International Comparison

For the purpose of comparing medical behavior of the elderly, we asked 6-7 older person in the four countries, UK, US, France and Japan, about how to respond to the symptoms familiar to them, "cold and backache." (Refer to P.118 for the questionnaire entries)

In addition to the list of survey findings, background healthcare situation, culture, etc. in each country were commentated.

8.

Case 1 : You seem to have caught a cold waking up with high temperature (38 degrees) and a sore throat and cough in the morning. What kind of action will you take?

		A	B	C
Basic characteristics	Area	Large city	Large city	Large city
	Sex	Male	Female	Female
	Age	67	73	68
	Type of household	Living with wife	Living with unmarried daughter	Living with husband
	Occupation	Retired civil servant	Retired store manager	Retired midwife
Going to see a doctor	Type of medical organization			
	Access			
	Procedure of seeing a doctor			
	Medical treatment and the time taken			
	Cost of medical treatment			
	Type of medication and it's cost			
	Care after getting home			
Going out to buy medication	Reason not to see a doctor	Common colds are a natural process of normal life.	I was brought up not to waste GP's precious time.	I know what to do.
	Where medication is purchased and travel to buy medication	I keep them always available.	Pharmacist (10 minutes walk), supermarket (20 minutes walk, I usually go by my daughter's car); health shop. I usually have some stock.	Pharmacist (800 meters away)
	Choice of medication	Lemsip, just to sleep. It does not cure the cold, cough medicine does not work either.	Echinacea as a liquid (reventative), Beechams (fever and cough), soluble aspirins (sore throat pain), Olbas oil (blocked nose and headache), Benylin (cough). I sometimes seek advice from a parmacist.	Paracetamol (fever and sore throat pain etc) Salty water and TCP (gargling for Sore throat pain)
	Type of medicines and their cost	Lemsip that is powder and contains Paracetamol and vitamin C etc. 10 bags/about £4.	Echenacea (about £8), Beecham powders (about £4-5, Aspirin (about 10 tables/£2-3), Olbas (28ml/£4), Benylin (300ml/about £7)	Paracetamol 10 tablets and TCP 200ml/£2.5
	Care after purchasing medicines	I just go through the process of the symptoms and wait for recovery. I carry on normal life, going out for a walk and so on. It usually takes one week to get better.	I take a lot of liquid like honey and lemon and hot water and have a shower. I avoid attending gatherings. Unless I have a fever, I will go for a walk and eat anything that pleases me.	I take a rest lying in the bed alone and lots of liquid (lemon and honey hot water etc.) I take a lukewarm bath if I have a fever otherwise a hot bath and eat a light meal and do not wear too many clothes.
Go nowheres	Reason not to see a doctor			
	Reason not to go to buy medicines			
	Care at home			
Others	Any particular action to take			

D	E	F
Large city	Large city	Large city
Male	Female	Female
71	68	69
Living with wife	Living alone	Living alone
Retired national public servant	Retired librarian	Retired teacher for deaf children
I know that it will get better.	I do not see a doctor unless I am ill. A cold is not really an illness.	Doctors cannot do anything. I do not want to waste their time. I was brought up not to even mention that I had a cold.
Pharmacy		Pharmacy (10minutes by car), Supermarket (10 minutes walk) I usually have a stock.
Paracetamol (fever)	Paracetamol. Sore throat drops, Olbas inhaler (blocked nose)	Echinacea, Vitamin and Zinc tablets, Manuka honey, throat splay, Olbas inhaler (blocked nose)
Paracetamol (10 tablets/about several pounds)	Paracetamol (12 tablets/less than £1) Olbas inhaler (several pounds)	Echinacea (100 tablets/about £9), Vitamin and Zinc tablets (10s of tablets/ several pounds), Manuka honey (small bottle/ about £8), Olbas inhaler (£4-5)
I drink honey and lemon and hot water and sleep a lot. Wife's gentle care helps!	I take liquid like cammomile tea and ginger lemon and keep warm. I drink soup and go to bed early. I do not attend gathering but otherwise go out as usual.	Eat chicken soup. Unless tired, I do my usual things and do not wear too many clothes. Use electric blankets in the night. I do not visit physically weak people.

Case 2 : Your chronic backache has worsened with increased pain, what kind of action will you take?

		A	B	C
Basic characteristics	Area	Large city	Large city	Large city
	Sex	Male	Female	Female
	Age	67	73	68
	Type of household	Living with wife	Living with unmarried daughter	Living with husband
	Occupation	Retired civil servant	Retired store manager	Retired midwife
Going to see a doctor	Type of medical organization	Private physiotherapist clinic (It is not easy to have an access to NHS's PT).	I have never had backache.	GP (NHS) → a private hospital → GP → NHS's PT
	Access	10 minutes by car (about 3km)		GP by bicycle or bus (about 2.5km). Private hospital by husband's car. It takes 30 minutes.
	Procedure of seeing a doctor	Book by telephone		(1) GP: I book about a week before. Urgent case is different. (2) Private hospital: the hospital lets us know the appointment day by sending a letter. No choice of day (3) PT: I book in advance.
	Medical treatment and the time taken	Diagnosis by using some equipment and assessment of body movements, stimulation by warm or cold pads and guidance exercises and written information.		(1) GP: medical examination by interview and reference to a private hospital. (2) A private hospital: medical extermination by interview 10 minutes → MR:No problem → pain killer and referenceto a private PT → a letter to GP. (3) GP: reference to a NHS PT and pain killers. (4) NHS PT: 50 minutes session per week for two months and exercise guidance.
	Cost of medical treatment	£40 per 50 minutes session (person with insurance will be charged £50)		NHS (free), £1,600 but I paid a Private hospital only £75 as I was covered by insurance then.
	Type of medication and it's cost	Gel type painliller (Ibuprofen 50g/about £5)		NHS (free), GP prescribed Vlotarole as Hospital consultant recommended.
	Care after getting home	I keep quiet and gradually start exercises three times per week. I take a warm bath and sometimes use hot pads.		Rest more than usual otherwise I carry on normal life slowly and use a warm pads or a hot water bottle and try not bend or lift heavy things. Sometimes I take over-the -counter pain killers.
Going out to buy medication				
Go no-wheres	Reason not to see a doctor			
	Reason not to go to buy medicines			
	Care at home			
Others	Any particular action to take			

D	E	F
Large city	Large city	Large city
Male	Female	Female
71	68	69
Living with wife	Living alone	Living alone
Retired national public servant	Retired librarian	Retired teacher for deaf children
It usually gets better in a week.	It does not get worse to the point one needs a doctor.	
GP prescribed strong pain killer for hip pain. This is available at home. (Codydramol, Dicrofenac)	Do not want to take a medication unless it is absolutely necessary.	
Stay in the bed. Wife's massage.	I sit and relax at home and keep warm. Move neck and shoulders and go for a walk to a park and use warm pads for may back. I pray to God asking for courage and energy.	
		I go to an Alexander Technique session (learn how to reduce unnecessary tension of the body) once a week for 2 weeks. One session lasts for 40 minutes. Payment in advance (6 sessions) is about £150. Payment per session is £30. I got better by this technique.

MEDICAL CARE TRENDS IN THE UK (Colds and backaches)

It is important to take the national health care system here into consideration in order to think the behaviors at the time when people catch colds or have severe backaches. This fundamentally free at the point of delivery health care system called the National Health Service (NHS) is funded by mainly public taxes and was introduced in 1948 shortly after World War II. Since then there have been many reforms but the biggest one of all has now been scheduled, as announced in a white paper on NHS policy by the new government in August 2010; however, the fundamental principle of taxes as the financial resource and free at the point of delivery will stay unchanged.

Broadly speaking, there are Strategic Health Authorities located in 10 regions throughout the United Kingdom (UK) grouped under the NHS chief executive office of the Department of Health. These authorities are responsible for making improvements in NHS services in their region. Actual health care services are provided by various types of NHS trusts such as hospital trusts, emergency trusts, and primary care trusts (PCT), etc.

The primary care trust (PCT) in each area draws up health care plans for the local residents and commissions health care services mainly from the NHS hospital trusts but also from some private hospitals and family doctors. The PCT also employs community nurses, health visitors and physiotherapists and so on to provide the actual community health care services. The PCT controls 80 percent of the overall NHS budget.

Members of the public select a family doctor, a so called General Practitioner (GP), from their local area and register with them. When there is a medical problem they firstly make an appointment and get

a checkup from their family doctor. There are of course hospitals with emergency service and in some places there are "Walk-in centers" where one can obtain medical treatment without making reservations or prior registration. Family doctors usually do not refer to a hospital specialist physician or community care specialist unless they recognize that there is a real need. This is why the General Practitioner (GP) serves as a kind of gatekeeper.

The NHS will be undergoing drastic changes in the next few years. By Spring 2013 the Strategic Health Authorities and the PCT will be abolished. Instead, consortiums made up of family doctors from each area will be in charge of commissioning health care services including hospital services. Residents will likely be able to select a GP beyond their local area. Local Authorities will assume responsibility for public health that was formerly the job of the PCT. These reforms are going to be implemented at a time of economic restraint and there is a strongly voiced view that the relationship of trust between doctor and patient will be destroyed. This "localism" will supposedly carry out planning and commissioning services on a level closer to the local resident, but to what extent will NHS services change?

COLDS

Usually, from October the weather starts getting colder and when the daytime temperature stays at around 10 degrees (low 50's Fahrenheit) for a week or longer the voice of radio announcers start to get raspy and one notices people coughing in supermarkets, etc. That is when we know that this year's cold season is here.

