

The Best of Both Worlds for Patients in Health Care



Dr. Kensho Yorozu, director of the YOROZU CLINIC in Tottori, proposes patient-oriented treatment with or without national health insurance coverage. Here, he speaks about health care issues in Japan and what a future that combines both covered and uncovered treatments might look like.

I manage the YOROZU CLINIC in Tottori, far from Tokyo. A characteristic of our clinic is that we put patients first when making decisions about treatment, regardless of whether it's covered by national health insurance. It may not be easy to understand what I mean if you're not familiar with medical care in Japan.



In Japan, hospitals and clinics provide both treatments that are covered by national health insurance and those that aren't covered. The Health Insurance Act, as a rule, prohibits offering a patient both treatments for a given condition—called mixed treatment—at the same time. But, in fact, some patients, having tried all of the options covered by national health insurance, may benefit from treatment options not covered. The universal health insurance system is a great system that provides health care to all residents. The system's prohibition of mixed treatment, however, limits

these options. As a result, some patients aren't able to receive appropriate medical care for diseases not included in guidelines.

In my view, the most important thing is enabling patients to get better and allowing them to live out their lives in hope, without approaching the remainder of their lives as if they were already dead. For this, we at YOROZU CLINIC consult with each of our cancer patients for an hour and a half to decide the best treatment for them. We choose treatments that are covered by insurance and those that are not, whichever best suits the patient's needs. We'll refer our patients to other institutions if there are better solutions. We receive patients from all corners of Japan, including Hokkaido and Okinawa, and even from abroad, possibly in recognition of our approach to putting patients first.

Limited knowledge, limited opportunities

More than a few medical doctors have negative feelings about treatments not covered by Japan's national health insurance. When I worked for a university hospital, I believed that the evidence for treatments not covered by insurance was lacking and that over half of the treatments not covered by insurance weren't qualified to be medical treatments. While working at a general hospital, I lacked the opportunity to handle or learn about uninsured treatment options because mixed treatment was prohibited. This naturally divides medical doctors into those who provide treatments not covered by insurance and those who provide only those that are covered. Doctors thus have totally different opinions, as if they were from different countries.

After having started my own practice in my hometown, however, I saw many patients who had been told no treatments remained for their symptoms, or patients without other treatment options after those covered by insurance had all been tried. What I found out was that, when we broadened our view and looked into treatments not covered by insurance, there was much greater potential.



Treatments not covered by insurance differ from folk medicine. Grasping at straws, however, some patients and their family members, who are not medical professionals, may give up on the treatments covered by insurance and try folk medicine, collecting information on their own limited time and money. This doesn't mean that folk medicine is wrong. However, you will miss out on benefits if you rely on folk medicine alone when there are still available treatment options either covered or not covered by insurance. It's possible to provide health care that puts the patient first if a doctor who understands both treatments presents suitable treatment options according to the patient's condition and requests.

When doctors work together

Sometimes, patients are referred to us by understanding doctors at hospitals that provide treatments covered by national insurance. I've already noted that doctors' opinions of treatments that are covered and not covered by national insurance differ greatly. However, doctors should not work against each other; they should think about the patient. This is why I also try to communicate with many doctors who work for universities.

I am working to establish trust. For example, I'm carefully developing the clinic's website, serving as a director of many academic societies and publishing papers to gain the trust of doctors and patients who doubt the treatments not covered by insurance. In my office, I try to create a casual mood and talk to patients as frankly as possible. This encourages patients to reveal their true hopes and aims.

Some diseases are incurable. It is also true that if you are born you will someday die. Therefore, I would like to offer medical services that satisfy patients and allow them to live out their lives with hope. Some doctors worry that problems will occur if a patient dies after receiving a treatment that's not covered by national insurance. Many bereaved families have offered appreciative words to us after patients with terminal cancer have, unfortunately, passed away. This becomes a driver of our endeavors.

We can take pride in the fact that the level of medical treatment covered by national health insurance in Japan is world-class. However, the mortality rate from cancer is increasing, possibly because of how hard it is to include treatments that are not covered in the options. We hope that, in Japan, we'll establish a system based on two available treatment types, both treatments covered by insurance and integrative medicine, as in Europe and the U.S., to increase patients' treatment options. There are few countries where treatment options can include both evidence-based treatment with national insurance coverage as well as cutting-edge treatment not covered by insurance. If this is achieved, there's the potential for medical care in Japan to become a world-leading major industry.

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