



## Differences Between Japanese And Foreign Healthcare Systems

From The Perspective Of University Students Studying Abroad

# THE NEWZ

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English Ver.

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Location: London, UK Photographer: Kanna Yamazaki

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## About The NewZ

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.](#)



# Period Products and Oral Contraceptive Pills

Natsuki Kanaya	University of Minnesota, United States
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Hello! I'm writing this while freezing my butt off in Minnesota. I had a restful winter break, and I'm ready to get back to school. I'm hoping to finish the last semester

## Period Products

Walking into a bathroom and vending pads and tampons without inserting coins has become a norm for me, although it had not been like that before I came to college. College bathrooms stocked with free female products are quite common here. Currently, 17 states require schools to provide free access to period products for their students. I am thankful for my school providing them for free because they come in handy, especially when I forget to bring mine to school. In addition to free female products at school, I also benefit from a tax exemption on period products in Minnesota. Some states including Minnesota do not have "tampon taxes" - tax rates that each state collects on the purchase of female products - to make female products



[Photo] Restroom at school

of college strong and enjoy my time with friends! In this NewZ Letter, I would like to talk about period products and oral contraceptive pills.

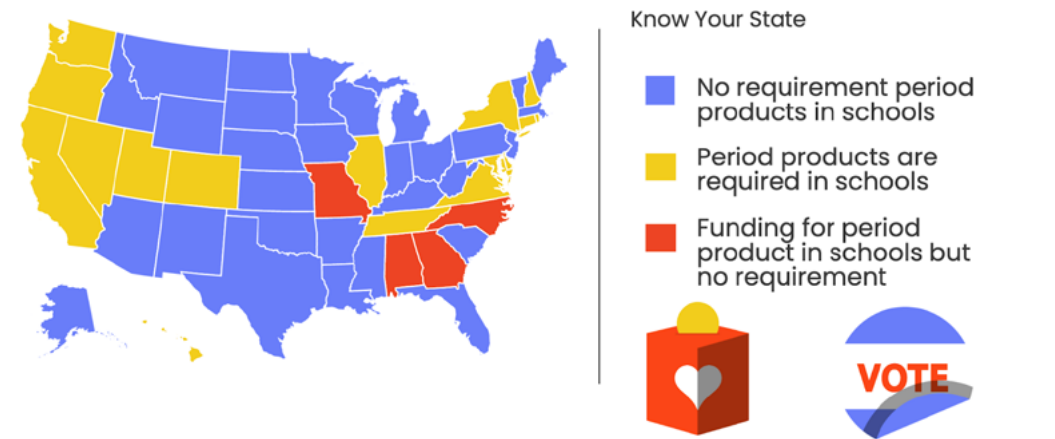
accessible to people with low income. Attached below is a map of the United States which indicates states that impose sales taxes on female products. According to the source, 22 states tax period products, whereas 23 states have exempted period items from taxation. Looking at the map, many states that have tax exemptions are liberal states, while those without the exemption are conservative. Generally speaking, those states with tampon taxes have abortion bans or strict abortion laws compared to the states without the tampon tax. It is interesting to see the differences in state laws and taxation policy, because they can be a reflection of each state's political ideology. In Japan, consumption tax is 10 percent, with some exceptions for items eligible for a reduced tax rate. The reduced tax rate applies to items such as groceries with exceptions for alcohol, medical supplies, catering, and food at restaurants, so female products are not eligible. I recently came across news about period poverty in Japan and had a chance to educate myself on the issue. In the world, many girls and women do not have access to period products due to financial reasons and a lack of resources. One in five girls in Japan has struggled to purchase period products because of their high cost. Lack of access to period products can be detrimental to women's physical and mental health. Despite the controversy, I think reducing taxes on basic necessities such as period products could be something the Japanese government could do to help people with financial struggles.