The "common cold" is generally referred to simply as a "cold" in ordinary conversation in English . According to the NHS website, adults

in the UK catch a cold on average of 2 to 4 times per year. The website further comments that, "the prognosis for people who catch a cold is excellent, and that no medical treatment is necessary, and that the symptoms last about 7 days before disappearing." Incidentally, the staff at the Common Cold Center of Wales and Cardiff Universities committed to developing new treatments for colds and allergies state that, "most people with colds get better within 4 to 7 days" with the number of days somewhat different from the NHS statement.

The website goes on to say that, "There is no treatment for curing colds but using self-care techniques such as drinking plenty of water and taking commercially available medicines may provide relief from cold symptoms" and describes various self-care techniques.

● Accept the Situation "Let It Go"

Results from recent interviews about colds with 6 men and women in their seventies seem to reflect the above NHS statement. The interviewees had probably not read the page on colds written by the NHS and theirs is likely to be a widely and generally recognized view of this issue. Firstly these people all commented that they would not go to the doctor even if they caught a cold. You might think that since medical consultations are free under the national health system that they would see a doctor but that does not appear to be the case. The reasons given were, "I don't want to waste the doctor's time" "Colds are just a natural fact of life" "I already know how to deal with a cold" "It doesn't mean you are really sick" and "The doctor can't do anything about it" and so on. All of these people assumed that, "There is no method for treating colds" and were convinced they would recover in one week's time, with the common attitude being that they try self-care methods which are familiar to them

and are available for various cold symptoms. Their attitude seemed to fit the saying "There is no cure for the common cold" instead of saying "That's impossible" to convey the feeling of something that is useless.

Japanese people living in the UK all echoed the comment that, "English people don't go to the doctor for something as trivial as a cold." An 80 year old neighbor (lady) of mixed Italian and French descent who had lived in the UK since childhood commented with her impression that "English people don't fight colds, they just accept them and Let It Go" and said she felt the same way herself. Their famous practical mentality may be at the root of not pointlessly trying to cure a cold.

● Various Kinds of Self-care

The interviewer respondents all replied that they had their own self-purchased medicine. It seems most households are the same in that way. Supermarkets and of course pharmacies sell medicine to relieve cold symptoms all year round but when the cold season arrives, a special corner is often set up for selling them.

These medicines comes in a variety of shapes and forms with respondents describing acetaminophen (or paracetamol) or powdered medicines (slightly sweet taste) with lemon vitamin C which are taken by dissolving in hot water, or all kinds of cough medicine and sore throat drops, etc. There are a number of product brands with the powdered medicines serving to mitigate the effects of "fever, sore throat, headache, stuffy nose and body pain." You might call these a "cure-all" for colds. Many people add honey to the medicine to make it easier to drink and it certainly gives a warm and soothing feeling.

Even though colds are generally accepted as natural occurrence most people at least have shop bought medicines which they take to

try to fight off unpleasant cold symptoms. One man replied, "I don't try anything" but drank Lemsip (powdered relaxant for colds and flu) in order to get to sleep. Though there was not much difference among replies from respondents, the methods they used varied slightly depending on how they were raised, their sense of values and accumulated knowledge.

The largest difference among responses was whether they believed in alternative treatments or not. A woman who worked as a midwife and two of the males did not believe in alternative treatments such as "Echinacea" and replied that they don't use it. Three others replied that they do use it. The Common Cold Center at Cardiff University, mentioned above, states that there is no medical proof that alternative treatments work but that they cannot be completely ignored either. In Europe, some 40 to 70 percent of the population sometimes uses alternative treatments.

Besides trying different methods to alleviate cold symptoms, responses common to everyone included drinking plenty of water, resting, and getting nutrition from easy to eat soup, and so on. Also, a particular point mentioned was continuing one's everyday life provided that one was not suffering from fever. Not staying locked up at home, while taking care not to spread one's cold to others, was considered important. The working generation here does not take time off from work just for a cold. "Having a fever" is one reason to stay home but a simple cold is not a good enough reason to take time off from work.

In the winter, the biggest difference from Japan one can see is that people don't wear masks. Aside from a period in winter last year where people felt threatened by new type of influenza, people seem less diligent than in Japan about gargling and keeping their hands washed. This might be because catching a cold is here thought to be "a natural thing" and something unavoidable that there is no use in trying to fight it off perhaps? In Japan it is said "a cold may develop into all kinds of illness"

but there doesn't seem to be any similar saying in the UK.

BACKACHE

The UK has various nonprofit making organizations (registered charities) and one of these is the backache specialist registered charity "Backcare". This year, "Backcare" is having a back care week on October 8 through 12 with the theme "Keep Moving, Keep Living." The main point is preventing and managing backaches through daily exercise and activity. Among those participating in our interview, one person was not suffering from backache, another had light backaches and the other four people each sometimes suffered from worsening backaches, but all of them were somehow finding a way to deal with backaches. It truly is a matter of "Keep Moving, Keep Living."

According to the NHS website, backaches are the second largest cause of long term physical disability after arthritis. Eighty percent of all people are troubled by backaches at some time in their life. One in ten people are troubled, to different degrees, by chronic backache. The number of people reporting suffering from backache has doubled compared to 40 years ago. The reasons for this are obesity, increased depressive disorders, stress, and, possibly, an increased trend to visit the family doctor for "backache" symptoms.

● Getting Access to Special Treatment is Difficult

Among respondents were people who had consulted a family doctor in the past about severe backache but nowadays would not do so. This is because they now understand there is not much that the family doctor can actually do about it.

In most cases, they simply give advice such as using painkillers and exercise. Even if they introduce you to a specialist physician the waiting time can be as long as several weeks unless there are special circumstances. After coming from Japan where one can freely select a specialist for consultation this sounds very aggravating. A system for choosing a medical specialist is now being introduced but I wonder how many people are affected by it.

You can get treated by a specialist right away at a private hospital but the cost is high. If you have private medical insurance you may be okay but this type of insurance is limited to those who can afford expensive insurance fees. I personally had to pay the entire cost of treatment by a specialist physician over here and was surprised to find, when I got treatment at a Japanese hospital (without medical insurance) that the cost in Japan is far lower.

However, even though it is difficult to see a specialist physician over here, those who can get by just with NHS medical care will certainly be grateful for the fact that they have no worry about the high cost of medical treatment. No one misses out on medical treatment here just because they are poor.

One of the respondents previously had private medical insurance. He developed back pain and immediately got treatment at a private hospital recommended by his family doctor. Among the respondents in this interview no one currently had private insurance. Unless someone's backache is due to special causes, their options are likely to be limited to light oral painkilling drugs sold over the counter or by prescription, or gel-type painkillers, or bag-type items to warm, etc.

The NHS website suggests that many people often consult their family doctor about backaches. According to the National Institute for Health and Clinical Excellence (NICE), which gives guidance on

medical treatment methods to the NHS, backaches are one of the major complaints among those consulting a family doctor, but complaints relating to mental health in mild or middle level cases are even more numerous. An article in the London Times (newspaper) states that one in six work absences are taken due to backache, so that the active working population is probably seeking treatment in larger numbers than the age group responding to the current interview.

● Complimentary Therapies

One person (male) among the respondents said that he went directly to a private physiotherapist when his back problems grew worse. Another person (female) says that she is currently learning the Alexander Technique which is a method for maintaining daily low-stress natural bodily physical movements. Getting free treatment from an NHS physiotherapist through your general practitioner (GP) is rather difficult so some people are trying out paying for private treatment since it is readily accessible and quick. Two respondents are relatively well off financially and can afford to pay the fee of 30 pounds or more per session. One other person (female) would love to get massage treatment but is currently managing the problem in other ways and wants to spend the money elsewhere, so is not taking treatment. However, since May 2009, NICE has been issuing guidance that says chronic backache patients ought to try complimentary therapies (acupuncture, exercise classes, massage treatments, etc.). This is the first time that NICE has officially recommended such treatment methods and is critical of related specialists who judge there is no proof of their effectiveness, this is good news for backache patients.

It has been one and a half years since this guidance was issued

and it is not compulsory so we don't know how it is being implemented in different local areas or how many people are being affected by this treatment. By the way, one of my acquaintances (a middle aged man) recently told me that his backache had been treated with acupuncture by an NHS physiotherapist. The extent to which this guidance is put into effect is likely to change how people deal with their own back pain problems in the future.

Kumiko Yabe
(Journalist and London resident)

Great Centenarians

〈The number of centenarians living in Setagaya-ku, Tokyo (Central part)〉

5.7 centenarians live in 1 square km.

Area	Number of people 100 and over
58.08km^2	331

Source: Statistics and survey department, setagaya-ku

Sata Yoshida

Born on 1907.

Sata was born in Iwaki City, Fukushima. Her family carried on a cooper. She had a tough time because her grandfather hated to work, made much of ceremonial events and spent all his fortune. When she was in elementary school, she thought women as well as men should work in the age to come.

Since she founded a kindergarten at the age of 53, more than 2000 children graduated before now, including some two-generation graduates. She delights herself in finding and developing each child's merit. Being bright, generous and warm like the sun, Sata lives at her own pace by her motto: "What is done is done."

It is surprising three persons out of eighty classmates at her teacher's school are centenarians in good health now.

Case 1 : You seem to have caught a cold waking up with high temperature (38 degrees) and a sore throat and cough in the morning. What kind of action will you take?

