

THE NEWS

English Ver.

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

From The Perspective Of University Students Studying Abroad

THE NEWZ

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Location: Charlotte, French restaurant (Poland, Krakow)
Photographer: Kanna Yamazaki

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A b o u t T h e N e w Z

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.

Dental Care in the U.S. and Japan

Kana Hashizume

Lindenwood University, United States



When people go to the U.S. for an extended period, they purchase an insurance plan that covers health care, delayed and lost luggage, stolen belongings, etc. However, most insurance plans for traveling to the U.S. do not cover dental care. Since I attend college in the U.S., I have Japanese insurance, but it does not cover dental care. If you plan on going to the U.S. for a long period, you should address any dental issues such as treating your bad teeth or removing your wisdom teeth, before traveling. While I was studying abroad, I

Dental Care in the U.S.

As you may know, Medicare costs in the U.S. are much more expensive than those in Japan. There are various types of insurance available, and the coverage details vary depending on insurance companies and plans. If you do not have dental insurance and require treatment for a bad tooth, it would cost minimally \$210 (29,223 yen), while the cost ranges from 1,000 yen(\$7.19) to 10,000 yen(\$71.86) in Japan.

What surprised me in the U.S. was that everyone had well-aligned teeth. In the U.S. Most people get braces to fix their teeth alignment, so many people have beautiful teeth alignment, like actors or models. Additionally, U.S.

Orthodontist

An orthodontist is a doctor who can treat patients' teeth alignment. If you want to get braces, you need to go to see an orthodontist. You need to go to a dentist where orthodontists are and discuss the cost of care.

You can get an estimate on how much it costs to fix your teeth alignment. You need to present this estimate to your insurance company, and they will inform you about the coverage amount for the treatment.

The cost varies depending on your teeth condition, but

experienced sudden pain in my wisdom tooth. I was in Japan before the semester started, but I was scared of having my wisdom tooth removed, so I returned to the U.S. without the procedure. About a month after my return, the pain in my wisdom tooth started, and I couldn't open my mouth. Unfortunately, I couldn't see a dentist at the time, so I bought Advil and waited until the pain was relieved. I learned that treating teeth as soon as possible is essential.

drug stores sell toothpaste and whitening products with stronger ingredients compared to those available in Japan. Because of strict drug and medical devices regulations, Japan cannot sell toothpaste or white products with the same ingredients as those in the U.S. Approximately 50 % of people have braces and care about their teeth alignment in the U.S. In comparison, only 21% of people have braces in Japan. Since U.S. insurance is more expensive than Japanese, people try to keep their teeth in good condition. 70 % of people in the U.S. go to a regular check-up, whereas only 25% of people in Japan do so.

if you pay for a brace without insurance, the costs will be the below.

Metal braces (traditional braces) \$3,000-\$7,000(41,7474 yen-97,4106yen)

Ceramic: \$4,000-\$8,000, Lingual braces: \$8,000(1113264yen) to \$10,000(13915800 yen)

Invisalign: \$4,000 to \$7,400

If you work in the U.S., the prices are lower than when you get braces in Japan.

The different things in Japan

Japan has mandatory health insurance for every citizen, and it does not matter what dentist you go. As long as the insurance can cover the treatment, you can go to see

any dentist; however, in the U.S. The insurance covers only a network.

Dentist insurance

According to Investopedia, a reliable business source that publishes business topics in the U.S., Cigna, Renaissance Dental, Spirit Dental, Humana, UnitedHealthcare, Physical Mutual, and Delta Dental are good dental insurance organizations in 2023. The insurance coverage costs differ depending on the insurance company, and some insurance plans do not include orthodontist care. Also, many insurance companies have a waiting period, in which people have to wait until the waiting period is over to get treatment with the insurance coverage. For instance, if the insurance company has a 3-month waiting period for every treatment, you must wait three months to use the insurance. You can see a dentist during the waiting period, but they do not cover the dental costs. The purpose of the waiting period is to prevent people from leaving the insurance quickly. With no waiting period, people could purchase insurance when they need to see a dentist and then cancel the plans. Also, each insurance plan has a network, and you need to go to a dentist in your insurance network. Otherwise, dental care is not covered.

The insurance fee varies, but \$20-\$40 or \$200 monthly. If you have insurance through your employer, the cost will be lower.