## Oral Contraceptive Pills

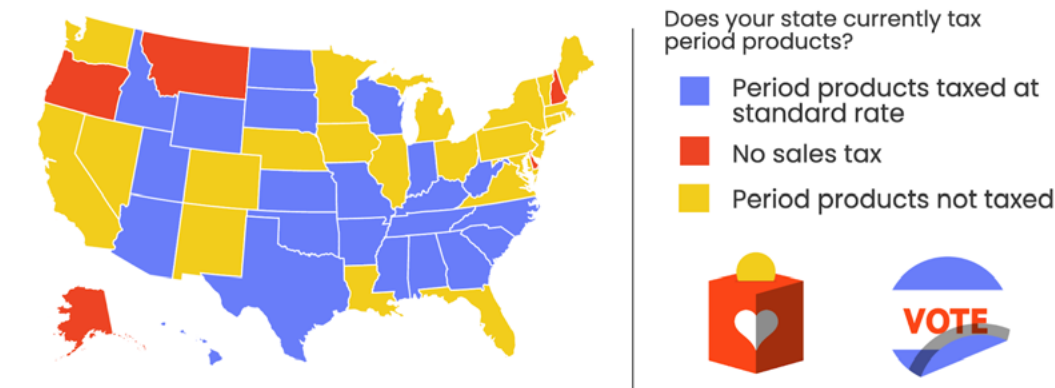
Pads and tampons are necessities for females who menstruate, but oral contraceptive pills are another option to manage menstruation for some people. These pills contain estrogen and progestin, or only progestin, and are taken by mouth to provide menstrual regularity and prevent pregnancy. I believe that they can be a great help for people in the workplace and school. I used to struggle with menstrual cramps and menorrhagia, so it was hard for me to play sports and stay up to do homework before and during my period. I know that oral contraceptive pills have side effects such as developing blood clots, so they are not suitable for everyone, but my life improved when I started taking them: not only do I get my period less frequently, but my headaches and cramps are much alleviated. Thanks to the Affordable

Care Act of 2010, also known as Obamacare - legislation that guarantees females' preventative services such as free birth control - most insurance companies cover the cost of oral contraceptive pills in the U.S. I am aware that having access to free oral contraceptive pills here is a privilege, as it is not the case in Japan. My friend who lives in Japan has told me that she pays more than 3000 yen (\$23 in USD) for her pills every month. Even with national insurance coverage, oral contraceptive pills are still expensive and not affordable for everyone. Plus, there is a stigma against using oral contraceptive pills stemming from a lack of knowledge and understanding in Japan. I hope oral contraceptive pills will become more accessible and accepted in society, because I believe it can be a step towards ending period poverty in Japan.

### Period Products in Schools by State



### Sales Tax on Period Products Purchases by State



# Vaccination

**Momoka Nakamura**

University of California, Los Angeles



Hello everyone! I'm Momoka, a student at the University of California, Los Angeles. I study Molecular, Cell and Developmental Biology and my interest lies in the pharmaceutical/healthcare business. I am hoping to deliver interesting facts and perspectives on the healthcare system in Japan and the US. Hopefully, everyone is staying healthy in this cold winter. It is easy to catch a cold or the flu especially when your body is tired or stressed in cold temperatures. Therefore, it is important to take action in order to prevent such sicknesses. Today, I would like to share insights into vaccination in Japan and the US.

## Vaccination Requirements

Most of us were vaccinated against many different diseases soon after we were born. For example, we are vaccinated against Varicella, Measles-Mumps-Rubella (MMR), Hepatitis B, Polio, etc. Although there are differences in the types of vaccines and the amount of vaccination, the same infectious disease prevention is recommended in Japan and the US conveying how crucial the selected vaccines are to reduce the chance of getting certain infectious diseases. Each country maintains a relatively high vaccination rate. For instance, the percentage of children vaccinated against varicella by the age of 24 months is 94.2% in Japan and 90.3% in the US (2016). Other vaccines have a similar rate to varicella with a slightly higher rate in Japan. In Japan, there are two types of vaccination: "routine vaccines" and "optional vaccines". Both vaccinations are not enforced by any laws, however, citizens have an obligation to make an effort to get vaccinated. The fee

for routine vaccines is fully or partially covered by the government while the fee for optional vaccines is an out-of-pocket cost. In the US, all states require children to be vaccinated against certain communicable diseases as a condition for school attendance. I remember I had to submit my immunization record before attending UCLA. The fee for vaccination differs if you are insured or not. If you are insured by private health insurance or government programs, the vaccination costs are fully covered. Conversely, if you are uninsured, it's going to be an out-of-pocket cost which is expensive when trying to afford all the requirements. Both countries, however, achieve high vaccination rates at a very young age even with small fees they need to pay occasionally. Even without enforcement in Japan, most adults get their children vaccinated for safety. This can be said in the US, but the state's enforcement may play a role in why the rate is relatively high.