		A	B	C
Basic characteristics	Area	Urban	Urban	Urban
	Sex	Female	Male	Female
	Age	66	69	85
	Type of household	With husband	With wife	Alone
	Occupation	Retired nurse	Retired professor	Former social worker
Going to see a doctor	Type of medical organization	(1) Primary care doctor or (2) commercial clinic in a drug store.		Primary care doctor (group practice).
	Access	(1) 40 minutes by car (either drive or have husband drive if feeling bad). (2) 10 minutes by car.		About 1 mile. Generally drive but take a taxi when snowing.
	Procedure of seeing a doctor	(1) Make an appointment first (usually in a day or two). Wait 10-30 minutes to see the doctor.		Talk to a nurse on the phone. She usually asks me to come in on the following day. May also send e-mail to the doctor explaining symptoms.
	Medical treatment and the time taken	Check temperature, blood pressure, height and weight. Throat culture test for "strep."		Check blood pressure and temperature. The doctor checks chest and takes throat culture. The nurse calls in a day with the results. If strep is found the doctor prescribes antibiotics.
	Cost of medical treatment	(1) $69 (exam),$69-122 (throat culture) (Medicare pays for both).		$10 (out of pocket). Medicare HMO and supplementary insurance cover the rest.
	Type of medication and it's cost	Do not remember. Medicare Part D pays for prescription drugs.		Do not remember, but always ask for generic rather than brand name drugs.
	Care after getting home	Take a lot of fluid, rest and continue to do light exercise (e.g. walking).		Usually wait 1 day without calling a doctor, staying home to avoid contaminating others, drinking a lot of fluid and slowing down.
Going out to buy medication				
Go no-wheres	Reason not to see a doctor		Have a cold a few times a year, but it is part of life. Doctor will tell me to come back when symptoms get worse.	
	Reason not to go to buy medicines		Have drugs at home.	
	Care at home		Keep the room warm and rest. Drink a lot of tea and soup but not at night to avoid going to the bathroom. Take Tylenol in case of fever and pain.	
Others	Any particular action to take			

D	E	F	G
Urban	Urban	Urban	Urban
Female	Male	Male	Female
75	74	80	81
With husband	With wife	With wife	Alone
Former school teacher	Retired professor	Retired engineer	Social worker
Primary care doctor (group practice).	Primary care doctor (group practice).		Primary care doctor.
15 minutes by car.	5 minutes by car.		Several blocks from home. Generally take a taxi.
Send e-mail to make an appointment, explaining symptoms. Will receive a call/e-mail for the appointment time (usually the following day). Generally wait 10-15 minutes to see the doctor.	Make an appointment on the same or next day. Generally wait 10-15 minutes to see the doctor.		Make an appointment by phone, and the doctor returns call. Usually get an appointment on the following day. Generally wait 5-15 minutes to see the doctor.
	Pay only for deductible since Medicare and supplementary insurance cover medical services. But monthly premium is $200 for Medicare and $150 for supplementary insurance.		$100-$350. First pay the entire cost with credit card. Once the doctor's office receives payment from Medicare, it pays back the Medicare-paid portion.
Do not remember. Medicare D pays a portion of the cost.			Do not remember.
	In the beginning, usually take aspirin at home, take a lot of hot tea with honey or soup and slow down.		Sleep, sleep, sleep. Without fever, try to eat well. With fever, eat only moderately.
		Having a cold is part of life.	
		Take liquid de-congestion medication (kept at home) for stuffed nose. It is sweet syrup and makes you sleepy.	
		Take as much rest as possible, a lot of Vitamin C tablets, a lot of caffeine free tea during the day, and may drink hot lemonade with rum in the evening.	

Case 2 : Your chronic backache has worsened with increased pain, what kind of action will you take?

		A	B	C
Basic characteristics	Area	Urban	Urban	Urban
	Sex	Female	Male	Female
	Age	66	69	85
	Type of household	With husband	With wife	Alone
	Occupation	Retired nurse	Retired professor	Former social worker
Going to see a doctor	Type of medical organization		Orthopedic surgeon → primary care doctor (ulcer was found in stomach due to a drug prescribed by the specialist).	
	Access		(1) Specialist: several blocks from home (usually walk). (2) Primary care doctor: 30-40 minutes by car.	
	Procedure of seeing a doctor		Make an appointment first, so do not wait for a long time in the waiting room (both for specialist and primary care doctor).	
	Medical treatment and the time taken		Doctor examines and gives prescription. Do not remember how long it took.	
	Cost of medical treatment		Pay little for the visit and drug since they are covered by Medicare and supplementary insurance.	
	Type of medication and it's cost		Voltaren (prescribed by the specialist for backache, but primary care doctor told me to stop taking it because ulcer was found in stomach).	
	Care after getting home		Try to do normal things as much as possible. Light stretching.	
Going out to buy medication				
Go no-wheres	Reason not to see a doctor	Backache is something to live with. Pain comes and goes. It will eventually get better.		Went to a doctor years ago, but he could not find any reasons for it. Eventually it gets better.
	Reason not to go to buy medicines	Take Tylenol (over-the-counter drug, $6-10) that is kept at home.		The pain has never been bad enough to stay in bed. Used to apply a heating pad, but it did not work.
	Care at home	Take things easy and rest a lot. Do not lift heavy things but try to take a simple body stretch exercise.		Generally move around the house as usual but try not to lift heavy things or to expose myself to a draught. If the weather is good, try to take a walk.
Others	Any particular action to take			

D	E	F	G
Urban	Urban	Urban	Urban
Female	Male	Male	Female
75	74	80	81
With husband	With wife	With wife	Alone
Former school teacher	Retired professor	Retired engineer	Social worker
See the specialist (for sclerosis) twice a year.	I have never had backache.	Primary care doctor (group practice).	
		10 minutes by car (in a shopping center, so sometimes combine doctor's visit and shopping).	
		Called the doctor's office during the day, and the doctor called back. Explained the symptoms, made an appointment in a few days. Waited 10-20 minutes to see the doctor.	
		Nurse measured height, weight, blood pressure and temperature → Doctor felt around the painful spot and ordered X-ray → Nothing was found → Doctor suggested to see PT → Went to PT twice and learned how to do stretch and exercise.	
Nearly free since it is covered by Medicare-like insurance for former teachers.		Medicare and supplementary insurance cover all the costs. But monthly premium is $96.50 for Medicare and $170 for supplementary insurance.	
Used to take Feldene, but it caused stomachache. So Anthrotec is prescribed instead, which is working fine.			
		Try not to lift heavy things or to bend too much. Sit in a hot steam bath at the gym.	
			Went to doctor before, but the drug prescribed by the doctor had side effects. Specialist doctor also recommended an acupuncturist, but each cost $150 (not covered by Medicare). Went there 3 times and stopped going.
			Take Tylenol.
			Backache may be partly caused by the arthritis. So take Tylenol or a hot shower. Need to do physical exercise.

MEDICAL CARE FOR THE ELDERLY IN THE U.S.

1.Medicare: The main pillar supporting medical care for the elderly

(1)Overview and trends in the U.S. medical care system

It is well known that the medical care system in the United States is oriented around private insurance coverage and not so-called general or public insurance. Yet the U.S. government provides Medicare for senior citizens of 65 years of age and older. The most critical problem facing medical treatment in the U.S. is the number of people without medical insurance coverage (about 15% of the population), which is exceptionally large for an advanced nation. However, this is not such a large problem for the elderly because they have the Medicare social insurance program.

The concept of providing a public medical care program for all the people in America first arose around the time of the Great Depression, during the term of President Franklin D. Roosevelt. However, there was (and still is) fierce and deeply rooted opposition to the idea of the government intervening in medical care in the U.S., so the idea was crushed every time it arose. However, under the sponsorship of President Johnson in 1965 and the idea of his "Great Society," the Medicare social insurance program was established to help meet the needs of the elderly of age 65 and older as well as the physically disabled .[1]

Those in the administration handling this program at the time viewed it as an intermediate system oriented towards public health insurance. However all other public health insurance-oriented concepts,

such as reforms, attempted by President Clinton in the 90's, were failures and lead to reform proposals including the effective abolition of the Medicare system itself.

However, the essential framework of Medicare had taken root in U.S. society, which still supports it. The largest reason behind the program's survival is the support of the elderly. Insurance for Americans up to age 64 is actually a form of private insurance. In general, insurance fees vary according to risk so that people in poor health, for example, pay more than those in good health, women pay more than men, and elderly people pay more than young people. Mr. John Rosa of the AARP, the largest organization for the elderly in the U.S., states that health insurance fees for private medical insurance in the 50 to 64 age group are 9 to 10 times higher than those for younger groups. As will be mentioned later, Medicare only requires contributions during one's working years and a cheap, fixed insurance fee. If it wasn't this easy to afford, it would be impossible for many people of lesser means to join. Even in American society, which stresses voluntary self-reliance by the individual, there seems to currently be sufficient consensus on the idea of government providing guaranteed medical security for the elderly.

(2) Overview of Medicare

Here is a brief look at the main points involving the Medicare social insurance program. Medicare is divided into parts A through D, with most people selecting Part A, which provides hospital services, skilled home nursing, and other services. Also available are Part B, which provides services such as doctors, hospital walk-in services, and home care, and Part D, which was created in 2006 to provide outpatient prescription drugs. Part A is designed based on government managed

social insurance.[2] Part B is government managed but is modeled on private insurance and joining it is optional. Part D provides supplemental coverage,[3] with insurance fees paid to private insurance organizations. The social insurance aspects are more prominent and private insurance aspects less prominent in the order of A, B, D[4].

