



## Consumer Co-operative Institute of Japan

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### **Future Development of Medical Care Co-operatives in Japan**

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*In December 2001, JCCU published a special issue, volume No.311 of the JCCU Review, devoted to the theme of the "Future Development of Medical Care Co-operatives in Japan." This article, summarizes the two main papers that were included in that review: "The Middle Interval Plan of Medical Care Co-operatives" by Hiroshi, Ohno, Vice Chairman, Medical Care Department, JCCU, and "The Practice of the Patients' Rights Charter" by Toshinori Ozeki, Director, General Medical Examination, Kyoritsu Sogou Hospital, Minato Medical Care Co-operative.*

#### **1. Middle Term Plans of the Medical Care Co-operatives**

In 1998, 1.2 million household members in Japan belonged to medical care cooperatives. This number reached over 2.3 million household members by March of 2001. In fact, the movement gained 100 thousand new member households each year during the twelve years of its history.

The Medical Care Department of JCCU initiated its first five-year plan in 1988. This was the first middle period plan by the department and it had four main tasks: a) to

increase user members, b) to increase capital contributions by members, c) to organize small users group units and d) to mobilize active user members interested in working to promote the mission of medical co-ops.

These four tasks, revolving around the importance of member participation, lead to the substantial development of the medical care co-ops of JCCU. Namely with the plan in place JCCU was able to initiate the Plan For Making Local Units and the Patients' Rights Charter for Medical Care Co-operatives in 1991.

The second middle term plan, established in 1995, focused on the social role or contribution of medical care co-operatives in three ways: a) to the democratisation of medical care in Japan, b) to the promotion of healthy lifestyles through co-operatives and c) to the promotion of community healthcare policies.

The implementations of the Right of Access to Patient's Records, along with the Patients' Rights Charter have been important tools in the democratisation of medical care institutions throughout Japan. The medical care co-operatives' practice of "open policy of information" contributed to co-ops being able to meet the needs of patient users through their participation and co-operation. During the period of the second term plan, many "user member units" were organized at each medical care co-operative in order to provide better medical and health services, along with other social services for the users based on a network that was formed for elderly persons health care and medical welfare services. Based on the second plan, Co-ops now offer many care services, including nursing homes, day care services, group lunch services, catering services and home care visiting services are now provided based on the second plan. Furthermore, co-operatives have also developed international partnership programs with WHO, IHCO and APHCO in the Asian region. Japanese medical care co-operatives have also provided aid to foreign colleagues to promote community medical care in Korea, Nepal, Mongolia and other countries in Asia.

## **2. The Practice of the Patients' Rights Charter**

Since 1991, the Patients' Rights Charter has been the core idea of medical care co-operatives. The charter includes "Access Right for Patients' Case Records" also known as "My Carte." For example, since 1993, at Minato Medical Co-operative in Tokyo, the practice of informing cancer patients was adopted and later this practice was widened to all sections of the hospital, except the psychiatric section. According to the survey of patient user members, over 90 percent were able to access their own case records and approved of the policy of the right of access. Sixty percent of the members answered that they felt comfortable when informed by their doctors of their illness.

Forty-eight percent of the medical institutions in Japan have now opened their case records for patients, while the remaining 52 percent still have no intent to open their records. This may be because of a misunderstanding on the part of doctors and medical care workers over the confusion between patients' rights and their family's rights. In other words, there is a misconception that if care facilities follow the practices of Co-ops they will be forced to obey patients' demands unilaterally.

The Patients' Rights Charter facilitates co-sharing of information between medical care workers and patients. It can be said that it has brought about a change from paternalism to "partner-ism." In order to protect the rights of patients, it is necessary for both sides to know

that they have the right to access information and the right to share vital information. From experience it has become clear that written information alone is not sufficient in fulfilling patients' rights to information and personal communication is also necessary, and it is necessary for medical workers to exercise this right. Co-sharing of information can lead to shared feelings of safety and confidence between two parties, but it also means that both sides must share the anxiety and any risk involved in medical treatments. It is therefore necessary for medical workers and patients to develop communication skills.