## Covid Vaccination

Due to the pandemic, Covid-19 vaccination has been getting attention from the public worldwide. The pandemic persists despite the introduction of safe and effective vaccines and medications that led to reductions in disease severity, hospitalizations, and deaths. The vaccination is highly recommended everywhere due to its high effectiveness. Vaccination in Japan started later than in most of the advanced economies because the regulatory approval of Covid-19 vaccines in Japan has lagged behind other countries as well as vaccine importation was delayed. The insufficient healthcare system for achieving mass vaccination is another factor that led to a delay in vaccine roll-out. In Japan, only nurses and medical doctors can legally vaccinate citizens, therefore, Japan struggled with the

lack of healthcare workers and suffered to administer an efficient vaccination system. In contrast, the utilization of the mass vaccination system allowed the US to implement vaccination early. Due to the urgent need for Covid-19 vaccines, the federal government funded billions of dollars to pharmaceutical companies to encourage the fast development of vaccines. FDA accelerated the approval process which made it possible to administer vaccination earlier than in most countries. Mobile and pop-up centers were created to improve vaccine accessibility and minimize exposure with the drive-through system. It is also common to get vaccinated at a local pharmacy such as CVS and Walgreens.



[Photo] FEMA Covid-19 Vaccination sites in California amid supply shortage in March, 2021

Although Japan suffered to distribute sufficient vaccines earlier, the full vaccination rate is 80% as of now, whereas it is 68% in the US. In the US, the vaccination rate differs substantially between states. In California, the full vaccination rate is 74% which is one of the highest rates in the US. Because

California is one of the vaccine mandate states, every student and employee is required to get vaccinated. I remember there was COVID vaccine mandate for restaurants, bars, gyms, movie theaters, hair salons, and other businesses in LA where I live.



[Photo] A sign outside of Langer's Deli in Los Angeles on August 7, 2021, stating proof of a Covid-19 vaccination is required for entry.

In a nutshell, there is not much difference between the healthcare system regarding vaccination in Japan and the US. Despite the better accessibility of vaccines, enforcements, and mandates for vaccination in the US, Japan has a higher vaccination rate not only for Covid vaccination but for almost all types of vaccines due to the high awareness of health. For Covid vaccines, the early shortage of vaccines led to a scarcity mentality prevailing that the fear drove a high uptake rate. Another key difference between Japan and the US is that vaccines

have not become political in Japan. Many Americans still have vaccine hesitancy due to factors such as a decline in the public's trust in experts, preferences for alternative health, political polarization, and belief-based extremism. I personally think vaccination is the most efficient way to prevent infectious diseases and avoid unfavorable sicknesses not only for yourself but for numerous people around you. We as a society should overcome the vaccine hesitancy formed from non-scientific facts and rather focus on the beneficial effects vaccination can deliver.



# The Age of Medical Cannabis

<b>Takumi Ota</b>	University of British Columbia, Canada
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Hello, this is Takumi Ota. Happy New Year! I spent the New Year's holiday in Vancouver taking out sushi and Japanese-style Toshikoshi soba and enjoying them at home. There are Japanese temples in Vancouver so I visited one and rang the temple bell. My goal for 2023 is to graduate from my university and improve my eating habits. I would also like to spend the next New Year's holiday in Japan with my family for the first time in 7 years. Anyways, I wish you all the best for the new year. This month, I would like to discuss the topic of "Medical Cannabis" which has often been reported lately in Japan. First of all, what do people think of marijuana in general? According to what I heard, there are opinions such as: 1) it makes you feel better but is also highly addictive; 2) it causes disorders; and 3) leads to social problems, which are more often than not negative opinions. As you may know, any recreational use of cannabis is

## Big Cannabis Market in Vancouver

Every year on April 20, there is a large event in Vancouver, called 420 Vancouver where a thousand people gather and everybody smokes weed on the beach at 4:20 pm to count down and celebrate the day. The event has grown in scale over the

strictly prohibited and remains illegal in Japan. In Canada where I currently live, however, Cannabis has been legal since 2018. The possession and use of cannabis for recreational use by adults over the age of 18 are allowed. Cannabis users are everywhere in the city so you can smell the cannabis when you walk around. This is how much people use Cannabis in Canada, but of course, I have never smelled it in Japan, even once in my life (Government of Canada, 2021). A study on Canadian medical and non-medical cannabis use in 2019-2020 published by the Canadian Government shows that approximately 21% of people across Canada have used marijuana, and 4% of those people used medical cannabis (Government of Canada, S. C., 2022). Even though it is legal, I do not recommend trying cannabis out of your curiosity. If you are not comfortable, do not ever use them.

years, with live stages and marijuana sales on the streets. Last year, approximately more than 30,000 cannabis enthusiasts gathered for the event. This event shows that marijuana has become a part of people's daily lives in Vancouver.