Instead of enrolling in Parts A or B, a Medicare beneficiary can select a plan from a private insurance company approved by Medicare (a Medicare Advantage plan) through Part C. The insurance company receives a fixed-cost payment per person from Medicare, but in some cases the beneficiary pays a fee for additional insurance. The range of medical facilities that one can select is often limited, but the benefits not covered by Parts A and B can be received, or a portion of the allotment can be made cheaper. Currently more than 20% of beneficiaries choose this method, and Mr. C in the current study uses this method.

In each case the common points are usually that in Medicare: (1) young people economically support the elderly (income transition between generations), (2) Contributions to the system are proportional to salaries and the system functions as an intergenerational income transition mechanism (only for Part A—in recent years Part B is also partially equivalent), (3) In points such as investment of huge financial resources, the system in principle has many points in common with the Japanese system ensuring medical stability for the elderly. Moreover, both systems establish 65 years of age as the cutoff point.

The portion of the costs borne by the beneficiary when seeing a doctor is as follows:

Part A: The beneficiary basically pays a fixed-cost according to the number of days they were hospitalized. [5]

Part B: In addition to paying the entire cost up to an annual deductible of 155 dollars (as of 2010), the beneficiary bears 20% of the

cost for physician services, and 20-50% of the cost for hospital walk-in services. There is no upper limit on self-paid expenses as there is in the Japanese system for high-cost medical expenses.

Part D: Though generally differing according to individual plans, the beneficiary bears the entire cost up to an annual deductible of 300 dollars (as of 2010), bears up to 25% of costs up to 2,830 dollars (as of 2010), and bears the total cost up to 6,440 dollars (the so-called donut hole or coverage gap), and 5% for yet higher costs.

Costs paid by the beneficiaries themselves are quite high, as can be seen above, so approximately 20% of elderly beneficiaries purchase supplemental health insurance plans operated by private insurance companies under a government regulation called Medigap.

This is an overall look at the basic Medicare structure, which is extremely complicated and that the elderly themselves do not always understand very well. People in government known to the writer that are involved with this system have said that selecting Part D in particular is nearly impossible because it is so hard for the elderly to understand.

2.Points where getting medical care in the U.S. differs from Japan

In this current study, Medicare resembles the system in Japan in that most of the elderly can select a medical facility for treatment (in contrast, use of medical treatment facilities by age groups of 64 years and below is minimal because they are supposedly considered low risk, but they are likely to make large and frequent use of substitute treatments and store-bought medicines). However, Medicare does differ from the Japanese system on a number of points, two of which we will describe here.

(1)Access to a family physician

Though not as restrictive as the UK system, patients in the U.S. generally go to their family physician (also known as general practitioners or "GPs") for a consultation and if the need arises, that doctor introduces them to a specialist. If the specialist determines that treatment at a hospital or similar facility is needed then they themselves go out and perform the operation or other treatment at a participating hospital. Moreover, an appointment is usually required. Even among family physicians very few doctors accept same-day appointments. If in a hurry, a patient can go directly to the emergency room at a hospital under the same conditions as a non-insured person. In this case, though it may vary according to the symptoms, a long wait time may be unavoidable.

In Japan on the other hand, one can generally see a doctor without an appointment. Moreover, even though the emergency treatment system in Japan has been exposed to crises in recent years, some medical facilities still treat emergency patients and access is generally excellent compared to the U.S.

Even in the U.S., there are an increasing number of medical facilities called Urgent Care Centers that offer consultations and treat minor illnesses without an appointment. These centers are generally located within a drugstore or similar location, and are staffed by a physician's assistant or a nurse practitioner who perform consultations and exams. In the example here, Ms. A is utilizing this center. The cost is inexpensive (cheaper than Ms. G's physician) but some doctors are concerned over the safety of these centers.

(2) Handling of health care costs

In the medical insurance system in Japan, the cost for medical care (treatment bill) that the medical facility charges is standardized nationwide. Even if the medical facility cites the costs involved, it cannot bill the insurer for any more money, and directly billing the patient is basically prohibited. In the U.S. however, the medical facility first bills the insurance company at its own set price (their so-called "asking price"), and after receiving payment in the authorized sum from the insurer, they sometimes submit a bill to the patient for the difference not covered by the insurer[6]. This handling process is similar to the bed-fee price difference in Japan's medical insurance system (billing the patient at the price set by the medical facility, and then refunding a fixed amount to the patient), and can be applied to any type of medical treatment. Rather than the insurance company, the medical facilities in some cases bill the patient at a fixed-fee set by the medical facility from the very beginning. (After making payment, the patient may bill the insurance company but usually the full amount is not approved.) The set fee of the medical facility is usually much higher than the approved fee used by the insurance company, so in these cases the patient has to cover the cost himself which can be quite a heavy burden.

The Medicare scheme, being a similar scheme, is also restrictive. The doctors (or medical facility) can choose to accept the entire sum paid by Medicare for the medical treatment (and therefore cannot bill the patient for the difference) or choose to bill the patient for the difference (unpaid portion) of their own set fee. In the latter case, the entire cost can be billed to the patient (however, this total amount is limited to 115% of the amount paid by Medicare).

In the case of Mr. F who received treatment for a backache, the

amount billed for physical therapist (PT) treatment was 250 dollars. The PT billed this amount to Medicare, less than half of which (amounting to 105 dollars) was approved and from which 80% of the approved amount (84 dollars) was then paid to the PT. The remaining 20% (21 dollars), the patient's remaining payment, was paid to the PT by Medigap. In this case, the amount paid out-of-pocket by the patient was zero, but in other cases PTs issue an additional bill amounting to 15% of the amount approved by Medicare (15.75 dollars of the 105 dollars). In the case of Ms. G, the doctor first bills the patient (Ms. G), who is then refunded by Medicare after paying the doctor. In such cases there is a high probability that the amount paid out-of-pocket will be excessive.

Though somewhat off the main topic, if this type of billing was fully approved and used throughout Japan it would help make managing medical facilities more stable and contribute to Japan's economic growth, but the financial (out-of-pocket) burden on the patient might become large. This could place the patient in an extremely tough position. Economically this would prove extremely bothersome to handle for both the medical institution and the patient in terms of paperwork and processing. The Japanese medical insurance system, through which it is assumed that one can get treatment easily at nearly any medical facility across the country, is likely a system that proves extremely beneficial to the patient (however, it does have flaws in large hospital complexes).

Medicare payments are generally much lower[7] than private insurance payments, so many doctors will not even see or treat Medicare patients in a trend that is growing in recent years.

3.Health care reform under the Obama Administration

The health care reform bill, said to be the largest reform move since the establishment of Medicare, was finally established in March 2010 after taking a long and winding path. A big factor in this was helping low income people who previously had no insurance to purchase medical insurance starting in 2014—a move intended to lower the number of people without health insurance coverage.

The elderly have Medicare, so there are no sweeping changes as far as they are concerned, but there are changes in a number of significant points. One of these is the so-called "doughnut hole" (or coverage gap described above) in Part D of the Medicare plan which will be gradually eliminated by the year 2020 in order to make it easier to receive pharmaceutical treatments. Another change is progress in reviewing and streamlining Medicare benefit disbursements[8] to make treatment more efficient while maintaining medical quality. The latter point assumes financial resources from more people joining the Medicare program.

Behind these changes is the problem of Medicare public finance. Medicare benefits to the public are predicted to rapidly increase due to a rapidly aging society, etc., and the U.S. government fears that Medicare costs will reach a figure greatly exceeding other budget items such as pensions and military expenditures.

However, many of the elderly are opposed to the health care reform since streamlining Medicare will bring about cuts in services they have been receiving up until now, and also because a growing number of physicians are refusing to accept Medicare patients due to their fixed incomes, among other reasons. The Republican Party also opposes Medicare cutbacks (which seems to somewhat contradict their previous stance on Medicare). The gains made by the Republican Party in the

congressional mid-term elections this November have darkened the outlook for future health care reform.

One other concern arising as a side effect of these reforms is a shortage of general practitioners. GPs have a smaller income than specialists, so fewer people want to become GPs these days. Moreover, baby-boomer physicians are retiring in ever greater numbers, so a shortage of doctors is expected to become a serious problem as the number of new health care plan recipients greatly increases due to these reforms. These new reforms include measures to help increase the number of general practitioners, but a drastic shortage is still predicted. Amidst these circumstances there are demands to streamline primary care through the use of technology, including information technology. Most medical facilities and related businesses are adopting measures in this area, which they see as a promising field for the future.

In any case, streamlining costs while maintaining and improving health care access and quality appears to be an ideal move, yet both Japan and the U.S. are facing the fact that this will not be an easy job. However, this writer feels that the stance of the Obama administration and the Democratic Party who are striving for a reform bill including streamlined medical care costs even in the face of opposition should not be taken lightly.

Yoichi Torii

(JETRO New York, Director of Health and Welfare Department, as of 2011)

1. Medicaid, which is aimed to help low income families, was established at the same time.
2. In the U.S., a system in which one receives rights to receive benefits in return for compulsory contribution to the system is called social insurance.
3. The actual scheme is as follows.

