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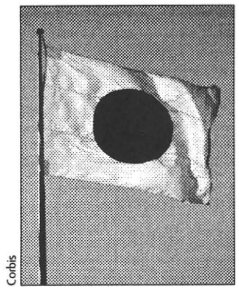

Corbis

Japan's health policy

In his Offline piece on Japan's health system (Sept 11, p 858),[1] Richard Horton criticises the fact that large vested interests dominate and that the voice of the academic community is almost silent in Japan. The Ministry of Health, Labour and Welfare (MHLW) was indeed formerly the only think tank involved in Japan's health policy, but the political power shift in 2009 enabled the public to participate in policy making.

Before the regime change, MHLW held absolute authority over policy decisions and some problems inevitably could be pointed out. First, MHLW bureaucrats exclusively selected members of policy board meetings.[2] Such a procedure tapped into a limited range of opinions, leading to biased policy making. Second, scientists and doctors could not express their opinion against MHLW's policy. They feared offending the bureaucrats since they had the power to shuffle personnel.

However, the regime change enabled patients, doctors, and scientists to convey their opinions to the government. Medical students appealed for an increase in the number of doctors on television and the newspapers, and I was provided with an opportunity to discuss the matter with several politicians. These actions contributed to an increase in medical school quotas after a 24-year stagnation. This public-led reform seems similar to that of the UK during the Blair administration.

We hope that this trend will continue; however, the government and bureaucrats could collude again. We should take note of whether the Democratic Party truly maintains public participation in policy making.

We declare that we have no conflicts of interest.

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1 Horton R. Offline: Japan: a mirror for our future. *Lancet* 2010; **376:** 858.

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Richard Horton[1] discusses Japan's endemic political crisis and the threats to its health-care system. However, he does not mention the ongoing drastic revision of health-care policy after regime change from the Liberal Democratic Party of Japan (LDP) to the Democratic Party of Japan (DPJ) in 2009. These changes in Japan are similar to the New Labour health reforms in the UK[2] in many respects: increases in medical expenditure and doctors' supply directed by political leadership.

Over the period 1961–2009 of the Japanese universal health insurance coverage, the LDP governed the Japanese health-care system. Under the initiative of the bureaucracy and its regulation, the LDP had reined in the total medical fee, which triggered medical facilities' closures. The collapse of regional health care has been caused by this flawed policy and by physician shortages.[3]

After the change of government in 2009, the DPJ took the political initiative and placed 100 political appointees in the ministries. For the first time in 10 years, the DPJ increased the total medical fee to 0·19%, adding 570 billion yen.[4] Moreover, greater remuneration was allocated to first-stage inpatient treatment in the departments of emergency medicine, obstetrics, paediatrics, and surgery, as well as to hospitals for complex operations. These strategies turned the trend of doctors' resignations and helped to prevent the further collapse of medical services. The education ministry now plans to establish new medical schools to cover a deepening shortage of doctors.[5]

Japan should learn from the British lessons on health reform[2]—DPJ's ability to make radical changes of health policy is tested.

We declare that we have no conflicts of interest.

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Post-MBBS exit test for doctors in India

I am writing in response to a *Times of India* article dated Sept 17, 2010, which describes a common post-MBBS examination—"an exit test before docs can practice".[1] Apparently the newly constituted board of governors at the Medical Council of India (MCI) has accepted the fact that not all fresh medical graduates are ready for serving in society, meaning that they agree about the deterioration of medical education in our country. The story of the tainted president of the MCI, Ketan Desai, who is still in custody, has already been covered in *The Lancet*.[2]