

# **Professionalism in Academic Medical Societies and Board Certification in Japan: Insights from Nitobe's "Bushido"**

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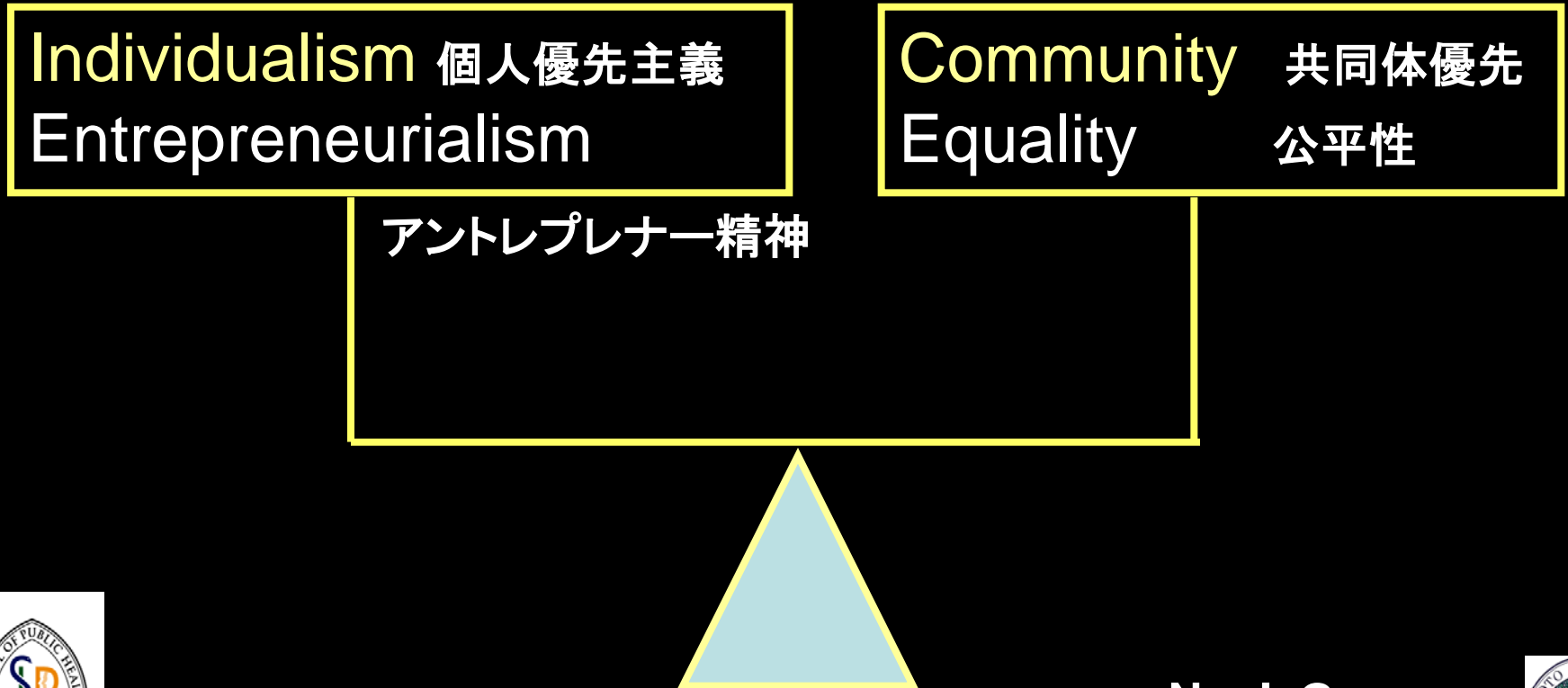
# Outline

- **Origin and Essentials of Professionalism**
- **Comparison between medical organizations in the U.S. and in Japan**
- **What should we do?**



# Origin of Professionalism

## 1870-1920



Noel, G



# Origin of Professionalism

## 1870-1920



# US - style

## Medical Professionalism: Essentials

1. **Self regulation** of technical and moral quality
2. **Expert workers: Formal & long training to acquire Science/Evidence and Skills**
3. **Moral Agents**
4. **Healers with empathy**



# How about Japan? 1

- **Physicians functioned as herb prescribers. No professional fee.**
- **Values academism, considers clinical practice as hobby or charity.**
- **Social hierarchy – yes, but not severe economic disparity as in western countries**



**Much lower tension and skepticism btw the professionals and the public.**



# Hierarchy in Samurai Era

1. 士 Samurai
2. 農 Farmer
3. 工 Craftsman
4. 商 Merchant



# How about Japan? 2

- **1868~ Professional positions and training were given out by the emperor or the government**
  - **Public trust was taken for granted**
- **After WW-2, under US influence, awareness of social equality and human rights grew. Rapid economic growth and some disparity**
  - **Tensions has increased. The public see professions as privileged classes: particularly MDs.**





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- What can we learn from Nitobe's Bushido?