- Part A: If a beneficiary or their spouse contributes a percentage of their salary (social security taxes—the mandatory amount as of 2010 is 2.9%, paid in equal shares by employer and employee) during their working years for 40 quarters (10 years) or more then they are eligible to receive benefits.
- Part B: (participation is voluntary): The beneficiary pays an insurance fee of 110 dollars (a percentage of beneficiaries paid 96.4 dollars in 2010) per month (Starting in 2007, high-income beneficiaries have to pay an additional amount according to their financial resources). 75% of costs are covered by tax.
- Part D: (participation is voluntary): The beneficiary selects a plan approved by Medicare and joins that plan. The insurance fee differs per plan, but Medicare pays an average of 74.5%, leaving the beneficiary's responsibility at an average of 25.5% (USD 31.94 as of 2010).

4. The difference is largely due to the political circumstances at the time the system was established.
5. For example, the patient pays 1,100 dollars per day for the first 60 days of hospital treatment and 275 dollars per day for the 61st to 90th days.
   For stays of over 90 days, the total cost is borne by the patient (after 90 days, however, beneficiaries can stay in the hospital for 550 dollars per day, for a total of 60 days in a patient's lifetime).
6. This is the standard procedure in the U.S. which is private-oriented, and the traditional indemnity insurance takes this method. In a type of insurance called PPO (Preferred Provider Organization), which is currently in the mainstream (namely, a contract is made with a group of medical facilities forming a network, and a plan allows obtaining medical services from them at a discount price; PPO can provide services for a comparatively low insurance fee), medical facilities outside the network bill in this way (medical facilities within the network receive their fee from the insurer at a pre-negotiated price with no billing to the patient, as in Japan). In actual cases, the medical facility often decides the authorized amount from the insurance payment is sufficient and does not bill the patient.
7. Indemnity standards (reimbursement levels) for Medicaid are even lower than those of Medicare.
8. More specifically it also introduces a "pay-for-performance" compensation system and implements all types of programs including trial all-inclusive payment programs for making batch compensation payments to ACOs (Accountable Care Organizations, which are made up of medical organizations that bear joint regional responsibility for medical care quality and expenses).

Case 1 : You seem to have caught a cold waking up with high temperature (38 degrees) and a sore throat and cough in the morning. What kind of action will you take?

		A	B	C
Basic characteristics	Area	Urban	Urban	Urban
	Sex	Female	Female	Female
	Age	86	87	66
	Type of household	Alone	Alone	With husband
	Occupation	Retired pediatric nurse	Retired collaborator for her husband	Retired
Going to see a doctor	Type of medical organization	Assigned doctor.		Assigned doctor.
	Access	2 minutes on foot.		5 minutes on foot.
	Procedure of seeing a doctor	Wait 10-15 minutes.		Wait 20 minutes.
	Medical treatment and the time taken	Clinical exams (temperature, blood pressure, auscultation, etc.), medical exams and prescription of drugs. It takes 15 minutes.		Clinical exams (blood pressure; auscultation; check ear, nose and throat). It takes 20 minutes.
	Cost of medical treatment	€22 (official tariff): 70% paid back by public insurance and 30 % paid back by private insurance.		€22: paid back by public and private insurance.
	Type of medication and it's cost	Try to see first at home with some medicines like syrup or aspirin. If the fever persists more than 39, then will go to see a doctor to have prescribed medicines at pharmacy.		2,3 prescribed medicines (directly covered by insurance).
	Care after getting home	Try to not stay in bed and stay as active as possible.		Live as usual.
Going out to buy medication	Reason not to see a doctor		Wait first but go to see a doctor if the conditions do not improve after 3 days.	
	Where medication is purchased and travel to buy medication		Pharmacy (on foot).	
	Choice of medication		Ask an advice from pharmacists.	
	Type of medicines and their cost		Aspirin, anti-coughing, etc. (about €15)	
	Care after purchasing medicines		Stay warm and sleep.	
Go nowheres	Reason not to see a doctor			
	Reason not to go to buy medicines			
	Care at home			
Others	Any particular action to take			

D	E	F	G
Urban	Rural	Rural	Urban
Male	Female	Male	Female
60	75	74	70
With wife	With husband	With wife	With husband, son and daughter
Retired superintendent	Housewife	Retired airplane engineer	Housewife
	Assigned doctor.		Hospital's physician (because of the recent cancer).
	15 minutes by car.		1hour by bus and subway.
	Wait 15-20 minutes.		Wait 20-30 minutes (with appointment).
			Clinical exams and medical exams.
	€22: 70% paid back by public insurance and 30 % paid back by private insurance.		No co-payment (public hospital).
	3 prescribed medicines (all the cost is covered by insurance).		About 6 medicines.
	Try to do some house-keeping work as usual but with some nap and rest.		Live as usual.
Live as usual, and it will get better.		It will get better soon without going to see a doctor.	
Nothing special.			

Case 2 : Your chronic backache has worsened with increased pain, what kind of action will you take?

		A	B	C
Basic characteristics	Area	Urban	Urban	Urban
	Sex	Female	Female	Female
	Age	86	87	66
	Type of household	Alone	Alone	With husband
	Occupation	Retired pediatric nurse	Retired collaborator for her husband	Retired
Going to see a doctor	Type of medical organization	Assigned doctor.		Assigned doctor.
	Access	2 minutes on foot.		5 minutes on foot.
	Procedure of seeing a doctor	Wait 10-15 minutes.		Wait 20 minutes.
	Medical treatment and the time taken	Clinical exams (temperature, blood pressure, auscultation, etc.), medical exams, prescription of drugs and rehabilitation massage.		Clinical exam (20 minutes) then go to rehabilitation and massage (covered by insurance if prescribed).
	Cost of medical treatment	€22 (official tariff): 70% paid back by public insurance and 30 % paid back by private insurance.		€22: paid back by insurance.
	Type of medication and it's cost			2,3 prescribed medicines prescribed by doctor (directly covered by insurance).
	Care after getting home	Take homeopathic medicines at home.		
Going out to buy medi-cation	Reason not to see a doctor		Wait first but go to see a doctor if the conditions do not improve after 3 days.	
	Where medication is purchased and travel to buy medication		Pharmacy (on foot).	
	Choice of medication		Asks an advice from pharmacists.	
	Type of medicines and their cost		Ointment, cataplasm, etc.	
	Care after purchasing medicines		Stay warm and sleep.	
Go no-wheres	Reason not to see a doctor			
	Reason not to go to buy medicines			
	Care at home			
Others	Any particular action to take			

BACKACHE—FRANCE

D	E	F	G
Urban	Rural	Rural	Urban
Male	Female	Male	Female
60	75	74	70
With wife	With husband	With wife	With husband, son and daughter
Retired superintendent	Housewife	Retired airplane engineer	Housewife
	Assigned doctor.	Assigned doctor.	Hospital's physician (because of her recent cancer).
	20 minutes by car.	20 minutes by car.	1hour by bus and subway.
	Waiting time is not so long.	Wait 10 minutes in the afternoon, shorter in the morning.	Wait 20-30 minutes (with appointment).
	Palpation then order for rehabilitative massage. It takes about 20 minutes.	Palpation and probably prescribe for massage at a rehabilitation center.	Clinical and medical exams.
	€ 22.00	€ 22.00	No co-payment (public hospital).
	2-3 anti-inflammatory drugs.	About 3 kinds of ointment and anti-inflammatory drugs.	About 6 medicines.
			Live as usual.
Live as usual, and it will get better.			
Nothing special.			

THE FRENCH HEALTH CARE SYSTEM FOR THE ELDERLY

The health care system in France is broadly grouped into hospital and town General Practitioner (GP). Moreover the former category consists of public hospitals and private (profit & non-profit) clinics. There is no difference in medical fees due to age, and both infants and the elderly must basically pay 30% of their own medical costs.

French people usually consult their "assigned doctor" who is a town physician (GP), and if the need arises, introduces them to a specialist physician or hospital for consultation and treatment. This assigned doctor system was enacted as a law in July 1, 2004 and enforced from January 1 in the following year. This system was introduced as a copy of the UK gatekeeper system with the goal of controlling redundant patient treatment (trend towards so-called doctor shopping where the patient receives the same multiple exams, tests and drugs, etc).

In the UK, people select an assigned doctor from among GP in the residential district" and "skipping their assigned doctor (getting a consultation directly from a specialist or hospital without going through the assigned doctor) is basically not paid for by the UK National Health Service that operates on public tax money." In the unique system in France however, "the patient is free to select the assigned doctor from among specialists and hospital physicians and register them" and "even if they skip their assigned doctor," the public health insurance will still cover costs though there is a somewhat of a financial penalty in terms of money refunded by the government." Moreover, there are also some exceptional cases such as consultations or treatment from obstetricians or gynecologists, ophthalmic doctors and psychiatrists (in cases where it is okay to go directly to a specialist without seeing one's assigned doctor).

Since establishing this system in 2005, more than 70% of the country's citizens are being treated under this system. They first go to the assigned doctor, get tests and medicine, and are prescribed with paramedical treatments such as rehabilitation or massage. Only those patients still needing medical treatment then proceed to the next medical exam.

Replies from the elderly in the current interview showed a lot of trust in their assigned physician but on the other hand most were of the wait-and-see group who "Don't go to the doctor right away, but wait at least 1 or 2 weeks and then see the doctor if there is absolutely no improvement." There are many types of massage treatment for backaches which are often mentioned in the interview and if the doctor thinks that rehabilitation massage by a physical therapist is necessary for medical treatment, then that is covered by national health insurance. On the other hand, alternative treatments such as massage by osteopaths (including those such as chiropractors qualified in adjusting the musculoskeletal system) are paid for by the patient. Related fees and times can vary but are usually 30 minutes to 1 hour per session and 50 to 90 euro per session for self-paid, self-selected treatments.

