

July 24, 2018, the Waseda Institute of Social and Human Capital Studies (WISH) held a lecture with the title “community medicine,” to which Prof. Toshihide Awatani, in Kochi University, Medical Sciences Cluster, Medical Education Unit and the Kochi Medical School, Department of Family Medicine was invited. His lecture was the third of such to call upon individuals with a range of standpoints, from government officials, patients and physicians, from among the many stakeholders associated with health policy in Japan. Those learning health economics at Waseda (Subject instructor: Haruko Noguchi), Graduate School of Political Science, Public Management and the Graduate School of Economics, among various others, attended the lecture.

Prof. Awatani was appointed as Director of Matsubara Clinic in Yusuhara, Kochi Prefecture at age 27 after he graduated from medical school and worked for two hospitals located in Kochi Prefecture. Since that time, he has pursued community medicine, while striving to build and put into practice a "community-based integrated care systems."

He explained that there is a tendency for people to feel that community medicine = health and medical service in remote areas, but that originally, the ideal of healthcare was to listen to the various health-related anxieties and distress of local residents, to ensure continued cooperation within the region, from primary care through to high-level treatment, and for every physician and medical institution to consider healthcare as a whole and thereby function as a team. Prof. Awatani explained that healthcare is a social infrastructure; whether it is in a city or a remote location, and that the general term for this is community medicine.

While working as a doctor in Yusuhara, Kochi Prefecture, located at the head of the Shimanto River, Prof. Awatani quickly realized that the area was doctorless in the past, and that aging was advancing more quickly than anywhere else in the country, so he recognized the necessity of construction of a “community-based integrated care systems” that would unify health, medical treatment, and welfare for the aging population. He therefore expended great effort on the establishment of Yusuhara Hospital and Yasuhara Health and Welfare Support Center. By so doing, he made appropriate diagnoses and treatment possible even for emergency patients, who had previously no other choice than transport to another institution elsewhere. This system enabled a smooth flow from inpatient treatment, through collaboration with advanced medical institutions and rehabilitation, to home-visit care and so forth, developing an environment in which residents could live with more peace of mind. Because of the steady efforts of Prof. Awatani and Yusuhara town, such as recommending inoculation and health classes for the purpose of disease prevention, Yusuhara is today known as a village where residents are long-lived.

This “community-based integrated care systems” is related to the creation of the community as a whole, not just its health and medical care. Prof. Awatani emphasized that the question of what we should do to be able to live with peace of mind in the region is one that we should think of an answer together with the residents. For that reason, it is vital to increase the number of doctors approaching residents and living among them. In the case of diseases for which high-level physicians are required, he said that it is essential for healthcare providers to hold not only a viewpoint on the so-called horizontal axis, that looks at treatment, but also another viewpoint on the vertical axis that looks at the lives and lifestyles of patients, as well as the actual environment surrounding the patient.

Prof. Awatani’s lecture provided an opportunity to recognize the necessity of thinking more deeply about the discussion for Japan as a whole, rather than rely on the goodwill of a single doctor, with respect to systems for maintaining health in regions where healthcare resources are few.