Author’s response to reviews

Title: Misuse of emergent healthcare in contemporary Japan

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Author’s response to reviews:

Dear editor Kohei Hasegawa
Dear Reviewer Nao Hanaki
Dear Reviewer Hiraku Funakoshi

re: EMMD-D-17-00026; Misuse of emergent healthcare in contemporary Japan

The authors are grateful to you and reviewers for the fruitful comments on the original version of our manuscript. We have taken all comments into account and submit, herewith, a revised version of our paper.

We have addressed comments by reviewers Dr. Nao Hanaki (Reviewer 1) and Dr. Hikaru Funakoshi (Reviewer 2) and made point-by-point responses to them as follows.

We highlighted (by blue-colored font) changes made in the revised manuscript.

We hope that the revised version of our paper is suitable for publication in the BMC Emergency Medicine and we look forward to hearing from you.

Yours sincerely,

Corresponding address
Response to comments by Dr Nao Hanaki (Reviewer 1)

Major comments

1: The information about Japanese emergency transportation system is not enough for readers outside Japan. The information about transportation fee or permissions possessed by emergency personnel. For example, they cannot refuse to transfer patients unless if patients do not seem to be so serious condition. These information will help readers better understand the problems describing in the next section. (Background)

Response.

The information on Japanese healthcare professionals’ obligation has been provided in the second paragraph of the Background section in the revised manuscript. Sentences “healthcare professionals including ambulance crews are imposed an obligation to provide fundamental services by relevant laws and administrative guidelines, and their refusal to patients’ request is accepted under very limited circumstances, even with justifiable reasons.” were inserted.

2: Explanation about problem consciousness is lacking. Why did you chose these two problems 'convenience-store consultation' and transportation by ambulance instead of taxi from various matters? (p4, l 46)

Response.

To explain the ‘problem awareness’, sentences “A more appropriate distribution of physicians, however, is not the only solution to these problems.” and “In addition to protecting and securing human resources in medical facilities and public administrations, attention should be directed to patient attitudes; however, this issue has not provoked ethical debate.” have been added in the first and second paragraphs of the Background section.

3: The sentence "Patients must respect…. Becomes necessary (p 10, l32-36) is speculative. Any evidence or example to support this? (p 10, l32-36)
Response.

This paper is not a “research article” but a “debate article,” which “presents an argument that is not essentially based on practical research” and “can report on all aspects of the subject including sociological and ethical aspects” (according to your journal’s instructions to authors). Nonetheless, to address this Reviewer comment, we have added “It is possible to argue that” to the beginning of the sentence, “Patients must respect… becomes necessary (p 10, l 32-36).” As you pointed out, it is better to provide scientific evidence and facts as much as possible to make a persuasive argument; however, relevant information could not be found at the time of initial writing and revision of the present paper.

4: You discussed the causes of 'convenience-store consultation and inappropriate ambulance transportation in the same section. The arguments in this section is unclear. I agree that some of the causes of these two problem from the same point. But, I suppose causes may be different. Please clarify the causes of each problem and show relationship between problems. (Investigating the causes of emergency medical care misuse as prioritized measure, p 11-13)

Response.

We searched relevant literatures again for this revision. However, to the best of our knowledge, no clear causes have been identified regarding these problematic patient behaviours. Therefore, we cannot say that causes may be different. In the Investigating the causes of emergency medical care misuse as a prioritized measure section, two sentences “Such patients are likely to engage in ‘convenience store consultations.’” and “Patients who lack sufficient knowledge about healthcare may head to ER or call ambulance service casually.” have been added based on our speculation. In addition, we mentioned the need for further close investigation in the third paragraph of the same section.

5: You discussed possible countermeasures only for patients in possible countermeasures section. You also discussed surcharges and restriction of medical care at the next section. Do you show surcharges and restriction as countermeasures for policy makers? There is no statement concerning stakeholders about this problems. For better understanding, please describe stakeholders of this problem and countermeasures for each stakeholders, then explain each countermeasures in detail.

Response.

The authors consider that stakeholders are patients, citizens, medical professionals, public administrations, and medical facilities. In the revised manuscript, we have clarified this aspect by inserting “Introduction of primary care doctor system by public administration may be an
effective measure….”, “public” and “by medical facilities or public administrations” in the two sections of Possible countermeasures and Surcharge and restriction of medical care. In addition, roles of each stakeholder have been clarified.

6: You concluded that it seems there is no other choice but to rely upon spontaneous ethical motivation. It seems logic is leaping. In this manuscript, you discuss only two solutions, 'spontaneous ethical motivation' and 'surcharges and restriction of medical care'. Explanation for other solutions already done or being debated is needed. Comparing advantages and disadvantages between solutions support might support your conclusion. (p 17, l 53)

Response.

To avoid logic leaping, limitations of all possible solutions are briefly argued according to previous sections. Sentences “Possible effective measures to control patients’ misuse of emergent healthcare include having primary care physicians, physicians’ effort to be trusted by their patients, public administration services to educate citizens, telephone services to provide appropriate medical information, and public enlightenment campaigns regarding the limitation and sustainability of universal healthcare system.” have been added in the Conclusion section. Moreover, we argued that effective measures remain unestablished, in the new sentence “given the wide variety of patient conditions in actual settings and potential of rights to fair access to healthcare and life. In order to prevent emergent healthcare from collapsing, we must seek more effective measures, which remain undiscovered.”

Minor comments

1: There is no reference information. Even if the quotation from the same literature continues, I think that it is better to display the references. (p4. l 29)

Response.

The cited reference has been clarified. The reference number is [3].

