Debate:
A Search for Truth

Debate, as a sport or club activity, is common in British and American academic culture.

Fukushima
Medical University

Typical US Debate Format, 1

- Proposition side
  - 2 *Affirmative* Speakers
  - Support the *Resolution* (Theme)
  - Propose an *Affirmative Plan*
- Opposition side
  - 2 *Negative* Speakers
  - Reject the *Resolution*
  - Show *Plan* is Unworkable

Fukushima Medical University

Typical US Debate Format, 2

- First Affirmative Constructive
  - Cross-Examination by Negative
- First Negative Constructive
  - Cross-Examination by Affirmative
- Second Affirmative Constructive
  - Cross-Examination by Negative
- Second Negative Constructive
  - Cross-Examination by Affirmative

Fukushima
Medical University

Typical US Debate Format, 3

- First Negative Rebuttal
- First Affirmative Rebuttal
- Second Negative Rebuttal
- Second Affirmative Rebuttal

http://www.csun.edu/~dgw61315/debformats.html
http://en.wikipedia.org/wiki/Debate

Fukushima Medical University

A Simplified 1-on-1 Format

- RESOLVED: That the Japanese government must do more to solve the physician shortage than just increasing the number of medical students.
- For the Affirmative: Dr. David Brandt*
- For the Negative: Prof. Fred Huffer*
- One presentation for each speaker

*Real names of two high school debate colleagues who have gone on to do great things in their lives.

Fukushima Medical University

A pregnant woman is denied health care at eight different hospitals. When her membranes rupture, she is trapped in an ambulance, and minutes later, the ambulance itself it trapped – in a traffic accident. The baby dies.

Another city, another accident. A young man on a motorcycle survives the initial trauma, but dies while waiting to be admitted to a hospital.

An elderly woman with vomiting and diarrhea, refused by 30 hospitals, has a fatal heart attack while waiting at a fire station.

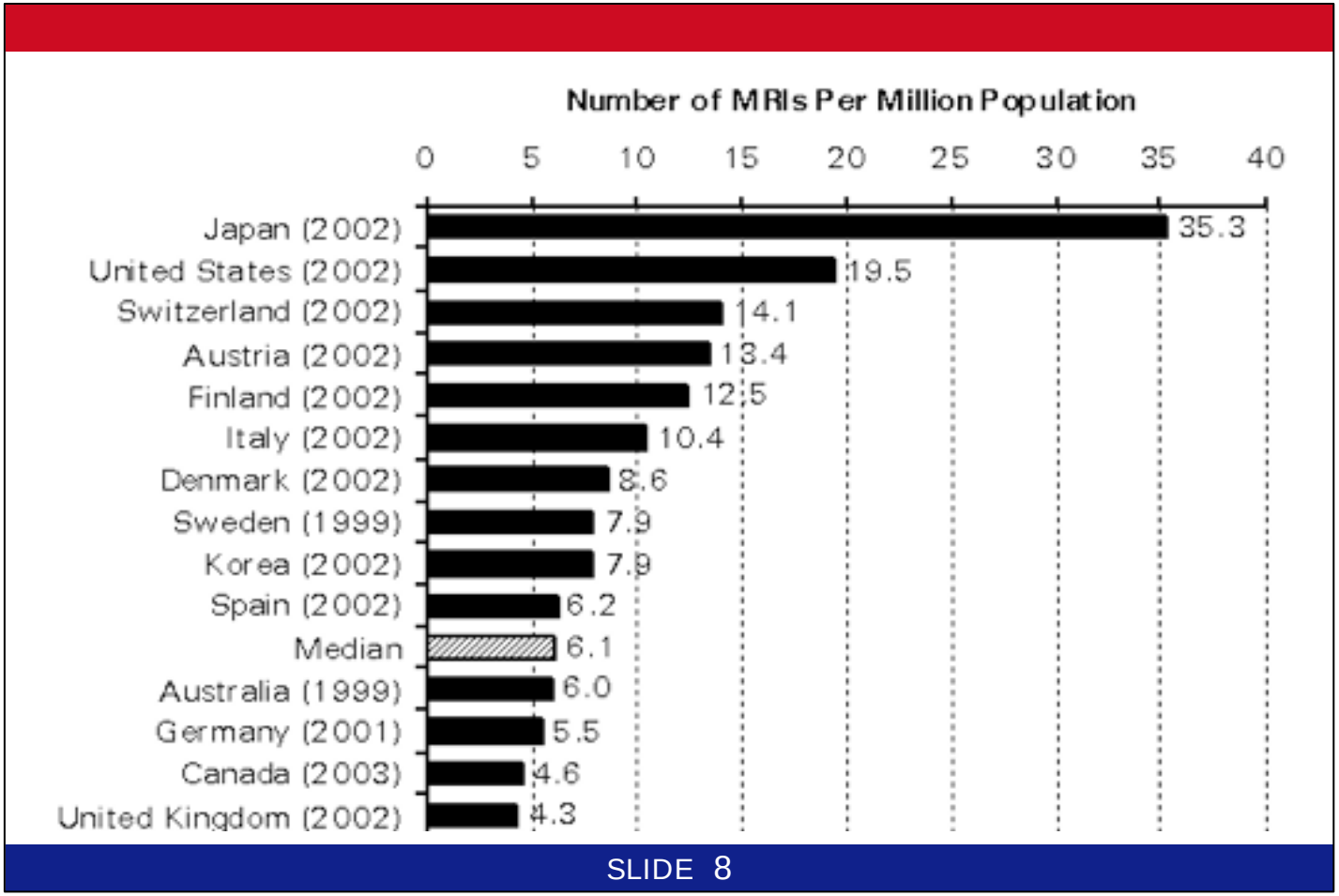
Stories, perhaps, from some poor country in the developing world?

