



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

From The Perspective Of University Students Studying Abroad

THE NEWZ

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English Ver.

CONTENTS



2 About The NewZ



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

From The Perspective Of University Students Studying Abroad

- 3 **US** Kana Hashizume
- 5 **US** Momoka Nakamura
- 7 **US** Nanami Nishiyama
- 9 **France** Midori Pederson
- 11 **Austria** Haruka Aragaki

13 About Members

15 References

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.

Organ transplantation in Japan and the U.S.

Kana Hashizume

Lindenwood University, United States



In Japan, I have often seen dramas where children in Japan cannot receive organ transplants and are compelled to seek treatments abroad. In reality, I've witnessed numerous people seek donations for children to get organ transplants in other countries. Having lived in the U.S. for almost three years, my research

into the healthcare systems of both the U.S. and Japan has deepened my curiosity about the state of organ transplantation in Japan. In this article, I will explore the reasons why Japanese organ transplantation has not improved compared to the U.S.

Number of Organ Donations in Japan

Comparing the number of organs donated per million people in Japan to other countries, we can see that Japan has the lowest organ donation rate, standing at 0.88 per million people, as opposed to 44.50 per million people in the U.S. In the U.S., approximately 14,000 people donate their organs after death each year, and about 40,000 organ transplants are performed. In contrast, in Japan,

for a population of 120 million, only about 100 people donate their organs posthumously each year, resulting in approximately 400 organ transplants are performed. This statistic clearly shows that the organ donation rate in Japan is very low compared to the U.S. as well as other countries in Europe.

Why is the number of organ donations in Japan much lower than in other countries?

The number of organ donations in Japan is much lower than in other countries because the number of people who's willing to give their organs is very limited, and there

are not many medical settings that can handle organ donation in Japan due to the process of providing organs to patients.

The process for organ donation is

1. Donor identification: Donors are eligible for donation when they are transported to an emergency room due to an accident or illness, and the attending physician has diagnosed that the patient is unlikely to survive despite the best possible treatment. At this stage, information regarding organ donation is provided to the family.
2. Family Consent: After the family is informed about organ donation, an organ transplant coordinator is dispatched to explain the details to the family if they request to hear more about organ transplantation.
3. Brain death determination: If the family decides to donate organs, a brain death determination is made twice in accordance with the law. The determination of brain

- death is made by two experienced and knowledgeable doctors, and the second determination is made at the time of death. Family members may be present.
4. Transplant Procedure: A computerized system selects a suitable transplant recipient and performs the organ harvesting procedure. The donated organs are transported to the medical facility where the transplant is performed.
5. Processing of the donor's body: The donor's body is neatly sutured and returned to the family. If a cornea (eye) transplant is performed, the donor's body is returned with a prosthetic eye. The family can stop the donation at any point during the process.

Only academic medical centers, hospitals designated by the Japanese Society of Emergency Medicine as supervisors, and emergency center-certified facilities, called five facilities, can conduct the organ donation process.

One of the points that makes organ donation in the U.S. faster is that the transplant medical system is different from that in Japan. In the United States, there is an organization called the United National Transplant Church (UNSO), which maintains a transplant waiting list throughout the United States. This organization decides

What is JOT

JOT stands for Japan Organ Transplant Network. Through this network, JOT is an organization that registers organ transplant recipients and serves as a mediator between organ donor applicants and organ transplant recipients. The reason why organ donation is common in other countries, especially in Europe, is that people can donate their organs unless they indicate their intention not to donate. In Japan, although there is an organ donation

Opt-in and Opt-out

Under the Opt-out system, doctors conduct organ donation unless patients explicitly express their desire not to donate their organs, while under Opt-in system, organ donation occurs only when patients indicate their

Transplant Waiting Issues

The number of organ transplants performed in Japan between 1997 and 2022 was 7071, but the number of

How people think about brain death

Many countries think brain death is a death, and the loss of all functions of the cerebrum, cerebellum, and brainstem, the brain's primary functions, is recognized as

Summary

The scarcity of organ donations in Japan in comparison to other nations can be attributed to a shortage of facilities capable of managing a high volume of organ donations and a smaller number of willing organ donors.

which patients to donate their organs to, should an organ donor appear. The most important role is played by the Receptient Coordinator, who is mainly responsible for distributing organs, talking to donor families, and packing organs for transport. Although there are transplant coordinators in Japan, most of them are nurses, and there is a shortage of coordinators.

