

THE NEWSZ

English Ver.

01

November 2022



Differences Between **Japanese** And **Foreign** Healthcare Systems

From The Perspective Of University Students Studying Abroad

THE NEWZ

NOVEMBER 2022 VOL.1

English Ver.

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Location: Regent's Park, London, UK Photographer: Kanna Yamazaki

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About First Edition Issued

The Japanese have had opportunities to enjoy medical care under the universal health insurance system. However, with the declining birthrate and aging population, the burden of social security costs on the younger generation is expected to increase, and the corona disaster has revealed the weak points of Japan's healthcare system. Therefore, there is a growing need to review it. In addition, the voices of patients are less likely to be reflected in healthcare policies and the number of young people who desire to participate in the design of the healthcare system is increasing.

Considering the current situation, Institute for New Era Strategy (INES) and Japan Counselors (JC) have decided to publish a monthly report to provide an opportunity for young people to think about the future of the social security, medical insurance system, and the healthcare system.

Students studying abroad will gather information on episodes that symbolize the differences between the local healthcare system and the Japanese healthcare system, and write reports in both Japanese and English.

The title, "The NewZ," was created with the "Generation Z" in mind. The NewZ is a newsletter whose entire process, from project launch to writing and editing, has been performed by "Generation Z" college students.

We hope that you will have an interest in the healthcare system of your generation and the future.



Japanese Ver.

Differences Between Japanese And Foreign Healthcare Systems

From The Perspective Of University Students Studying Abroad

Kana Hashizume

Lindenwood University, United States



Hi, my name is Kana Hashizume; I am a Lindenwood University student. Lindenwood University is located in Missouri in the United States. I am a marketing major and an entrepreneur study minor. I used to play the Koto, a traditional Japanese instrument, but since I am in the United States, I have not played the Koto since I graduated high school. Instead of playing the Koto, I like listening to music and traveling to other states during long breaks. This article talks about the differences between the US and Japanese healthcare systems. I hope this article helps you understand the differences between the two.

Medical Service in the US

Unlike Japan, there is no national health insurance program in the United States, so individuals have to get insurance individually or from the companies where they work. There are many types of insurance, and depending on the insurance plan, the contents and services differ. However, US medical care is much more expensive than Japanese medical care. The annual per capita medical cost in the U.S. in 2020 is about \$12,350 *1, and the annual per capita medical cost in Japan in 2019 is about

351,800 yen*2 *3, so it is quite expensive in the U.S. It can be seen that the cost of medical care in the U.S. is quite high. As a result, it is believed that about 26 million people are still without medical insurance in the U.S.*4. Also, it is vital to have a primary care doctor in the United States, so usually, when people have some symptoms and want to see a doctor, they go to their primary doctors first.

Covid 19 In the US and Japan

I started studying at Lindenwood University as an undergraduate student in the 2020 fall semester and lived college life under covid regulations for two years. Based on my experience during covid, I would like to share how the United States dealt with covid 19. In the 2020 fall semester, from the end of August, one dorm was for students who got covid, and I often saw a student in my dorm moving out to the covid dorm. Although the US had a lot of covid cases at the time, they started giving vaccinations to citizens faster than

Japan did. In February 2021, people began to get vaccinated, especially if people volunteered at churches, they could get vaccinated. Also, one of my friends got vaccinated at a church because they had an extra vaccine. Two months later, my university, Lindenwood University held a vaccination event in which doctors or pharmacists came to Lindenwood to give vaccination to Missouri citizens and students who live in Missouri. Also, the event was held twice for both the first and second vaccinations.

At the time, people also could get vaccinated by making an appointment at pharmacies. Although covid cases decreased because of vaccination, Omicron occurred; people needed to follow covid regulations again. However, in March 2022, covid cases fell enough that people did not need to wear masks. At the time, many places in the US,

including my university stopped requiring people to wear masks.

In Japan, people struggled with getting vaccinations quickly, and it took a lot of time for Japanese people to start getting vaccinations, which was different from the US.

