OCCUPATIONAL MEDICINE IN JAPAN

What kinds of work take place in your country?

Based on their proportion of GDP, the top Japanese industries are, in order, the service industry, the manufacturing industry, the wholesale and retail industry, government services, the real estate industry, the finance and insurance industry, the transportation and communication industry and the construction industry. Small workplaces with <50 workers account for ~95% of all workplaces.

What are the key occupational diseases?

Those due to the physical environment include hyperbarism, occupational deafness and vibration-caused disorders. Those due to the chemical environment include pneumoconiosis, toxic gas poisoning, organic solvent poisoning and heavy metal poisoning. Those due to working conditions include cerviobrachial disorders and occupational lumbago. To reduce the incidence of suicide and mental health-related leave, mental health measures were made obligatory for companies in the 2008 revision of the Industrial Safety and Health Law.

How is occupational health provided?

The Ministry of Health, Labour and Welfare’s Labour Standards Bureau has jurisdiction over matters related to labour accidents, working hours and wages and occupational health. In each prefecture, it has established a labour bureau and labour standards supervision offices (343 offices and 4 branch offices). Oversight and guidance are provided by labour standards inspectors, regional occupational health specialists, occupational health guidance physicians, regional pneumoconiosis physicians and others.

Who provides the services?

Workplaces that normally employ 50 people or more have a health committee that meets at least once a month. Workplaces that normally employ 1000 people or more and workplaces that normally employ 500 people or more in certain specified operations have their own occupational physician. Services are provided by occupational physicians, occupational health nurses, health managers, safety and health supervisors and others.

How is occupational health represented?

Government policy is determined based on the deliberations conducted by the Ministry of Health, Labour and Welfare’s Labour Policy Council’s Safety and Health Subcommittee. Scholars, lawyers and others, acting as representatives of labour, representatives of employers and representatives of the public interest, participate in the deliberations.

What legislation do you have that impacts on the provision of occupational health?

Under the Labour Standards Act (1947) and the Industrial Safety and Health Law (1972), occupational illness has been greatly reduced through three types of labour management (work environment management, work management and health management) and through safety and health education. Together with the 1992 revision of the Industrial Safety and Health Law, the links between physical examinations and health guidance were improved, health management measures for late-night workers were expanded and the submittal of safety datasheets on chemicals and more (MSDSs) was made obligatory. Following the creation of the Ministry of Health, Labour and Welfare, and under its Total Health Promotion Plan, mental health measures have been strengthened through the ‘Guidelines for Promoting Mental Health in the Workplace (2000)’.

What about research and education?

The National Institute of Industrial Health conducts research on occupational illnesses. The University of Occupational and Environmental Health trains occupational physicians and occupational health nurses and holds symposia and other events. Regional occupational health centres have been established in 347 places throughout the country in order to provide small workplaces with health consultation, individualized occupational health guidance (by means of visits) and more. Occupational health promotion centres, which conduct specialized consultation about occupational health activities and provide related information, have also been established in each of the country’s prefectures.

What has your country contributed to the advancement of the specialty?

Through the three types of labour management, and the safety and health education, that are conducted under the Industrial Safety and Health Law, we have proved that it is possible to reduce labour accidents while increasing production. The number of labour accident victims is equivalent to that in Great Britain and lower than in other countries. Also, the frequency rate of labour accidents is lower than in the USA.

Yoshika Suzaki1* and Hiromi Ariyoshi2

1Nursing Department, Education Section, Juntendo University, Shizuoka Hospital
2Shimonoseki City University, Research Institute for Industry and Culture, Shimonoseki
*e-mail: yoshika_suzaki@ybb.ne.jp