

THE NEWS Z

English Ver.

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

From The Perspective Of University Students Studying Abroad



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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.

The Increase in Death Rate due to Narcotic Drugs Overdose and the U.S. Government's Effort to Prevent Deaths from Addiction

Kana Hashizume

Lindenwood University, United States



In the United States, the use of marijuana for medical treatment and the prescription of opioids, Heroin, and Fentanil are more common than in Japan. Due to the overdose of these drugs, many people have been addicted to such drugs, resulting in an increase death rate due to the overdose each year. Between March 2020 to March 2021, approximately 96,779 people died due to overdose. The opioid problem has become more serious, with opioids accounting

for the highest ratio, 67.8%, drug-related deaths. This percentage is the highest number among other medications. Former President Trump pointed out that the number of deaths due to drug overdose is higher than the number of deaths caused by firearms and car accidents. Sadly, about 136 people die daily from opioid overdose. Why do so many individuals become addicted to drugs from medication?

What is Opioid?

Opioids are usually used as analgesic drugs. Individuals mainly use them to manage pain during and after surgical procedures, injuries, labor contractions, cancer-related pain, and persistent pain after nerve damage. It is safe when appropriate dosage is taken,

rarely causing side effects. However, taking more than you need might cause constipation, nausea, itching sensation, enuresis, sleepiness, and respiratory depression.

The reason why opioid addiction is a serious problem in the United States.

In 1999, the death rate due to opioid overdose surged because doctors started prescribing patients excessive opioids. At the time, many people took opioids by crushing and crunching, but taking opioids in such ways increased the risk of respiratory depression. Consequently, products that couldn't be destroyed or dissolved were created. In 2001, the United States shifted its treatment

approach by addressing patients' pain more effectively and considering pain as more serious issue, leading to increased opioid prescriptions. Also, from 2001 to 2010, the price of opioids decreased; this made them more accessible, and these factors contributed to an increase in people who developed an opioid addiction. From 2013, illegal opioids, more potent than normal ones, were smuggled and sold in the United States.

Opioid in Japan

Before studying abroad in the United States, I had heard that using narcotic drugs such as opioids, Fentanil, marijuana, and heroin for medical treatment was more common than in Japan, so I was scared of getting treatment in the United States. In contrast, such drugs usage for treatment is less prevalent in

Japan. Is there a potential of being addicted to such medications in Japan too?

In Japan, opioids are not as common as in the United States. According to the survey about how often doctors prescribe opioids, 66.0% of doctors believe

opioids are standard care for pain, while only 27.3% hold this view in Japan. Also, The number of doctors who answered that they prescribe opioids all the time was about 90%, while it was 63.7% in Japan.

The reason why opioid is not a severe problem in Japan is that opioid is not used as often in the United States. In Japan, opioids are sometimes used as an injection, but prescription cases are limited compared to the

United States. Moreover, many people feel scared of using narcotic drugs including opioids. Other drugs like marijuana are used for treatment in the United States, but regulatory provisions regarding safe prescription and drug management of medical narcotics, including opioids are more strict in Japan, so individuals cannot buy as strong narcotic medicine as US drugs.

Approach for decreasing opioid addiction

In the United States, they sell drugs to cure opioid addiction. One of the drugs for treating opioid addiction is Narcan, an antagonistic drug to opioids. Narcan has an effect that can stop the action of opioids, and it can

prevent people from breath-holding. In March 2023, Narcan antagonist was permitted for a prescription, and people will be able to get Narcan as an over-the-counter drug in the future.



[Opioid antagonist 「Narcan」 nose spray]

Furthermore, President Biden has been working on a policy that doctors can prescribe treatment drugs for opioid addiction easily and signed a law that eliminates the requirement for doctors to prescribe buprenorphine, a medication used to treat opioid addiction. It was not easy to prescribe buprenorphine because of the condition. Doctors had to train for 8-24 hours, based on their experience; then, they got specific numbers of people to prescribe buprenorphine. In Los Angeles, even though 1000 doctors are trained to prescribe buprenorphine, only a quarter have prescribed buprenorphine.

Indeed, individuals cannot get as strong narcotic medicine as people in the United States, and Japan is more strict about controlling such drugs, so opioids are not a severe problem so far in Japan.