Crisis in Japan

- *Miscarriage jolts Japan to address doctor shortage*
  - 2007-08-30 Reuters
- *Doctor shortage takes a toll in Japan*
  - 2008-03-15 AFP

Fukushima Medical University

No. These are citizens of Japan, a country that could otherwise be called the safest and most advanced of any nation on earth.



SLIDE 8

For example, Japan has more MRI machines per capita than any other country in the world. But we don't have enough doctors.

The Current Plan

- "The education and science ministry plans to raise the student quota for medical students by 700 to about 8500 in fiscal year 2009."
  - Editorial, *Make way for emergency care*. 2009-01-19 The Japan Times.

Fukushima Medical University

That's why the Ministry of Education, Culture, Sports, Science, and Technology, has approved 700 new medical school seats beginning in 2009, raising the total to about 8500. But this is too little, too late.

RESOLVED: That the Japanese government must do more to solve the physician shortage than just increasing the number of medical school seats.

Fukushima Medical University

SLIDE 10

Therefore, the affirmative team stands RESOLVED: That the Japanese government must do more to solve the physician shortage than just increasing the number of medical school seats.

Shortcomings of the Current Plan

- Seats are just seats, until they are filled with students.
- Medical school takes 6 years, followed by at least 2 years of postgraduate specialty training.
- Supply and demand (next slide).