The fact that the entire country works together to provide organ donation differs from the Japanese organ transplant system.

intention indication card, the number of organ donations is low because many people do not indicate their intention. In the U.S., a person must indicate his or her intention to donate organs before death or by next of kin or proxy after death.

The apparent higher number of organ donors in European countries can be attributed to this difference in systems.

willingness to do so. Japan, the U.S., Korea, and Germany implement the opt-in system, but most countries in Europe, such as the UK, France, and Spain, use the opt-out procedure.

people who died while on the transplant waiting list was 7949.

"brain death. However, in Japan, the concept of death is primarily associated with organ donation.

Additionally, the unique perspective in Japan, where death is primarily linked to organ donation, has hindered the growth of organ transplantation.

Infertility Treatment Comparison Between the US and Japan

Momoka Nakamura

University of California, Los Angeles



Hi everyone! I live in Los Angeles right now. During a network event, I had an opportunity to connect with a laboratory director at a fertility clinic in LA. As I talked with her, I learned that infertility is a common issue that affects millions of couples around the world. Fortunately, advancements in medical science have led to various infertility treatment

Accessibility to Infertility Treatment

In the US, access to infertility treatment can vary significantly based on factors such as insurance coverage, geographic location, and socioeconomic status. For many individuals, the cost of fertility treatments can be prohibitively expensive, especially

Geographically, the availability of fertility clinics and specialists is often more concentrated in urban areas, leaving rural communities with limited options. In states like California, where numerous fertility clinics are located, it's worth mentioning that not all insurance plans cover infertility treatments. For instance, IVF (in vitro fertilization) health insurance coverage in California is typically offered as part

In contrast, Japan's accessibility to infertility treatment is shaped by a combination of cultural factors and government policies. In 2022, the government decided to cover fertility treatments with social insurance which was a significant change. Prior to this change, insurance coverage was typically applicable only after a comprehensive evaluation to identify the exact cause of infertility through a series of tests and checkups. Needless to say, this process

The decision regarding infertility treatment is sometimes influenced by cultural factors. When individuals need to request paid leave for fertility treatment and communicate this to their superiors,

options. However, the availability, cost, and approach to infertility treatment can vary significantly from one country to another. I am going to explore and compare infertility treatment in the United States and Japan, shedding light on the differences and similarities in terms of accessibility, techniques, and cultural factors that influence these treatments.

if they lack insurance coverage. However, it's important to note that several states have enacted laws mandating insurance companies to provide coverage for certain fertility treatments, which has resulted in improved access in those regions.

of employer-sponsored health insurance plans and is generally not available through individual health coverage. Furthermore, there is a prevailing assumption that health insurance plans with IVF benefits in the state are primarily offered by established California-based corporations, including but not limited to Google, Apple, Facebook, Tesla, and Warner Bros.

cost money and thus often deterred people from pursuing infertility treatment. This change has made fertility treatments more accessible and affordable for Japanese citizens compared to the United States. While there are still some out-of-pocket expenses, the fact that basic treatment procedures are now covered by insurance has encouraged many couples to seek assistance.

it can sometimes lead to consequences like hindering career advancement, workplace rumors, or a perception that balancing work and treatment is too challenging, leading to the decision to give

up on treatment in order to avoid criticism or isolation. On the other hand, some individuals may feel pressured to undergo fertility treatment due to well-intentioned encouragement from their relatives and the desire to have biologically-related children. However, many individuals

The United States is known for its pioneering role in the field of assisted reproductive technologies (ART). IVF is a widely used technique in the US, with numerous clinics offering various IVF protocols. In addition to IVF, the US has a well-established system for egg and sperm donation and gestational surrogacy, providing more options for