The Positive Aspects of US Health Care

US medical care is much more expensive than Japanese medical care and is considered a negative aspect. However, during my study abroad in the US, sometimes I appreciate the lower standard of the US drug legislation. The Japanese government cared about the safety of vaccines, which was why it took time for people to get vaccinated.

In the United States, since the insurances are expensive, individuals usually treat mild symptoms using medicines at pharmacies. It is scary to use such potent drugs if we do not know the reason for the signs. However, I appreciated the lower standard of pharmacy law than the Japanese one because I could treat my acne. When I was in high school in Japan, I got acne; then, I started to see a doctor to treat my acne; however, when I did not have time to go to a dermatologist, I could not get medicine. It was hard to treat my acne because of its inaccessibility. Seeing a dermatologist was the only way to

get treatment for my acne. However, I moved to the US; then I found a medicine whose ingredients were the same as the one I used to use. I bought drugs as much as I needed. My acne was gone in a year.

When I got the second vaccination, I had a fever. At the time, I was glad I could get Loxoprofen quickly. Loxoprofen is a drug that individuals need to see a pharmacist to buy it in Japan, but in the US, people do not need to see a pharmacist.

If we are unsure of the reason for the symptoms, Japanese healthcare programs help people to see a doctor quickly and get medicines at a low cost. However, I feel Japan can lower the pharmacy law according to my experience during the covid regulations. In my university, college life is returning to before covid started, giving me more opportunities to meet many students. I hope the covid situation is getting better.

*1 from JETRO article

*2 about \$2,500, as of November 11, 2022

*3 from Gem Med article

*4 from PBS NewsHour article



Nice to meet you. My name is Yuka Ikeda, and I am currently a student at the University of Washington. The University of Washington is located in Seattle, USA, and I am majoring in business. My hobbies include surfing and other marine activities. When I was in Japan, my hobby was walking with my dog, but now that I am away from her, I am spending my days trying new things.

Seattle is located in a great environment with many large global companies such as Amazon and Microsoft, but it is also surrounded by nature. I would be happy if I could share with you some of the discoveries I have made in my daily life and the differences in the healthcare system between Japan and the U.S.

Differences in Awareness of Coronas

Before I talk about the differences between the Japanese and U.S. medical systems and my personal experience, I would like to explain how people in Seattle perceive coronas today. This is just my personal experience, but I feel that people in Seattle are aware that "COVID-19=influenza," and that there is a tendency for people to accept the fact that it cannot be helped if they contract it. There are two main reasons for this, although I think it is more by feeling compared to when I lived in Japan.

The first is that COVID-19 countermeasures are not as strictly enforced as in Japan. In Seattle, the measures taken against COVID-19 include announcements on public transportation such as buses and subways recommending the use of masks and the installation of disinfectant solutions. However, only about 30% of passengers wear masks, and most of them remove their masks when they get off the bus.

In addition, department stores and restaurants also have disinfectant solutions and temperature check corners, but the staff does not go out of their way to stop people from passing by without doing anything.

Second, they do not trace the route of corona infection. The infected person is identified as a "high contact" by his or her contact, and there is no need to self-isolate. *1

In addition, vaccine awareness is polarized by region. While urban areas in Washington State are more proactive about booster vaccinations, many people in the suburbs tend not to get more than the third dose. Another difference from Japan is the percentage of people who have never been vaccinated, as there are a certain number of people who, for religious reasons, believe that anything put into the body that goes against the natural order of things is evil.

Experience of Contracting Corona in the U.S.A.

When I was living in Japan, I was familiar with the process of going to the hospital, seeing a doctor, and receiving the medicine. For example, during the winter season when influenza and gastroenteritis were prevalent, it was common practice to go to a doctor if you felt any

discomfort and receive a prescription for medicine. Therefore, even if I just had a pimple on my face, I thought I would have gone to a dermatologist to have it treated and prescribed vitamins, Chinese herbs, and other medicines.

