Towards an Anthropology of Resilience: Educational, Welfare and Medical Institutions in Japan

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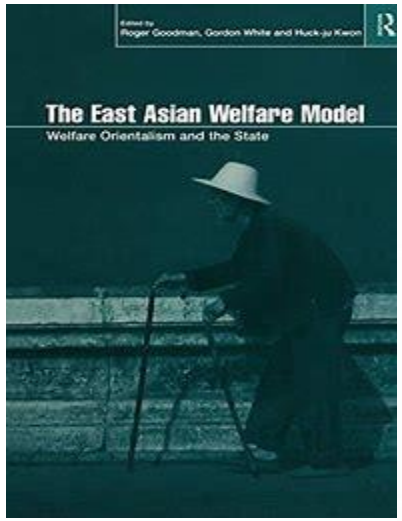
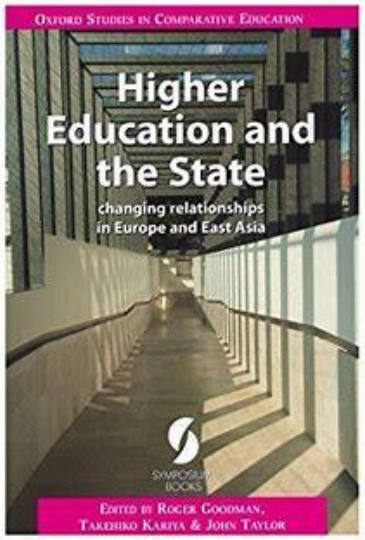
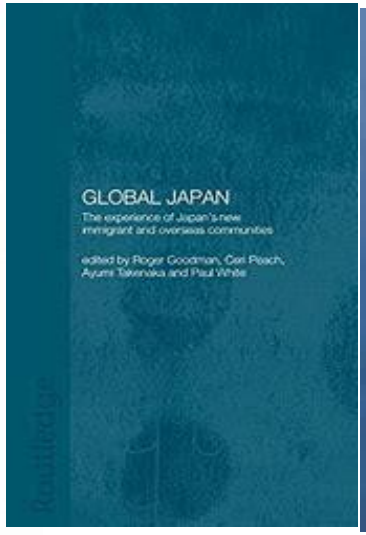
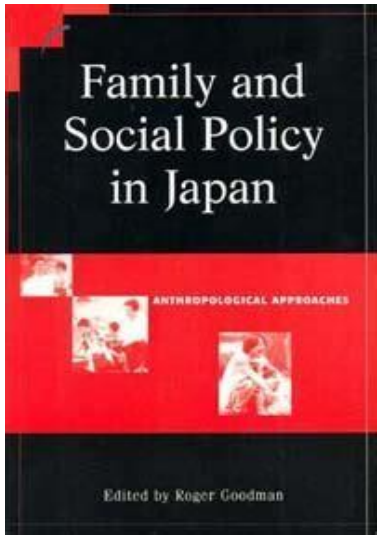
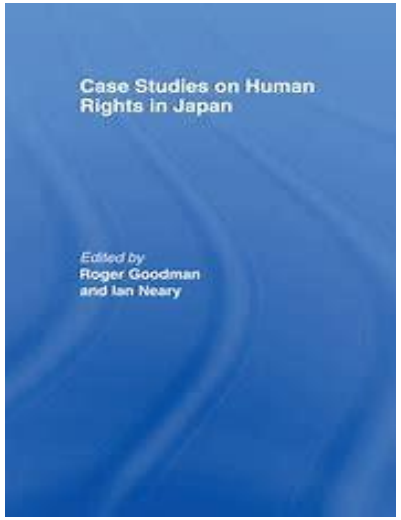
Research background: (1) Comparative education and welfare