In Japan, IVF is also a prevalent infertility treatment, following a procedure similar to that in the US. Another popular fertility treatment that Japanese individuals often opt for is the technique known as "cryopreservation

Difference in Cost

When comparing the cost of IVF treatments between the US and Japan, a significant disparity becomes evident. In the US, IVF treatments are considerably more expensive. For instance, a mini IVF cycle in Los Angeles typically costs around \$8,700, and a conventional basic IVF cycle starts at \$12,000, covering all professional office visits

The high cost of infertility treatment in the US, combined with the limited availability of insurance coverage, highlights issues related to wealth disparities and inequality. To begin with, it's important to note that in the US, there are significant variations in average income based on race. For instance, the average weekly income for Caucasian (White) individuals is \$1,046.52, while African American individuals earn an average of \$791.02, and Latino American individuals earn an average of

Conclusion:

Infertility treatment in the US and Japan reflects the interplay of healthcare systems, cultural factors, and social status. While the US offers a wide range of infertility treatment options with a focus on individual choice and diversity, Japan has a more conservative approach, offering universal healthcare and decision is often influenced by cultural value. Both countries are making strides in expanding access to infertility treatments and reducing the stigma associated with infertility. Understanding these differences and similarities can provide valuable insights

undergoing treatment have also experienced unintentional hurtful comments while dealing with the side effects, which can be emotionally challenging. The issue of how to provide support to those undergoing fertility treatment should be a significant focus in the future.

couples with infertility issues. Moreover, genetic testing of embryos (pre-implantation genetic testing or PGT) is widely available in the US, allowing couples to screen embryos for genetic disorders before implantation, reducing the risk of hereditary diseases.

of oocytes" or "egg freezing". This procedure allows women to freeze their eggs for future use, which can be particularly advantageous for career-oriented individuals who wish to delay childbirth.

and laboratory fees. In contrast, in Japan, after insurance coverage, the cost of IVF may rise to approximately ¥120,000 (\$800). Moreover, Japan has a reimbursement system. If the out of pocket expense exceed certain level, it would cover some costs depending on their income.

\$762.80. In 2018, the utilization of IVF treatment was predominantly by White patients (78%), followed by Asian (14%), African (3%), Other (3%), and Mixed-race patients (2%). However, research has shown that married African and Latino women face a higher risk of infertility compared to White women. This underscores the significant impact of economic factors on access to infertility treatment and its outcomes.

into how different societies address this universal issue and help individuals make informed choices about their own fertility journeys. I personally believe that to address infertility, the government should not only improve the insurance system to provide coverage but also encourage corporations to offer additional benefits such as extended maternity and paternity leave. This is particularly crucial as the majority of young adults begin their careers in corporate settings.

Oriental medicine in Japan and the USA

Nanami Nishiyama

Wilderness Awareness School



Hi everyone, I have been studying nature-related studies at a school in the USA since September. Soon after school started, the topic of medicinal herbs popped up in one of my classes. So I asked my friends about oriental medicine and was so surprised to find that more people than I expected knew about it, and some had even been treated for it. This is because oriental medicine, such as Chinese medicine

and acupuncture, had a strong Asian image for me. However, in recent years, they tend to be accepted as part of the treatment in the USA, even more than in Japan. So this time, I would like to talk about what oriental medicine is, introduce the history of Oriental medicine, and the current situation and views of oriental medicine in the USA and Japan.

What is Oriental medicine?

Oriental medicine consists of acupuncture, moxibustion and massage therapy, dietary therapy, and Chinese herbal medicine. This medicine aims to heal the root cause of the disease from the inside

of the body. Another concept of oriental medicine is to prevent illnesses from occurring and to develop fatigue resistance daily.



History of Oriental Medicine

Oriental medicine is a concept that originated in ancient China and is said to have a history of approximately 2,000 years. It was introduced to Japan around the 7th century when Japanese envoys to Sui and Tang Dynasty China traveled to China. In

contrast, Oriental medicine was introduced to the USA around the 1800s. It is believed to have been brought to the country by Chinese immigrants. However, it did not spread widely in the USA until after the 1970s.