However, when I came to the U.S., I realized

how convenient and wonderful this Japanese medical system is. When I contracted corona in June of this year, the earliest I could get a hospital appointment was 3 days (my host family told me that this is normal, not because of the pandemic). In Japan, this situation would have been handled by contacting the public health center and waiting for their instructions to contact the concentrated contact person, but in Seattle, we only had to send a photo of a positive test kit result to the university via Google Forms and take over-the-counter flu medicine to recover. It was truly a self-induced recovery. Several of my classmates had been absent due to COVID-19, so I prepared myself for the possibility that I would get the flu myself

by now, but when I did, I was very concerned about the lack of support from the government and local authorities.

The first few days after testing positive for COVID-19, I was treated with antipyretics that I had brought from Japan, but when I ran out of medicine, my host family gave me cough medicine in syrup form. To my surprise, the nighttime syrup contained 10% alcohol, and thanks to that, after about 30 minutes of taking it, the coughing subsided and before I knew it, I slept like a baby. In the U.S., many over-the-counter medicines are more effective than those in Japan because they contain alcohol and more ingredients than those in Japan.

Coexistence with coronavirus and after- COVID-19

In Washington State, where Seattle is located, when I tested positive for COVID-19 in June of this year, I was allowed to attend classes and go outside for 5 days after a positive result was obtained, and after that, I was allowed to go home to recover. However, now *2, even if we test positive for COVID-19, which does not constitute an official absence, and at my university, taking an online class because of COVID-19 is not treated as attendance. In addition, Governor Inslee of Washington State announced at a press conference in September that he will lift all emergency declarations and new coronavirus infection (COVID-19) emergency orders due to the new coronavirus pandemic by October 31. This means that life will be completely after-coronavirus from November of this year. I hope that there will be no more outbreaks of mutated strains or new infectious diseases and that we will be able to live our lives as after-coronas.

*1*2 As of October 2022



[Picture] Over-The-Counter Medicines Containing Alcohol



Hiya! I live in London, UK, on a working (officially Youth Mobility Scheme) VISA, rather than studying at an overseas university like other members of the group. With the increased number of people moving their working bases from Japan to overseas, I decided to study in Japan on a working VISA because I wanted to actually experience working abroad. In Japan, I am a student of International Studies at Kanazawa University and am currently on a leave of absence. In this article, I would like to talk about UK's unique healthcare system, which I discovered during my time in London.

National Health Service in the UK

The UK has a National Health Service (NHS), a national insurance service run by the UK government. As a medical institution financed by tax revenues and other general funds, it can be used regardless of the user's financial ability to pay and is provided free of charge in principle. This system also applies to international students studying in the UK, who can receive medical services at no cost if they have been issued a VISA that allows them to stay in the UK for more than six months. Of course, you have to pay tax to receive medical care - I remember paying £600

for NHS insurance when I applied for my VISA, and National Insurance (NI) is deducted from my monthly salary. General Practitioner, also known as a home doctor, is equal to a family doctor in Japan. When you receive medical treatment in Japan, you choose a hospital according to your symptoms, such as internal medicine, otolaryngology, dermatology, etc. In the UK, however, you must first see your registered GP in any case, regardless of your symptoms. Only if you are deemed to need specialist care will you be referred to another hospital by your GP.

Challenge of the NHS: Excessively Long Waiting Time

Although the NHS is characterised by free consultations in principle and equal access to healthcare for all citizens, problems such as long waiting times, difficulty in making appointments, and staff shortages are often reported in the media. In order to ascertain the truth of those problems, I actually spoke to a British friend. He regularly suffers from tonsillitis two or three times a year and said that his doctor had advised him to have his tonsils removed. He, therefore, booked an operation with his GP to have his tonsils removed five years

ago, and he is still waiting for it now. He says that unless it is a life-threatening emergency operation, he is put off and has to wait years for his turn to come up. What is the point of making an appointment if you have to wait five years? In the case of general medical treatment, it is also reasonable to wait a week for less urgent cases, for example, a simple cold, depending on the medical condition. In other words, the standard in the UK seems to be not to see a doctor for a cold or similar, but to take over-the-counter medicines and rest at home. Fortunately, I am