If I get treatment in the United States, I will care to avoid becoming addicted to pain relievers.



[Buprenorphine]

About "Death with Dignity"

Yuika Ikeda

University of Washington, United States



Sinclair lives in Seattle, I often have opportunities to contemplate various issues, as demonstrations and gatherings advocating for different rights take place frequently. One of these issues is the topic of euthanasia or assisted dying. While the term "安楽死" (euthanasia) is commonly used in Japan, in the United States, it is often referred to as "Death with Dignity" (Although there is a concept of "尊厳死" in

Japan, it refers to the withholding of life-prolonging treatments in terminal illness to allow for a natural death.)

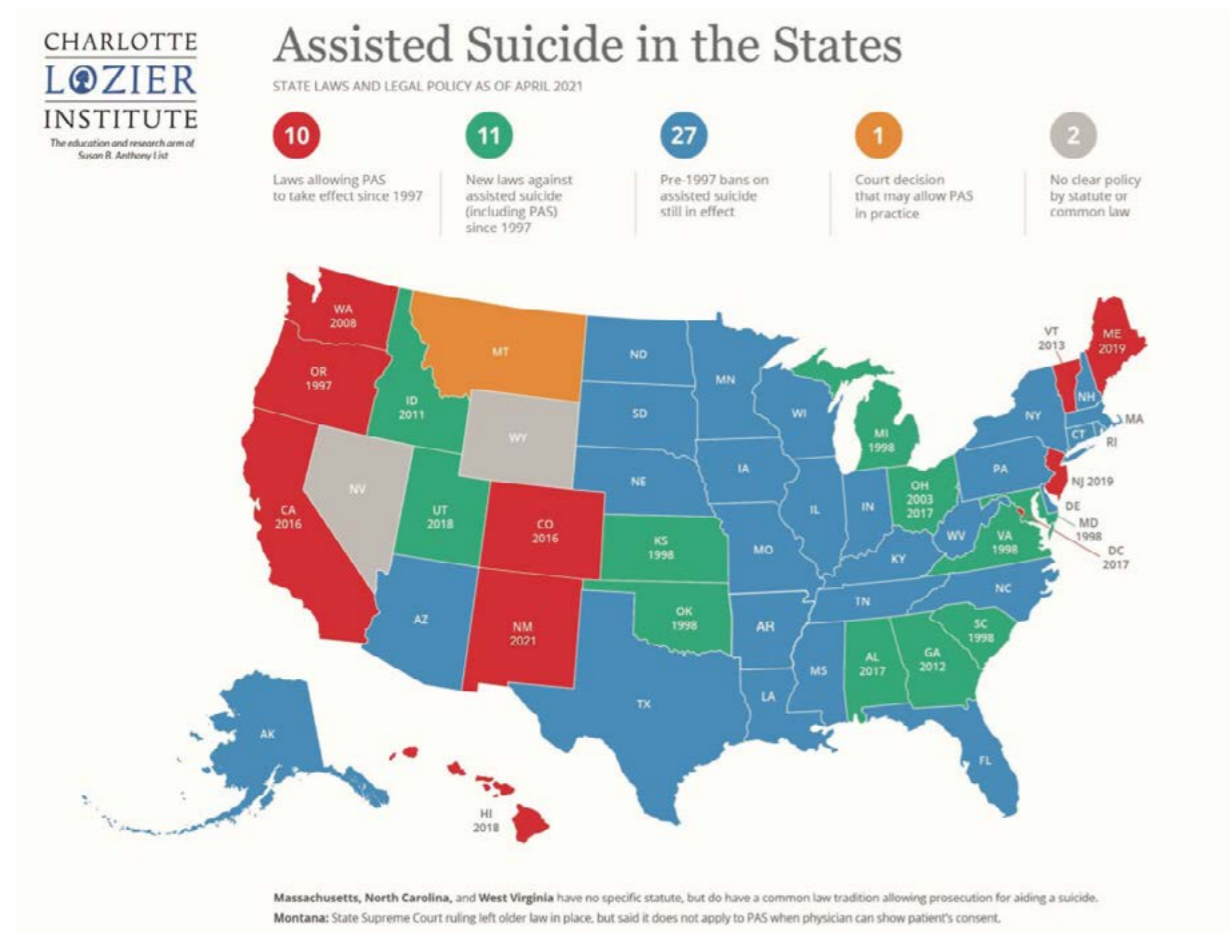
This led me to research the differences in the approach to euthanasia, particularly in terms of drug administration, as well as the varying values associated with it.

