

Prescribing and dispensing in Japan: conflict of interest?

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Every country's medical care system evolved according to the needs of its people. Its shape is determined by cultural and social forces, and the stakeholders take pride in its development and its national characteristics.

The traditional feature of Japan's 1,000-year-old medical system has been that patients expect doctors not only to prescribe the appropriate medicine but also to dispense it. This duality of function has in large measure contributed to the development of a comprehensive approach to patient care. By contrast, doctors in Western countries prescribe but do not dispense drugs; that is done by pharmacists who supply the medication as prescribed by the doctor.

Japanese doctors who advocated the introduction of Western medicine to Japan were convinced that it was essential to implement the same principle in Japan. The first Medical Act incorporating this belief was passed in 1874. The first pharmacopoeia, published in 1886, excluded almost all the traditional medicaments. However, even if all medical school graduates in 1884 had adopted Western-style practice there would have been only 588 of them, a mere 1.4% of all registered doctors in Japan at the time. While traditional practitioners continued to see their patients and prescribe and dispense all in the same place, those who chose not to dispense drugs were not likely to attract many patients or establish their hegemony in medicine.

Fearing the results of separating prescribing from dispensing, the advocates of separation policy were forced to abandon their principles. They made an abrupt U-turn and urged all Japanese doctors to support the non-separation principle. In this they succeeded.

Another act, passed in 1887, permitted all medical practitioners to prescribe and dispense any drug listed in the new pharmacopoeia but only to their own patients. This marked the beginning of a new dispute, which has continued ever since, between the writers of prescriptions and the dispensers of medication.

Dr Yasushi Hasegawa, an early supporter of the new style medical care, also had second thoughts

about its implications for doctors in Japan. Addressing the Fifth Imperial Parliament in 1893, he said:

As long as the separation policy is implemented according to the Japanese pharmacopoeia, it cannot be applied to practitioners who dispense traditional medicaments. So these 30,000 practitioners do not have to adopt this policy.¹

At the Thirteenth Imperial Parliament in 1899, Dr Hasegawa, by now Chief Medical Officer, stated:

if the separation policy is to be applied to traditional practitioners as well, we must accept the restoration of traditional medicine and revise the Japanese pharmacopoeia. Therefore, I believe the separation policy cannot be introduced in this country.²

Now recent economic conditions in Japan have caused many systems to be reformed with little regard to their own historical background. Thus, in its attempt to align itself with Western-style medical care the Japanese government was forced to give up the implementation of separating prescribing and dispensing functions at the time of the birth of modern medical care system in Japan. In the process, however, it succeeded in eradicating traditional drugs from standard medical care. In view of this process, it can be said that practitioners of Western medicine, like the physicians in England, established their medical ascendancy over practitioners of traditional medicine. They are similar to the English apothecaries who were also forced to give up using their own traditional drugs.

References

- 1 Stenographic Record No 11 of the House of Representatives. Tokyo: Tokyo University Press, 1980:156–7. (Reprinted edition, in Japanese.)
- 2 Stenographic Record No 41 of the House of Representatives. Tokyo: Tokyo University Press, 1980:647. (Reprinted edition, in Japanese.)

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