[Photo] Boynton, S. (2019). Cleanup begins on Sunset Beach after massive 4-20 Vancouver celebrations - BC. Global News. Retrieved February 3, 2023,

## So what are the actual benefits people can expect from cannabis??

Compared to alcohol and tobacco, Cannabis has a lower rate of addiction in your brain and fewer long-term effects. Legalization could positively impact the economy by imposing taxes on the sales or consumption of marijuana. By bringing the production, distribution, and consumption of Cannabis under government regulation, the government will be able to

restrict the illegal distribution of Cannabis and prevent low-quality marijuana mixed with impurities from reaching the market as they often harm your health, which would lead to the safer and regulated economy. It is believed to be effective in controlling the side effects of cancer chemotherapy and epileptic seizures.

## The Pros of Medical Cannabis

The medical benefits of marijuana are mainly its analgesic and anticancer effects. It could also influence neurotransmitters and regulate the autonomic nervous system, which reduces stress and anxiety and provides a relaxing effect. Anxiety and stress can lead to depression and other mental illnesses, so it is often said that ingesting moderately, at a moderate level may help relieve mental anxiety.

A university study found that cannabis use in applicable doses can help patients with PTSD (Post Traumatic Stress Disorder), a mental disorder that can occur after a life-threatening experience. It is a strong and unpleasant reaction after a life-or-death experience

or intense emotional stress that interferes with daily life. THC (tetrahydrocannabinol) is a psychoactive cannabis ingredient extracted from cannabis plants and flowers. THC stimulates the brain and nerves to release dopamine and other chemicals related to pleasure. It has also been found that the effect of THC suppresses the stress and negative emotions of many PTSD patients. Because of its effects, THC is approved for use as medical marijuana in Canada. Although the lack of sufficient research, some believe that we will see more medical applications of medical cannabis in the future (Earlenbaugh, 2020).

## The Cons of Medical Cannabis

It causes memory and cognitive decline. Frequent use of Cannabis can severely affect short-term memory and thinking skills as well as damage the lungs. Due to these cons, cannabis use may increase the risk of lung cancer and one might develop the risk of abuse and addiction. Also, due to the high accident rates, driving a vehicle while impaired by cannabis is illegal. It also causes physical side effect that includes daily coughing and phlegm, more frequent lung problem, breathing

problems such as a higher risk of lung infections, increased heart rate, and cannabinoid emesis syndrome. Additionally, approximately 9% to 30% of people who use marijuana are at risk of developing a substance use disorder. Combined with THC levels steadily rising, these people need more and more marijuana to feel more of the effects, and the potential for addiction is only going to increase.

## Summary

In my opinion, cannabis use is not safe because of potential health consequences. I believe that the misrecognition and misunderstanding of the difference between medical marijuana and recreational marijuana prevent appropriate regulations from being introduced. With the number of marijuana-related arrests increasing in Japan, we must ask ourselves: is the legalization of medical marijuana necessary?

Marijuana is not only harmful but also has the risk of addiction and physical and psychological effects. Even if it is for medical purposes, perhaps it is difficult to accept from a citizen's point of view. If the ban on medical cannabis is to be lifted in Japan, I hope that it will be used properly with appropriate regulations and that everyone acknowledges the effects and risks of cannabis.

# Differences between the Japanese and Swedish healthcare systems

Natsuha Hoshiya

Linnaeus University, Sweden



Hello everyone, my name is Natsuha Hoshiya. I am currently studying at the Department of Social Sciences at Linnaeus University, Sweden, as part of the Ritsumeikan Asia Pacific University exchange program. At university, I specialize in tourism and international relations. In Sweden, the cost of living is high, especially when you want to buy Japanese products, so I try to eat Japanese food by using Swedish ingredients and arranging them in Japanese style. Recently, there have been many months in Sweden without the sun. In addition to this, the weather has been very bad, with rain, strong winds

and snow every day, and if we are not careful, we can easily become ill. In Sweden, the sun sets at 5 pm, and it is completely dark between October and March. That said, the sun doesn't set until around 11 pm during the summer so I was surprised at the difference in daylight hours. Perhaps this is why it is nationally recommended to take vitamin D to compensate for the lack of sunlight. We asked our local Swedish friends to provide us with information on the realities of living in Sweden with such a high cost of living and little sunshine.