Euthanasia in Japan and the United States:

Currently, euthanasia is legally recognized in 11 states in the United States (Oregon, Washington, Montana, Vermont, California, Colorado, Washington DC, Hawaii, New Jersey, Maine, and New Mexico) and the District of Columbia as of 2021. The "Death with Dignity Act," which went into effect in Oregon in 1989, is considered one of the most progressive frameworks. In the state of Washington where I reside, certain conditions must be met for assisted

dying to take place. These conditions include a prognosis of a life expectancy of six months or less, being an adult with the capacity for autonomous decision-making, and the submission of a formal request document.

Please note that the information provided is based on my understanding up to 2021 and may be subject to change.



Additionally, Dan, who lost his wife through Death with Dignity dying, expressed his perspective on euthanasia in an interview, stating, "I hope that euthanasia will be treated as an ordinary death, not something exceptional. While Brittany's (his wife) assisted dying received significant media coverage, death occurs as a commonplace event at any given moment, yet it often goes unreported. I believe that euthanasia should become an unremarkable aspect of death, not worth the attention it receives."

According to the U.S. medical information website WebMD, in Oregon, a total of 2,217 patients obtained medication for assisted dying in the past 20 years leading up to 2019. However, only about two-thirds of these patients actually ingested the medication; not all of them chose to do so. Peter, the Medical Director of the advocacy group for the Death with Dignity Act in the same state, remarked, "Some patients simply want to know that there is medication available if the pain becomes unbearable." This suggests that patients who did not ingest the medication might have found peace of mind in having the option to take it when the need arose.

On the other hand, in Japan, euthanasia is not legally recognized as of 2023. Debates are ongoing regarding whether physicians can fully support the autonomous decision of patients who desire euthanasia, and whether assisted dying is the optimal solution for the best interests of the patients. Consequently, under the current laws, aiding someone in their death is considered illegal, but palliative care and management by medical professionals are still practiced.

Based on my research into "Death with Dignity" and discussions with friends, I find myself in favor of euthanasia. This is because, amidst the global trend of increasing human lifespans, I believe that having the right to choose death as an option while still possessing one's own agency is something that should naturally become available in the future. However, it's also a fact that opposing views exist due to religious beliefs and values. Therefore, I believe that having the option of euthanasia from the perspective of a palliative care approach could establish a medical environment that respects the dignity of patients.



[Palliative Care Facility (Hospice)]

Food Labelling Differences between the UK and Japan

Kanna Yamazaki

Working in London (Kanazawa University)



Allergies

Hi everyone, I returned to Japan at the end of July after one and a half years of living in London. I am currently living with my aunt, dog and cats at a relative's house in Tokyo, instead of returning to my hometown as I will be job hunting in Tokyo. Immediately after returning to Japan, I developed asthma and atopic dermatitis, which was diagnosed as being caused by an animal allergy after a visit to a hospital. I am allergic to cedar pollen, house dust and dust mites, and I am also allergic to dogs and cats. This is the first time I have lived with dog and cats, and I am surprised that I developed symptoms so quickly. This is the first time I have lived with dog and cats, and I was surprised at how quickly I developed gluten intolerance during my stay in the UK due to overeating of bread. As UK supermarkets have many foods for allergy sufferers, such as gluten-free bread, pasta and cookies, I was able to get hold of them easily and experienced a gluten-free life without difficulty. Compared to European countries, the distribution of gluten-free foods and foods for food-allergic patients in Japan still seems to be limited. In this article, I would like to tell you about the differences between Japan and Europe with regard to food allergies.