Drugs prescribed by the physician are also covered by national health insurance. However, other medicines purchased by the patient "OTC or over-the-counter drugs recommended by the pharmacist" or private therapies such as the "homeopathy" popular in France must be paid for by the patient. The "homeopathic" treatment such as Japan's "Kanpoyaku" (diluted herbal substances administered in small quantities for medical treatment) is not seen as a scientifically based approach and so is not covered by national health insurance even if prescribed by a doctor.

The medical treatment institution is France is by appointment except for emergency cases so the patient waiting time averaging 10

minutes according to the interview replies is not so very long. Even without a special reason to avoid going to the doctor, there seems to be no trend to actively keep seeing a doctor on one's own due to slight symptoms such as a cold or backache.

My impression was that the interview fever condition of 38 degrees was not actually thought of as a fever but more of an ordinary temperature. But 39 degrees however was more likely to be considered a "fever" here. I suppose Japanese have a lower body temperature than French people.

In the system at the time of this interview (November 2010), the public treatment fee for walk-in patient consultations was 22 euro for GP's and 28 euro for specialists regardless of whether a first visit or repeat visits. The public insurance system returns 70 percent of this fee to the patient.

The remaining 30% of the fee is the burden of the patient. However 80% of French citizens are members of voluntary supplemental insurance plans and these plans usually pay back costs first handled by the patient so most people in France tend to medical treatment as free (even though they pay monthly health insurance fees).

Though supplemental insurance is optional, joining a company or organization usually covers one under this insurance almost automatically in what is a so-called group social welfare option so an overwhelming number of users are covered at both a first and second level.

The monthly user cost in this case is a group rate and so is not that hard to pay. The monthly user cost varies according to the contract type policy but the average policy is about 50 euro. The portion covered by national health insurance for "dental work" and "eye glasses" is not very large so this is covered by optional supplementary insurance.

The second layer of this two-story structure can be broadly grouped into two types. One type is called a "Mutuelle" which is a non-profit type of insurance. The other type is commercial insurance (a kind of financial product much like savings) sponsored by private insurance companies. Subscribers are typically organizations but the first or non-profit "Mutuelle" type financial product is more numerous.

The minority without this supplemental health insurance might on the other hand possibly constitute a group who are self-employed, with unstable income, singles without families or a generation still not feeling insecure about their own health or the medical costs they might be burdened with.

Due to repeated health insurance reforms, there is a trend in which payment of medical expenses is shifting over from public insurance to supplemental insurance. This "voluntary" and "supplementary" type insurance is already in fact, "a nearly mandatory" so-called "complementary" type insurance.

About 30% of the costs of patient walk-in visits are paid for by the patient but in the case of patients with any of 31 types of chronic ailments that the government specifies as ALD, the cost is of course not borne by the individual regardless of age, and that patient pays no fees relating to that illness.

ALD does not indicate what Japan would call an incurable disease but is instead "a serious ailment requiring long treatment" such as diabetes that requires insulin injections, cancer, chronic renal failure, ALS, and AIDS. One of the respondents in the current interview was a woman who had undergone surgery for cancer 5 years ago and falls within this category. Even among developed countries this type of medical insurance makes it seems like the country really cares about its people doesn't it?

In view of these circumstances, one can also understand the outlook that, "Medical costs of healthy people support the system to some degree through their own payments and moderate access to doctor's services, while medical costs are free for people who really require support to live."

In terms of nursing care attendance allowances, though the benefits closely resemble Japan's management by local civic bodies and 5-step Certification of Long-Term Need, the Japanese nursing care insurance system can be called superior in numerous points including, "fairness, financial asset reliability, benefit payments, and presence of care managers."

According to data from the INSEE (French National Institute of Statistics), the average annuity payment in France was 1,095 euro per month as of 2007.

On the other hand the maximum allowance for the persons in the most serious condition is 1,224 euro per month (as of 2010). Even if one assumes that prices in France are not too different from Japan, adequately covering nursing costs with this amount of money is extremely difficult and one would have to assume bearing at least some of the expense privately. In a TV speech launching the second new Fillon cabinet, French President Sarkozy expressed his resolve for "Common Man's Nursing Care Insurance." (In the French language, this new insurance plan is called the "Fifth Risk." This signifies risks especially for the elderly that apply to everyone at sometime and does not indicate self-accountability and welfare. The other 4 risks by the way are sickness, old age, accidents, and maternity. So we can see that many obstacles to this plan lie ahead.

The opinions of the French people on this seem to fall mainly into two groups. One group favors use of a "People's league" to bear the burden of nursing expenses, and the other group supports "self-

accountability." While cutting losses in the country's social security system is a large issue, the president's Alzheimer's plan pledge and the deaths of 15,000 elderly people in the sweltering summer of 2003 still lie heavily in people's memories so no end is in sight to the debate on this issue.

The insurance lobby which is largely aligned with the French president is proposing "self-responsibility insurance like the vehicle insurance that you must have in order to drive a car."

Nursing health care insurance in Japan starts from 40 years old because, "that is where one's age starts to become an immediate problem" and is a system designed to take the middle path between "solidarity" and "self-responsibility". French nursing care experts all tout "Japan as a model for the world." I was then asked about our Confucian respect for the aged and the extended family (not the conventional nuclear family but intergenerational family living) background. Do these concepts still really apply to today's Japan? I feel placed in a really tough spot by having to answer these questions.

Looking just at the results, the average lifespan in Japan is 79.6 years for men and 86.4 years for women. In France however the average lifespan is 77.8 years for men and 84.5 years for women. So it seems the women in these two countries definitely take first place and second place on the world stage.

The fact that elderly women in both countries are healthy cannot be denied!

Naoko Okuda

(Resident researcher in France for the JMARI (Japan Medical Association Research Institute)

Case 1 : You seem to have caught a cold waking up with high temperature (38 degrees) and a sore throat and cough in the morning. What kind of action will you take?

		A	B	C
Basic characteristics	Area	Rural	Urban	Urban
	Sex	Male	Female	Male
	Age	73	64	69
	Type of household	With wife	With husband, mother-in-law and daughter	With wife, mother and daughter
	Occupation	Farmer	Housewife	Self-employed
Going to see a doctor	Type of medical organization	General hospital (public or private).		
	Access	2-3 km (5-10 minutes by car). No appointment. Waiting time is shorter if go there early in the morning.		
	Procedure of seeing a doctor	Give patient's card (or register at machine) and wait about 1 hour.		
	Medical treatment and the time taken	May have urine/blood exam at the first → visit → exam/ diagnosis → prescribe drug. It takes 10 minutes.		
	Cost of medical treatment	Covered by national health insurance (10% copay). Pay about ¥1,200-1,300.		
	Type of medication and it's cost	Do not know. Pay about ¥500 (10% of the total).		
	Care after getting home	Stay warm and sleep.		
Going out to buy medication	Reason not to see a doctor			
	Where medication is purchased and travel to buy medication			
	Choice of medication			
	Type of medicines and their cost			
	Care after purchasing medicines			
Go nowheres	Reason not to see a doctor		It will get better eventually, so just wait.	Doctors cannot cure cold.
	Reason not to go to buy medicines		It will get better eventually, so just wait.	Cold is a matter of self. Considering the side effects, it is better to cure myself. There is something unreasonable about quick remedy.
	Care at home		Stay warm, rest and wait for the temperature to go down. Change clothes when sweating.	Wear a lot of clothes and sweat. It may take a few days but it gets better.
Others	Any particular action to take			

D	E	F	G
Urban	Urban	Urban	Urban
Female	Male	Male	Male
68	69	69	66
With husband and daughter	With wife and daughter	With wife	With wife
Housewife	Former local government officer, currently president of a social welfare corporation	Formerly worked for an insurance company, currently a board member of an NPO	Retired
Primary care doctor (clinic).		Primary care doctor (clinic) or otolaryngologist (for sore throat).	
5 minutes on foot (3 minutes by bike).		Less than 10 minutes on foot.	
Give patient's card and wait 5-15 minutes.		Give patient's card and wait about 30 minutes.	
Explain symptoms, exams (interview, auscultation, check temperature and throat). It takes about 5 minutes.		Check temperature, examine throat, inhalation. It takes about 10 minutes (including 5 minutes for inhalation).	
Less than ¥500.		¥1,000-2,000 (including medicine).	
Antibiotic for fever, medicine for throat and cough (pay about ¥500 for 3-day prescription). Take over-the-counter cold medicine in the beginning.		Medicines for fever, throat and cough for 3-7 days. See above for the cost.	
Go to bed, change clothes when sweating, eat porridge, drink water, stay home for a week, do not take bath until the fever is gone.		Drink alcohol at night, protect throat, keep humidity at 60%, put menthol ointment around throat and wrap it with handkerchief, wear a turtle neck shirt and sleep, slow down.	
			Doctors cannot cure cold. Drugs do not cure it either, but some may help to ease symptoms.
			Drug store (5 minutes on foot).
			Explain symptoms to pharmacists and have them choose the drug. Sometimes buy usual drugs without consultation with pharmacists.
			Aspirin (usually have fever). Usually take Chinese medicine in the beginning. It costs about ¥2,000 at a time.
			Take medicines, stay warm and sleep.
	Too much trouble. Going to hospital makes me sick.		
	Take medicine at home. It will get better by the next day.		
	Stay in bed, and it usually gets better. Do not take bath until the fever is gone. Rest (physically and mentally).		