not in such a state of health that I need to see a GP at the moment, but the thought of such a long waiting time makes me hesitant to see a GP. There is currently a move to 'institutionalise' family doctors in Japan. The term 'family doctor' in Japan is not legally or institutionally defined and the definition is extremely vague. The Japan Medical Association refers to a 'kakaritsukei'

as 'a familiar and reliable doctor who can be consulted on any health-related matter and who can refer you to a specialist medical institution when necessary'. Having grown up in Japan for many years, I found the UK healthcare system, where a family doctor is institutionalised as a "GP", very inconvenient for me.

GP registration process

Finally, I would like to explain the process of GP registration that I experienced immediately after arriving in the UK. The medical procedure was very complicated for me at the time, as I had just arrived in the UK and was still getting used to my life abroad. Since the Corona disaster, GP registration can now be completed entirely online, so I feel that this has made it less difficult. Basically, you can register for a GP on the NHS website. First, you go to the website and enter the postcode of the house you live in. You will then see a list of GPs in your area and a page with information on how many GPs are registered, whether or not you can book an appointment online, and reviews from actual patients who have registered. The ability to see reviews from actual

patients helped select a GP. However, all the highly rated GPs are not accepting new patients because they have reached their registration limit. In the end, I ended up registering with a GP with a less favourable rating. Once you have decided which GP you want to register with, you email a completed medical questionnaire and other necessary documents to that GP. When the letter from the GP and the GP card arrive at your home later, your registration is complete, but again, you have to wait here in the UK. Usually, it takes about two weeks to receive the letter and card, but in my case, I waited for less than two months. It seems that the UK does not allow an easy and smooth procedure.



[Picture] My GP



Bonjour à tous! I am a student enrolled in a two-year master's program at the Institut d'Etudes Politiques de Paris in France, starting in August 2021, and it has been a year and a half since I came to France. In this report, I will discuss my two first discoveries in France: (1) getting French medical insurance and (2) the peculiarities of pharmacies in France.

Getting French medical insurance

Administrative procedures in France are truly an exchange student's nightmare. Among them, the one that continues to plague me as I write this report is the procedure for getting French medical insurance. Starting in 2018, foreign students studying at French institutions of higher education are required to enrol in public medical insurance (Assurance Maladie) within the social insurance system called Sécurité Sociale. There is also optional voluntary insurance (mutuelle), which is intended to cover out-of-pocket expenses not covered by public medical insurance.

When you register for Sécurité Sociale, you will first receive a temporary number (social insurance number that can be used temporarily), and then you will receive your final number and Carté Vitale, an insurance card with an IC chip, by mail at a later date. By the way, I applied for it in August 2021 when I came to France, but I still have only received a temporary number.

Pharmacy in France

As you can see in the photo, all pharmacies in France have a green cross on their sign. I had always wondered why they had this shape and colour, and I decided to look into it. The history of the green cross is surprisingly short, dating back to 1984 when the Conseil National de l'Ordre des Pharmaciens (CNOP) registered the green cross as a symbol. CNOP is the

organization that unites all pharmacists working on the French mainland and its overseas territories. So why the Green Cross? First of all, the use of the cross as a symbol of pharmacy dates back to 1864, when the Red Cross was founded in Switzerland and began using the symbol of a red cross on a white background. Many pharmacies in France also carried the red

After a year of registration, I finally received the information about obtaining my final number, but for some reason, I had to print out all the documents I already submitted online and submit them again by mail. I have not heard from them since then, and I am still waiting for this number to arrive as I write this report. I heard that some people receive it in three weeks, so it is completely a matter of luck. Normally, there should be no problem with using this temporary number, but it doesn't work that way in France. When I ask for COVID-19 antigen tests or vaccines, they insist that I must have a Carté Vitale, but when I desperately explain that I am waiting for my Carté Vitale to arrive and that I only have a temporary number, they reluctantly say "Fine, we can use your temporary number." The biggest lesson I learned in France is that negotiation is everything.