[Allergy test report from two years ago]

Allergens and nutritional ingredients

Allergy labels on food products are very important for allergy sufferers. They always check before purchasing a product. If allergy labelling is not properly done, patients who see the labelling and buy the product can develop allergic symptoms, which in the worst case can be life-threatening. Food allergy labelling varies widely from country to country. In Japan, there are two types of allergens that

are subject to labelling: those required to be labelled under food labelling standards (specified ingredients) and those recommended in notices (those equivalent to specified ingredients). These are substances that have been found to cause food allergy symptoms through periodic surveys conducted by the Consumer Affairs Agency and are positioned as those that require labelling, particularly in view of the number of cases and

severity of symptoms.

In EU countries, on the other hand, only certain substances are required to be labelled. The reason why labelling is recommended in Japan is that the number of cases and severity of these substances is lower than that of the specified raw materials. In addition, the labelling of the items selected for mandatory labelling differs from country to country. For example, what is lumped together as 'wheat' in Japan is classified as 'barley, oats, wheat (such as spelt wheat and coleusan wheat), rye or their crossbred strains' in the EU, and wheat and five cereal crops. Conversely, in Japan, 'shrimps' and 'crabs' are designated as mandatory for labelling, whereas in the EU they are lumped together as 'crustaceans'.

While different countries have different classifications, CODEX serves as a global food code and a guideline, developed by an international intergovernmental organisation jointly set up by FAO and WHO, and includes the following categories: wheat/grains, crustaceans, eggs, fish, peanuts, soya, milk, nuts and tree nuts, and sulphites. Tree nuts", and "Sulphites" are items subject to mandatory labelling. In addition, 'wheat/grains' is subdivided into five categories, as in the EU.

Celiac disease caused by gluten

The reason why CODEX and Western countries have subdivided and labelled wheat types is because of the high number of patients with 'coeliac disease', a disease caused by gluten. Celiac disease is a chronic autoimmune disease caused by gluten, a protein found in wheat and other crops. Gluten is a type of protein, mainly found in wheat, with data showing relatively small amounts in barley and rye.

In the past, the disease was said to be rare, affecting only one person in thousands, but the number of patients has been increasing year by year, and estimates from 2016 indicate that more than 5 million people across Europe have coeliac disease. Therefore, from the perspective of selecting products for people with coeliac

Conclusion

As allergy labelling differs from country to country, food allergy sufferers should not only check whether allergenic substances are contained but also be informed about country-specific allergy labelling. Particular attention should be paid with regard to wheat allergy sufferers, as even products labelled as 'gluten-free' contain a certain number of gluten.

Food allergy labelled items in other countries

Items	Japan	CODEX	U.S.	EU	Australia NZ	Canada	Korea
Wheat/Grain	○ Wheat	○	○ Wheat	○	○	○	○ Wheat
Crustacean	○ Shrimp, Crabs	○	○ Crust. Invertebr. shrimp etc.	○	○	○	○ Shrimp, Crabs
Egg	○	○	○	○	○	○	○
Fish	△ Salmon, Mackerel	○	○ Bass, Flounder, cod	○	○	○	○ Mackerel
Peanut	○	○	○	○	○	○	○
Soy	△	○	○	○	○	○	○
Nuts	△ (Walnut, Only Dalgona)	○	○	○	○	○	○
Milk	○	○	○	○	○	○	○
Sulfite	○	○	○	○	○	○	○
Soba	○						○
Mollusk	△ Asalone, Squid			○	○	○	○ Squid, Oysters, Abalone, Mussels
Roe	△ Salmon roe						
Fruit	△ Orange, Kiwifruit, Peach, Apple						○ Peach
Meat	△ Beef, chicken, pork						○ Beef, chicken, pork

○ mandatory labelling △ recommendation indication
Reference: Consumer Affairs Agency

disease, allergen information for wheat and cereals is to be displayed in detail. Derived from this, there are also significant differences in the labelling systems for 'gluten-free' between Japan and the West. The gluten-free labelling system in Europe and the USA is a labelling system for the prevention of celiac disease, and the standard for gluten content in foods subject to labelling is 20 ppm. In Japan, there is no gluten-free system and the decision on whether or not to label a product as 'gluten-free' rests with the manufacturing and marketing business itself. However, as Japan sets the threshold for wheat allergy labelling at 10 ppm gluten content, it is recommended that wheat allergy sufferers in Japan check the allergen labelling rather than the gluten-free labelling.