## Swedish Healthcare System

When you hear of Scandinavia, you imagine a well-developed healthcare system, don't you? The image of the Scandinavian countries reported in the media is that they are advanced countries with high welfare, always ranked high in happiness and with excellent medical care, but the reality is that its medical system is not as generous as one might expect and is the minimum necessary. For example, it is common to have to wait around 7-8 hours for First Aid, or to have to wait up to three months for a serious surgery because of the long waiting list. On the other hand, one advantage is that all citizens, regardless of wealth or poverty, have equal access to medical care, with the maximum individual cost being 16,100 yen even if a patient with a serious illness undergoes major surgery several times a year. In addition, medical costs are free of charge for those under 18 and over 85 years of age, with a cap for those aged 19 to 84, and the individual burden is low and mostly covered by taxation. Hospitals are managed

and operated at the county level in Sweden, but only elderly care is managed at the municipal level. There are two types of hospitals, public/national and private, and patients basically pay the same fee for both. In addition, Sweden uses the Vardcentral system, where the family doctor acts as a local clinic and general clinic. If specialized care is required, such as internal medicine, surgery, otolaryngology or dermatology, a referral letter must be written at the discretion of the family doctor. On the other hand, if you want to go directly to a general hospital, you go by 'emergency'. However, it is difficult to see a doctor if the situation is deemed less urgent, and it is considered a route that should be avoided unless it is a major emergency. The amount of medical care in Sweden is detailed in the table below. The current state of medical care in Sweden is surprisingly expensive considering the high cost of a single consultation.

## Differences with Japan in preventive medicine

Did you know that there are no medical check-ups in Sweden ? This could come as a surprise to Japanese people who have a regular medical check-up every year if they are over 40 years old. However, this is a

result of the difference in awareness of preventive medicine between the two countries. Of course, in Sweden, it is possible to have a medical check-up for a fee, although it is not recommended by the state.

However, unlike in Japan, where the company or the state pays for it, it is self-funded, so most people assume that it is unnecessary. Also, in Sweden, a country with advanced medical care, most people can be examined by a blood test, and the majority of people do not need a gastroscopy or other conventional medical check-ups. On the other hand, the main reason for health check-ups in Japan is the early detection of serious illnesses. From this perspective, where the company or the state pays for the costs, it seems that people are more concerned about preventing symptoms from worsening and ensuring everyone's health. However, in Sweden, the system is overwhelmingly individualistic and 'yourself' is responsible

for your own health, so the state and the company provide 'money to spend on health', and most people take care of their diet and go to the gym to work out in order to avoid getting sick in the first place. As a result, few obese people can be seen walking down the street and everyone is seen running. However, many people are not even aware of the existence of health check-ups themselves, and from the point of view of the difficulty of early detection in the event of a serious illness, I personally thought that even if one's self-care is perfect, a check-up at a hospital is necessary to maintain good health.

ストックホルム県の場合（18-84歳）		14
Vårdcentralでの診察料	SEK250	¥3,500
総合病院の救急の診察料	SEK400	¥5,600
その他専門科での診察料	SEK250	¥3,500
1日の入院費用	SEK110	¥1,540
年間医療費の上限	SEK1,150	¥16,100
年間処方薬費用の上限	SEK2,300	¥32,200
※17歳以下と85歳以上は基本は無料（3院は1日1100SEK（たばこ別））		

[Graph] Table of medical costs in Stockholm County, Sweden.  
A vardcentral is a place that acts as a local clinic and general clinic, the so-called family doctor.



# The differences between contraception and abortion in the UK and Japan

Miyu Miura	University of Sheffield, United Kingdom
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Happy New Year! In this report, I would like to talk about the differences between contraception and abortion in the UK and Japan.

## Reproductive Health and Rights (SRHR: Sexual and Reproductive Health and Rights)

Reproductive health/rights is a concept proposed at the International Conference on Population and Development held in Cairo, Egypt, in 1994. "Reproductive health" refers to the ability to live one's own life, with respect for one's wishes in all matters related to sexuality and childbearing, physically, mentally, and socially. "Reproductive

rights" also refers to the right to make one's own choices and decisions regarding one's own body. Just as reproductive health and rights is a right (human rights) that people should be born with, women themselves should have the right to make decisions about their own bodies.

