Current Status of Choosing Wisely in Japan

Yasuharu Tokuda, MD, MPH
Editor-in-Chief, General Medicine

In January 2012, I had a chance to meet Dr Mitchell D. Feldman, who is a Professor of Medicine, University of California San Francisco and was a visiting faculty of Kyoto University at that time. At that time I explained some issues regarding Japanese healthcare to him. We had a good discussion about the development of a growing number of programs which provide education and research resources for generalist physicians in Japan. However, I also explained to him the Japanese situations of preventive medicine by unproven screening services for the general public, including human dock, PET-CT cancer dock, and brain dock.

While riding together on a local JR train, Dr Feldman suggested that, although these services are not covered by a national health insurance system but are paid by private payment, Japanese physicians should act against these services as advocates of patients as part of their professional role as physicians. He suggested that Japanese medical professions should follow choosing wisely campaigns that were developing internationally. This campaign was originally initiated by physicians with concerns on professionalism issues in American Board of Internal Medicine.

After I promised to start a campaign for Japanese people, Dr Feldman and I first published the need for such an activity to BMJ.\(^1\) Japanese Consortium of Generalist Teachers kindly agreed to organize the first conference about choosing wisely Japan and we published a book (Choosing Wisely in Japan ~less is more~) describing five recommendations and the background of these recommendations from multiple US academic societies as well as our first five lists for choosing wisely Japan (Table 1).\(^2\)

Meanwhile, international roundtables and conferences have been organized by influential societies. Articles and teaching case reports have also been published in major clinical journals such as teachable moment series by JAMA Internal Medicine.\(^3\) Concept of High Value Care has been introduced as physicians’ professional objective of choosing wisely campaigns.\(^4\) This concept can be expressed as follows:

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\text{Value} = \frac{\text{outcome}}{\text{side effect} \times \text{cost}}
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Table 1. The first five list of recommendations for choosing wisely Japan

| 1. Don’t recommend PET-CT cancer screening for asymptomatic adults. |
| 2. Don’t recommend tumor marker screening for asymptomatic adults. |
| 3. Don’t recommend MRI brain screening for asymptomatic adults. |
| 4. Don’t perform routine abdominal CT for non-specific abdominal pain. |
| 5. Don’t place urinary catheters simply for provider convenience. |

Author for correspondence: Yasuharu Tokuda, MD, MPH
JCHO, Tokyo, Japan
E-mail: Yasuharu.Tokuda@gmail.com
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Japan is the fastest aging country in the world and thus we need effective healthcare with affordable cost and low risk for side effects. A generalist should play a leading role in aiming for higher value care throughout Japan.

In January 2015, Dr Shunzo Koizumi, Dr Kentaro Matsumoto and I were invited to a Korea-Japan joint conference for choosing wisely campaign, at Korea University, Seoul, South Korea at the kind courtesy of Dr Hyeong Sik Ahn, who is a Professor of Preventive Medicine, Korea University and other influential Korean clinicians, educators and researchers (Figure 1). Recently he published his analysis for probable overdiagnosis of thyroid cancer cases in his country. As a recent review indicated good observational study as well as international collaborative study shows scientifically sound evidence for overdiagnosis in cancer screening. Research collaboration between Korea and Japan will enhance public health in both countries. Since our journal would like to publish a good observational study on overdiagnosis, choosing wisely and high value care in Japan, I welcome submissions by generalists on these critical issues.

References
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