

Introduction intervention in dealing with illness and life



Introduction

The Japanese medical system is the best in the world and is regulated by the government.

Medical services are jointly provided by the private sector and the government. These private healthcare agencies are mainly private hospitals and doctors. Private hospitals in Japan are mainly private that are not commercial. There is a mandatory health insurance in Japanese. The ratio of doctor per 1000 patients stands at 1.9 and is currently the best on earth.

In Japan, all physicians receive equal pay for every given service and it has generally been noticed to lack any differentiation since regardless of the quality of the service, doctors receive the same fee. There is also lack of specialization and physicians are general. Prescription and dispensing of drugs has also not been separated. Insurance in Japan depends on where you are employed and it is the employers who fund healthcare insurance for their employees. The national health insurance funds the other unemployed Japanese (Ward & Piccolo par. 8).

The National Health Insurance also covers those who stay in Japan for more than a year. Certain diseases in Japan receive free screening. The Japanese medicine is a hybrid between its indigenous medicine and the western medicine. The Japanese people are very welcome to foreign culture and it is not a wonder that the earlier government fully adopted the western medicine as part of their healthcare system. The Japanese people however, still practice their native medicine together with modern medicine. Their native medicine comprises different forms like healing and balanced life (The <https://assignbuster.com/introduction-intervention-in-dealing-with-illness-and-life/>

health guide par. 3). Moxibustion-special leaves heated and placed on the body, Kampo and acupuncture are among the most practiced native medicine in Japan.

This mode of medicine is practiced by even the most learned doctors in Japan. The Japanese cultural healing has heavily borrowed from the Chinese medicine and has a history of about 3000 years. Comparatively, the western medicine has a history of nearly 200 years in Japan. This shows that native healing practices are deeply engraved in the hearts of the Japanese people (Audet par 4).

Religion and healing

The Japanese are polytheistic and their culture is highly influenced by Buddhism (foreign) and the Shinto-native traditions of the Japanese. Other traditional religions of influence in Japan are the Confucian and Daoism. Buddhism has had an influence on the way of life of the Japanese people for more than 1500 years. A principle Buddhist dictum shows that the cause of suffering is an attachment to life.

The Japanese have proved to this day to give value to possessions that promise long life and health. Because the Japanese abhor death and often involve religious intervention in dealing with illness and life threatening processes (Hansen par. 4). The Japanese always employ the assistance of a priest or a medium acting like a healer to communicate with spirits on their behalf on issues touching on their lives. Today, this practice is still in full force as the sick leave anything concerning their lives to the experts.

On particularity of universality; the Japanese are practical and easily adopt foreign healing practices and cultures. In today's Japan, there are various choices for medical treatment. Every modern hospital in Japan is countered by other numerous smaller places offering moxibustion services, herbal treatment and even acupuncture. Alternative treatment is also available in Buddhist temples, Shinto special shrines and in other religious places that give spiritual remedies. These other alternatives to the conventional treatment have proved to be very popular among the Japanese. Talismans are sold in large numbers by the Buddhist temples therefore showing the importance of spiritualism among the Japanese (Hansen par.

7).

Kampo medicine

Kampo medicine (herbal treatment method), which was originally Chinese recorded in two great medical books, was in the 6th century adopted into the Japanese native medicine. In the beginning, the medicine was purely Chinese but it was later modified to replicate conditions in Japan.

During the Edo period (1603-1867) the medicine became fully established after doctors in Japan sort for the exclusion of another medicine, Ming China, from treatment of illnesses. The procedures for kampo use were contained in two books; Shan Hang lung and Chin Gui Yao Liu and were written during the Han dynasty (Nishimura, plotnikoff & Watanabe par. 4). Kampo medicine is in wide use today in Japan. It is in fact part and parcel of Japanese health care system. Kampo relies on herbs prescribed by physicians. The Japanese Ministry of health recognized the practice of Kampo and has greatly

contributed to its strong influence on the lives of the people of Japan (Dharmananda par.

10). Today, many Japanese use the traditional medicine together with the western form of medicine. The recognition of kampo medicine by Meiji government in 1967 and the establishment of a single licensing system have ensured that there is no separation between the contemporary and the traditional medicine. Kampo is even used in high tech treatments like organ transplantation and in automated operations. More than 150 formulas of the kampo drugs have been licensed and many more extracts formulas are in the process. The practitioners of the native medicine now select from the licensed formulas a wide range of licensed herbs for their use. Curriculum medical books with kampo medical education have now been incorporated by the Japan's ministry of education (Nishimura, plotnikoff & Watanabe par .