There are a few types of insurance in the U.S. Preferred Provider Organization(PPO), Dental Health Maintenance Organization(DHMO), Indemnity Plans, Direct Reimbursement(DR), Point of Service(POS), Discount or

referral plans, Exclusive Provider Organizations(EPO), Table or Schedule of Allowances plans.

PPO: dentists who are in the network are covered by the insurance, and based on the agreement, the dentists set the price for treatments. This plan is offered for expensive treatments such as implants, orthodontics, and dental surgery. According to Forbes, many good-skilled dentists are in the PPO network. Also, even if the patients choose to see a dentist outside the network, the insurance company still pays for a portion of the costs.

DHMO: Primary doctors pay a specific amount per month for their patients. The doctors must give their patients specific services at free or discounted prices. DMO is usually an unlimited benefit, but all processes for treatment have copayment and restrictions and don't apply to expensive treatment. Also, since the rewards for dentists are low, they tend not to join DHMO.

Indemnity plans: The insurance company pays the bill depending on the treatment details. Patients can choose the doctor.

DR: For this plan, patients must pay their bill upfront and then submit a claim to their insurance company. The insurance company will reimburse the covered amount

Point of Service: Patients from an outside network with a managed plan can get treatment with insurance in this plan. Even though patients can get disbursement, the benefit will be lower compared to inside-network dentists.

Conclusion

I learned that the U.S. dental insurance system is much more complicated than the Japanese one. However,

taking care of our teeth is crucial for our lives. I would like to take care of my teeth more.

Mental Health Care in Japan and the U.S.

Yuika Ikeda

University of Washington, United States



What is your image of mental health? And do you have a good grasp of your own mental health?

What surprised me more than anything in my life in the U.S. is that local people talk about their own mental health as if it's a normal thing. For example, some of my friends told me "I went to counseling because I was feeling depressed because of this incident the other day." or "I tend to get easily depressed at times like this, so I think it's time for me to seek mental health care." Many people are familiar with the idea of going for counseling

and understand what causes stress for them. In Japan, when we catch a cold, we go to the hospital to get medicine, and reflect on what caused the cold, but when it comes to mental health, I feel that Japanese people don't even try to face it. However, living in the U.S. has given me the opportunity to confront my own mental health, and I am learning to understand what stress is for me and how to deal with it.

Mental Health in Japan

According to an AIG Research Institute Insight survey on attitudes and behaviors related to mental health among working men and women in their 20s to 60s in Japan, the results showed that the majority of respondents experience insomnia and other early symptoms of depression. Additionally, the majority of people assume that 'coping on their own' is the first option for dealing with mental health problems with about 70% believing it to be the best approach. The survey also revealed that About half of the respondents were reluctant to visit a psychiatrist or psychosomatic medicine clinic, indicating negative perception regarding the associated costs and the illness itself. This survey suggests that most Japanese have experienced the early symptoms of depression, yet they are highly resistant to psychiatry and psychosomatic medicine.

When we researched why this is the case, we found that it has to do with Japanese culture. This is because there is a strong Japanese belief that "endurance is a virtue". Depending on how one perceives "endurance," if a person is burdened

physically and mentally with a lot of negativity, this can lead to chronic fatigue, which often manifests itself as mental symptoms such as depression. In Japan, people often think that talking to others about mental health issues makes them feel that they are somehow inferior to others, or that they are not patient enough. This fear of opening up about mental health prevents many from seeking support. When I researched the Ministry of Health, Labor and Welfare's overview of mental health measures (measures to ensure mental health), I found that the government provides support such as return-to-work support to help people return to society after having had a mental health problem that needed treatment, but there are no specific national measures that lead up to that process. On the other hand, I have the impression that in the U.S., there is a support in the early stages of mental health problems and counseling provided at school (community) level to prevent relapse I would like to introduce these measures as potential solutions.

COUNSELING CENTER
Because UW should be challenging, not overwhelming

401 Schmitz Hall counseling.uw.edu 206.543.1240

WHO WE ARE
Our staff of psychologists and mental health counselors provide confidential and culturally-sensitive mental health services at no cost for currently enrolled degree-seeking students at the Seattle campus.