Current status of Oriental medicine in the USA

It has only been a few decades since the spread of Oriental medicine in the USA. Nevertheless, overall, the awareness of oriental medicine as a part of healthcare is growing well. The main reason for this is the rising cost of healthcare. At the same time, many diseases and symptoms can no longer be treated by modern medicine. To complement these, herbal medicines and acupuncture using natural medicinal herbs are attracting a great deal of attention from people.

One example of their adoption is that health insurance now covers acupuncture for covered diseases. The establishment of full-time acupuncturist positions in the US military has also received significant coverage. Studies have also shown that 50% of the adults have received at least one Complementary and Alternative Medicine (CAM) treatment. Of these, acupuncture seems to be the most popular choice.

In the USA, the term "Complementary and Alternative Medicine" (CAM) means complementary to conventional medicine. CAM is a general term for therapies that do not fit within the scope of Western medicine, such as acupuncture, Chinese medicine, acupressure, qigong, massage, yoga and chiropractic. In 1992, growing public

interest led to the establishment of the National Centre for Complementary and Alternative Medicine (NCCAM; <https://nccam.nih.gov>) at the National Institutes of Health (NIH). NCCAM has allocated more than 120 million USD in research funding, and this amount continues to grow each year. The funding from NCCAM has led to the establishment of various CAM centers at 15 US universities or each university has initiated CAM medical research in its area of expertise. Chinese herbal medicines, in particular, have also been recognized as effective in preventing and improving lifestyle-related and chronic diseases, therefore research and development in this area are gaining momentum. As a result, the USA is currently at the forefront of research and development of Chinese herbal medicines in the world.

Research has also shown that millennials in the USA are more willing to try alternative and natural therapies than conventional medicine. Millennials are 40% more likely than other generations to seek alternative medicine, and 68% take nutritional supplements. They are also less likely to take prescription drugs and more likely to use complementary medicine such as acupuncture, exercise, meditation, and supplements.

Current status of oriental medicine in Japan

In Japan, on the other hand, there is regulations under the Medical Act that do not permit acupuncture and moxibustion treatment within insured medical institutions, even though there is a research study that proves the benefits of those in China. For example, the Tianjin Institute of Chinese Medicine in China suggests that the possibility of sequelae after the brain hemorrhage is extremely low if the combination with acupuncture treatment happens during hospitalization. Despite this, there is a trend among

doctors in Japan to incorporate Chinese herbal medicine in their daily practice, and many cases have been reported where the combination of medication, Chinese herbal medicine, and both have been effective. It is said that as many as 80% of doctors now use herbal medicines in Japan. Although not all illnesses can be cured by oriental medicine itself, it will become more important to integrate both Eastern and Western medicine and to select the most suitable treatment for each individual.

France ranks first in smoking among G7

Midori Pederson

Neoma Business School



Bonjour! Comment ça va?

I am writing this newsletter from the Champagne region of northeast France. I live in a city called Reims, boasting a peaceful laid-back atmosphere, numerous champagne houses, historical and solemn churches. Even though this is my second year after moving here, I still find this small city beautiful. When I first moved to France, however, I was completely shocked by the

huge cultural difference between France and Japan. Even a simple task like doing groceries felt like a hard burden for me. In particular, I was shocked to see the large number of smokers. From youth to elderly, women and men, I saw smokers wherever I went. In this article, I would like to introduce the tobacco situation in France, compared to Japan.

Smoking in France

So, how many people actually smoke in France? According to a survey conducted in 2021, the percentage of smokers is 25.3%, which ranked 19th out of 163 countries and it was the highest among G7

countries. In Japan, on the other hand, the smokers accounted for 16.7%. When we look at the breakdown, however, an interesting fact is revealed.

France	Male smokers	27.8%
	Female smokers	23%
Japan	Male smokers	27.1%
	Female smokers	7.6%

As shown, the percentage of male smokers in both countries is almost the same. This implies that in France, the overall smoking rate jumped up due to the high proportion of female smokers.

