Ethical Basis of Recognizing Generalist Physicians in Japan

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In Japan there are currently two types of nationwide distribution issues concerning physicians. One is the skewed distribution of physician specialty towards subspecialists with few generalists. Another is the geographical distribution with the low number of physicians in rural or municipal areas compared to those in urban areas. The first issue, in fact, has caused the second issue since subspecialist physicians are not likely to serve clinical practice in rural or municipal areas due to the spectrum of their practicing capacity. Regarding the distribution issue of physician specialty, most people agree that we should produce a greater number of generalist physicians that can effectively care for patients with a broad range of medical problems in this extremely aged society. However, generalist physicians have not been recognized by the Ministry of Health, Welfare and Labour, Japanese government, as a formal physician specialty being able to show it on their clinic signboards or their official documentation to a local public health center. Thus, some generalist physicians in Japan continue to have serious identity crisis or anxiety over career development.

Almost 30 years have passed since the first attempt to obtain formal recognition of generalist physicians in Japan, but this idea was rejected for multiple reasons including the resistance of Japanese Medical Association to bureaucratic control. There was a well known hypothesis that the government might try to use this opportunity of formally recognizing a generalist physician as producing a gatekeeper for controlling healthcare costs and restricting physicians’ freedom of utilizing the signboard of any specialties. Until now multiple attempts for introducing generalist physicians formally into Japanese clinical scenes have been rejected.

In 2014 the Japanese Medical Specialty Board was established for developing the certification processes of all clinical specialties in Japanese physicians. It was also supposed to promote the formal recognition of generalist physicians in Japan with professional autonomy. In the last two years, however, this organization actually had weak governance and only a small percentage of stakeholders enjoyed the control over setting the requirements for curriculum, learning environment and hospital program qualifications. Because the board set strict accreditation requirements for training hospitals with the need to have a large number of beds and teachers for a major teaching program, many small- and middle-sized hospitals are at risk of a massive shortage of young physicians who are likely to move to large hospitals with major programs for their certifications. Only large urban hospitals and university hospitals can afford to have major programs for almost all specialties except for generalist specialty. Thus the board was criticized for causing an unintended threat to community healthcare by inducing the massive shift of young physicians from rural and municipal small-sized hospitals to large-sized hospitals.
and forcing the situation to become rather worse in Japan. Consequently top trustees of the board stepped down in June 2016. A new leader of the board has been elected by a meeting of trustees and is expected to open a platform including all stakeholders. However, many Japanese people believe that there will be a difficulty in continuing the current style of governance of the board and the requirements set by the board for accreditation of hospital programs.

Why did the recognition of generalist physicians encounter such a big barrier again? This time the government used a concept of professional autonomy as the framework for establishing board certifications for all specialties. The Japanese Medical Association and academic societies of medical specialties in Japan appeared to agree with this concept. However, the concept seemed to lack other important ethical principles for medical professionalism.

Professional autonomy constitutes a part of the principles of medical professionalism. However, there are other ethical principles including patient autonomy, beneficence, nonmaleficence, and justice. Pursuing only professional autonomy may encounter ethical dilemmas by creating an imbalance of these principles.

As seen in this latest example, a professional board might not seriously consider maintaining the community healthcare which is also provided by physicians working in small- and middle-sized hospitals throughout Japan. Professional physicians have to protect the health of patients and healthcare in community by the do-no-harm (nonmaleficence) principle and to improve healthy social capital by the justice principle.

Additionally, medical education should be constructed for residents. Modern educational theory dictates outcome-based medical education rather than qualifying programs simply by the number of beds and instructors. For instance, internal medicine residents can effectively acquire important skills and knowledge about general internal medicine through training in rural and municipal small-sized hospitals rather than university hospitals, since most university hospitals do not have primary care walk-in clinics or ER-style acute care departments.

Without considering the principles of beneficence, nonmaleficence and justice for patients in communities and without promoting outcome-based education for residents, the action of the board simply based on professional autonomy could cause the serious damage to healthcare in Japan. If the objective of the board was to gather a greater number of young physicians in university hospitals, which I do not believe, this action should have been regarded as unethical.

So, how and where should we go from this tough situation for recognizing generalist physicians in Japan? I here recommend to the ministry of the government that generalist physicians should be recognized formally as an important clinical specialty like other specialties in Japan. There are already numerous high-quality programs for producing generalist physicians based on academic societies such as the Japan Primary Care Association. Immediate recognition of these physicians will lead to a swift and positive improvement to the health of Japanese patients and on healthcare in Japan.

References