OUR SERVICES

- One-Time Appointment
- Online mental health resources
- Let's Talk informal consultation
- Group counseling
- Short-term individual counseling
- Referral for more specialized or longer-term counseling
- Outreach presentations on mental health topics
- Consultation for faculty, staff, and parents with concerns about a student
- Career counseling and assessment
- Crisis intervention services

[Information about the counseling center]

Mental Health in the U.S.

The first time I received information about mental health care was at a university orientation. I was shocked when I was handed a paper that introduced the school's facilities as well as information on mental health care (perhaps because I was an international student). As I mentioned at the beginning of this article, I was also surprised to hear my friends casually discussing mental health care in their daily lives, as if they were saying, "I'm feeling a little sick today".

As you can see from the photos above, the Counseling Center offers short-term individual and group counseling opportunities with psychologists and mental health counselors. Additionally, the university website offers a mindfulness program and various other services to support mental health in daily life. These support systems are available not only at my university but also in Seattle, where I currently live. Therefore, support

Mental Health Resources

- Off-Campus Resources
- Online Mental Health Screening
- Resources for Concerned Others
- Outreach and Prevention Services
- Useful Links

BLOG

- Support is Available (1 month ago)
- Managing Your Stress After Traumatic Events (1 week ago)

[Many guides and information about mental health care are available on the university website.]

for mental health is provided not only for students but also on a regional (government by government) level, encompassing preventive measures and relapse prevention.

According to the World Health Organization (WHO), the number of depressed people in the world exceeds 300 million, and about 800,000 people commit suicide annually due to depression. This situation indicates that mental health is not only a Japanese problem but a global problem.

What Japan can learn from the U.S. in terms of mental health care is not support measures after mental health problems have occurred, but rather support in the initial stages of creating an environment where people can discuss mental health issues.

Differences in Health Awareness Regarding Food

Kanna Yamazaki

Working in London (Kanazawa University)



Are foreign foods high in calories?

What are your impressions of foreign, especially Western, food? American food is often considered to be mostly junk food, with hamburgers and hot dogs being typical examples. Italian food, on the other hand, is generally associated with dishes that contain a lot of carbohydrates, such as pizza and pasta. Compared to Japanese food, many foreign cuisines have a high-calorie, unhealthy image, and problems of overeating and obesity are often associated with them. Given that many typical cuisines from the USA and Europe are calorie-dense, I used to believe that Japanese food was the best in terms of nutritional balance and healthiness. Japanese TV programs have frequently

Alternative milk takes the lead

Firstly, let me introduce a bit about the coffee culture in the UK. There are noticeable differences in coffee culture between Japan and the UK. Many people typically consider British people as tea-lovers, but since I came to London, I realised that the opposite was true. Nowadays, the majority of people drink coffee more frequently than tea. The café where I work offers tea on the menu, but the number of customers who order tea is surprisingly rare, accounting for less than 10% of the total. In fact, an article in the UK's leading newspaper, Metro, titled 'Forget the classic builder's brew, Brits now prefer coffee to tea,' states that more than half of Brits prefer coffee to tea.

In terms of coffee preferences, the overwhelming majority opt for milk-based drinks like Flat Whites or Cappuccinos, rather than black coffee. Even when ordering an Americano, a significant number of people add a small amount of milk. As for black tea, it is commonly consumed as milk tea with added milk,

highlighted Japanese food as being the healthiest and attracting global attention, which strongly influenced my perception.

However, through my experience working in a café in London, I witnessed firsthand how health-conscious the local people are about food. Europeans have a strong interest in natural and organic food and tend to make healthier food choices. At the local markets, I noticed an abundance of fresh vegetables, fruits, and organic products, with people actively purchasing them. This experience made me reconsider the stereotype of Japanese food being the epitome of healthiness.

rather than consumed straight. In fact, 98% of people are said to drink black tea with milk. While it is true that more people in the UK drink milk with coffee or tea compared to Japan, more than half of them choose alternative milk instead of cow's milk. Alternative milk refers to plant-based milk, which serves as an alternative to cow's milk or other animal milk. Oat milk, soy milk, almond milk, and coconut milk are typical examples of alternative milk, and it is safe to say that all varieties of alternative milk are available in London. Whenever I visit cafes during my travels, I have not encountered a single café across the ten European countries I have visited that does not offer alternative milk. As a barista, I have noticed that more than half of the customers tend to ask for alternative milk, especially oat milk. Research even shows that nearly half of Generation Z in the UK feel embarrassed to order regular milk in public, highlighting their awareness of this trend. Plant-based milk has health advantages

over animal milk, being easier to digest and more suitable for people with dairy allergies and lactose intolerance. It also has lower greenhouse gas emissions than animal agriculture, uses less water and land, and therefore has less impact on the environment. These make plant-based milk a

popular sustainable option.