# 3 bodies to regulate quality of education and certification

	<b>Function</b>	<b>Power</b>	<b>Finance</b>
<b>LCME</b>	<b>Accreditation of Medical Schools</b>	<b>Accreditation, probation, or Termination</b>	<b>AMA and AAMC</b>
<b>ACGME</b>	<b>Accreditation of Residency training programs</b>	<b>Accreditation, probation or Termination</b>	<b>Hospitals and other sponsors</b>
<b>ABMS</b>	<b>Certification</b>	<b>Certification required for positions</b>	<b>MDs</b>



# 3 different functions by 3 independent bodies: US

	教育施設 認定機構 ACGME	内科専門医 認定試験 ABIM	内科専門医 学会 ACP
教育施設認定 Accredit Hospital	○	×	×
認定医試験 Board Exam	×	○	×
教育講演・教材 Educational materials	×	×	○



# ACGME visit, 2004

- **Witnessed ACGME almost probated the famous University affiliated residency program**
- **False report: no. of cases, % of acute cases per resident**
- **Probation and termination of the program: very rare in Japan**



# What is Gakkai in Japan?

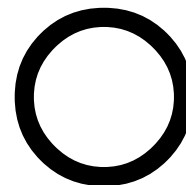
- **Japanese Society of OOOology**
- **Any MD can enter**
- **Board members: almost all Professors**
- **Not representing the board certified members**
- **Proportion passing the board exam:  
Internal Med. =74%, Surgery=95%  
(2003)**



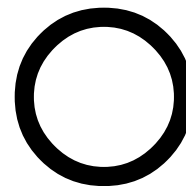
# Gakkai Monopolizes all 3 functions : Japan

## Gakkai

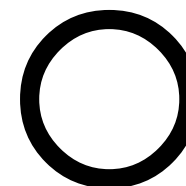
教育施設認定  
Accreditation



認定医試験  
Board Exam



教育講演・教材販売  
Sells educational  
material for CME  
credits



S. Fukuhara 2010



# Video at annual meetings: CME can be earned

	講演内容		販売価格 (税込)
A セッション	Vol.1	「肝細胞癌の臨床」 「炎症性腸疾患の病態と治療」 「上部消化管の機能異常症」	15,750円 (3本1セット)
	Vol.2	「ミオトニー疾患とチャネロパシー」 「老年痴呆の鑑別診断と治療」 「バセドウ病・橋本病の診断と治療の進歩」	
	Vol.3	「2型糖尿病の病態と治療」 「気管支喘息の最近の考え方と治療」 「リウマチ・膠原病の病態と薬物療法の進歩」	
B セッション	Vol.1	「狭心症診療:基本と最近の進歩」 「高血圧治療—JSH2000以後のエビデンスを含めて」 「睡眠時無呼吸症候群の診断と治療」	15,750円 (3本1セット)
	Vol.2	「肺癌の分子病態と内科治療」 「糖尿病性腎症の診断と治療」 「白血病の診断と治療—最近の進歩」	
	Vol.3	「免疫不全時の呼吸器感染症」 「内科診療におけるEBM」 「ストレスの内科診療」	

# Summary

## Specialty Board Certification in Japan: The role of the Gakkai (“academic societies”)

- 1. Low barriers to entry. Gakkai do not represent Board-Certified MDs.**
- 2. Gakkai monopolizes all of 3 functions:  
1) Accredit. 2) Exam. 3) Education for CME**
- 3. Gakkai have financial incentives to increase the number of Board-Certified members.**
- 4. This system may allow the quality of the Board-Certified MD’s to deteriorate.**





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# What should we do in Japan?