Case 2 : Your chronic backache has worsened with increased pain, what kind of action will you take?

		A	B	C
Basic characteristics	Area	Rural	Urban	Urban
	Sex	Male	Female	Male
	Age	73	64	69
	Type of household	With wife	With husband, mother-in-law and daughter	With wife, mother and daughter
	Occupation	Farmer	Housewife	Self-employed
Going to see a doctor	Type of medical organization	City hospital (doctor provides acupuncture and Chinese medicines).	Chiropractor (recommended by friend).	Primary care doctor (internal medicine) → referred to a hospital (400 beds) in the community.
	Access	No appointment. About 4km (10 minutes by car). Waiting time is shorter if go there early in the morning.	7-8 minutes on foot (10 minutes when back is hurting). May ride a bike.	(1) Primary care doctor: 5 minutes by bike. (2) Hospital: 15 minutes by bike.
	Procedure of seeing a doctor	Give patient's card and wait about 1 hour.	Call the office to make an appointment.	Hospital: make an appointment beforehand and wait about 15-20 minutes in the waiting room. At the first visit, waited 1 hour (made an appoint on the same day).
	Medical treatment and the time taken	Take X-ray at the first visit → acupuncture (about 30 minutes) → doctor gives prescription.	Explain the symptoms at the first visit → massage (40-45 minutes).	(1) First visit: medical interview → MRI and myogram on later day → found problems with cervical spine. (2) Other visits: medical interview and check the affected area (about 5 minutes).
	Cost of medical treatment	¥600-700 (10% of the total, including medicine).	¥3,500/session (not covered by insurance).	¥420 (excluding exams).
	Type of medication and it's cost	Chinese and external medicines (usually for 27 days).	No prescription. Do not buy over-the-counter medicine either.	Oral medication (Vitamin B to strengthen muscle) and heating pads (change twice a day). About ¥3,000 for 3-month prescription.
	Care after getting home	Drive home and relax (watching TV, reading).	Try to keep balance when carrying heavy things. Still need to do housework. Go to hot spring regularly. Do radio exercise and yoga.	Nothing in particular.
Going out to buy medication				
Go nowheres	Reason not to see a doctor			
	Reason not to go to buy medicines			
	Care at home			
Others	Any particular action to take			

D	E	F	G
Urban	Urban	Urban	Urban
Female	Male	Male	Male
68	69	69	66
With husband and daughter	With wife and daughter	With wife	With wife
Housewife	Former local government officer, currently president of a social welfare corporation	Formerly worked for an insurance company, currently a board member of an NPO	Retired
Massage therapist (Doctors do not cure backache).			Massage therapist.
1.5 hours by train.			1 hour by train.
Call the office to make an appointment. If the appointment is a few days away, rest and put a heating pad.			Call the office to make an appointment.
Explain the symptoms and how they started → massage (2 hours). Visit about once a week when pain is bad, once every 2 weeks when it gets better.			Massage (2 hours). Visit 1-2/ month.
¥10,500/session (not covered by insurance).			¥10,500/session (not covered by insurance).
Nothing in particular.			Nothing in particular.
			Take a bath and sleep.
	Too much trouble. Hospital will not cure backache.	Used to go to primary care doctor (3-5 minutes by car) but stopped going because I no longer drive (had an accident).	
	Do not use heating pads (itchy).		
	Lie down and rest when pain is bad. Always walk to strengthen lower body.	Started radio exercise 6 months ago for prevention, and it seems to be working. If pain gets worse, put a heating pad and rest.	

FEATURES OF MEDICAL INSURANCE IN JAPAN

How the Universal Health Insurance System Functions

In 1961, Japan established the "Universal Health Insurance" system in which anyone possessing a public health insurance card could obtain medical treatment at any medical facility across the country (so-called "free access") by paying a portion of the fee. Except for a separate system for public employees, this public health insurance is broadly grouped into two types. One type is "Employees Health Insurance" providing coverage per occupation and that covers salaried employees and their dependent family members, and the other type is "National Health Insurance (Kokuho)" providing coverage via the city, town and village and that covers the self-employed workers and unemployed people.

This "Employees Health Insurance" is further sub-grouped into the "Society-managed Health Insurance", operated by the "Health Insurance Societies" established by a large company and its affiliates or group of companies in related industry; and the "Associational Health Insurance (Kyokai Kenpo)" (former Government-managed Health insurance) which is a system whose members are small to mid-sized business firms across the country and managed by the Japan Health Insurance Association, a public corporation.

Elderly people of 75 years and older (latter-stage elderly people) are covered by a third scheme called the "Medical System for the Elderly". For elderly from 65 to 74 years of age (early-stage elderly people) a fiscal adjustment scheme is provided to adjust the imbalances of the medical cost burden between the National Health Insurance members and those with other types of insurance, as the retired moves from the employment-

based health insurance to National Health Insurance after having retired from the career as a salaried employee.

The health insurance system basically operates on the insurance premium. However, the "National Health Insurance", "Associational Health Insurance" and the "Medical System for the Elderly" receive subsidy from public finance (taxes). The amount is stipulated taking into account the member's income and financial capability. Moreover the "grants" from the working-age group ("Employees Health Insurance", "National Health Insurance" etc.) to the "Medical System for the Elderly" are paid.

The patients must pay 10 to 30% of the fee out of their own pocket according to their age group, however an upper out-of-pocket cost limit is set each month according to their income level. The cost exceeding that limit is paid from the insurance as a "High-Cost Medical Charge". These can also be summed together with out-of-pocket costs for Long-Term Care Insurance.

The costs are paid to the medical institution from the insurance as the "Medical Care Fee". The Medical Care Fee is broadly grouped into the portion for technology and services and the portion for commodity costs. Any insurance scheme uses the unified "Medical Care Fee Schedule" for the payment.

In both cases

The "Universal Health Insurance" system is now reaching its 50th year after taking a long and winding path. Those currently in their sixties and early seventies are living in the era of "Universal Health Insurance" after having become adults. On the other hand, their early childhood years were during World War II and the postwar period. Even after the

"Universal Health Insurance" was started in 1961, in those years in rural areas medical care services were not enough so that some of them should have faced difficulties for the access of medical care.

Western medicine gradually spread in Japan in the period from the 16th Century to the Edo Era. While the government in Japan officially introduced western medicine by the "Medical Law" in 1874 after the Meiji Restoration, eastern medicine such as Kanpo (Chinese herbal medicine) had deeply rooted in people's daily lives from ancient times and has been traditionally used for healing on an ordinary basis. The comments in both cases allow a glimpse into how the Japanese people got along with the mixture of eastern and western medicine and prevention.

Both Case 1 and Case 2 show medical care costs incurred when getting treatment from a physician. The medical care costs in both cases shown here are not very expensive but people who "go to a physician for treatment" using the health insurance are not the majority. In the case of a cold, 4 people and in the case of backache, 5 people did not choose to "go to a physician for treatment." Some of these people chose self-medication (purchasing over-the-counter (OTC) drugs at a pharmacy) or got a massage or chiropractic treatment. Others selected "going nowhere". The cases in France and the US are much the same. Although "free access" is guaranteed, patients may not necessarily go to the doctor immediately. We can see that the concept of "lets try something else" including self-healing has taken root among the Japanese.

Case 1: Colds: Action taken

Mr. A comments that in case of a cold, he visits a civic hospital or "private hospital" that serves as a general hospital without making a prior phone call, even though he normally has to wait for a long time of about one

hour. The case of other countries who suddenly goes to a large medical facility such as a general hospital is shown by the example of Mr. G in France only; this person moreover says he previously had surgery for cancer so that he may go there for reasons involving such precondition. The case of Mr. A from Japan where he is able to get direct access to a general hospital with symptoms such as from catching cold illustrates features of the Japanese system.

Under the rules for calculating Medical Care Fees, in order to separate the functions of the clinics and the hospitals, in the case of getting a consultation or treatment from a hospital (200 beds or more for general patients) without some kind of prior introduction, other than under unavoidable circumstances, the cost of a first time visit can be billed to the patient as a "Selective Treatment" (signifying a medical treatment selected by the patient himself) in addition to the fees covered by public insurance. (Whether the general hospital where Mr. A goes is applicable or not is unclear by the given information.)

Neither Ms. B nor Mr. C goes to the doctor to treat a cold but instead "put on thick clothes to raise a sweat" and then wait for recovery. Mr. C does not stop there; he takes an extremely cautious view of drugs, saying "considering side effects it is better if I cure the cold myself. Trying to cure a cold all at once is unnatural. " Relying on natural healing power is often seen in other countries but comments saying that it is better to avoid using medicines do not seem to be present in other countries.

Ms. D goes to nearby private doctors when he catches cold, so does Mr. F. Except when bothered by a constant ailment he calls a "weak throat", Mr. F generally takes the similar medical treatment. Prescriptions for "fever-reducing antibiotics" "antipyretics", and also "cough drop/throat soothing lozenges" "sore-throat medicine/cough

medicine" are given generally, and sometimes throat gargling medicine is also prescribed.