3). Kampo traditional medicine is manufactured by Japanese pharmaceuticals which are strictly governed by the law and other regulations to guarantee quality and safety.

Shiatsu or Acupuncture and moxibustion

Acupuncture originated in ancient china and spread to Japan via the Korean peninsula at around 500 A. D (Yasui par 3). In Japan, the practice was modified by addition of unique treatment methods and theories Acupuncture has had a long struggle for survival and has on several occasion been banned by different regimes.

Ken Sawada (1877-1938) has been credited for having revived the

acupuncture medicine which he called “ Tai chi therapy”. In recent years, <https://assignbuster.com/introduction-intervention-in-dealing-with-illness-and-life/>

there has been renewed and systematized approach to acupuncture that has been imported from china to Japan (Kobayashi, Miwa and Washiro par. 3).

There have been established formal schools that continue to teach traditional and contemporary medicine with a focus towards acupuncture, moxibustion (used together with acupuncture) and kampo medicine. Several different acupuncture styles are in use today in Japan (Yasui par. 4).

Kluckhahn's Value Orientations

Kluckhahn's value orientation was developed by three anthropologists in 1940's, Florence, Kluckhohn and Strodtbeck using the Harvard values project to investigate what values cultures from different places hold. They hypothesized that there were five problems common to all humans, these were; time, activity, relations, nature of person and the human nature (Gallagher par. 1). According to their findings, their value orientations were found to be assumptions upon which a given culture is build. Societies found preferring time (past) were found to be more attached to traditions and often tended to draw the present values from these traditions. Cultures oriented to the future tended to draw its values from whatever shaped their future. This theory was published and in it, they proposed that cultural characters of a given society be ranked in order from highest to the lowest. Distinction between different cultures was observed by the different ways each society ranked the orientations.

Application of kluckhahn's value orientation in health care

The United States is a multicultural nation and there is need for

organizations to develop programs that suit people of different cultural

backgrounds beyond what is termed the dominant culture. Value orientation
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method has been used in modeling different programs like the higher education, health care and in management. Value orientation method has been used in solving clinical conflicts with patients from diverse cultures. It has been applied to many features of health care like in psychiatry (Uskul & Sherman par.

3). Physician equipped with the value orientation knowledge have been shown to relate well with patients of indigenous descent and with different immigrants (Gallagher par. 6). There is a great disparity between the American medical culture and that of the Japanese. The American approach health care with an improve it, ' control', act, ' get involved' and take ' measures' attitude While the Japanese and most other Asian countries have an ' acceptance', ' balance', ' kill time', ' be careful' and a ' gentle' approach.

The Eastern Asian countries also have individualized attitude while the Western health care institution have a ' standardize' outlook. These depict the culture shock that faces the Japanese when they immigrate to the US because of the differences in Health perceptions. However, reports indicate that because of their cultural background, the Japanese adopt foreign cultures much more rapidly than other Asian immigrants. This can be explained by the fact that their culture is a mixture of several other foreign cultures incorporated and adopted into it. It is difficult to separate culture from health especially in the endeavor to improving people's health by advocating for promotive and the curative measures. Different cultures have different views towards diseases. To deal with such health differences, it is important that one understand the cultural basis of given diseases.

The Japanese are entwined in religion; they believe that life should be pure and clean while dying is considered to have been caused by contamination. Physicians in the US may not understand this thus causing a delay or hastening death among the immigrants. The Japanese also do not embrace the idea of transplantation as they believe in dying intact, western medical practices may therefore prolong life for those who change their cultural perspectives. Some diseases among the Japanese are viewed as to causing shame to the individual and the family; health education on the importance of acceptance of some of these diseases like mental health may persuade the Japanese American to seek medical care thus faster healing.

A change in the courtesy and the thoughtfulness attached to the Japanese culture in matters of health may serve hasten healing when they immigrate to America (Marianne Tanabe par. 28)

Conclusion

Cultures contain norms, institutions, artifacts and values passed down from an older generation to a new generation. The Japanese people tend to be so much attached to their past. Modern medicine has to a very great extent been incorporated into their traditional medicine. Kampo, Shiatsu, acupuncture and moxibustion remain an all important ingredient of Japanese medicine. The Japanese have been shown to imbibe foreign practices thus making their culture very complex. Value orientations methods developed by Kluckhahn have proved to be important in the study of cultures and why cultures differ. The healthcare and the recovery of the Japanese American

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