The Patients' Rights Charter underlines patient's rights to make their own decisions. This right often seems to conflict with traditional principles of medical care ethics for doctors and medical workers such as the principle of their independent medical judgement, the duty of acting responsibly for all patients and equal treatment of all patients. Nonetheless some doctors' associations and medical institutions have come to accept and learn about the ideas of the Charter. The right of patient to make their own decisions has become an important factor in co-operative hospitals. As computerized management systems for patient records was introduced into medical institutions, the right of the access to information and the protection of individual privacy have become very important. With the introduction of living wills and the practice of having medical consultations for terminally ill patients, medical care co-operatives were the first to

introduce a system for the benefit of patients based on the experience of co-operation between staff and user members in the co-operatives.

### 3. Features of the Recent Activities of Medical Care Co-operatives

From 1995 to 2000, the medical care co-operative movement established 62 new clinics nationwide.

**Table 1. Medical Care Co-operatives (At the end of March, 2001)**

Type of the Co-op	Number of the Co-ops	Comparison/ 2000
Hospitals (over 300 beds)	9	±0
Hospitals (200-299 beds)	13	+1
Hospitals (100-199 beds)	34	±0
Hospitals (under 100 beds)	22	+1
Clinic with beds	24	±0
Clinic without beds	252	+10
Dental clinics	47	+1
Pharmacy	1	±0
Home Visit Nursing Stations	207	+10
Elderly person care facilities	10	+2
Home care help centres	49	+9
Health Care Workers Dispatch Centres	112	+52
Day care centre	187	+22
Catering service centres	2	+1
Child care centre	24	-1
Pharmacy distribution centre	1	±0
Others	34	+7
<b>Total</b>	<b>1028</b>	<b>+115</b>

Source: JCCU, Medical Care Department, 2001.

This is less than half of what they had planned. Some leading medical co-operatives have succeeded in expanding their facilities

and increasing the number of users members . The co-op movement is working to improve of the financial structure of medical co-operatives and to this end has decreased the rate of deficit organizations by 30 percent from a level of 50 percent, at the beginning of the plan. Training programs for the employees have also been promoted aggressively during the last five years with over 10 thousand employees participating in several professional training courses in 2001. The third five-year plan of 2001-2005 slogan is: "Making a Fine Community Through the Medical and Health Care Movement," and the plan especially focuses on the issues of childcare, elderly care and environmental protection. The new plan's objectives are as follows:

- 1) Forming network of health, medical and welfare services in communities through member's activities.
- 2) Establishing open medical care services based on self-government, participation and cooperation.
- 3) Establishing a good welfare system through policy change.
- 4) Establishing sound business through the realization of members' needs.
- 5) Promoting healthy communities around the world through international cooperation.

#### **4. Challenges for the Future**

Medical institutions throughout Japan have been changing their strategy to integrate into existing welfare services to comply with the

reform of the medical care system as promoted by the national government. Some analysts have pointed out that the medical industry, especially medical care co-operatives, need to develop community based medical services in a spirit of solidarity with neighbourhoods in order to oppose the worsening entrenchment of the public medical and welfare system as advanced by the current Koizumi Government in Japan. Medical care co-operatives are organization, which can meet the needs of citizens and offer lower costs to citizens who are now obligated to pay more for their medical treatment and hospitalisation through the national health system that continues to increase patients' costs. In order to deal with this trend, medical care co-operatives must attain a high degree of communication with patients and good management skills based on the idea of participation and cooperation.

#### **Upcoming dates;**

The Japanese Society for Co-operative Studies (JSCS) will hold its annual spring conference on May 11th 2002, at Aoyama-Gakuin University in Tokyo. This year's theme is: "Business Conditions and Management Issues Facing Co-operatives During this Economic Recession."

For more information, please contact CCLJ