[Picture] Typical Pharmacy in France

cross symbol, but in 1913 a law was enacted prohibiting the use of the symbol on the grounds that it would cause confusion with the Red Cross. As to the question of why the colour green was chosen, many sources speculate that it was because of its association with plants, but there is still no clear answer. Another theory is that it was because military pharmacists in the 18th and 19th centuries wore green armbands.

Compensation for drug costs

Payment of drug costs at pharmacies is also compensated by the Sécurité Sociale. Unlike in Japan, reimbursement rates in France vary depending on the importance of the drug. The reimbursement rate is graded into five levels depending on the necessity of the drug administration, the severity of the targeted disease, and the drug price. For example, 100% of drug costs are reimbursed for essential and expensive drugs for diabetes, AIDS, cancer, and certain severe chronic diseases (ALD). Hair growth products, for example, are not

That's all for my findings in France. Let's hope that my Carté Vitale will arrive before I return to Japan. Au revoir!

Now that we know the history of the appearance of pharmacies, let's unveil their characteristics. France has long had a separation of duties, whereby pharmacists can choose which drugs to give patients as prescriptions. In 2002, a legal amendment allowed prescriptions to list the name of the ingredients rather than the drug name, meaning

that pharmacists now have the right to give patients prescription drugs that contain the ingredients listed on the prescription. In addition, French pharmacists can change a prescription drug to a generic drug without the physician's permission. Generic drugs are strongly recommended in France because they are considered inexpensive and effective in reducing the cost of healthcare borne by the government.

considered reimbursable due to the low severity of the disease, even if they are highly effective. When you present your Carté Vitale at the pharmacy, you can purchase prescription drugs at a price already accounting for reimbursement by the Sécurité Sociale. However, if the patient refuses to switch to a generic drug, the patient must pay the full cost of the drug on the spot and then request reimbursement for the covered portion in person since 2012. This is also the case if you forget to bring your Carté Vitale.

Tanji Itsuki

Monash University, Malaysia



Hello everyone! My name is Itsuki Tanji, and I am currently studying Marketing at Monash University in Malaysia. Not many people may be familiar with the idea of studying abroad in Malaysia. However, now that the coronavirus is beginning to subside, it is a minor country that is attracting the attention of many Japanese students as a new study-abroad destination. Therefore, I would like to introduce Malaysia's medical system not only to students who are thinking of studying in Malaysia but also to those who are interested in Malaysia. In particular, I will introduce the differences between the Malaysian and Japanese healthcare systems.

Malaysia's Medical System

First of all, there is one fundamental difference between the Malaysian and Japanese healthcare systems. That is whether or not you are enrolled in the insurance system. In Japan, all citizens are required to join the public medical insurance system. Therefore, when we Japanese are sick or injured, we can go to the hospital and be reimbursed for medical expenses by the national health insurance system or social insurance. On the other hand, in Malaysia, there is no public medical insurance system, so it is necessary to join private medical insurance.

The reason for this system is that the Malaysian healthcare system consists of a two-tiered structure. One system is the universal health care system (public health care system), which is funded by the Malaysian government using the general income tax of Malaysian citizens. The other is the private health care system, which is either reimbursed by private insurance or self-funded by the patient. The first-mentioned public healthcare system applies to all Malaysian citizens and allows them to receive medical care at inexpensive costs at government healthcare facilities managed by the Ministry of Health. In addition, Malaysian civil servants, and infants under one year of age can receive medical examinations free of charge.

Some may think that if Malaysians can receive medical examinations at such a low cost, there

is no need for the other system, the private insurance system. However, while the universal health care system has advantages in terms of cost, it also has disadvantages. The first disadvantage is long waiting times. Government healthcare facilities are usually crowded because they are inexpensive, and they are also understaffed, resulting in very long waiting times. The second disadvantage is that many government-run medical facilities are located only in the central part of Malaysia. This makes it difficult for those living in rural areas to get to them. Malaysians who cannot tolerate these two disadvantages will visit private medical facilities. The co-payment for medical expenses at private



[Picture] The Hospital in Kuala Lumpur

hospitals is an astonishing 10% of the total cost. This is quite a difference compared to the 30% co-payment for social insurance in Japan.