But why are there so many female smokers in the first place? This has a lot to do with cultural context. In many countries, including Japan, cigarettes often go along with a strong masculine image. I have lived in Japan for 20 years but I have rarely encountered scenes where women appear with cigarettes in TV series, movies, or advertisements. The traditional

Packaging and Price Regulation

In any case, the fact remains that tobacco has

idea that smoking for women is unacceptable is not counteracted anywhere in the media.

In France, on the other hand, the smoking rate among women has been on the rise since the 1970s. Today, about one in five women smokes. In addition to associations with feminism that began early on, this can be attributed to French cigarette companies having targeted women and promoting products with fashionable designs, fragrances, and soft-pedaling the downside by mentioning low toxicity.

negative impacts on the human body. The French

government takes this situation seriously and has implemented a number of policies over the years.

One of the most striking measures is to regulate packaging and pricing. I still remember when one of my friends said "I'm gonna go smoke," holding his cigarette box with a horrific, grisly picture. I had to bite my tongue; I wanted to ask whether it doesn't kill his mood. In Japan, only cautionary notes are mandatory, while in France, health warnings with pictures are required to make up 65% of plain packaging. Furthermore, the French government has continued to increase the tax rate for tobacco which has boosted the price remarkably. In 2000, one pack of cigarettes was sold for 3.20 euros (500 yen), but it reached 10 euros (1,570 yen) last year. It is equivalent to three times the price of cigarettes in Japan, which are around 500 to 600 yen.



Message: Stop smoking stay alive for your loved ones

Passive Smoking Issue

Do you know how dangerous passive smoking is? Surprisingly, second-hand smoke contains more harmful substances than first-hand smoke, which means there are more negative effects for human health.

Japan has adopted rather strict measures to deal with the issue of passive smoke. By the end of 2020, smoking was banned indoors in principle, and even installment of smoking areas was prohibited in facilities for patients or children. In addition, smoking is increasingly becoming restricted to designated smoking areas outdoors. This can lessen the risk of passive smoking simply because the areas where people smoke is trimmed down. Nevertheless, people who need to use the road close to smoking areas have complained about its smell and the smoking one after another. Further improvements to minimize passive smoking are required.

Meanwhile, as the host of the next Olympic Games, more

For the future

While we have the right to protect our own health, we also have the freedom to smoke. Although these might be at odds with each other, I feel that non-smokers and smokers are gradually moving toward coexistence. Even in Japan, where passive smoking countermeasures are relatively

and more French municipalities are cracking down on outdoor smoking. Known as one of the most popular tourist destinations in the world, Nice has banned smoking on beaches frequented by families, which was followed by Marseille. Strasbourg also has banned smoking in all parks in the city. Such a movement is sweeping across the country.

Another problem in France is the littering of cigarette butts. Cigarette butts contain many toxic substances, and their toxicity does not diminish even under water. They are not only the cause of fires, but also a source of environmental pollution, and one cause of skyrocketing cleaning costs. In order to deal with this problem, Paris has established a fine system for butt littering. When people are found throwing away cigarette butts, they are fined as much as 68 euros (10,700 yen). Further progress is urgently needed to ensure that both smokers and non-smokers can have a pleasant experience before the Olympics.

advanced, there are still some people who are bothered by its negative effects. There is a need to consider how both smokers and non-smokers can live more comfortably together.

The medical system in Austria

Haruka Aragaki

Vienna University



Hello, everyone! My name is Haruka Aragaki. I am an exchange student at the University of Vienna and studying Austrian history.