- **We should say farewell to superficial imitation of other systems.**
- **We should study the essence of US- style professionalism in depth.**
- **We should examine our own history and culture, and learn from them.**



# Tomoe Gozen

12<sup>th</sup>  
Century



# Bushido: Misunderstood

## Streotypic interpretation of Bushido

- 1. Blind obedience, feudalism**
- 2. Martial arts, militarism**
- 3. Barbarism**
- 4. Male chauvinism**
- 5. Fanatic nationalism**



# ***Inazo Nitobe (1862-1933):***



***Agriculturalist, scholar in Statistics,  
Quaker, philosopher, statesman, educator.***

***Dr. Nitobe was educated at Sapporo Agricultural College and Johns Hopkins University. Professed in the Universities of Kyoto & Tokyo. Served as Assistant Director General of the League of Nations, in Geneva.***

***Early in his life he expressed the desire to be a “bridge over the Pacific” and he devoted much of his life to promoting trust and understanding between the United States and Japan. Died in Canada. UBC has a beautiful Japanese Garden named after him.***



# One day in East coast in US..

Nitobe was asked “What is your religion?”

→ “None”

→ “Incredible! Don’t you have **internal standard** for your moral judgment and behavior?”

→ **Internal standard!** Nitobe thinks, and thinks.

“What is **internal standard** for Japanese?”

→ Bushido not as standard for Samurai only, but **internal standard** for Japanese.



# BUSHIDO

## The Soul of Japan

### An Exposition of Japanese Thought

G.P.Putnam's Sons, New York 1905



# “Bushido” according to Nitobe Inazo

- Was developed among Japanese Samurai as an internal standard of ethics and behavior
- Was strongly influenced by Zen Buddhism
- Emphasizes strict discipline: self-control
- Knows shame (high moral standard): 恥を知る
- Values altruism, public service (like noblesse oblige)
- Is not spiritual, is manifest in all behavior : 内的規範を形にする、体現化する。礼儀、茶道
- Is almost gone.....

**Or Do we have a little left in us?**





# US-style Medical Professionalism

# Bushido

- 1. Expert workers:**  
Formal & long training  
Science & Evidence
- 2. Moral Agents**
- 3. Healers with empathy**
- 4. Self regulation**

- 1. Rigorous training**  
修行, 武芸、礼儀作法
- 2. Values justice, prides & shame** 恥
- 3. Altruism, public service**
- 4. Self discipline. Not legally regulated**



# Japanese nephrologists: an example of modern Bushido?

- **In 2006, reimbursement policy changed for erythropoietin use in ESRD patients: from fee-for-service to DRG-type “bundling”.**  
**= financial incentive to NOT prescribe erythropoietin. But, ...**
  - **As of 2009, only small change in total volume of erythropoietin used**
  - **Anemia among ESRD patients in Japan had not worsened.**



# Conclusion

- 1. Medical professionalism in Japan: different from the U.S. in its roots and principles.**
- 2. Japan's current board-certification system (used by most Gakkai) has conflicts of interest and does not promote professionalism.**
- 3. If the current system continues, the quality of Board-Certified MDs may deteriorate.**
- 4. Bushido: by recalling and reviving the best of our tradition, we might find a clue to save medicine in Japan.**



# まとめ 1 : 日米のprofessionalismの 歴史的背景

- ルーツが異なる:

欧米:産業革命時の急速で深刻な経済的格差が専門家と一般国民の間に階層間に緊張と懐疑心:これを補償するために生まれた

日本:階層はあったが深刻な経済的格差は弱かった

- 明治以降も、天皇制のもと専門家資格と教育は「与えられたもの」。国民の信頼は高かった
- 戦後も欧米のような自律的な集団となりきれていない。 弁護士が例外。



# まとめ2：日本の医師と学会

- 日本の医師は元々「薬師」「漢方医」
- 技術より学問を重視する文化：医師は経済的な利益を求めるといふより学者として扱われた伝統。医術は余技で技術料を取らない
- 日本の学会は、入会が容易で、専門医を代表した集団ではない。学術に基礎を置き、大学教授グループが実質上の運営をしている。専門医だけの組織はACP JCくらいか？！



# まとめ3：日本の専門医制度と学会

1. 専門医研修プログラムの認定
2. 専門医試験の実施
3. 生涯学習講演や教材の販売：専門医更新を可能にする単位取得ができる唯一の資材

上記3者**すべて**を学会が**独占的**に行っている

→学会は専門医を増やすという経済的  
**incentive**を有する

→専門医の質の維持・向上と**conflict**?



# まとめ：ではどうするか？

- Professionalismの表面的な物まねでなく、その本質を理解し、専門医制度に取り入れる
  - 武士道の精神は**professionalism**の理念や原則にかなり合致している
- 我々日本人の心にまだ残っている(?) 良い意味の武士道を生かした日本型 professionalismを育てる可能性は充分ある
- .....と信じます