The Emergency Medical Systems in Japan and France

Miu Sukegawa

Institut d'Etudes Politiques de Paris, France



Have you ever ridden in an ambulance? Fortunately, I haven't, but I regret not taking one when I had appendicitis in middle school and felt worse due to the uncomfortable taxi ride to the hospital. According to the Fire Service Law, transporting injured or sick individuals, especially those

who need medical attention urgently or outside of regular medical hours, to medical institutions through ambulance and emergency services is defined as "emergency work". Today, I will be talking about emergency work and emergency medical systems in France.

Emergency Medical System in France

Unlike other countries, including the United States, France's emergency medical system involves physicians in all stages, from receiving emergency calls, determining how to respond, providing treatment on site, and transporting patients to hospitals. There are two main organisations at the centre of the French emergency medical system: Service d'Aide Médicale Urgente (SAMU), which receives emergency calls at a dedicated hotline number 15, and Services Mobiles d'Urgence et de Réanimation (SMUR), which responds to SAMU's instructions and dispatch the emergency team to the scene.

In addition to SAMU and SMUR, the Fire department also

provides emergency services in France, similar to Japan. However, the Fire department in France focuses mainly on lifesaving activities, and their functions are slightly different from those of SAMU and SMUR. A simple way to understand this is to call SAMU/SMUR when someone collapses at home or work and call the Fire department in the event of a disaster. There are cases where the Fire department is called after calling SMUR, or SMUR is called after calling the Fire department. The Fire department in Paris and Marseille are part of the military and have Doctor Cars. The details of France's fire department ambulance services will be discussed later.

SAMU and SMUR

The main duties of SAMU include: 1) having doctors available for 24-hour telephone consultations, 2) determining the best response quickly, based on the nature of the call, 3) securing hospitalisation means appropriate for the patient's condition, taking into account the patient's freedom of choice, regardless of public or private institutions, and preparing the hospital for the patient's arrival, 4) requesting medical transport from public institutions or private companies when necessary, and transporting the patient to public or private hospitals, and 5) monitoring the patient admission status. SAMU is the organisation that receives emergency calls from hotline 15 and coordinates subsequent responses, while SMUR provides medical treatment to the injured or sick

at the site.

SMUR's main duty is to transport patients who require medical monitoring during transportation with a medical team on board, and they belong to the emergency, resuscitation, and anaesthesia departments of French hospitals. SMUR staff are employed by and receive salaries from the hospitals they belong to.

In Japan, there is a similar function to SMUR called "Doctor Car." Doctor Cars are mainly operated by public and private hospitals and are outside the jurisdiction of the fire department. Therefore, the emergency medicine doctor who rides along is a physician working at the hospital's emergency department.

What happens when you call number 15?

When a call is received by the emergency number "15", the PARM (Permanencières Auxiliaires de Régulation

Médicale) which is a sub-organisation of SAMU, first identifies the caller's address, phone number, and reason for the call. If PARM determines that there is a life-threatening urgent situation, the call will be transferred to the hospital regulator (Médecin Régulateur Hospitalier). The hospital regulator who takes over the call will then request the SMUR to deploy. The hospital regulator will decide on the receiving hospital based on the report from the ambulance

team that arrived at the scene. On the other hand, if PARM determines that there is no urgency, the call is transferred to the general practitioner at the 15 call centre, known as the "city regulator" (Médecin Régulateur de ville). The city regulator assesses the symptoms based on the content of the call and either requests a doctor's visit or provides instructions for self-care at home.

Emergency ambulance of SMUR

In France, the type of ambulance varies depending on its intended use. The most common ambulance used by SMUR is the emergency ambulance (AR: Ambulance de Réanimation). Unlike the emergency ambulances used by the fire department, medical emergency ambulances have a doctor on board and are equipped with medical equipment and drugs, including analgesic narcotics such as morphine, that can be used by the doctor. This allows medical procedures to be performed to the extent possible within the scope of personnel and equipment, rather than simply transporting the patient to the hospital. For dispatching doctors to the scene, vehicles such as lightweight medical vehicles (VML: Véhicule Médical Léger), medical liaison vehicles (VLM: Véhicule de Liaison Médicalisé), and medical radio communication vehicles (VRM: Véhicule Radio-Médicalisé) are used, as they do not have equipment for transporting patients and are smaller than AR but carry the necessary medical equipment for on-site treatment.