## Contraceptive services are available free of charge in the United Kingdom

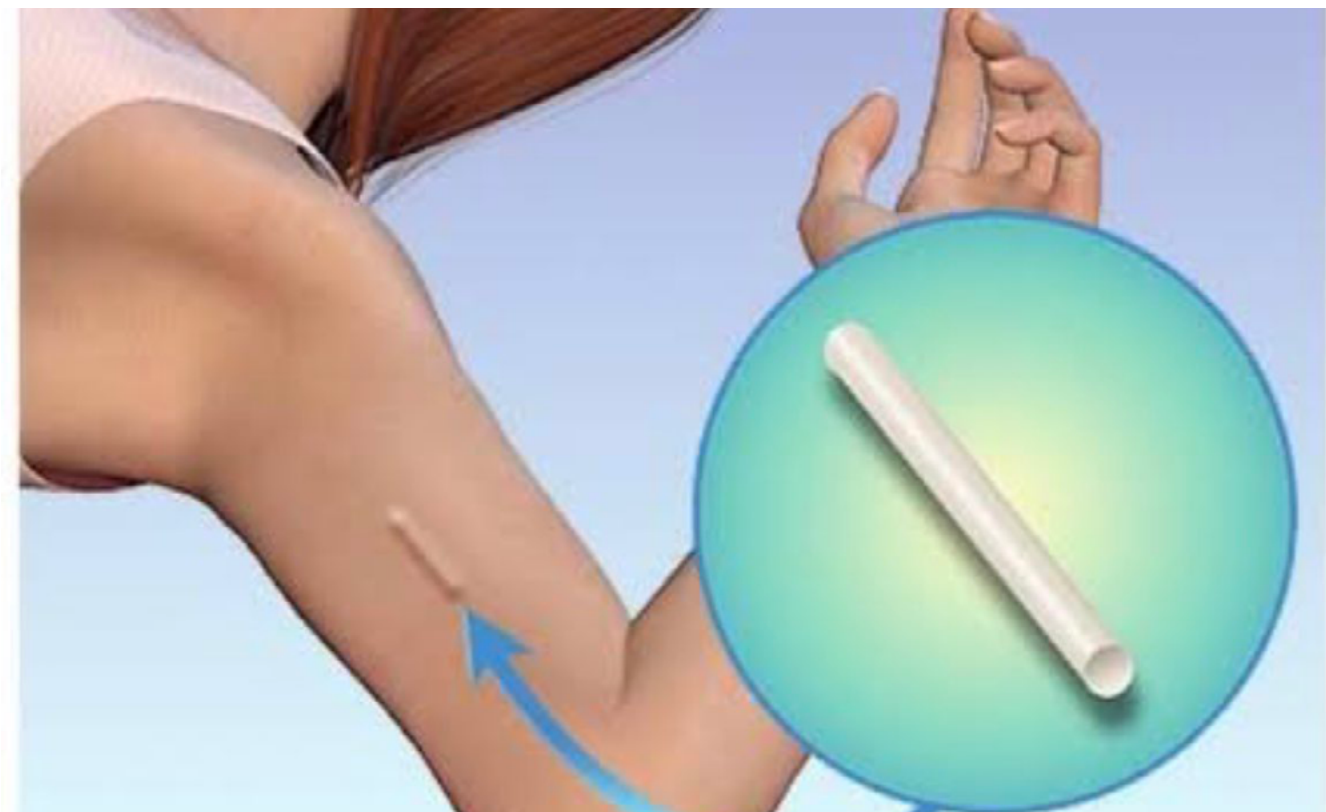
In the UK, there are more contraceptive options than in Japan, and contraceptive services are more easily and inexpensively available. Emergency contraceptive pills (so-called after-pills) and "mini-pills," a type of contraception that requires a daily pill, are well known in the UK. In the UK, 28% of women take the pill, while in Japan the rate hovers at around only 1-3%, which is significantly lower relative to the UK. One reason for this can be attributed to the low price of contraceptives in the UK. If you are a member of the NHS (National Health Service), both the after-pill and the mini-pill are available free of charge in the UK, including prescription and medication costs. The after-pill costs about £20 (about 3,000 yen) and the mini-pill about £7 (about 1,000 yen) per month. On the other hand, in Japan, the after-pill costs about 10,000-15,000 yen, and the mini-pill costs about 1,600 yen per month (one sheet) when covered by insurance, and about 2,500-3,000 yen when self-paid, which is considerably more expensive than in the UK. Another factor contributing to the high penetration rate in the UK is the availability of contraceptive pills. In Japan, even with the

prevalence of online diagnostics, contraceptive pills are usually prescribed at a clinic. In the UK, however, it is more common to go to a pharmacy to buy birth control pills, as they are readily available and can be purchased quickly. Although it costs a little more, it is relatively inexpensive, so there are fewer people who go all the way to a hospital or a clinic like in Japan.

