Acupuncture, Moxibustion (Kyu) and Finger Pressure Massage (Shiatsu) are all referred to as Complimentary and Alternative Medicine. The abbreviated term is “CAM”. One major characteristic of western medicine is that it focuses mainly on the treatment, whereas CAM tends to focus on prevention. Recently, the importance of preventative medicine is being recognized in Japan. In this report I will first compare the common traits in both practices of medicine, and then compare the rates at which CAM is spreading in Japan and in other countries. Next, I will examine the legal measures taken in Japan and in other countries and will look at prospective measures for Japan related to this.

Presently, the level at which CAM is being implemented in Japan is minimal. If one looks at the average citizen’s use of CAM compared to other countries, Japan’s use is low. For example, compared to the U.S.A., England, Germany and France where 40% of people use CAM, only 20% in Japan resort to it. Those who do use CAM in Japan tend to be middle aged, women, people of high social standing and the well educated. This is true of other foreign countries as well. The low number of users in Japan is related to personal cost. In 2001, the personal cost of western medicine was 25%, according to the Ministry of Health and Welfare. The personal cost of CAM was a high 80%. The high personal cost of CAM is distinctive to Japan.

Under the medical treatment system in Japan, remuneration for CAM is different from other medical treatments. It is treated as second class. Basically, the patient pays for the service and later makes a claim to the medical insurance union and is reimbursed. However, in reality, whether or not the full cost is reimbursed is decided by the insurance agent. Presently, it is rare for the cost to be fully reimbursed. Because of this, the personal cost of CAM is high and may account for the low number of users. CAM is not given proper assessment in Japan.

Next, I would like to comment on the legal measures taken towards CAM in other countries. This can basically be divided into four types. The first type utilizes public insurance. In China and Korea, western medicine and CAM have equal standing. In Sweden, which uses mainly western medicine, public insurance covers CAM when the service provider has a certain amount of training. The second type, which is represented by the U.S.A., utilizes private insurance. Although it is mainly private, it is actively supported by the government. Two years ago, a report by the
American Committee for Alternative Medicine stated, “The government will investigate the safety and validity of alternative medicine. Upon reviewing this research, private insurance companies will decide whether or not to allow the coverage of alternative medicine. A move in this direction is desirable. The government should take the lead in researching CAM.” The amount invested in CAM research is actually unusually high in the U.S.

The third type is represented by those countries where public and private overlap. European countries are a primary example of this system. England, for example, is the only country in Europe that has a public hospital using CAM.

Fourthly, there are a small number of countries where insurance does not cover CAM at all.

Japan is classified as one of the countries that utilize public insurance. However, as previously mentioned, in terms of covering the full cost, CAM is treated as secondary. This is because historically, after the Meiji Period, as part of the rapid move toward westernization, Japan adopted German and other kinds of western medical practices. In the process of becoming westernized, traditional eastern medical practices were abolished. It is notable that in Germany, from which Japan copied its medical practices, 80% of doctors have been using CAM for the past twenty years. Considering this, isn’t it time to reconsider using eastern medicine?

The assessment of those practicing CAM is not uniform in Japan. Next, I will comment on the problem of the license system for those practicing CAM in Japan. When doctors use CAM, under the present medical treatment payment system, it is considered, “Mixed Examination” and may be considered nonchargeable. For this reason, there is no incentive to use it. Because of this, compared to other countries the number of doctors who use CAM in Japan is remarkably low.

On the other hand, it seems unfair that those other than doctors who offer treatments are, regardless of their education, ranked in the same way. There is only one school in Japan that has the same length of training for both western medicine and CAM. Korea and China by comparison have specialists in eastern medicine just as those for western medicine and require the same number of years of education and training for both. Japan is inconsistent in its ranking of CAM and has much shorter required education than for those who practice western medicine. There is a need to make a more complete CAM education system and a clearer payment system for medical services.

Now, after considering the differences between legal systems of other countries, I will conclude by describing the situation in Japan. In Japan, where attention is being drawn to preventative medicine and CAM is recognized as being cost effective, shouldn’t it be possible to combine it with western medicine in treating patients? In
order to combine the two types of medicine it is necessary to improve the quality of the present system of CAM so that it is equal to that of western medicine. To do this, everyone practicing CAM should be required to undergo an examination in order to be included in the public insurance system. The government needs to make the licensing system of the medical treatment system more uniform. In order to improve the quality of medical treatment, the training period for those practicing eastern medicine and western medicine should be the same, as it is in China and Korea.

Also, to support these measures financially, the payment system for medical treatment should be closely examined. Presently, the payment for services such as acupuncture and moxibustion is decided by the insurance agent. Only documents that are deemed to have met the standards are awarded reimbursement. This system should be changed. The standard should be clear so that all CAM treatments are covered by insurance. There is already an example of this system in Japan. Unlike acupuncturists and moxibustionists, the payment for judo chiropractors is commissioned. CAM treatments that meet the standards should be treated in the same way. In the long term, as the quality of CAM practitioners improves, so should the level of the compensation for those services.