Takaful Insurance

In the above, we compared Malaysia's medical care system, especially its insurance system, with that of Japan. Next, I would like to introduce Takaful Insurance, which is unique to Malaysia. I first learned about Takaful insurance when I talked with a Malaysian friend of mine who is a Muslim. He told me that Muslims must follow the "will of God (Allah) and the prophet (Muhammad)" (i.e., Islamic law) in all matters. And, since Malaysian conventional insurance policies contain the three elements that Islamic law prohibits: interest, uncertainty, and gambling, they should be avoided. In fact, in 1972, Malaysia officially declared conventional insurance to be

For this reason, many Malaysians, including my Malaysian friends, take the form of joining a private insurance system.

"haram" (illegal under Islamic law).

Now let us discuss the difference between Takaful and normal insurance. The simple framework of a normal insurance policy is that the policyholder pays the premiums and gets compensation in case of an accident. On the other hand, Takaful is a complementary assistance framework in which the subscribers contribute to a fund to jointly compensate for losses incurred by them, and the fund provides financial assistance to subscribers who have suffered losses. Any surplus in the fund is distributed among subscribers, and any loss is compensated by the subscribers.

Malaysian Healthcare is a Tourism Industry

Finally, I would like to touch a little on the fact that Malaysian healthcare is now also a tourism industry in Malaysia. There are two reasons why Malaysian healthcare has become a tourism industry. The first is that it provides access to world-class medical care at affordable hail. Many doctors in Malaysia are waiting for more knowledge to start working in Malaysia after having practiced medicine in other countries such as the UK. Furthermore, the Malaysian government is pushing for the hiring of foreign doctors. In addition, the elevated level of medical

care in Malaysia is available at a lower cost than in other countries, including Japan. As a result, about 800,000 foreign tourists visit Malaysia every year for both vacation and medical care. The second reason is the spread of Takaful insurance in Malaysia, which I mentioned earlier. Takaful insurance is not only applicable in Malaysia but also in all Islamic countries. Among them, Takaful insurance in Malaysia is more widespread than in other countries. Therefore, many Muslims come to Malaysia from other countries to receive medical care.

I believe that Malaysia's medical system, insurance, and tourism are all unique to Malaysia, and there are many differences from the Japanese medical system. As I have less than three months left in my stay in Malaysia, I would like to share any new differences in the medical system with you! Thank you very much!

[Members]



Kana Hashizume

Lindenwood University in Missouri

I hope many people will be interested in the medical program differences between Japan and the U.S. Thank you for reading!

Yuika Ikeda

University of Washington

I am very happy to make the first newsletter.



Yamazaki Kanna

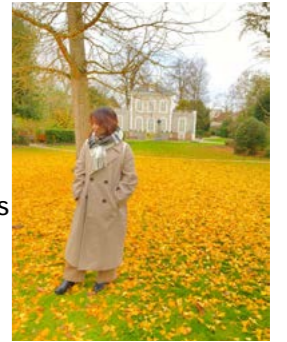
Working in London(Gap year from Kanazawa university)

I also work on the layout and design of The NewZ.

Miu Sukegawa

Sciences Po Paris

Re-learned the importance of health insurance.
I sincerely ask both countries to digitize the enrollment process though.



Itsuki Tanji

Monash University Malaysia

I'm happy to be able to communicate regarding the healthcare system in Malaysia, which is a minor country. From now on, I will also be transmitting other countries' information about healthcare systems.



Moe Okagawa

Hakodate University

I am pleased to be involved in The NewZ project as an editorial staff member. I hope this newsletter will spark your interest in the healthcare system in Japan and around the world.

