Legislation: Could it be a winning battle?

Japan may be small in size but it is economically powerful and has a population of about 120 million, which is roughly half that of the U.S.

In order to understand chiropractic's position in Japanese society, it is necessary to know something of Japan's recent political history. The Japanese political and bureaucratic systems have changed drastically since World War II. Prior to the war, there was more of a federal system under which each prefecture had considerable power. However, under the U.S. occupation, the administration was centralized in order to hasten the country's recovery. This had its advantages and disadvantages. The bureaucracy became very powerful, but the will of the people was not reflected in policies. For example, the Diet (parliament) members are the elected lawmakers, but bills proposed by bureaucrats have a much better chance of becoming legislation. Under circumstances, the organization of pressure groups to influence the bureaucracy is very important to the success of legislation. The bureaucracy in turn is very conservative, and is very reluctant to make any changes which might cause controversy or weaken its power. One element of this bureaucracy, the Ministry of Health and Welfare (MHW), administers the health care system.

Prior to the war, chiropractic was governed by the regional authorities, however in 1947 it was legally banned. In that year the profession formed a group, the Zenkoku Ryoujutsushi Kyokai (ZRK), for the purpose of pursuing legislation. In 1960 a decision of the Supreme Court made it impossible for the MHW to take any action against chiropractic. Consequently, through the 1970's and 80's, over 40 individuals with formal overseas chiropractic education returned to Japan. Some of these opened their own proprietary schools and began their own organizations instead of joining the JCA. This was very unfortunate, since the result was the lack of a strong organization to approach the MHW. All D.C.'s might have worked for chiropractic, but in fact there were numerous "turf wars" around these new institutions and organizations. Today the profession has just begun to face the challenge of working together.

About 100 years ago, the Japanese government adopted the western medical system and gave M.D.'s a virtual monopoly on the health care system. There were about 210,000 M.D.'s and they were the only ones allowed to diagnose and treat diseases. In 1961, the creation of socialized medicine was of great benefit to both the people and medical practitioners. However, since then there has been increasing

concern about quality and the rising cost of care.

Orthopedists in Japan know little about chiropractic but politically they are strongly opposed to it, often citing a supposed lack of medical proof. In addition to the medical hierarchy, there are 92,000 shiatsu/massage therapists, 62,000 practitioners of acupuncture/moxibustion and 23,000 bonesetters in legalized traditional practices. They are well organized, politically powerful and have been conducting a strong anti-chiropractic campaign for years. They have been saying chiropractic is illeal and dangerous. They are trying to eliminate or absorb all together.

The MHW is well aware of the true issues surrounding chiropractic legislation. Under the circumstances, it is difficult for them to either approve or ban the practice. The increasing number of several thousands practitioners is just too great to ignore. This is due to the increasing public acceptance of the profession, both at home and overseas. Faced with this political dilemma, the MHW has asked the leaders of the various chiropractic associations to unify the profession and move towards self-regulation in order to protect the public.

Today chiropractic is becoming well accepted by the public, so that even the strongest opponents no longer believe that they can eliminate it. Their strategy is changing to one of challenging the qualifications of practitioners and attacking the inadequate education of proprietary chiropractic schools.

There would be no better answer than the opening of RMIT University, Chiropractic Unit-Japan. It is a legitimate University education with bonafide degree at completion. It is expected to play the major role of setting the standards of future chiropractic education in Lange.

Whether or not we win the battle for legislation will probably depend on the establishment of educational standards which are acceptable to society and the international chiropractic community. In this regard, international assistance will also have a profound effect in establishing educational standards in Japan.

The crux of the matter is the scope of practice in legislation for chiropractic. Manipulative care is already restricted to duly licenced practitioners such as Shiatsu/Massage and physical therapists and it leaves little to chiropractors except adjustment of the spine. This is the argument brought up by anti-chiropractic group.

It is about time that the profession should consider Mr.Chapman-Smith's proposal that scope of practice is left to the self-regulatory board established by the legislation like in Europe.