What image do you have of Austria? Many people

Abstract of the medical system

First, as in Japan, there are two types of health insurance in Vienna: public one and private one. The first one is public one, the second one is private one. People who live in Austria must enroll in health insurance(Krankenversicherung) and need to take out legal health insurance(Österreichische Gesundheitskasse). Although the legal health insurance was separated into regions in Austria before 2020, now it covers comprehensively all regions in Austria. Surprisingly, the 7.5 million people in Austria, which is a little less than 85% of the population, are covered in this health insurance. This provides insured persons with varied medical services in any case. The insurance premium is decided based on each income, however, regardless of the premium amount, all citizens can access to necessary medical services. In the legal health insurance, dependents of insured persons could be covered without additional payment or offered special price. So, what are the medical services in legal health insurance? There are 6 options. · Medical examination of youth and adults for early detection of disease. · Medical treatment in hospitals and home based medical care. · Dental treatment including false teeth. · Payments.(① Sickness payments to ensure financial stability in case of that it is impossible for insured persons to work due to diseases. ② Rehabilitation payments in case of declining working

The diagnosis

In my opinion, there are almost common medical systems between Austria and Japan. So I picked up the clear difference between both countries. In Austria, people don't directly go to medical specialists such

would say, it is the country of music. Not many people know what life is like in Austria. In this chapter, I will introduce you to the inside life of Austria, especially about the medical system here.

ability. ③ Returning payments in case of getting back after long-term disease.) · Payments and payments in kind for childbirth. · Technical counseling in institutions under the control of health insurance.

What do you think about the contents of the Austrian health insurance? You would find out that there are many common points to Japanese ones. On the other hand, there is a huge difference. In Japan, we pay 10%-30% of medical fee under our social security system when visiting a medical institution while in Austria, people are not liable for the costs in most cases. The details are discussed in more depth later. As a side note, me myself, who is a students from outside of the country can also enroll in the legal health insurance on condition of a minimum 6 month's enrollment period. The expenses for the insurance are 66.79 Euro monthly. After registering, we would get a card called an e-card. It is important to have medical services and similar with health insurance card in Japan. This card doubles as a function to access electronic medical records which are shared with all medical organizations. Addition to these, it is accompanied automatically by European health insurance. We could have medical care in 27 member nations of EU, Iceland, Lichtenstein, Norway, Switzerland and UK on condition of temporary stay.

as dermatologists and doctors of internal medicine. Instead of that, they visit the nearest family doctor called Hausarzt and they diagnose whether medical specialists are needed or not. If there is a need to visit

specialists. patients will receive, letter of introduction, Then, finally people are able to go to medical specialists with the letter. Except for the first diagnosis, an appointment is essential to see specialists is basically needed to get appointment. In case of a need to have an operation, it is necessary to get the letter from the family doctor. As I explained above, there is a basic rule to visit a family doctor first. However, there are some exceptions; people could go to dentists, eye doctors, women's doctor and pediatricians. Anyway, we have to pay attention while visiting the family doctor. In some cases, people have to wait for a long time in the clinic. It is related to the 3 payment styles of medical treatment in Austria. The 3 types are ① Whole covering by the insurance, ② Self-pay and ③ A case of availability of refund in part by enrolling in the health insurance after

self-payment. Those are usually written clearly in sign of hospitals or clinics. Therefore it is inevitable to be crowded with patients in the clinic which is covered by the insurance. Imagine when you are really in poor shape but have to wait for a long time... As a result of such a situation, some people take out private health insurance to avoid the congestion. In private health insurance, not only shortening time for waiting, there are varied options like having better medical treatment. But this costs 100 Euro monthly at most, depending on contents. It is a bit expensive. How about the Austrian medical system? I have fortunately never been to clinics now. So it is impossible to talk about the medical treatment inside. If I have such chances and write everything about that!. Thank you, Tschüss!



[The sign board for doctors]

[Reporters]



Kana Hashizume
Lindenwood University

I am majoring in marketing and minoring in Entrepreneurial Studies. I hope you have fun reading our articles about Japanese and the U.S. medicare systems!



Momoka Nakamura

University of California, Los Angeles

I will introduce topics about healthcare and medical issues based on my background in both the US and Japan.



Nanami Nishiyama

Wilderness Awareness School

There are so many new discoveries once looking at the differences in health care systems between other countries. Therefore, I would be so happy if you could broaden your view and have an interest towards health throughout this article.



Midori Pederson

Neoma Business School

I hope this article will help readers to understand strengths and points for improvement of the medical system in Japan through understanding differences with other countries.