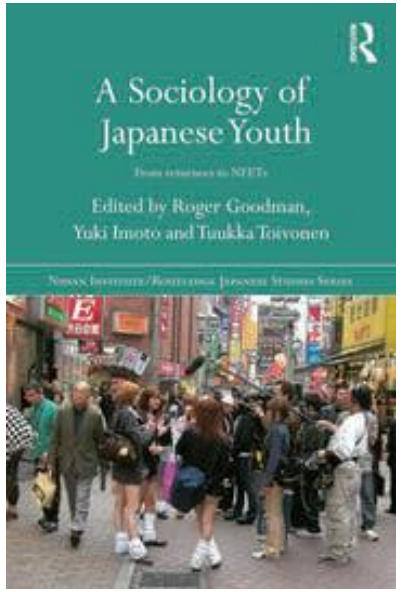


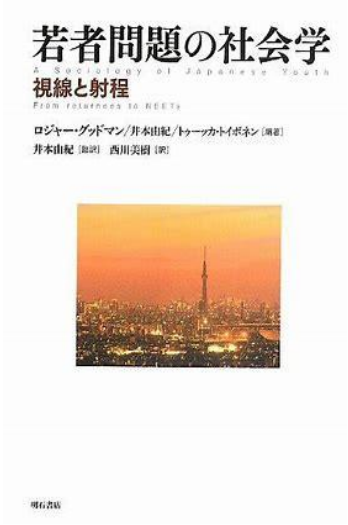


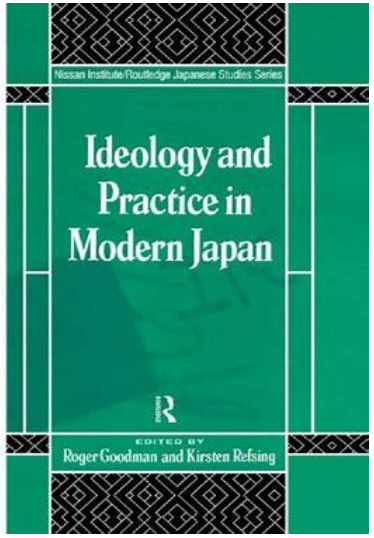


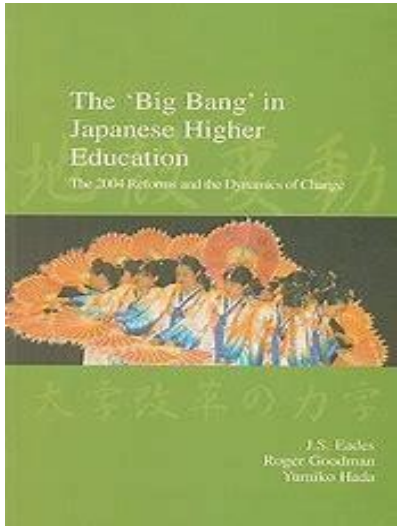


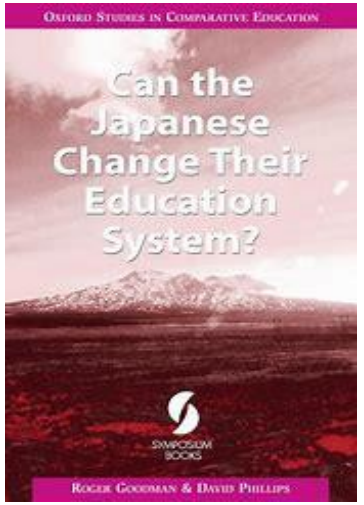




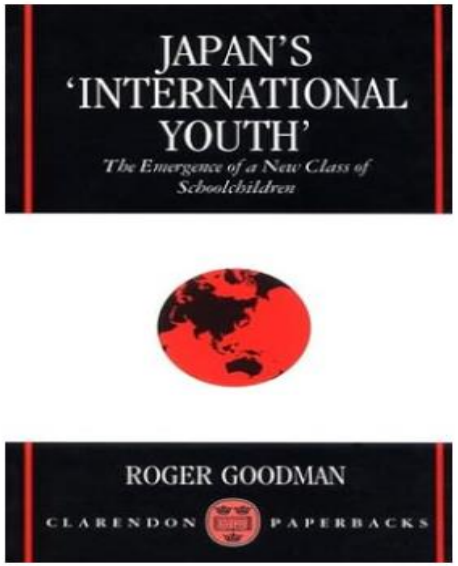


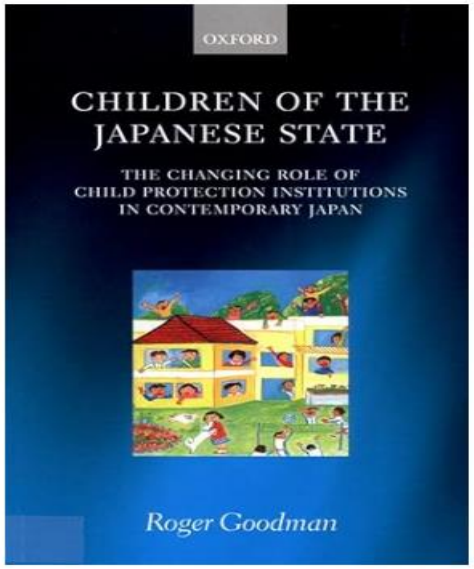




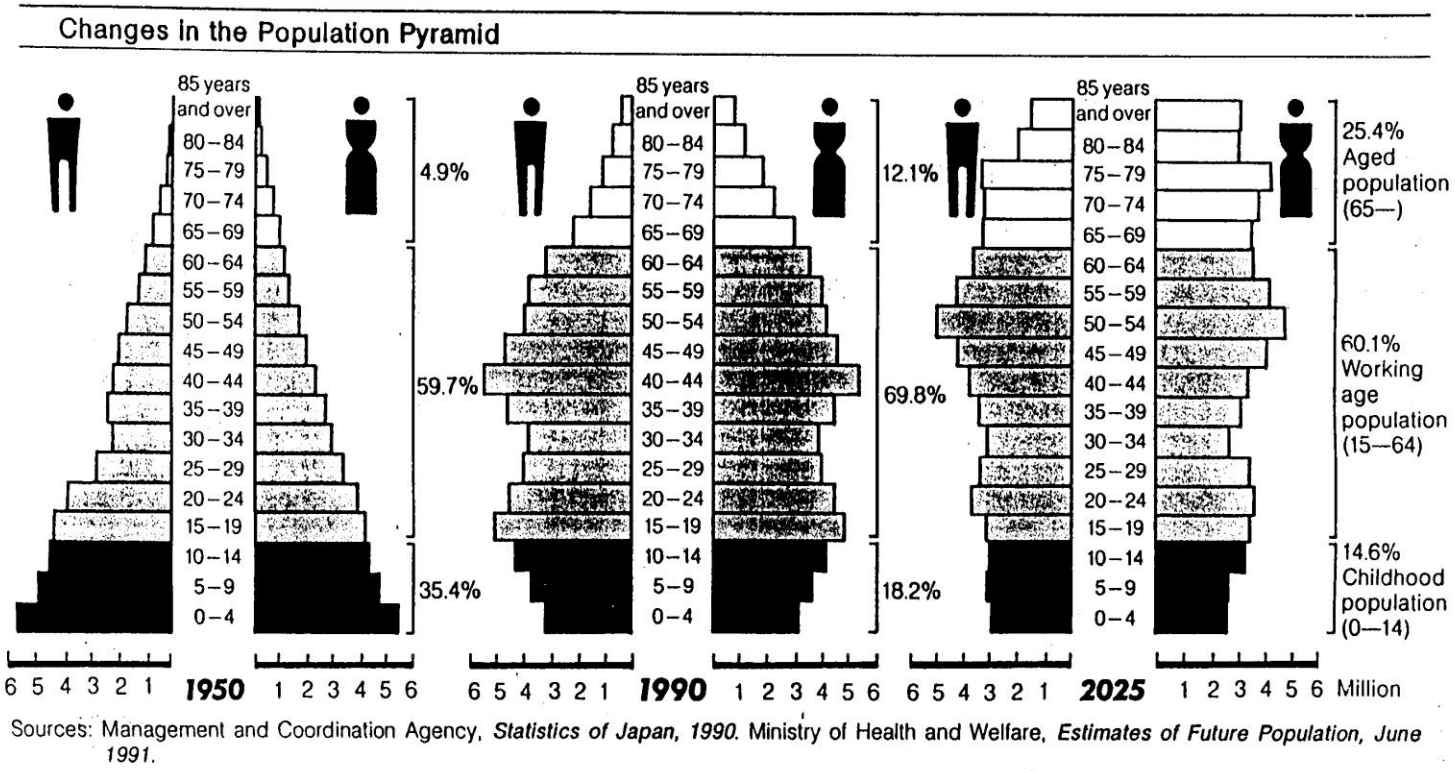


Research background (2): Anthropology of institutions



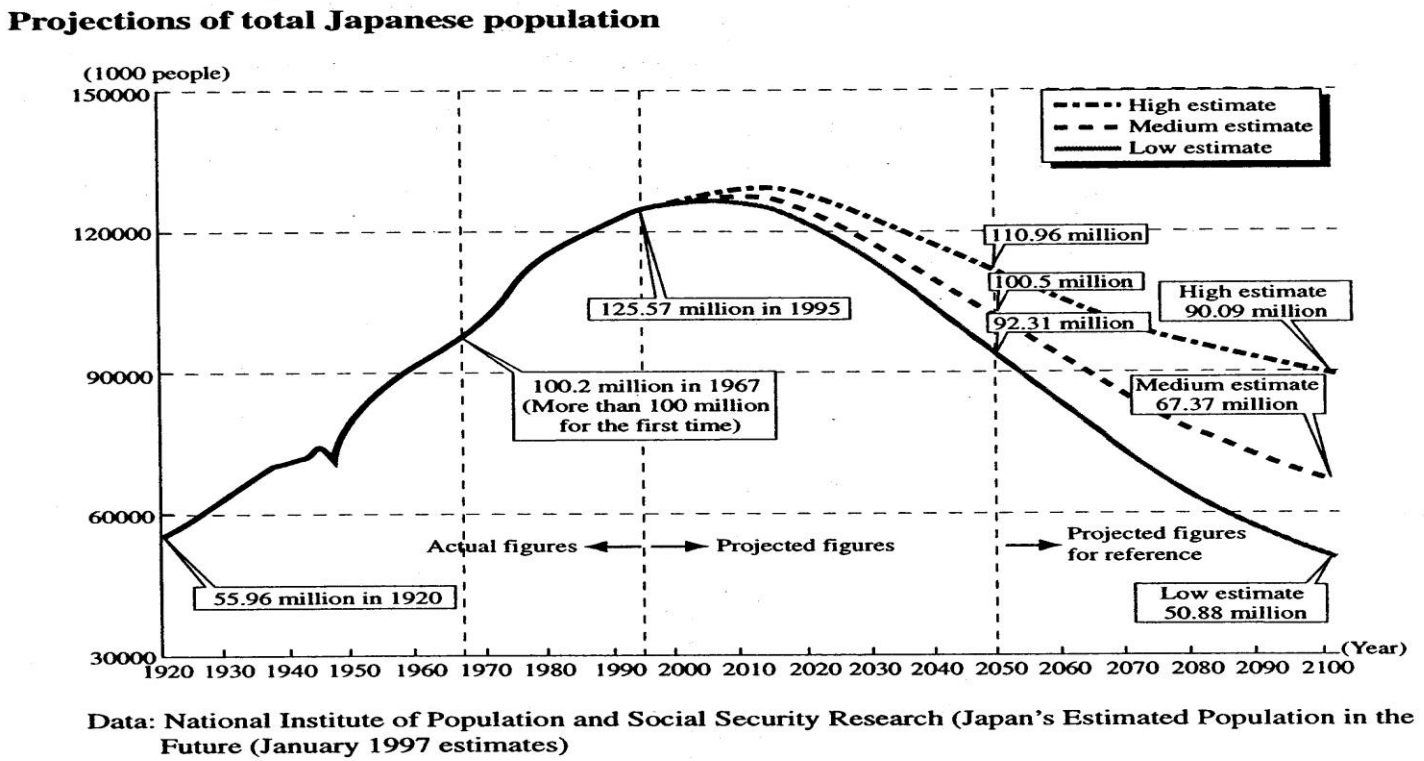


Key research variables since 1980s (1): Japan's changing population structure



Population over 65: 1980 – 9%; 2020 – 29%

Key research variables since 1980s (1): Japan's changing population structure



Japanese population shrunk by 800,000 in 2022 (= population of Yamanashi prefecture)

Key research variables since 1980s (2): Neo-liberal political rhetoric

- Strong theme developed in 1980s with Reagan, Thatcher and Nakasone
- Privatisation of national assets (railways, telecommunications, steel, coal etc)
- The economic ‘market’ should be allowed to decide which institutions survive and which disappear.
- The government should not intervene in markets; competition will drive quality.

Earlier puzzles and theses related to these themes

Puzzle: Why were so many high schools willing to be identified as special institutions (*ukeirekō*) to receive 'problematic' *kikokushjijo* in 1980s (40% drop in schoolchildren 1982-2000)?

Thesis: *Kikokushijo* came from elite families who managed to maintain and reproduce their cultural capital under guise of 'internationalism'; many private high schools (600 *ukeirekō*) marketed this cultural capital as part of their *kokusaika* (internationalisation) rhetoric to attract and retain *other* students when numbers falling.

Puzzle: Why was number of *yōgoshisetsu* exactly the same in 1995 as 1975 despite 37% drop in live births over that period?