Fukushima Medical University

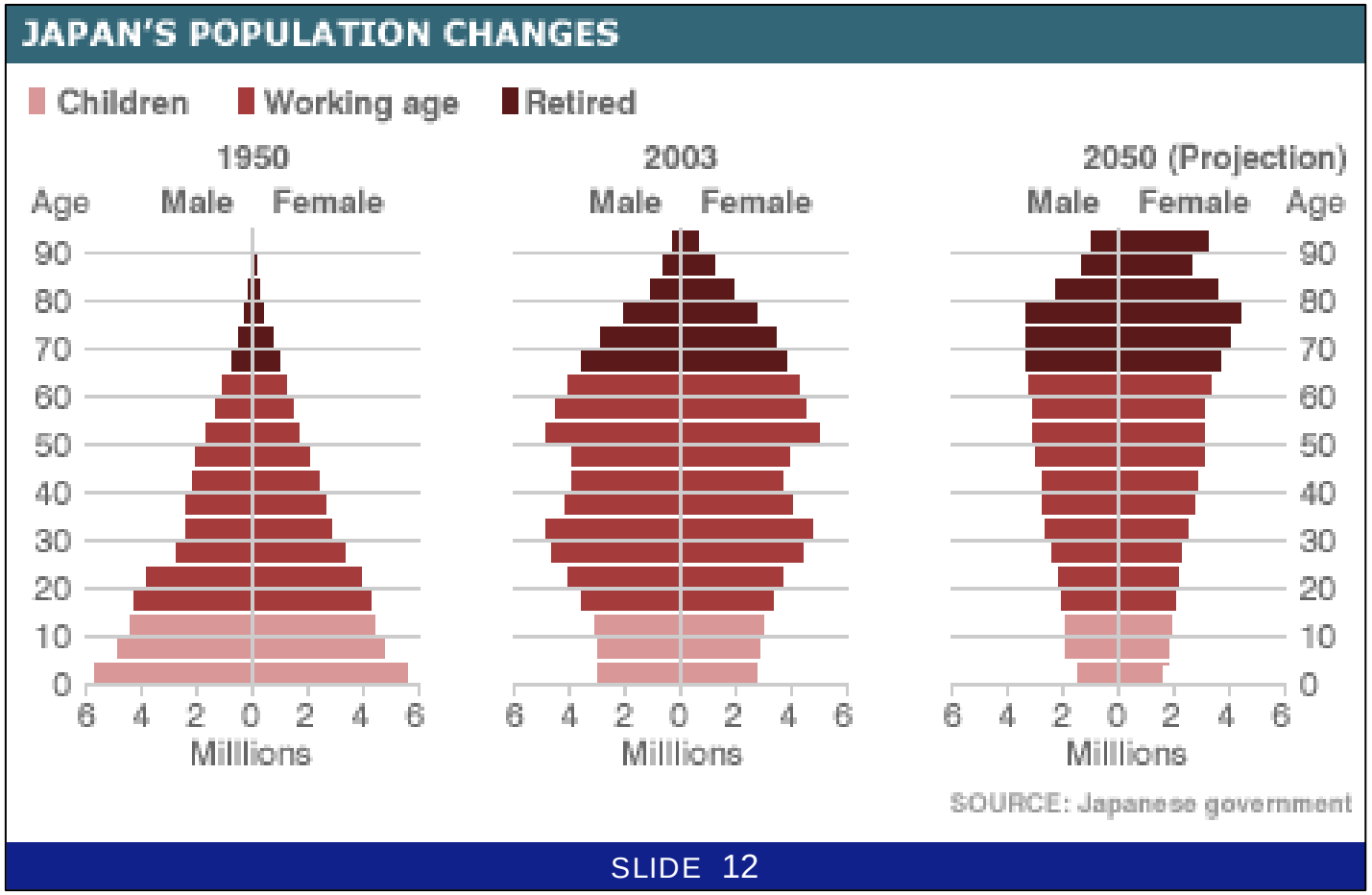
SLIDE 11

Simply making room for more medical students is insufficient for at least three reasons:

FIRST, seats are just seats, until they are filled with students. The number of high school graduates is declining, and other fields of study are open to the best and brightest.

SECOND, medical school takes six years, followed by two to four years of postgraduate specialty training.

THIRD, even after eight to ten years, will a modest increase in new doctors be enough for Japan? No.



The same population shift that is reducing the number of students is increasing the number older people, who usually require more health care.

"…ageing of the population - and the beginning in 2005 of a population decline - have raised the urgency with which Japan must alleviate labor shortages…such as medical doctors and nurses."

Kashiwazaki & Akaha. Japanese Immigration Policy: Responding to Conflicting Pressures. November 2006. www.migrationinformation.org/Profiles/display.cfm?id=487

Fukushima Medical University

SLIDE 13

It has been said that "…ageing of the population - and the beginning in 2005 of a population decline - have raised the urgency with which Japan must alleviate labor shortages…such as medical doctors and nurses."

"Foreign doctors and nurses must pass Japan's national examinations in those respective fields before they are allowed to practice."

Kashiwazaki & Akaha. Japanese Immigration Policy: Responding to Conflicting Pressures. November 2006. www.migrationinformation.org/Profiles/display.cfm?id=487

Fukushima Medical University

Presently, "Foreign doctors and nurses must pass Japan's national examinations in those respective fields before they are allowed to practice." Some changes have been made recently for nurses coming from Indonesia.

An Exception to the Rule

- Foreign doctors can apply for two years of “Advanced Clinical Training” in Japan.
- Must speak Japanese or English.
- Must have =3 years clinical experience.
- Must show proof of a job in the country of origin, to which he/she will return.

Fukushima
Medical University

For doctors, there is also an exception to the rule, but it is extremely limited.