The increasing prevalence of alternative milk, not just in the UK but across Europe, demonstrates the high levels of health and environmental awareness among Westerners.



[Oat Milk from Various Brands]

Vegan and organic menus are the norm

In London, it is common to find at least one vegan menu item in restaurants and café. Even ramen shops offer vegan options. Moreover, organic food, produced without the use of pesticides, chemical fertilizers, or other chemicals, is gaining popularity. Words such as "gluten-free," "vegan," and "organic" frequently appear in British supermarkets and restaurants. The rising preferability of these vegan and organic foods is not only driven by health reasons but also reflects the awareness of animal welfare and global environmental concerns. In fact, it seems that the primary objective is to care for animals and the global environment, with personal health being a secondary concern.

Conclusion

It is challenging to make a general comparison between Europeans and Japanese regarding their food consciousness, as it varies from individual to individual and region to region. However, we have observed that Europeans display a higher level of health consciousness towards food than we had initially imagined. On the other hand, it can be said that Japanese people are also highly health-conscious about food. The traditional Japanese diet is nutritionally balanced and actively incorporates healthy

During my recent trip to Denmark, I observed that more than half of the vegetables in supermarkets had an organic label, leaving me with the impression that Denmark is an advanced organic country. Denmark was the first country to establish organic standards and boasts approximately 52.5% of Danes reportedly purchasing organic products every week. Danish organic standards are essentially based on EU standards (in accordance with IFOAM regulations) but feature more stringent provisions. Out of the 390 food additives approved in the EU, only 53 are permitted for use in organic farming.

ingredients such as vegetables, fish, and soy.

In both cultures, there are individuals who prioritize food health consciousness and are committed to maintaining a healthy diet tailored to their own characteristics and environment. Although generalizations are difficult, given the varying levels of food consciousness among individuals and regions, it appears that Europeans are more inclined than Japanese to make food choices that consider environmental and sustainability aspects.

The Availability of Women-centred Contraceptive Methods in Japan and France

Miu Sukegawa

Institut d'Etudes Politiques de Paris, France



Your body, your choice.

This sentence may sound obvious at first, but it is very difficult for women to achieve. Pregnancy can significantly change a woman's life. Even though two sexes are required for conception, the burden of pregnancy inevitably falls on women, as they are the

only ones who can become pregnant. Therefore, it is essential that women have the right to make their own choices regarding pregnancy or contraception, and that this right is protected.

Japan, where women-centred contraceptive methods are not available

There are many forms of contraception available, but condoms are overwhelmingly the most commonly used in Japan. However, since condoms are worn by men, women cannot force their use. Although women are the ones who become pregnant, they can only "ask" men to wear them. Furthermore, condoms have only an 85% effectiveness rate and carry risks like breakage. Hence, what can women do to protect their own bodies?

One method of contraception that women can use to avoid unwanted pregnancy is to take oral contraceptives (OC). As the name implies, OC contains female hormones that provide contraceptive effects, and there are three main types of OCs, depending on the amount of oestrogen they contain and their intended use. The first is the low-dose pill, which is prescribed for contraception and lifestyle modification and must be taken daily. The second is the low-dose oestrogen/progestin combination pill (LEP). It has almost the same ingredients as the low-dose pill but has a different name as an insurance-covered medication prescribed for dysmenorrhea and endometriosis. Finally, there is the medium-dose pill or emergency contraceptive pill (ECP). This is also called the "after pill" in Japan because it is taken within 72 hours after sexual intercourse and prevents pregnancy by about 85%.