Haruka Aragaki

Vienna University

I would like to share rich contents clearly .

[Editors]



Kanna Yamazaki

Kanazawa University

I have returned to Japan from London! I take part in the creation of TheNewZ as editorial and layout manager. I hope many people will read our articles.



Momoka Nakamura

University of California, Los Angeles

I will introduce topics about healthcare and medical issues based on my background in both the US and Japan.



Midori Pederson

Neoma Business School

I hope this article will help readers to understand strengths and points for improvement of the medical system in Japan through understanding differences with other countries.

References

Kana Hashizume

世界の臓器提供数（100万人当たりのドナー数）

<https://www.jotnw.or.jp/explanation/07/06/#:~:text=%E3%82%A2%E3%83%A1%E3%83%AA%E3%82%AB%E3%81%A7%E3%81%AF%E3%80%81%E4%BA%BA%E5%8F%A33%E5%84%84,%E5%B0%91%E3%81%AA%E3%81%8-4%E3%81%AE%E3%81%8C%E7%8F%BE%E7%8A%B6%E3%81%A7%E3%81%99%E3%80%82>

日本の「臓器移植」問題点は？ 現状と課題まとめ [https://toyokeizai.net/articles/-/642538?page=33%80%82](https://www.nhk.or.jp/minplus/0009/topic055.html#:~:text=%E3%81%9D%E3%81%AE%E7%90%86%E7%94%B1%E3%81%AF%E3%80%81%E8%A8%80%E3%81%86%E3%81%BE%E3%81%A7%E3%82%82%E3%81%AA%E3%81%8F,%E3%81%A8%E8%80%83%E3%81%88%E3%82%89%E3%82%8C%E3%81%A6%E3%81%84%E3%81%BE%E3%81%99%E3%81%99%E3%81%99)

日本で臓器移植があまり行われていない理由

<https://toyokeizai.net/articles/-/642538?page=3>

脳死に対する日本と海外の考え方の違い

<https://www.jotnw.or.jp/explanation/03/01/#:~:text=%E6%AC%A7%E7%B1%B3%E3%82%92%E3%81%AF%E3%81%98%E3%82%81%E3%81%A8%E3%81%99%E3%82%8B,%E3%81%AE%E6%AD%BB%E3%81%A8%E3%81%95%E3%82%8C%E3%81%BE%E3%81%99%E3%80%82>

日本の臓器移植の課題

https://www.nhk.or.jp/kenko/atc_1615.html

アメリカの臓器移システム

<http://www.med.miyazaki-u.ac.jp/home/kango/wp-content/blogs.dir/65/files/2015/09/0f5aed27060829b52ee2726427910a30.pdf>

コーディネータの不足

<https://www.asahi.com/articles/ASQDG5HBXQDFUTFL001.html#:~:text=%E6%97%A5%E6%9C%AC%E8%87%93%E5%99%A8%E7%A7%BB%E6%A4%8D%E3%83%8D%E3%83%83%E3%83%88%E3%83%AF%E3%83%BC%E3%82%AF%E3%81%AB,%E5%A4%9A%E3%81%8F%E3%81%8C%E7%9C%8B%E8%AD%B7%E5%B8%AB%E3%81%A0%E3%80%82>

Momoka Nakamura

アメリカの保険適用地図

<https://resolve.org/learn/financial-resources-for-family-building/insurance-coverage/insurance-coverage-by-state/>

不妊治療を受けるカップルアメリカ

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9302705/>

不妊治療を受けるカップル日本

<https://www.nhk.or.jp/kaisetsu-blog/700/466622.html>

IVF イラスト

<https://www.verywellfamily.com/understanding-ivf-treatment-step-by-step-1960200>

収入

<https://www.dol.gov/agencies/ofccp/about/data/earnings/race-and-ethnicity>

人種別不妊治療

<https://www.apa.org/pi/women/committee/infertility-bipoc#:~:text=Some%20have%20found%20that%20married,treatment%20than%20White%20women%206.>