{present contents of slide}

An Exception to the Rule

- "Advanced Clinical Training" is good for doctors from developing countries.
- What about Japan's needs?
- Currently, there are two American MDs at Japanese medical Universities.
  - Alan Lefor, MD @ Jichi University
  - Kenneth E. Nollet, MD, PhD @ FMU

Fukushima Medical University

{present contents of slide}

Alan Lefor, MD @ UCLA

- School of Medicine at UCLA
  - Professor of Clinical Surgery
  - Chair, Applied Anatomy College
- Cedars Sinai Medical Center
  - Program Director, General Surgery
  - Director, Graduate Medical Education and Continuing Medical Education
  - Director, Division of Surgical Oncology

Fukushima
Medical University

Dr. Lefor's American credentials are impressive.

{explain joint appointment to UCLA and Cedars Sinai}

Alan Lefor, MD @ Jichi

- Professor, Department of General Surgery, Division of Laparoscopic Surgery
- Executive Advisor, Medical Education Center
- Medical Director, Medical Simulation Center

- "Advanced Trainee" per MHLW!

Fukushima
Medical University

SLIDE 18

Dr. Lefor's Japanese credentials are also impressive. He is a professor in the Department of General Surgery, Division of Laparoscopic Surgery. He is Executive Advisor to the Medical Education Center, and Medical Director of the Medical Simulation Center.

But as far as the Ministry of Health, Labor, and Welfare is concerned, he is just another "Advanced Trainee" from a foreign country.

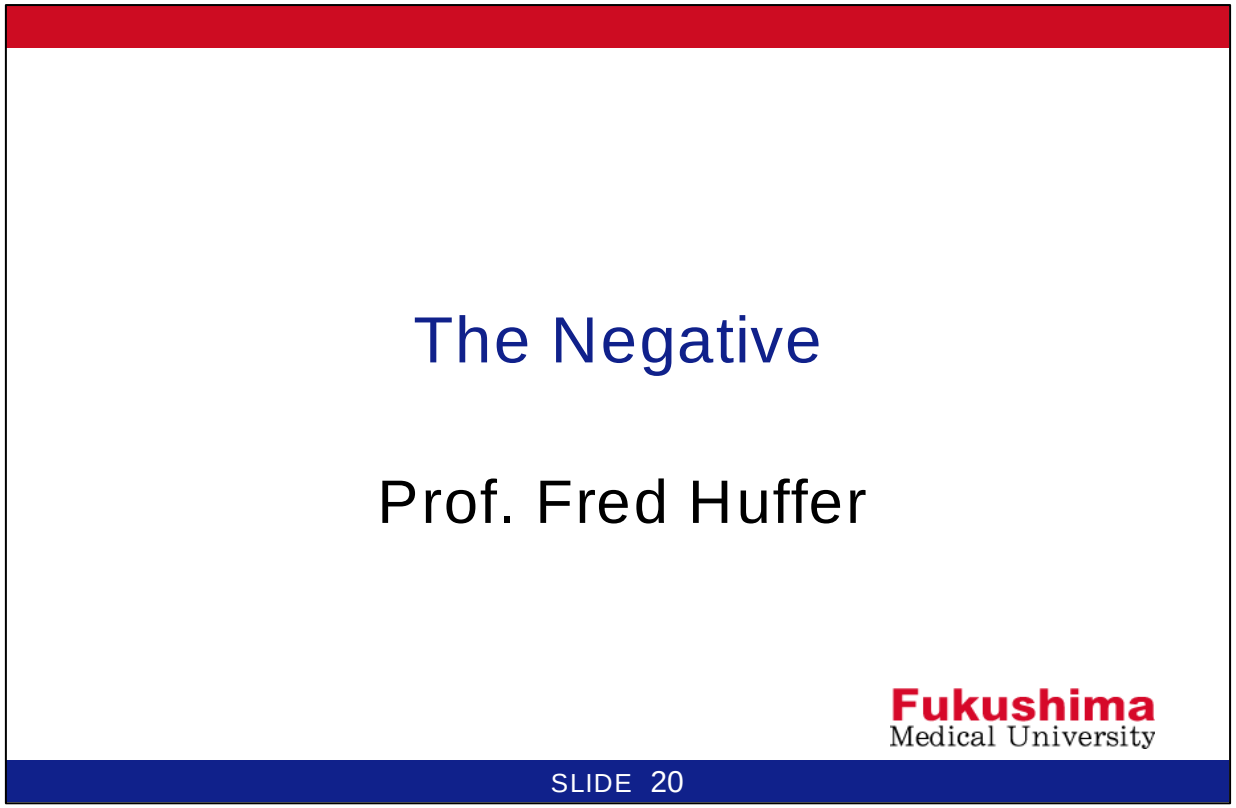
Professor Lefor must really love Japan to put up with such an insult. But the real issue is, what will happen when some bureaucrat in Tokyo decides that his two years are up, and he must return to the United States? It will be Japan's loss.