Thesis: 90% of *yōgoshisetsu* were private of which 70% were flagship institutions of large family-owned-and-managed *dōzoku keiei shakai fukushi hōjin;* they 'created' new markets to survive, including 'discovering' child abuse and providing support for victims.

Puzzle: Why did the huge reduction in the number of private universities predicted in early 2000s never happen despite 40% decrease in 18-year-olds 1992-2008?

Thesis: 80% of private universities were private of which 40% were flagship institutions in family-owned and managed *dōzoku keiei gakkō hōjin;* they radically restructured in order to survive and maintain the existence of the *hōjin*.

Key explanation: Family business as a source of resilience

- Globally, Japanese family businesses have longest average life-spans, *double* that of US; 45% of companies in world which have been in business more than 200 years are Japanese.
- Linked to the idea of the *ie* and the *dōzoku* system and primacy of *continuity;* includes great use of adoption, especially adult adoptions, of which up to 80,000 cases/year.
- Can see not only in commercial world but also public fields such as welfare, education and medicine.
- Hence, very few 'less-competitive' *private* senior high schools, *yōgoshisetsu,* universities have closed over past 40 years despite demographic, economic, political pressures. What about private medical institutions?

Family-run private hospitals & clinics (*dōzoku keiei iryō hōjin*)

Historical development very similar to welfare and education; state encouraged private medical sector to expand to reduce need for state expenditure, especially in post WW2 era; offered very generous tax incentives.

Grew very rapidly in size and number from beginning of 1960s when came under universal health insurance schemes; technically not-for-profit, but better thought of as *for-profit* institutions that do not pay dividends to shareholders.

Health costs grew rapidly in postwar period, but not as fast as GDP.

Today, 70% of all 8,000+ hospitals and 90% of all 100,000+ clinics in Japan are private, of which combined around 80% *might* be defined as ‘family businesses’.

Puzzle: Why is there so little research on family-run educational and welfare institutions in Japan?

- Perceived as ‘feudal’, ‘old fashioned’ anachronisms in the world of ‘professional management’, ‘stakeholder/shareholder capitalism’ and ‘independent boards’; hence rarely talked about even if widely recognised (‘taboo’)
- Danger of ‘socio-emotional capital’ leading to scandals (untransparent finances; appointment of underqualified family members; involvement in ‘political’ worlds; family feuds….)
- Lack of research is also true in area of medical institutions…..

Family-run private hospitals and clinics (*dōzoku keiei iryō hōjin*)

Research questions: Given so many medical institutions are family-owned and managed what are the:

- - implications for health outcomes and health costs?
- - implications for employment practices and institutional stability?
- - lessons for systems elsewhere?

Research methods:

Interviews with:

politicians; policy makers; academics
medical associations; equipment providers, pharmaceutical companies
private hospital owners, hospital directors, doctors
public sector hospital directors, doctors
nurses; support staff

Secondary literature on hospital management

- Also, participant observation: Not medically qualified, but patient experience

Japanese healthcare from a global perspective

Japan has world-class health *and* a world-class healthcare system (not necessarily connected):

Excellent population health (life expectancy; infant mortality; workdays lost through ill health)

Regular, low-cost health checks

Universal health insurance, premiums linked to income

Egalitarian, direct access to health providers and treatments, no waiting lists

Strong cost control mechanisms; OECD figure is 81% of UK age-adjusted spend per capita OECD 2022 figures (but government share of costs 35% and increasing, which belies 'Bismarckian' model label.)

Family-run private hospitals & clinics (*dōzoku keiei iryō hōjin*)

Two main types: (a) solo practitioner clinics and hospitals (b) large multi-hospital corporations 'medical-social industrial complexes' with integrated care institutions and 1000s of employees

Examples of case studies of family-run hospitals and clinics:

- 5th generation (one adoption) single-doctor clinic practice in Saitama started in Meiji period (7 employees, part-time public sector doctor, 2 nurses, 1 radiologist, 1 lab technician, 2 receptionists plus occasionally mother)
- 11th generation (3 adoptions) family-run hospital corporation, with HQ in Chiba started 350 years ago (5000 employees offering life-time employment, company union, seniority promotion; company 'culture')

Governance and finance: Hospital/clinic owner generally serves as chair of board (so has management control); income come through health insurance programmes and patient co-payments

‘Fieldwork’ as a patient (1)

Compare two personal experiences with what *might* happen in UK.