Ms. D and Mr. E avoid taking baths when they catch a cold. In Japan, where soaking daily in a tub of hot water is a regular custom, avoiding taking baths when one catches a cold sounds like the attitude of someone who is taking care of himself. In the UK however, Ms. B answers that she "takes showers", while Ms. C answers that she "bathes (in nearly tepid water when she has a fever, and if not then in hot water)" showing a positive attitude toward taking baths.

In terms of life-styles, Mr. F's "drinking alcohol" seems like daily habit for sleeping well and the same habit can be seen in Mr. F in the US who drinks "warm lemonade with rum in it". (The Japanese saying, "Alcohol is the best of all medicines" seems to have no counterpart in English as far as I know.)

Mr. F goes to an ear-nose-throat (ENT) doctor when his throat hurts. Under the system in Japan when there is no concept of a "family doctor", one generally goes to an internal medicine specialist when symptoms resembling a cold appear and in the case of children one goes to a pediatrician, and in most cases those doctors are the "first available doctor." Yet having direct access to a specialist such as a ENT doctor is another feature of the Japanese free access system and it can be said that a patient has much greater freedom of choice than in other countries.

Mr. G from Japan was the only one who answered that he goes to a pharmacy and "describes his symptoms to the pharmacist then gets medicine." Taking medicine purchased over the counter (OTC or proprietary drug) at the pharmacy is also a popular method for dealing with colds and other ailments. Pharmacies are ranked under Japan's Medical Services Law as "Medical Facilities" that provide medical care as along with hospitals and clinics. Under the Revised Pharmaceutical

Affairs Law enforced from June 2009, OTC drugs must be ranked in 3 groups according to order of risk as Category 1, Category 2, or Category 3, and each category has a respectively different procedure for description and handling by specialists authorized to deal with each category. The main cold medicines and fever-reducing analgesics are grouped into Category 2 by law, and the pharmacy must make "a compulsory effort" to provide relevant information upon the purchase of the medicine. The pharmacist or registered vendor (person who passed a prefectural exam for qualification for selling and giving advices on Category 2 and Category 3 pharmaceuticals. That person must be easily distinguished, such as putting labels in store.) must respond to the consultation by the purchaser ("duty of consultation").

One can also see that the traditional eastern medicine has taken root among the people in the reply from Mr. G who takes "Chinese herb medicine such as Kakkonto (an antifebrile)". According to a home page of the PMDA (Pharmaceuticals and Medical Device Agency, Japan) that allows investigating package insert attached to OTC drugs, substances containing Kakkonto as the ingredient name are mostly pharmaceuticals in "Category 2". Though this could be said for medicines in any category, upon taking medicine you must be sure to reach the attached package insert and take care to use in the right quantity and method.

Case 2: Backache: Action taken

According to the "Basic Survey on National Lifestyles" in 2007, the most often occurring symptoms mentioned by the people in those 65 years and older are aware of is "backaches" among all problems for both men and women. There is an often heard expression "better health with an ailment", derived from the original expression "better health without any

ailment". To most of the elderly, how they deal with backaches as "an ailment" is highly significant for their health and the quality of daily life.

Mr. A goes to a municipal hospital for a backache problem. After taking X-rays in the first medical exam, the doctor performed acupuncture and prescribed Chinese herbal medicine. This should be different from the treatment you would get in the US and Europe.

Ms. B is seriously working on a regular basis "to maintain good balance while holding heavy objects" as part of her daily lifestyle. She also "makes regular trips to hot spring resorts, does exercises along with the "radio exercise broadcasts", and yoga, etc." as part of a positive effort to prevent backaches. Mr. F also advocates use of "radio exercise broadcasts" as preventive measure. According to the NHK (Japan Public Broadcasting Corporation) home page, "radio exercise broadcasts" first began in 1928. The current "program No. 1" and "program No. 2" began respectively in 1951 and 1952. The melodies of both "program No.1 and No. 2" remain unchanged; so people in their sixties and early seventies do exercises along with the popular melodies that they have listened since elementary or junior high school days. Nationwide, the radio station (NHK1) broadcasts them seven days a week from 6:30 in the morning and the habit of getting up early along with the rhythm of this music is deeply engrained in the healthy lifestyle of many senior citizens.

Mr. C was sent to a general hospital after consultation with his family doctor. There, the examinations by MRI and EMG (electromyography) revealed a problem with his cervical (neck) vertebrae. According to previous data from the OECD, use of the MRI in Japan is 40.1 units per 1 million people, and this is approximately 3.6 times larger than the average usage of 11.0 units per one million people. Mr. C was then prescribed with vitamin B medicine and plaster. Both of these are covered by public insurance and he gets a prescription for 3-months use.

Ms. D and Mr. G go to a massage specialist. Ms. D receives a 2 hour massage treatment once in every 1 or 2 weeks, while Mr. G receives massage treatment one or two times per month. This treatment is not covered by insurance so is considerably expensive compared to treatment received from a medical facility. Both pay 10,000 yen out of pocket per treatment.

Mr. E answers that "I don't go anywhere". He is the only person saying "I don't go anywhere" among those both in Case 1 (having a cold) and this case. In Mr. E's case he "usually takes walks to strength his legs and back" as a means to prevent backaches. We often hear about the walking boom among the middle aged and seniors which even includes trekking and mountain climbing. Ms. E in the UK and Ms. C in the US also list "walking" among their activities. Walking appears to be a method to stay healthy used in both eastern and western cultures. Walking and other appropriate exercises not only prevent backache but also prevent one from becoming frail and needing nursing care after a mishap such as falling that may destroy one's regular lifestyle and health (both physical and mental). So this is a highly desirable daily habit in terms of frailty prevention.

Mr. F comments that "I used to go to the family doctor (3 to 5 minutes by car) but after causing an accident I now no longer drive to get there." Whether his backache is moderate enough so he doesn't require consultation with the doctor or whether he is enduring the pain because of access problems is unclear. If the latter is the case, then this illustrates the situation in Japan 20% of whose population is 65 years and older; the problem of the elderly securing their mobility to access various services including medical facilities so as to enable the elderly to continue an independent lifestyle in the community.

Conclusion

According to a report issued in September 2009 by the "Conference Board of Canada" which is a nonprofit agency in Canada, shows that Japan ranks No. 1 overall in the comparison of various indicators (average lifespan, fatality rate by main illness, fatality rate by medical malpractice, etc.) for health in the 16 developed countries. This rating reveals that daily living habits and other factors other than medical care services such as diet, preventive measures and sanitary conditions greatly contribute to health of a country's citizens. In particular, daily health management and problem prevention awareness seen from Mr. A through Mr. G indicate such contribution.

On the other hand, this also shows that the medical care system in Japan is overall "doing well" as seen from a global viewpoint. Of course this isn't to say there are no areas needing improvement, yet not only of those providing the medical care in Japan but also the people across the nation receiving the medical care should be aware of this evaluation made by other countries.

According to the "OECD Health Data 2009", medical costs as % of GDP were 8.1% which is lower than the average of 8.9% in OECD countries and certainly cannot be called as high. This figure was achieved in spite of the fact that Japan has higher percentage of elderly population than other countries. While one can interpret this to mean that together with preventive awareness and health management awareness, Japan has achieved better outcome by lower cost than other countries, another way of looking at this may reveal the fact that the problems in the medical care such as the shortage of doctors occur as the society at large is not providing sufficient financing for medical care.

How should we pay the burden of medical care costs? Should

the public system bear the costs even if it means increased insurance premium rates and higher taxes? Or should some private means be employed to handle these costs? Each method has its own benefits and disadvantages.

What kind of the "scheme" shall we choose, taking into consideration various common values such as freedom, equality, fairness, justice, or efficiency that may not always uphold altogether? The choice may force changes to the current medical care received by Mr. A through Mr. G.

Japan's current situation with its present harsh economic and fiscal conditions will not allow us to delay making such choice. The amount we have to pay is several-digits larger than we can prepare by "eliminating governmental waste". We can run away for a while from our responsibility of having to make a choice by adopting trendy slogans and performance to discover "bad guys", but at the same time that just delays facing the crisis ahead of us.

Each and every person in the country is involved in this matter and the senior citizens are no exceptions. If we don't bear the burden then that bill will be passed along in the form of debt to someone else including future generations. There is no magic hammer here to pound away at our problems and we have to start seriously thinking about this issue because we don't have the choice of "increasing benefits & lowering the payment burden."

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Questionnaire

(Case 1) You seem to have caught a cold waking up with high temperature (38 degrees) and a sore throat and cough in the morning. What kind of action will you take?
(Case 2) Your chronic backache is worsened with increased pain, what kind of action will you take?

A. Going to see a doctor → (1)
B. Going out to buy medication → (2)
C. Go nowhere → (3)
D. Others → (4)

(1) Going to see a doctor
- 1 - 1 : Type of medical organization
- 1 - 2 : Access
- 1 - 3 : Procedure of seeing a doctor
- 1 - 4 : Medical treatment and the time taken
- 1 - 5 : Cost of medical treatment
- 1 - 6 : Type of medication and it's cost
- 1 - 7 : Care after getting home

(2) Going out to buy medication
- 2 - 1 : Reason not to see a doctor
- 2 - 2 : where medication is purchased and travel to buy medication
- 2 - 3 : Choice of medication
- 2 - 4 : Type of medicines and their cost
- 2 - 5 : Care after purchasing medicines

(3) Go nowhere
- 3 - 1 : Reason not to see a doctor
- 3 - 2 : Reason not to go to buy medicines
- 3 - 3 : Care at home

(4) Others
- 4 - 1 : Any particular action to take