However, there are two problems with taking OCs in Japan. The first problem is that they are expensive and require a prescription from an obstetrician/gynaecologist, making them difficult to obtain. The second is that prejudice against the use of the OCs

is deeply rooted in Japan. Regarding the former, prescriptions for low-dose pills and ECPs are treated as self-pay medical care in Japan, so the price of the pills varies from clinic to clinic, and since the treatment is not covered by insurance, the full cost is borne by the patient. Most low-dose pills cost around ¥2,000 to ¥3,000 per month, and the total cost of medical treatment can be as much as ¥10,000. Furthermore, the later the ECP is taken after intercourse, the less effective the ECP becomes, so the success or failure of contraception depends largely on the availability of the ECP in a familiar place, regardless of weekends or holidays. In Japan, however, a visit to a medical institution and a prescription are required, which means that the 72-hour time limit can be exceeded if the hospital is in a populated area far away or on weekends or holidays.

The second problem, prejudice, has played a significant role in the lack of progress in lowering prices and improving the affordability of OCs. Taking OC is often seen as "sexually promiscuous," and some people still believe that unwanted pregnancies are "self-inflicted". Some of my classmates were worried that they would be looked at from a biased perspective if they tell people that they were taking the low-dose pill. Although the low-dose pill has various uses other than birth control, such as reducing the amount of menstrual blood loss, reducing anaemia and menstrual pain, and improving acne and hypertrichosis, prejudice still prevents some people from taking the low-dose pill.

Contraception as a "right" in France

In France, contraception and the use of OCs are considered a woman's natural right. Unlike in Japan, the low-dose pill is available at all pharmacies in France with a prescription from a family doctor, not an obstetrician-gynaecologist. The price of the low-dose pill is not only much lower than in Japan, at 3-4 euros (about 500 yen) for a package containing about a three-month supply, but it is also covered by insurance, so it can be purchased with a co-payment of 35%. ECPs, which as mentioned above have a time limit, have been available over the counter since 1999, and since the following year, 2000, minors have been able to obtain them anonymously and free of charge from street corner pharmacies and school doctors. This is because as long as the reason for pregnancy is not only consensual sexual intercourse, the impact of the pregnancy on the woman's body, mind, and life is more important than "why she got pregnant".

Then, in September 2022, the French government announced that contraceptive use will be free for all

Abortion in Japan and France

For a long time in Japan, abortion was only possible through surgical procedures. However, at the end of April 2023, Japan finally approved the use of oral abortion pills, which was approved in France 35 years ago in 1988. At the end of March, the government sought public comments on the use of oral abortion pills, and as a result of the support for the use of abortion pills from the public, approval was granted, proving the importance of voicing opinions.

However, in Japan, abortion has always been considered

Conclusion

In this report, we discussed the differences in the handling of oral contraceptives between France and Japan and also touched on the topic of abortion from the perspective of "your body, your choice." In Japan, people are somewhat hesitant to even mention the low-dose pill, and like menstruation, it has become a kind of taboo, unlike in France where a friend I met said, "I started taking the low-dose pill after talking with my boyfriend."

In order to spread this "obvious" concept of "your body is your own" in Japan, it is necessary to start by raising awareness and eventually change the Japanese medical system. I hope this report has contributed to that change, even if only a little.

women under the age of 25 from 2023 onward. In addition to OCs, the contraceptive ring (IUS device), contraceptive implants, and even medical visits for contraceptive use will be free of charge. The French Minister of Health commented that "the use of contraceptive methods is declining among a certain number of young women, and the main reason for this is economic. It is unacceptable that women are unable to protect themselves and want to use contraception but cannot because they cannot afford it". Furthermore, in November 2022, the Government announced that condoms will be made free at pharmacies for young people from 2023, to prevent sexually transmitted diseases and unwanted pregnancies.

Similar trends can be seen not only in France but also in Germany and the United Kingdom. The world is in agreement that the right to contraception should be protected and supported, but not hindered, by the medical system.

an elective treatment and is 100% self-funded, so there are concerns that oral abortion pills may also be expensive. In Western countries, including France, both surgical procedures and oral abortion pills are covered 100% by insurance. In France, the right to abortion is based on Article 2 of the Declaration of Human Rights and is recognised as a constitutional value. That is to say, pregnancy and abortion are not just a narrow right to self-determination regarding reproductive matters but are positioned as more fundamental freedoms.