The Affirmative Team has a solution, already established elsewhere in the world.

{present contents of slide}

Some people may object to the idea of foreign-trained doctors practicing in Japan, but as is the case in Australia, medical practice in Japan can be limited to doctors who come from countries with respected medical education programs. Japan certainly respects American medical education – that's why so many Japanese doctors spend time in the United States. The favor can be returned: doctors from America and other developed countries can help meet the health care needs of Japanese citizens, if only the Japanese government would permit it. There is no need to wait, and hope, for today's high school students to become qualified doctors. Medical specialists from around the world, like Professor Lefor, are qualified, and ready, to serve.

Modern health care, by its very nature, is an international enterprise. So, there is no shame in welcoming foreign doctors to practice medicine on Japanese soil. But consider the alternative: 6 years, 8 years, maybe 10 or more years of Japanese hospitals turning away Japanese patients, who will suffer, and even die, as a result. That, ladies and gentlemen, would be a shame and a disgrace. The Affirmative plan is an honorable way forward, and should be adopted. Thank you.



Life… is precious… and a young mother losing her child is a tragedy beyond measure. That's why civilized society is judged by how it cares for the most vulnerable of its members: including the elderly, pregnant women, and the unborn.

It should touch your hearts to hear the newspaper stories told by the affirmative team, but your minds should not be misled. Those stories are newsworthy precisely because they are so rare.

Infant Mortality Facts

Japan	*total:* 2.8 deaths/1,000 live births *male:* 3 deaths/1,000 live births *female:* 2.58 deaths/1,000 live births (2008 est.)
Australia	*total:* 4.82 deaths/1,000 live births *male:* 5.15 deaths/1,000 live births *female:* 4.47 deaths/1,000 live births (2008 est.)
United States	*total:* 6.3 deaths/1,000 live births *male:* 6.95 deaths/1,000 live births *female:* 5.62 deaths/1,000 live births (2008 est.)

www.cia.gov/library/publications/the-world-factbook

Fukushima Medical University

SLIDE 21

The fact is, Japan has an infant mortality rate far lower than that of either Australia or the United States. Where would you rather have a child?

As for emergency care, when an ambulance is called, it knows where to go: directly to the patient. What it needs to know next is where to take the patient. If the ambulance doesn't know, that is a communications problem, not a doctor shortage.

Shortage, or System Failure?

- Every specialty at every hospital at every hour is not a solution.
- The job of an ambulance is triage:
  - Keep the patient alive.
  - Bring the patient to a facility with the right equipment and the right staff.

Fukushima
Medical University

{present contents of slide}

The Current Plan

- "Japanese doctors for Japanese patients" is a proven way to achieve good health and long life.
- MEXT decision-making takes account of student and patient demographics.
- Ageing is a long-term trend that requires a long-term solution.

Fukushima
Medical University

"Japanese doctors for Japanese patients" is a proven way to achieve good health and long life.
The affirmative team made a big point about how more and more Japanese citizens are reaching old age, and living longer. Yes! The system works.
{continue with contents of slide}
People grow older one year at a time, and medical training advances one year at a time. But the affirmative team thinks that more specialist doctors must come to Japan right away. Where will they come from?

Life Expectancy Facts

CENTRAL INTELLIGENCE AGENCY

THE WORLD FACTBOOK

CIA Home / About CIA / Careers / Offices of CIA / News & Information / Library / Kids' Page / Contact CIA

Rank	Country	Life expectancy at birth (years)	Date of Information
1	Macau	84.33	2008 est.
2	Andorra	82.67	2008 est.
3	Japan	82.07	2008 est.
7	Australia	81.53	2008 est.
8	Canada	81.16	2008 est.
45	Cyprus	78.15	2008 est.
46	United States	78.14	2008 est.

www.cia.gov/library/publications/the-world-factbook

Fukushima Medical University

Only Macau and Andorra have life expectancies longer than Japan. Foreign doctors from any other country in the world have not made their populations any healthier than the Japanese. But let's look at the Australian plan.

Reject the Affirmative Plan!

- Australia is an English-speaking country, attractive to English-speaking doctors.
  - How many foreign doctors are fluent in Japanese?
  - How many years does it take to become fluent?

