

Looking After Your Health in Japan

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Ranked highly by the World Health Organization and OECD, the Japanese healthcare system is often cited as a successful example of universal care at low cost, contributing to one of the highest life expectancies in the world. While the healthcare *system* has rightfully earned this reputation, when it comes to individual healthcare, things may not always be as superb. This is especially true for the foreigner seeking healthcare services in Japan.

Communication, or lack thereof, is perhaps the most obvious of the potential difficulties for the foreign patient. Although many physicians speak a modicum of English, it is often not at a level sufficient to convey the subtleties necessary in a medical encounter. This can lead to a feeling on the part of the patient that the care was insufficient or inappropriate, even if it was medically up to standards. For minor illnesses or stable conditions, this is usually not a major problem, but for conditions that require close follow up, overall care can be compromised by this lack of communication. If specialist care is required, the problem is confounded.

As might be expected, the prevalence of certain diseases in Japan differ from that of other countries. Conditions such as sickle cell disease, celiac disease, Lyme disease, for example, are rare, and testing, treatment and follow up may not be readily available.

Obtaining refills on current medications can also pose a problem. Although many medications that are used globally are available in Japan, there are a significant number that are not on the market locally. Although most medications can be sent from overseas, there is a limit on the amount per shipment, and some medications (narcotics, hypnotics, psychiatric medications, e.g.) may be restricted.

Oral contraceptives, while available, are limited in variety and are not covered by Japanese National Health Insurance. If a specific brand is required, it is usually simpler to bring an adequate supply. Intrauterine devices (IUDs) are available but it can be difficult to find a physician who provides them as they are not a popular form of birth control. Other methods such as the “ring”, implants and injections such as Depo-provera are not generally available.

National Health Insurance also does not cover most preventative services, such as routine checkups, immunizations, Pap smears and mammograms. Uncomplicated childbirth is also not covered. Many of these services, however, are subsidized by local municipalities or employers.

Although most general healthcare needs can be met through local clinics or hospitals, an area that is particularly difficult for foreign patients is psychiatric disease. The previously noted language barrier is a large obstacle, but perhaps more important is the overall approach to care. Although less so than in the past, there is still a stigma attached to psychiatric disease in general, together with an approach that traditionally relies heavily on medication. The National Health Insurance system also affects care by limiting consultation times. In addition, while new medications continue to be approved for use in Japan, some of the latest medications in this area may not be available. For those drugs that are on the market, the government often places dosage limits which are well below the usual doses administered in other countries. Medications used for the treatment of ADHD,

for example, are available but strictly regulated. Only certain registered practitioners can prescribe these medications. All of these factors generate an environment less than ideal for the care of psychiatric problems.

Living in a foreign country, especially Japan, is stressful. Add to this the stress of a new job, and even those who were doing well with treatment prior to arrival can experience acute exacerbations of their symptoms. One should seriously consider their ability to adapt to new situations and the attendant stresses prior to making the decision to live and work in Japan. It is advisable for those with any history of psychiatric disease to consult with their current providers regarding their fitness for living and working overseas, in addition to confirming whether they will be able to continue their current medications.

Another aspect of healthcare in Japan that should be noted is pain management. Although narcotic pain medications are available, their use is generally limited to postoperative and cancer pain. Use for other acute or chronic pain syndromes is very limited. If you have a condition that requires use of narcotic pain medications on a regular basis, it may not be possible to continue such medications while in Japan. Importation of these medications is also typically not possible, so the alternatives are limited.

Finally, there are some positive aspects. Access to healthcare services are generally quite good, and one can go to any physician, including specialists, without necessarily going through a primary care provider. There are no limits on the number of visits and fees are quite reasonable if using the National Health Insurance system. Advanced testing such as MRI scans, CT scans, endoscopy and surgical procedures can usually be completed without significant delay.

As obvious as it sounds, it is always helpful to remember that the Japanese healthcare system is designed for the Japanese, and a little flexibility and patience will go a long way in making the system work for you during your stay.

About Joe Kurosu, M.D.

Dr. Kurosu was raised in Japan and graduated from the American School in Japan. He completed his undergraduate studies at Stanford University, followed by medical school at the Yale University School of Medicine. He then completed an internship year, receiving training in internal medicine, surgery, pediatrics, emergency medicine, intensive care medicine and obstetrics & gynecology. He completed further training in anesthesiology at the UCLA Medical Center, where he became an assistant clinical professor. He then entered private practice in anesthesiology as a board certified anesthesiologist in San Diego, California. In 1996 he also successfully passed the National Licensing Examination in Japan and maintains licensure in the United States and Japan. He returned to Japan in 2001, and ran a private practice in Nagoya, serving the primary care needs of both the local community and foreign residents in the greater Chubu area. This was followed by two years as a staff physician at the Tokyo Midtown Medical Center prior to establishing Primary Care Tokyo.