Nanami Nishiyama

アメリカ軍隊への鍼治療導入について

<https://pubmed.ncbi.nlm.nih.gov/23929047/>

NCCIH について

National Center for Complementary and Integrative Health (NCCIH)

アメリカで漢方が注目されている理由

https://g-kampo.com/america/1_index.html

米国のミレニアル世代の代が医療法についての考え方

<https://www.abbott.com/corpnewsroom/nutrition-health-and-wellness/millennials-and-health--giving-young-people-what-they-want--and-.html>

鍼灸治療の現状 日本

https://www.jstage.jst.go.jp/article/kampomed/65/4/65_321/_pdf

Midori Pederson

Beguinet. E, Huber. L, Stuppy. K. R, (2021) Women, tobacco and human rights in France, Tobacco Induced Diseases

<http://www.tobaccoinduceddiseases.org/Women-tobacco-and-human-rights-in-France,143747,0,2.html>

GLOBAL AFFAIRS, Why Do French People Smoke So Much? We Explain

https://globalaffairsexplained.com/why-do-french-people-smoke-so-much-we-explain/?utm_content=cmp-true

Statista(2021) Daily smokers among French population

<https://www.statista.com/statistics/937572/evolution-proportion-daily-smokers-by-gender-france/#:~:text=Despite%20an%20increase%20between%202019,to%2025.3%20percent%20in%202021.>

Tobacco Control Laws (2021) France: Tobacco Control Policies

<https://www.tobaccocontrolaws.org/legislation/policy-fact-sheets/france/summary>

THE LOCAL fr (2020), Marseille becomes latest French city to declares its beaches a no-smoking a no-smoking zone

<https://www.thelocal.fr/20200812/marseille-becomes-latest-french-city-to-declares-its-beaches-a-no-smoking-zone>

高橋大作 (2019) 屋外喫煙所っていいの？「煙が苦痛」JT・厚労省に直撃，朝日新聞デジタル

<https://www.asahi.com/articles/ASM484137M48PTIL00M.html>

SMOKINGSITE 健康経営と分煙対策コラム (2023)、受動喫煙と喫煙どっちが悪い？受動喫煙の方が影響は大きい！、TERMOTO

http://smokingsite.jp/columns/all/judou_kituen_eikyoku/#:~:text=%E5%8F%97%E5%8B%95%E5%96%AB%E7%85%99%E3%81%A8%E5%96%AB%E7%85%99%E3%81%A7%E3%81

http://smokingsite.jp/columns/all/judou_kituen_eikyoku/#:~:text=%E5%8F%97%E5%8B%95%E5%96%AB%E7%85%99%E3%81%A8%E5%96%AB%E7%85%99%E3%81%A7%E3%81

CLAIR Paris (2020), 『フランスの自治体に取り組む喫煙対策』一般財団法人 自治体国際化協会

<https://www.clairparis.org/ja/clair-paris-blog-jp/blog-2020-jp/1349-2019-11-07-16-43-41>

82 ガン情報サービス (2021) がん統計、喫煙率

https://ganjoho.jp/reg_stat/statistics/stat/smoking/index.html#:~:text=%E7%94%B7%E6%80%A727.1%E5%96%BC%85%E3%80%81%E5%A5%B3%E6%80%A77.6,%E6%AD%B3%E4%BB%A3%E3%81%A7%E3%81%AF%E5%A2%97%E5%8A%A0%E5%82%BE%E5%90%91%E3%80%82

Haruka Aragaki

European Commision : European Health Insurance Card

<https://ec.europa.eu/social/main.jsp?catId=559>

Österreichische Sozialversicherung

<https://www.sozialversicherung.at/cdscontent/?contentid=10007.821628&portal=svportal>

日本におけるオーストリア：健康

<https://www.advantageaustria.org/jp/zentral/business-guide/investieren-in-oesterreich/leben-in-oesterreich/gesundheit/Gesundheit.ja.html>

Your guide to private and public health insurance in Austria

<https://n26.com/en-at/blog/health-insurance-in-austria>