[OC you can obtain in France]

Euthanasia in Australia and Japan

Tanji Itsuki

Monash University, Malaysia



Introduction

What do you think about euthanasia and death with dignity? Euthanasia is when the physician lets the patient die at his or her request, through the use of drugs or the cessation of medical treatment. Generally, euthanasia is conducted for terminal care patients, where the physician intentionally causes the patient's death. What about death with dignity? This is almost the same as natural death as it refers to death in the final stage of life in which life-prolonging treatment is not forced or is discontinued, and the natural process of death is allowed to take place. Death with dignity requires the following conditions: the patient is close to death, the patient has expressed the wish for death with dignity in writing, and the family has given their consent. However, neither euthanasia nor death with dignity is not legal in Japan. Euthanasia is a crime

of commissioned (consensual) murder under Article 202 of the Penal Code. Even if the person in question had wished to die, intentionally causing the death of a person is still a crime equivalent to murder. Death with dignity has not yet been legalized, but the Ministry of Health, Labor, and Welfare and the Japan Medical Association have established guidelines for death with dignity. Based on these guidelines, the idea that death with dignity is permissible if the patient, the doctor, and the patient's family agree, is gradually accepted in the medical field in recent years. Yet, the debate over legalization has been ongoing for many years. In this issue, I will discuss in more detail the current situation in Japan, where euthanasia and death with dignity have not been legalized, and compare it to Australia, where they have been legalized.

Public Opinion on Euthanasia and Death with Dignity in Japan

Opinions regarding the legalization of euthanasia in Japan vary widely. Those who are in favor of legalization say for instance, "the patient's will should be respected" and/or "the patient should be free to decide when to die. In fact, there are many patients who do not want to cause further inconvenience to their families, doctors, and others around them. On the other hand, those who oppose the legalization often say that even if the conditions for euthanasia are legislated, there are concerns that doctors' judgment may vary, and that the decision may be based on the sympathy of medical professionals. In fact, there have been several cases of euthanasia in Japan. The first case is the Tokai University euthanasia case, in which a doctor administered drugs to a patient who was hospitalized at

Tokai University Hospital in 1991, at the strong request of the patient's family, leading to the patient's death. The doctor was charged with murder and sentenced to two years in prison, suspended for two years, for intentionally killing the patient. The second case is the ALS Commissioned Homicide. In November 2020, two doctors were arrested and indicted on suspicion of commissioned murder for administering drugs to a female patient suffering from ALS (amyotrophic lateral sclerosis), an incurable disease, at her request and causing her death. Thus, in Japan, there is still no acceptance of euthanasia or death with dignity, and the doctors who actually assisted the patient were arrested and prosecuted although they administered the drugs with the patient's best interest in mind.

Euthanasia in Australia

In Australia, the Voluntary Assisted Dying Act was passed in 2017 in the state of Victoria, where Melbourne and other cities are located, allowing euthanasia. Furthermore, in 2019, Western Australia, and in 2021 in Tasmania and South Australia. These laws have a number of conditions that must be met in order for euthanasia to actually be permitted. The laws allow a terminally ill patient in each state who is at least 18 years old, has the capacity to make a decision, is in excruciating pain, and has a limited life expectancy to request a lethal drug from a physician to end his or her own life. In fact, the law came into effect on June 19, 2019, and between June 2019 and January 2020, 52 people were euthanized. Moreover, according to the Victoria Department of Health, of the 52 cases carried out during the six-month period, nine were performed by doctors administering drugs intravenously, while 43 were performed by ingesting prescribed drugs themselves. The announcement in June 2020 indicated that 400 inquiries had been received in the first year after the legalization of euthanasia.

The first person in Australia to be approved for legalized euthanasia was Kelly Robertson, 61, of Bendigo, a suburb of Melbourne. She had been battling breast cancer for 10 years, but when it was confirmed that the cancer had spread to her entire body, she stopped radiation treatment. After discussions with her two daughters, she died peacefully at home, watched over by them, after taking prescription medication sent to her on the 26th day after she was certified by her doctor.