In the UK, there are also implant pills that are not approved in Japan. I have not heard of anyone around me who has had an implant pill, but I know a few of them in the UK. The contraceptive implant is not inserted into the uterus, but into the arm (around the inside of the upper arm) using a syringe-like device to insert a rod about 2 mm in diameter and 3 cm long, and the effect lasts for 3 years. This can also be done free of charge at the NHS. Another method of birth control is the contraceptive patch, which is a type of contraceptive that is applied directly on the skin. The contraceptive patch is a small adhesive patch that releases hormones into the body through the skin. It is more than 99% effective in preventing birth control. Like the after-pill and mini-pill, the

contraceptive patch can be obtained free of charge, including prescription and medication costs, if you are a member of the NHS. It can be purchased for about

£10 (about 1,700 yen). It is also available in Japan, but at about 2,300 yen, making it somewhat more expensive than in the UK



[Photo] Implant pill

## Abortion is also covered free of charge

In the UK, if you choose to have an abortion, it is usually available free of charge on the NHS. If you were less than 10 weeks pregnant when you decided to have the abortion, the abortion pill is given. In addition, this early abortion can be done at home with telemedicine, which

is an online or over-the-phone consultation. If you are pregnant for more than 10 weeks, a surgical procedure is indicated. However, in Japan, an early abortion costs approximately 100,000-150,000 yen.

## Conclusion

The NHS website's page with information on abortion states the following: "The decision to have an abortion is yours alone. You may also want to speak to your partner, friends, or family, but you do not have to. They do not have a say in your decision. If you do not want to tell anyone, your details will be kept confidential." Thus, protecting reproductive health is a right given to everyone.

It is also the woman who must bear the risk of unintended pregnancy. It is important for governments to recognize these "gender differences" in pregnancy.

The government needs to provide contraceptive options and remove barriers such as price in order to guarantee women's right to decide for themselves whether or not to have a pregnancy and childbirth.

Currently, the assurance of reproduced health rights in Japan is inadequate. There are also concerns that free contraceptive and abortion services will lead to "low literacy among users themselves regarding contraceptives and other contraceptives" and "concerns about misuse and abuse." These concerns must also be considered and addressed appropriately.

# Process from hospital visit to receipt of medication

Arisa Isoya	NEOMA Business School, France
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Hello, my name is Arisa Isoya. I am a student of Ritsumeikan Asia Pacific University's double degree program and I am currently enrolling in the International Management Department of NEOMA Business School in France where I have been studying Supply Chain and International Business Development. Lately, I found out that my favorite sushi restaurant in my neighborhood got closed, and been feeling down.

While studying abroad, you will need to adapt to changes in diet and climate. In France, dairy products are consumed relatively more frequently than in Japan, and many Japanese people fall ill due to this dietary habit. I myself actually fell sick and had to go to a hospital which is why I would like to share my experience of visiting a hospital and introduce the French healthcare system.



[Photo] France Landscape

## From the appointment to the receipt of medicine

In France, there are two types of doctors: "general physicians" and "specialists". A "general physician" is the equivalent of a "general practitioner" in Japan. Usually, you see a general practitioner first, and then a specialist only if it is deemed necessary. In France, an appointment is required even at a general doctor's office and one of the ways to make an appointment is through an app called Doctolib. On the other hand, in Japan, large hospitals such as university hospitals generally require an appointment, but small Japanese hospitals do not need an appointment in advance (with the exception of the post-Covid-19 crisis.) Making an appointment to see a doctor in Japan is rarely done on an app, but mostly on the website. In France, it is easy to make an appointment with a single app, and it is more convenient than the Japanese.

After the visit, the general physician will give you a prescription and a referral letter. This letter is required to be taken to other institutions (testing laboratories, specialists, etc.). With this letter, you can take blood and urine tests at the laboratory and receive medicines at the pharmacy. In Japan, however, urine and blood tests can be performed in the hospital where you received your consultation, whereas in France, you need to visit a laboratory outside the hospital. At the laboratory in my neighborhood, I was able to have the tests done on the same day of my consultation, and the results were available on the website at a later date. However, other laboratories may require an appointment, and you may have to wait several days after your consultation to be tested.