2: The authors should reference about situation of healthcare facilities in Japan. (p5, l 11)

Response.

The relevant reference has been added. The reference number is [7]
3: There is no reference information. Even if the quotation from the same literature continues, I think that it is better to display the references. (p6, l 10, 115)

Response.

The cited reference has been clarified. The reference number is [12].

4: The authors should reference for suggesting relationship between correcting surcharges and decreasing of casual hospital visits. (p5, l 8)

Response.

Sentences have been revised with relevant reference information. “For example, a newspaper reported that a hospital charged 5400 JPY over the net medical expenses to patients who requested medical care even if they did not need urgent care; this caused a gradual decrease in casual hospital visits.[2]”

5: There is no reference information. Even if the quotation from the same literature continues, I think that it is better to display the references. (p7, l 17)

Response.

The cited reference has been clarified. The reference number is [20].

6: There is no reference information. Even if the quotation from the same literature continues, I think that it is better to display the references. (p7, l 29-41)

Response.

The cited reference has been clarified. The reference number is [16].

7: Did patients ask emergency medical service to bring them home by ambulance? Please write clearly. (p7, l48)

Response.

We referred to the brochure which provides this information. More detail information on the patient behaviour is not written in it, so we cannot provide close explanation.
8: There is no reference information. Even if the quotation from the same literature continues, I think that it is better to display the references. Since the explanation of the cited paper is long, I would like you to summarize the point briefly. (p7, l 58- p8, l15)

Response.

The cited reference has been clarified (sentences “The National Centre for Child Health and Development reported rates of ambulance-transported paediatric patients between 2011 and 2012 who were triaged as non-urgent and returned home without any examination or treatment.” were all cited from Reference [18]). We have also summarized and deleted some of the original sentences to be more concise.

9: There is no reference information. Even if the quotation from the same literature continues. I think that it is better to display the references. Since the explanation of the cited paper is long, I would like you to summarize the point briefly. (p8, l 20- l 51)

Response.

The cited reference has been clarified. The reference numbers are [18] and [19]. Sentences “Another hospital reported that 128 of 331 cases (42.8%) of ambulance-transported patients were not hospitalized. Some medical professionals who engaged in the urgent activities responded that patients were in little need of ambulance transport. Reasons for calling an ambulance included wishes of patients or their families to be transported by ambulance assuming that their conditions were serious; lack of transportation means; hope for receiving prompt medical care; and instructions from primary care physicians. The authors of the article highlighted the necessity for triage before mobilization, including telephone consultation and education not only to citizens, but also to office-based physicians who casually recommend ambulance transportation.” were all cited from Reference [19].

We have also summarized and deleted some of the original sentences to be more concise.

10: There is no reference information. Even if the quotation from the same literature continues. I think that it is better to display the references. Since the explanation of the cited paper is long, I would like you to summarize the point briefly. (p11, l 24- l 48)

Response.
The cited reference has been clarified. We also summarized and deleted some of the original sentences to be more concise. The reference number is [22].

11: The term 'should discussion' is misspelled. (p 18, l 12)

Reply.

Spelling has been corrected.

Response to comments by Dr Hiraku Funakoshi (Reviewer 2)

1. There are many assertions that have no basis or references.

Response.

As you pointed out, this paper includes many assumptions and reasoning by the authors. However, please consider that this paper is not a “research article,” which is prepared based on significant findings and evidence gained through investigations with established methodologies; rather, it is a “debate article” and thus presents an argument that is not essentially based on practical research as your journal instructions authors. To address this comment, however, we have tried our best to provide relevant academic articles for reference.

2. There are many decisions from the medical viewpoint. Social issues should be discussed diversely, such as patient viewpoint and citizen's view as a taxpayer.

Response.

By describing the Japanese universal healthcare system and the roles of stakeholders including patients, citizens, and public administrations, we have discussed the other viewpoints that differ from the medical viewpoints in the manuscript.

3. There is no discussion about the unequal distribution of physicians stated in the background. If it is described in the background, discussion should be done in the text.

Response.

The sentence “A more appropriate distribution of physicians, however, is not the only solution to these problems.” has been added to the first paragraph of the Background section.
4. You should show evidence that the cause of closing many departments is convenience store-like visiting.

Response.

We have cited the reference [7] to provide the evidence in the second paragraph of the Background section.

5. Convenience-store-like visiting are almost based on newspaper articles. A reliable source such as scientific article should also be used.

Response.

We conducted a literature survey again using search engines such as PubMed and Igaku Chuo Zassi (the Japan Medical Abstracts Society) but found few relevant academic research papers and articles. Therefore, we cannot provide other scientifically reliable articles at this time. In the Investigating the causes of emergency medical care misuse as a prioritized measure section, we have added a sentence describing that further close investigation on patients’ misuse of emergency care services is necessary to prevent the emergent healthcare system from collapsing, and to improve sustainability of the current Japanese healthcare system.

6. In the paragraph about examples of measures to collect 5400 yen, you should also be based on that the number of consultations decreased.

Response.

The sentences have been combined with an appropriate reference.

7. This argument have already been increased and there is little novelty.

Response.

The two patient behaviours related to misuse of emergent healthcare described in this paper have been reported a number of times by Japanese mass media (e.g., newspaper, TV). However, as I mentioned above, few academic or scientific investigations have been performed regarding these behaviours. This may suggest that such the misuse continues without solutions for a long time. In addition, this paper argues from two viewpoints of Japanese universal healthcare system and patients’ duty concerning healthcare, which has not been discussed in the field of medical ethics.
Therefore, authors believe that this paper surely provides new insights and appeals to the readership of this international journal.