Conclusion

In Japan, euthanasia has not yet been legalized, but death with dignity is gradually being accepted. Therefore, we should be able to judge what kind of measures are appropriate by referring to the current situation in other countries such as Australia and Europe, where euthanasia



[Kelly Robertson who was euthanized and her two daughters]

However, even though euthanasia has been legalized in Australia, there are still many problems. First, family approval must be obtained, and then two professional physicians must be interviewed and sign off on the state's permission. After an approval is obtained, the permit process must be completed. Other problems have also been raised, such as the lack of specialist physicians and the inability to diagnose patients remotely. In addition to these problems, the Australian public is currently very divided on the issue of euthanasia. This is probably because it is a very difficult issue involving life, and the decision of what is right or wrong greatly depends on the values of each individual.

has been legalized. My personal opinion is that Japan should follow the lead of other countries and legalize euthanasia. It is the patients who are suffering from the disease who are seeking euthanasia, and their opinions should be respected first and foremost.

[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 newsletter.



Yamazaki Kanna

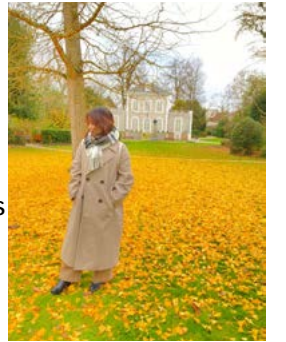
Working in London(Gap year from Kanazawa university)

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.



References

Kana Hashidume

Cost of treatment for rotten teeth

<https://omegadentists.com/blog/rotten-teeth-symptoms-treatment/#:~:text=Cost%20of%20Rotten%20Teeth&text=Amalgam%20fillings%20costs%20range%20%24210,costs%20range%20%24300%20to%20%234%2C500>

Dental Insurance in the U.S.

<https://www.forbes.com/health/body/does-dental-insurance-cover-braces/>

日本で矯正をしている割合と世界との比較

Statistics on Oral Health in the U.S.

<https://expressdentist.com/dental-statistics/#:~:text=75%25%20of%20American%20adults%20plan,visit%20within%20the%20past%20year.>

1年に1回以上定期的に歯科検診を受けている人の割合

[https://www.lion.co.jp/ja/news/2022/4120#:~:text=%EF%BC%88EF%BC%91EF%BC%89E3%80%8CE6%AD%AF%E7%A7%91%E5%8C%BB%E9%99%A2%E3%81%A7,%E3%81%A7%E3%81%97%E3%81%9F\(%E5%9B%B31\)%E3%80%82](https://www.lion.co.jp/ja/news/2022/4120#:~:text=%EF%BC%88EF%BC%91EF%BC%89E3%80%8CE6%AD%AF%E7%A7%91%E5%8C%BB%E9%99%A2%E3%81%A7,%E3%81%A7%E3%81%97%E3%81%9F(%E5%9B%B31)%E3%80%82)

Best Dental Insurance Companies

<https://www.investopedia.com/best-dental-insurance-4843282>

Waiting Period

<https://www.investopedia.com/terms/w/waiting-period.asp>

Yuika Ikeda

AIG 総研インサイト

<https://www-510.aig.co.jp/assets/documents/institute/insight/institute-insight-03-ja.pdf>

こころの耳

<https://kokoro.mhlw.go.jp/guideline/guideline-mental-health/>

UW counseling center

<https://www.washington.edu/counseling/resources/>

NAMI Seattle

<https://namiseattle.org>

WHO suicide data

<https://www.who.int/news-room/fact-sheets/detail/suicide>

Kanna Yamazaki

METRO

<https://metro.co.uk/2023/04/27/forget-the-classic-builders-brew-brits-now-prefer-coffee-to-tea-18683365/>

IPSOS

<https://www.ipsos.com/en-uk/almost-half-uk-adults-set-cut-intake-animal-products#:~:text=Among%20Brits%2C%2048%25%20of%20British,as%20part%20of%20their%20diet.>

VEGAN NEWS

<https://vegnews.com/2022/5/gen-z-ashamed-to-order-milk-in-public>

Itsuki Tanji

【オーストラリアの安楽死事情】半年で52人が実施

<https://cpinter.biz/euthanasia/>

安楽死が認められている国はどこ？

<https://www.swissinfo.ch/jpn/society/%E5%AE%89%E6%A5%BD%E6%AD%BB%E3%81%8C%E8%AA%8D%E3%82%81%E3%82%89%E3%82%8C%E3%81%A6%E3%81%84%E3%82%8B%E5%9B%BD%E3%81%AF%E3%81%A9%E3%81%93--/47739244>

日本でも“認められた安楽死”がある？ 延命と死の自己決定を考える

<https://shiruto.jp/culture/1175/>