Japan is relatively small and its population density is high, people can access medical specialists with relative ease.⁶ Furthermore, the current universal medical care insurance system in Japan provides ample access to medical specialists at relatively low cost.^{1,5} These might explain the somewhat low demand for family physicians on the part of the Japanese people. However, once patients come to understand the concept of family medicine, they might begin to notice that they lack what it offers: personal, continuous care by physicians who know them and their medical history. Indeed, more than a few patients have trouble finding an appropriate physician to treat their disease or illness continuously. As the elderly population is increasing

rapidly in Japan, specialists might soon have more difficulty treating elderly patients, who often have many kinds of diseases at once. People in the community might expect family physicians to perform the functions of preventive medicine, health promotion, and home care.⁶ Moreover, to control costs, the future medical care insurance system in Japan might not allow patients to go to specialists directly. Furthermore, the current number of family physicians is relatively small and the organizations for family medicine do not constitute a strong entity. This results in less influence in the political and social arenas.⁵ However, growing numbers of young family physicians are being educated, and in turn growing numbers of young doctors in other specialties are likely to accept the idea of family medicine.⁵ This development is backed by the Japanese Ministry of Health, Labor and Welfare.⁶ Thus, it seems possible that family physicians would make up a large proportion of physicians in the future. Third, as mentioned earlier, family medicine in Japan sometimes has some discordance concerning its own identity: 'family medicine', 'general internal medicine', or both. However, this is perhaps to be expected, for specialization in primary care is in a state of development in Japan. Other nations, where

the family physician is popular among the people, had to go through similar developmental periods in order to arrive at the systems they have now. Our task is to better educate ourselves about international best practices in family medicine, decide upon the form that family medicine should take within the Japanese medical system, and institute appropriate under- and postgraduate training in family medicine. Fortunately, the Japanese government supports the establishment of family medicine in Japan.⁶ Our ultimate goal should be to achieve global standards in family medicine, standards on which family physicians throughout the world agree.

Acknowledgments

We thank Dr Michael D. Fetters, Department of Family Medicine, University of Michigan School of Medicine, Michigan, USA and Dr Seiji Yamada, University of Hawaii, Hawaii, USA for their great assistance; and Dr Tai-Pong Lam, Family Medicine Unit, University of Hong Kong, Hong Kong, for his excellent suggestion.

A portion of this paper was presented at the 25th Congress of the Japanese Medical Society of Primary Care in Kobe, Japan, on 1 June, 2002.

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