[Ambulance in Paris]

French Fire Department Ambulances

Similar to Japan, doctors do not ride along in the ambulance belonging to the fire department. However, unlike in Japan, the ambulance is equipped with medical equipment that can only be used by doctors. This equipment is intended for use by doctors who respond to requests for assistance from disaster sites.

There are four firefighters on board the fire department's ambulance: one driver and three firefighters with a CFAPSE (Certificat de Formation aux Activités de Premiers Secours en Équipe) certification for emergency team activities. By the way, even ordinary citizens can obtain the CFAPSE certification if they want to learn emergency treatment. Additionally, at least one of the four members must have a

CFAPSR (Certificat de Formation aux Activités de Premiers Secours Routier) certification. This certification is necessary for rescue operations such as cutting vehicles to rescue injured persons trapped in a vehicle in a traffic accident.

In Japan, the ambulance of the fire department is staffed with three members: the emergency team leader, the driver, and the emergency team member. All three members have qualifications as firefighters and emergency medical technicians. In addition to the above, there are cases where a paramedic who has taken the national examination for paramedic and obtained certification may ride along and perform limited emergency medical measures under the doctor's instructions.

Summary

In this report, I introduced the emergency medical systems of France and Japan. If you ever need urgent medical treatment while in France, please dial 15. If the person you are talking to can only speak French and not English, you may also call the European common emergency phone

number 112. If there is no other choice, you can also call the Japanese embassy as a last resort. Also, unlike Japan, French ambulances are colourful, so please compare them if you see them.

Differences in Abortion between Australia and Japan

Tanji Itsuki

Monash University, Malaysia



Introduction

Abortion is one of the most controversial issues in the world. Over the past few decades, attitudes toward abortion have changed dramatically around the world. This is the result of several trends: emphasis on women's rights and the right to choose, legal reforms, medical advances and improved safety, social acceptance, education and awareness. Of course,

opinions on abortion remain divided among countries and regions, and political conflicts and religious beliefs can also have an impact. While abortion attitudes are continually changing around the world, Japan continues to adopt an outdated stance on abortion. Therefore, this article summarizes the main differences between Japan and Australia with respect to abortion.

Abortion Methods

Early abortions in Japan are surgical procedures only. There are three main surgical methods used in Japan: the first is the curettage method, in which a metal instrument is used to remove the uterus from the womb. The second is the electric suction method, which uses a metal suction tube. A metal suction tube is used. The third method is the "manual vacuum aspiration (MVA) method," which is considered simple and less stressful on the uterus. It uses a soft plastic suction tube and can be performed under local anesthesia. The percentage of curettage methods performed is about 30% alone, according to a survey published in 2015. About 50% used a combination of curettage and aspiration, and 20% used aspiration. When combined alone and in combination, curettage has been performed in 80% of all cases in Japan, but it is not recommended in the world. The reason why it is not recommended is that curettage has the risk of damaging the endometrium or perforating the uterine wall, such as uterine perforation. Japan has been advised by the World Health Organization (WHO) that this method is "unsafe" and "outdated. In response to these indications, the Ministry of Health, Labour and Welfare (MHLW) has approved MephigoPac, an oral abortion drug, effective



[Abortion pills]

April 2023. On the other hand, there are two types of abortion procedures in Australia: medical and surgical. Both are available in all states and vary in their methods and target populations. Medical abortion involves taking two pills, Mifepristone (RU486) and Misoprostol, for two days. Surgical abortions involve removing the embryo (or fetus after 11 weeks) from the uterus by suction and can be performed under a variety of anesthetics. The procedure takes less than 10 minutes.

Legal Approach and Regulations

In Japan, abortion can only be performed legally under strict conditions. Two types of indications for abortion are legally recognized. The first is when the continuation of pregnancy or delivery is likely to cause serious harm

to the mother's health for physical or medical reasons. The second is when the pregnancy is the result of an act of adultery committed by assault or threat or while the woman is unable to resist or refuse. Abortions for

other reasons are not legally allowed, and nearly 99.9% of abortions are performed for the first reason. In addition, a written consent for abortion is required if the woman undergoes an abortion, which is regulated by a law called the "Maternal Protection Law. In the case of a minor under the age of 18, the consent and signature of a parent or guardian is required. In Australia, abortion laws may vary from city to city. In general, however, abortion is legal for

pregnancies of 22 weeks or less, although in some there are regulations based on the stage of pregnancy and other factors. Also, in Australia, except in Western Australia, minors can obtain an abortion without parental consent or notification. In Western Australia, if the woman is under 16 years of age, one of the parents must be notified unless permission is granted by the Children's Court or if the woman does not live with both parents.

