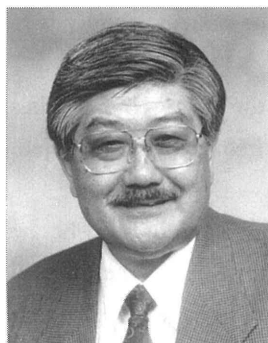

Foreword



Let's Keep our Profession as the Sole Medical Care Provider

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Yukihiko NOSE, M.D., PH.D.

When I came to the United States in 1962, medical technologies were well ahead of any other country in the world. Many Japanese medical doctors came to the United States to learn the most advanced medical technologies from these medical centers. There were modern surgeries with safe general anesthesia, cardiac surgeries with advanced cardiopulmonary bypass, safe and effective chronic hemodialysis, and many other impressive technologies. I was so impressed. The medical care delivery systems in the US were also very impressive at that time. They had well established ICU and CCU, central surgical facilities, facilitation of complete nursing care, emergency care delivery systems, and many other hospital and outpatient facilities.

Unfortunately, during the last 45 years, the medical care delivery and the medical technologies did not advance in the US as all of us expected. Rather than advancing they have been declining.

What are the reasons for this decline? My opinion is that because many lawyers that have become involved with the medical care delivery, it is becoming more and more expensive to ensure daily medical care. Additional involvement by the FDA necessitates higher medical care costs for devices and equipment and this has further enhanced the medical care costs. Also, the high medical costs can be attributed to the medical insurance costs that are increasing at an alarming rate, because of the expensive nature of insurance. Currently it is said, that approximately 16% of US residents do not have health insurance. Regardless of the insurance coverage, medical care costs for US citizens are quite substantial because the insurance companies generally will not pay more than 50% of the expenses.

I have four medical insurances, one through Baylor College of Medicine, the second one from Social Security, and the third from the Cleveland Clinic where I was employed for 25 years, and the fourth is a private insurance company to cover long-term illness. Even though I have four health insurances, I have to pay substantially in case I need any medical care. Thus, the individual who has only one inexpensive health insurance coverage is scared to go to the hospital or receive any medical care.

As previously stated, the insurance companies in the US generally pay only 50% of the medical care costs. In general, the patients cannot afford to pay any medical care costs. In order to cope with this situation medical care delivery institutions have to inflate the cost two times to be able to cover their expenses. This trend further accelerates the US medical expenses. In addition insurance companies have a limit of payment amounts. For instance, generally they will pay after open heart surgery 24 hours for ICU and a hospital stay of five days.

Thus, generally the top one-third of the wealthy US residents has reasonable health insurance. At the same time 1/3 of the lower income US citizens have government insurance coverage.

Approximately 1/3 of middle class citizens do not have adequate insurance coverage even though they may have some insurance. In order to cope with these situations, most medical care is performed in an outpatient clinic. Home health care is also encouraged for the patients suffering from an incurable terminal illness. They are encouraged not to receive treatment other than hospice care.

By the same token, if the patient is a senior citizen suffering from mental disorders the patient's family is most likely not to receive further treatment coverage.

Compared to this US situation where medical care delivery is not determined by the doctor but the health insurance agent, we can provide medical care by doctors based upon the medical requirements for the Japanese patients.

Currently, Japanese medical care is the best in the world ; however, we, the medical doctors, have to be aware not to overtreat the patient unnecessarily. We should be aware that one day the decision of what type of medical care can be given by medical doctors may be taken away from us and it would then be in the hands of government insurance agents. We the Japanese physicians must be aware of this situation. Furthermore, we should not over-treat the patient and we should keep our profession as the sole provider of medical care.

We, the medical doctors, should unite and treat the patients to the best of our ability ! It is our professional obligation to put the patient first and not allow the insurance companies to dictate the treatment of our patients.

We must not give any other professionals, including insurance providers, malpractice lawyers, and government agents, the decision making power of what medical care the patient should receive or not receive.

CURRICULUM VITAE

YUKIHIKO NOSE, M.D., PH.D.

I. EDUCATION :

- 1951-1953 University of Hokkaido, School of Basic Science, Sapporo, Japan
- 1953-1957 University of Hokkaido, School of Medicine, Sapporo, Japan, M.D.
- 1957-1958 Rotating Internship, University of Hokkaido, Medical School Hospital
- 1958 Medical License to Practice in Japan
- 1958-1962 University of Hokkaido, School of Medicine, First Department of Surgery and Postgraduate School of Medicine (Prof. Jiro Mikami), Sapporo, Japan. (Combined basic and clinical postgraduate training program) Ph.D. in Surgical Science

II. PROFESSIONAL CAREER :

- 1991 to Present Professor of Surgery, Department of Surgery, Baylor College of Medicine, Houston, Texas.
- 1989 to 1990 Chairman Emeritus, Department of Artificial Organs, The Cleveland Clinic Foundation, Cleveland, Ohio. Visiting Professor, Department of Surgery, Baylor College of Medicine, Houston, Texas.
- 1971-1989 Scientific Director, Artificial Organs Program, and Chairman, Department of Artificial Organs, The Cleveland Clinic Foundation, Cleveland, Ohio. Professor of Biomedical engineering (adjunct appointment), Department of Biomedical Engineering, Case Western Reserve University Schools of Medicine and Engineering, Cleveland, Ohio.
- 1967-1970 Staff and Head, Artificial Organs Program, Division of Research, The Cleveland Clinic Foundation, Cleveland, Ohio.
- 1966-1967 Associate Staff, Department of Artificial Organs, The Cleveland Clinic Foundation, Cleveland, Ohio.
- 1964-1966 Postgraduate Fellow, Department of Artificial Organs, The Cleveland Clinic Foundation, Cleveland, Ohio (Dr. Willem J. Kolff).
- 1962-1964 Research Associate, Surgical Research Laboratory, Maimonides Hospital, Brooklyn, New York (Dr. Adrian Kantrowitz).
- 1961-1962 Surgeon in Charge, Section of Artificial Organs and Laboratory, First Department of Surgery, University of Hokkaido, School of Medicine, Hokkaido, Japan.

III. ADDITIONAL ACTIVITIES :

1. Adjunct Professor of Surgery, Tokyo Medical University, Tokyo, Japan
2. Founder (1977), Trustee (1977-1999), Past Congress President (1985), and Past President (1988-1990), International Society for Artificial Organs
3. Past Congress President (1993), Past President and former Trustee (1979-1996), American Society for Artificial Internal Organs
4. Founder (1983), Congress President (1994) and General Secretary (1983-1993) World Apheresis Association
5. Founder (1992), Congress President (1995), President (1996) and Board of Trustees (1992-), International Society for Rotary Blood Pumps
6. Founder (1995), Board of Trustees, International Society for Apheresis (1995-)

7. Board of Trustees, International Society for Medical Gas (1995-)
8. Board of Trustees (1991-1999), World Association of Artificial Organs, Immunology and Transplantation Society (WAITS)
9. Founder (1979), Chief Operating Officer (Vice President) and Trustee, International Center for Artificial Organs and Transplantation (1979-present)
10. Consultant (1981-1982) and Member of NHLBI-NIH Surgery and Bioengineering Study Section (1983-1987)
11. Consultant, NIAMD, NIH Artificial Kidney and Chronic Uremia Program (1971-1974)
12. Editor-in-Chief, *Artificial Organs* (1977-1999)

The above is a shortened version of Dr. Nose's C.V.

IV. SUMMARY OF PUBLICATIONS

Publications

Papers : 1,208 Books : 20