## The division of labor

Thus, in France, each medical system (clinic, laboratory, pharmacy, hospital) is independent, and this is called the division of labor system. In Japan, a patient can visit a hospital for consultation, examination, and pick up his/her medicine in a single visit; however, this is not the case in France. Because of this system, each step in the process

requires transportation and appointments, and it can take a day or more from consultation to receipt of medication in France. Since my symptoms were not severe, I was able to use the public transportation system to get to the hospital by myself, but if the symptoms were severe enough that I could not walk alone, the system would be very burdensome.

## Attending physician system

In order to make this division of labor work, France has a system in which an attending physician is appointed. This system allows patients to see their attending physician, whom they nominated when they joined the French public health insurance system,

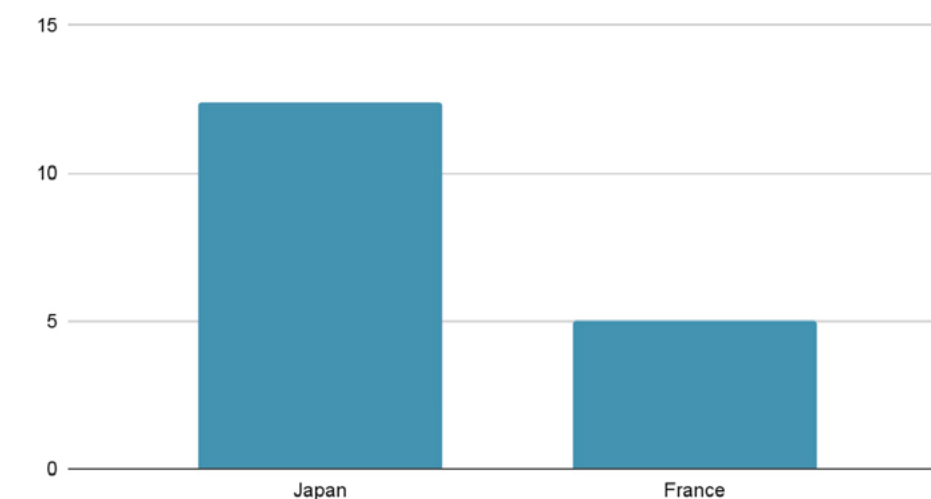
and if necessary, they are referred to a laboratory or specialist. It is not obligatory to go through your attending doctor but the reimbursement rate of public medical insurance will be lower if you don't.

## Lastly

In this comparison of the "flow from appointment to receipt of medicine" between Japan and France, there were significant differences in terms of the existence of two types of doctors, the need for an appointment, the location of the examination, and the

attending physician system. These differences also revealed that the French system places a greater burden on patients than the Japanese system in terms of the process from making an appointment to receiving the medicine.

Annual outpatient visits per capita



[Graph] OECD data on annual outpatient visits per capita (2021 or the latest available)

This graph shows the number of outpatient visits per capita per year. Comparing Japan and France, we can see that a person in Japan makes more than twice as many hospital visits per year as a person

in France. Although there may be other factors, the ease of the "flow from appointment to receipt of medicine" and the burden on the patient may be one of the factors contributing to the results of this data.



# [ Members ]



## Natsuki Kanaya

University of Minnesota

I'm happy to be a part of the JC NewsLetter Project! It's already freezing in Minnesota,

## Momoka Nakamura

University of California, Los Angeles (UCLA)

In this newsletter, I would love to discuss the differences between American and Japanese healthcare systems I noticed throughout my life.



## Takumi Ota

University of British Columbia

I'd like to help someone would grab the opportunity to do something, with this newsletter we publish.



## Natsuha Hoshiya

Linnaeus University

I will be participating in the creation of articles from this month. I would like to express the difference in healthcare systems between Japan and Sweden.

## Miyu Miura

University of Sheffield, UK

I hope that through this newsletter, many people will become interested in the differences in the healthcare system and healthcare issues in Japan.



## Arisa Isoya

NEOMA Business School (France)

I would like to write articles that are enjoyable and easy to read. I hope you will enjoy reading them.

# [ Editor Members ]



## 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.

## Miu Sukegawa

Sciences Po Paris

The two souvenirs from Japan that were most appreciated by other Japanese students living in France were heat pads and cooling gel sheet. Dear producers of heat pads and cooling gel sheet, could you please export more to the EU?



## Kanna Yamazaki

Working in London (Taking gap from Kanazawa University)

I am also involved in the layout and design of THE NewZ. Please read the next issue as I tell you about the differences in healthcare between the UK and Japan.

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## Natsuha Hoshiya

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## Arisa Isoya

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