Trapped sciatic nerve

- **Japan**: Go to internal medicine 内科 clinic for pain relief who says need orthopaedic clinic 整形外科. At nearest clinic, it takes in total one hour for: registration, doctor consultation, 4 x-rays, steroid injection, electric treatment, lumber belt fitting. Total cost (30%): ¥4200; generic medicines ¥600; follow-ups ¥600; daily electric therapy ¥330; after 6 weeks sent for MRI (¥7680) to check if need further treatment.
- **UK**: 3 days to get GP appointment for pain killers; return one week later; book x-ray appointment at main hospital in one week; one week for x-rays to return to GP; GP refers to consultant for appointment which currently has 10-12 week waiting time; *if still needed*, consultant would give same treatment as Japanese clinic.

‘Fieldwork’ as a patient (2)

BPPV (Benign paroxysmal positional vertigo)

Japan: Feeling dizzy; go to employer medical centre ¥400; arrange same day MRI on brain ¥7680; clear, so sent to neck specialist at national university hospital, X-ray and consultation ¥2190, sent for second MRI ¥4000; see different neck specialist for consultation, all clear ¥400; referred to ENT consultant, does hearing and other tests and confirms BBPV due to stones moving in inner ear which says will clear up by itself ¥7400.

UK: All GPs see BPPV regularly and will reassure patient on first visit that will clear up by itself (NB. UK MRI, long waiting list; private charge would be ¥155,000.)

Examples demonstrate some key characteristics of Japanese health care system

- World's highest use of medical equipment (MRIs, CTs 5 x OECD average)
- Visits to physician 2 x OECD average; number of doctors 0.7 x OECD average (female 50% OECD average);
- Physician consultations 3 x OECD average; clinics *on average* sees 40 patients a day
- Fees-for-services 'directs' medical interventions: more therapy, more tests, more prescriptions, less surgery (big changes expected in June 2024)
- No specialist certification; self-accreditation; medical licences for life
- *Big* differences between *public/private* healthcare systems in terms of medical school fees/pay/status/challenge/career independence (*ikyokusei*)

What is distinctive about family-run institutions can be seen in topics covered in popular Q and A books!

- 『4つの経営資源を活かす―クリニックの黒字化メソッド』(*How to turn around your clinic: Making the most of four management resources)*
- 『医師の独立・開業を成功に導く―家庭医療・専門医のススメ』*(How to lead to success in opening your clinic: Suggestions for family medicine/specialised medicine)*
- 『医師の妻がノウハウ0から人気クリニックを作り上げた―業界の常識にとらわれない経営』*(How a doctor's wife created a popular clinic from 0 expertise/experience: Management beyond industry-wide common sense)*
- 『がんばらない小さなクリニックの経営戦略』*(Easy management strategies for small clinics)*
- 『決定版　クリニック開業ガイダンス』*(Definitive guidance on opening your clinic)*

How to turnaround your clinic: Making the most of four management resources

- In an era where loss-making management is commonplace, nearly 10% of clinics are operating at a loss.
- Advantages of doctors opening independently
- Why you should hurry, if you are thinking about opening a business
- Is it advantageous to open a business through succession? 承継による開業は有利なのか？
- Can luxury cars be included in expenses? 高級車は経費に計上できるか？
- Advantages of having your spouse work 配偶者に働いてもらうメリット
- Reducing the tax burden through medical incorporation 医療法人化による税負担の軽減
- Incorporation is essential for business succession 事業承継には法人化が必須
- To avoid future inheritance "disputes"
- The more medical equipment you have, the more you can meet the needs of patients?
- His father's clinic, which he was taking over, was controlled by problematic staff.
  Can problem staff be fired? 問題スタッフを解雇できるか
- Why is your advertising not attracting new patients?
- How to deal with monster patients

Some initial ‘thoughts’ on potential impact of family-run medical institutions compared to Beveridge models (e.g. NHS in UK)

- Japan is often criticised for having a highly fragmented system: 4000+ insurance programmes, huge number of hospitals (8000+) and even more one-person clinics (100,000+), practice of doctor-hopping.
- This can lead to differences in health provision and outcomes *but*:
- In order to ensure continuity of (often family) business, private hospitals and clinics need to compete to attract and keep patients; competition can drive improvement in quality/efficiency of service.
- In huge centralised NHS system, individuals (and individual departments) focus only on their own role, little personal sense of cost incentives.
- Japanese medical system may contain stronger incentives and control structures to help improvements than NHS.