Fukushima Medical University

{present contents of slide}

Reject the Affirmative Plan!

- Doctors come to Australia for a better life, and they shift the doctor shortage to other places.
  - South Africa → Australia
  - Congo → South Africa
- Australia still needs doctors!

Fukushima
Medical University

Doctors immigrate to Australia in search of a better life. Thus, they could be coming from less developed countries, where the need for physicians is even greater.

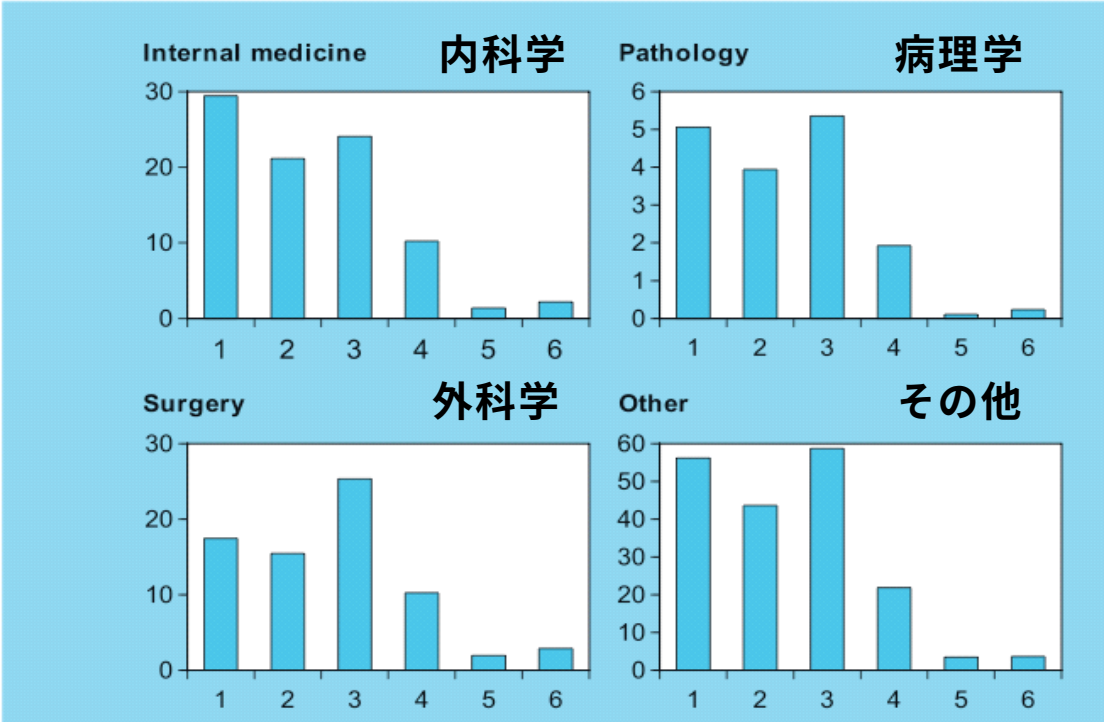
For example, when doctors from South Africa immigrate to Australia, they contribute to a shortage of doctors in their home country, which doctors from Congo try to fill, making the situation in Congo even worse. Thus, Australia seems only to be shifting a doctor shortage from one country to another.

And Australia, for all its foreign doctors, still has a shortage.

Australia needs doctors!

1=州都
2=メトロ
3=大rural
4=中rural
5=小rural
6=remote

Medical specialists per 100,000 population, 1995



SLIDE 27

Especially in rural and remote areas, Australia has a doctor shortage. The capital cities and metropolitan areas are where all the native and foreign doctors want to live.

Japan is a Health Care Leader

- Only Sweden and Singapore have lower infant mortality rates.
- Only Andorra and Macao have longer life expectancies.
- Japan should export, not import, medical expertise.

www.cia.gov/library/publications/the-world-factbook

Fukushima Medical University

SLIDE 28

The fact is, Japan is a Health Care Leader.

{present contents of slide}

Even the communist island nation of Cuba exports doctors. Instead of importing doctors, why can't Japan do the same?

In any case, Japanese doctors for Japanese patients is the right way forward for Japan, and the Ministry of Education, Culture, Sports, Science, and Technology knows what to do for Japan's future, and they are doing it. The affirmative plan should be dismissed.

Fukushima
Medical University

SLIDE 29

Thank you for your generous attention.