


LETTER TO THE EDITORS

Should the Japanese government support travels for transplantation as a policy under the National Health Insurance system?

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Dear Editors,

On December 22, 2017, the Japanese Ministry of Health, Labor and Welfare (MHLW) issued a Notice of a policy in support of travels for transplantation under strict conditions [1] (Table 1). It decided to pay approximately ¥10 000 000 (USD 100 000) from national health insurance for each patient (insured) who undergoes transplant surgery overseas [2]. Patients can use the money to pay for medical fees and travel expenses, etc., but not to buy organs, which is prohibited by The Japanese Organ Transplant Law. The national health insurance system covers all the citizens of Japan, thereby assuring 100% access to healthcare. This system is very “public” in nature, as it is supported by tax contributions (i.e., deducted from subscribers’ income or paid by employers).

With regard to the reimbursement process, MHLW will provide oversight, while public organizations in charge of national health insurance vet the application and check the conditions according to the Notice.

This policy targets pediatric heart transplant patients who plan to travel to North America [2,3], where transplants to foreigners can be performed [4]. Patients are required to submit a copy of the referral form by their certified attending physician; certified physicians would only write letters for pediatric heart patients. With MHLW being in charge, there will be sufficient regulatory oversight from a process perspective.

The backdrop is that the number of brain-dead donors is low in Japan [5,6]. Most of foreign pediatric heart transplant patients in North America are from Japan [7], and even after the 2008 Istanbul Declaration and the 2010 WHO Global Consultation on

transplant tourism, the yearly number of Japanese pediatric heart transplant travels has shown no significant change.

From the standpoint of *political philosophy*, it is exceedingly difficult to justify this policy. The most promising justification is that found in liberal egalitarianism [8]. It has been developed by John Rawls, Ronald Dworkin, Amartya Sen, and has stressed distributive justice.

Rawls propounds two principles of justice, which distribute the benefits and burdens associated with social cooperation. These include “The Difference Principle” (inequalities are to have “the greatest benefit of the least advantaged” members of society to improve their living standards).

Will it ever be the case that “The Difference Principle” which focuses upon the least advantaged, or the “best interests” of (only Japanese) patients, will serve as grounds for such justification, to the extent of violating international rules? We cannot think that the justification succeeds. First, with regard to determining the least advantaged people in the field of health care, why should those awaiting transplantation surgeries be prioritized when there are other various patients with intractable diseases? Second, if we support travels for transplantation, we consequently infringe the opportunity of access to health care from patients waiting in other countries. In this manner, we cause international inequalities surrounding health care access. Therefore, even if we assert that we advocate for the best interests of patients, this does not offer enough of a reason to violate international rules.

We can also point out the domestic problem in this policy. How do we consider the fact that, as a public insurance system, all Japanese people are made to bear its burdens together? MHLW has not held any public comment session. Even the publicity of policy decision-making, a necessary condition of procedural justice, has not been granted.

Table 1. Summary of the notice issued by MHLW on December 22, 2017.

On the Handling of Foreign Medical Expenditures Pertaining to Organ Transplantation

For the time being, insurers' reports will be required, and the MHLW will oversee their contents

Notes:

1. When a person insured satisfies all of the conditions below, the case will be judged "unavoidable" and foreign medical expenditures be provided.

(1) The insured meets the inclusion criteria to be on the recipient list, and is registered with the Japan Organ Transplant Network (JOTN) at the time of overseas travel.

(2) When considering the priority status of the waiting list in Japan, there is a high possibility that the insured will die, unless she/he receives a transplant overseas.

2. The insurer must require the submission of the following documents from the insured.

(1) A copy of the certificate of registration with JOTN.

(2) A copy of the referral form to the overseas facility prepared by the attending physician (an association-certified transplant physician) stating that:

- the insured meets the inclusion criteria for organ donation, and is registered with JOTN,

- when considering the priority status of the waiting list in Japan, there is a high possibility that the insured will die, unless she/he receives a transplant overseas.

(3) A copy of the record of the period during which the insured was hospitalized in the overseas facility.

(Authors' translation)

It would not be strange if this policy were even to be condemned internationally. Because transplant tourism is, as above, an act which infringes upon the rights to access health care of people from other countries with the same shortages of organs, it is not something that can be allowed internationally. The Japanese government must conduct reasonable policy-making to reduce support of travels for transplantation as soon as possible while also considering global justice [9].

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REFERENCES

1. Ministry of Health, Labor and Welfare, Japan. Notice: On the Handling of Foreign Medical Expenditures Pertaining to Organ Transplantation. December 22nd, 2017 (www.hourei.mhlw.go.jp/hourei/doc/tsuchi/T171226S0030.pdf)
2. Asahi Newspaper Digital. Covering transplant tourism using national health insurance system, ¥10,000,000 for a heart, MHLW. December 15th 2017 (<http://www.asahi.com/articles/ASKDF56XNKDFUTFK00T.html>)
3. The Japan Transplant Society. President statement on repayment of health insurance regarding transplant tourism. December 22nd, 2017 (http://www.asas.or.jp/jst/news/doc/info_20171222.pdf)
4. Glazier AK, Danovitch GM, Delmonico FL. Organ transplantation for nonresidents of the United States: a policy for transparency. *Am J Transplant* 2014; **14**: 1740.
5. International Registry in Organ Donation and Transplantation – IRODaT, at <http://www.irodat.org/>.
6. Akabayashi A, Nakazawa E, Ozeki R, et al. Twenty years after enactment of the Organ Transplant Law in Japan: Why are there still so few deceased donors? *Transplant Proc* 2018; doi: <https://doi.org/10.1016/j.transproceed.2018.02.078> (in press).
7. The Japan Society for Transplantation. Fact Book 2016 of Organ Transplantation in Japan, 2016 (<http://www.asas.or.jp/jst/pdf/factbook/factbook2016.pdf>)
8. Kymlicka W. *Contemporary Political Philosophy: An Introduction*, 2nd edn. Oxford: Oxford University Press, 2002: x–xi.
9. Pogge T. *World Poverty and Human Rights*, 2nd edn. Cambridge: Polity Press, 2008: 110–114.