

Activity Report of Asia-Pacific Medical Network Project in Kyushu University Hospital : Vol.6

Shimizu, Shuji
Kyushu University Hospital

Nakashima, Naoki
Kyushu University Hospital

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11. Closing

Telemedicine in clinical practice

I am currently in Edmonton in Canada, where snow is still to be seen. The University of Alberta is the first university in Canada pushing for progress in telemedicine. Prof. Masako Miyazaki from the Fukuoka prefecture, where Kyushu University is located, has promoted telemedicine since 1996, and in 2010, we expect to connect to the network with TEMDEC. Here, an ophthalmologist Dr. Matt Tennant showed me a web service telemedical system that uses 3D images of the retina for routine diagnoses of retinal diseases in diabetic patients, connecting on a business basis with hospitals around the world, including Africa, for example, in Cameroon and the Congo. Many of my colleagues started their research in telemedicine across the world in this way.

"Telemedicine" has emerged as a national policy in Japan in the context of the e-Japan Strategy II from 2003, when TEMDEC had just embarked on its activities. Next, the IT Policy Package (2005) clearly set about promoting telemedicine, but it has been superseded by the IT New Reform Strategy (2006) and the i-Japan strategy 2015 (2009). Although a policy review is urgently needed, because of regime changes with the Liberal Democratic Party having been replaced by the Democratic Party, the i-Japan strategy 2015 should basically remain unchanged, because the original policy was agreed by both the parties.

On the other hand, has the introduction of telemedicine in clinical practice in Japan advanced? "Marginal hamlets", which are villages with only elderly inhabitants, are emerging with an uneven distribution of doctors compared with the cities. Currently, despite rural areas and isolated islands in Japan being connected to a broadband network, telemedicine is still being researched, and is not widely distributed with the exception of teleradiology and telepathology. Not all clinical work can be accomplished through telemedicine alone. We also need to establish a convenient telemedical system which can be used when patients need it, to the extent a doctor wants, and depending on the amount of compensation for the work, during daily clinic hours. It is also important to raise the level of medical skills through a telemedical education system. At the same time, we should promote the utilization of our technology, infrastructure, and passion, for medical services for patients.

Here, surrounded by the Rocky Mountains and with spring in the air, I believe that we should not rush, but ensure that we make steady progress in this regard.

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TEMDEC, Kyushu University hospital

Naoki Nakashima