Abortion Costs

Abortion costs in Japan are not covered by insurance. The basic price for an early-term abortion is 100,000-150,000 yen, but some clinics charge more than 200,000 yen. In the mid-term, health insurance subscribers are eligible for a lump-sum childbirth allowance of approximately 400,000 yen, but the co-payment varies from approximately 50,000 to 600,000 yen, depending on the medical institution. In Australia, on the other hand, most private abortion clinics in urban areas offer medical abortions for about 40,000 Japanese yen. For out-of-clinic or "at home" medical abortions, an advance fee of approximately 20,000 yen is charged. The cost of the medication, which in most cases must be paid in addition to the basic abortion fee mentioned above, is less than 4,000 yen for Medicare card holders and less than that for health care card holders. Moreover, in some districts, such as South Australia and Australia, abortion costs are almost always provided free of charge.



[The link between abortion and the fetus]

Medical Access and Procedures

In Japan, a doctor's note and consent are required to obtain an abortion. In addition, access is restricted due to the limited number of medical facilities that perform abortions. In Australia, on the other hand, there are generally a wide

range of medical facilities that perform abortions, and access is relatively easy. However, in certain states and regions, access may be restricted by pharmaceuticals.

Social Acceptance and Counseling

In Japan, social acceptance of abortion is relatively low in Japanese society. Women who undergo abortion are sometimes blamed or discriminated against by the people around them. Another characteristic of Japanese society is that women, especially those in their younger years, tend

to feel alone in their concerns about abortion. In Australia, on the other hand, abortion is generally more socially acceptable and respected as a personal choice. Counseling and support are generally available to women who are considering abortion.

Finally

Japan lags behind the rest of the world in abortion methods, costs, and support. Furthermore, it is said that Japan is more than 30 years behind the U.S. and France in abortion. Personally, I believe that the government needs to move to make abortion pills mainstream as soon as possible. This

is because the current method may scar the uterus and affect future pregnancies after the abortion. Quick action is needed because there are certain people who do not have abortions and give birth because they will not be able to conceive in the future.

[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

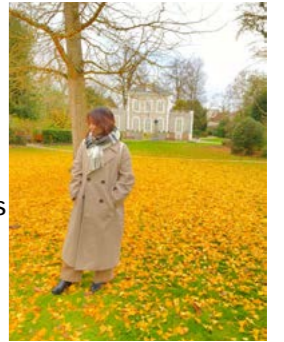
Working in London(Gap year from Kanazawa university)

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.



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オピオイドについて

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What is Buprenorphine?

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丹治

中絶の今を知るための5つのポイント

<https://www.joicfp.or.jp/jpn/column/5points-safe-abortion/#:~:text=%E6%97%A5%E6%9C%AC%E3%81%A7%E8%A1%8C%E3%82%8F%E3%82%8C%E3%82%8B%E5%88%9D%E6%9C%9F%E4%B8%AD%E7%B5%B6%E3%81%AF%E3%80%81%E6%89%8B%E8%A1%93%E3%81%AE%E3%81%BF&text=1%E3%81%A4%E7%9B%AE%E3%81%AF%E3%80%81%E3%80%8C%E6%8E%BB%E7%88%AC,%E3%81%AF%E3%80%8C%E9%9B%BB%E5%8B%95%E5%90%B8%E5%BC%95%E6%B3%95%E3%80%8D%E3%80%82>

オーストラリアの中絶料金 500ドルで高すぎる！

<https://okumi.hatenablog.com/entry/2022/10/16/173854>

日本でも注目される「経口中絶薬」海外でどう使用？注意点は？

https://www3.nhk.or.jp/news/special/international_news_navi/articles/qa/2023/04/11/30455.html