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＜ ABSTRACTS ＞

● Articles

Author	ウィリアム E. ステズリック William E. Steslicke 関西学院大学 総合政策学部 教授(1996年11月1日現在) Professor, School of Policy Studies, Kwansei Gakuin University (as of November 1, 1996)
Title	Policy Studies and Health Care in the United Kingdom and Japan: Introduction to the Special Symposium Issue
Abstract	This is an introduction to the Special Symposium Issue of the Journal of Policy Studies that provides background information on the 1 st and 2 nd UK-Japan Health Care Policy Conferences and indicates the rationale as well as basic questions that were asked but only partially answered in Oxford and Sanda. Although the British National Health Service (NHS) model and the Japanese National Health Insurance (NHI) are quite different, there are many similarities in the way health care services are organized, delivered, and financed in both countries that warrant serious investigation. Health care policy experts in both countries have become more interested in comparative study of the health care systems in the UK and Japan during the 1990s as reflected in the publication of this Special Symposium Issue and in various other meetings and on-going collaborative research projects. The emphasis on community-based health and welfare services for the growing elderly populations in the UK and Japan was of special interest and concern for participants at both conferences.
Author	アレクサンダー・ギャザラー Alexander Gatherer Honorary Director, Oxford Centre for Medical Risk Studies, Wolfson College, University of Oxford, UK Co-director, UK-Japan Health Policy Forum (as of November 1, 1996)
Title	Providing Public Health Services in the UK
Abstract	The history of the British National Health Service from the Beveridge Report to the Griffiths Report and the changing character of the welfare state are briefly reviewed, as are recent reforms instigated by the Thatcher government. The impact of such reforms on the organization, financing and delivery of public health and health care services are discussed in the context of the aging of British society. Comparison of British and Japanese health care systems can provide useful knowledge especially with respect to the development of services for the growing elderly populations in both countries.
Author	一圓 光彌 Mitsuya Ichien 関西大学 経済学部 教授(1996年11月1日現在) Professor, Faculty of Economics, Kansai University (as of November 1, 1996)
Title	日本の医療保障をめぐる議論とイギリスの国民保健サービス Comparing Health Care in the United Kingdom and Japan
Abstract	Japan introduced employment-based health insurance in 1927 taking after the German model, and community-based health insurance in 1938 taking after the Danish model. However, it was the British National Health Service as a symbol of socialized medicine that was studied most after the Second World War, but with virtually no concrete influence on Japanese health care policy. As Japan developed health care provision with the extension of health insurance coverage, it became increasingly important to rationalize the delivery of medical care. We thus came to use the strategy of controlling and planning the supply of medical care. The British NHS, on the other hand, became more market oriented after the recent reforms and the two health care systems came to have more in common in recent years. Considering this process of narrowing the gap between the two system, the author supports an insurance-based system as opposed to tax-based system in implementing new universal long-term care policy in Japan.
Author	J. グリムリィ エヴァンス J. Grimley Evans Professor, Geriatric Medicine, University of Oxford, UK (as of November 1, 1996)
Title	Health and Social Care of Elderly People in the United Kingdom: The Potential for International Comparisons in Health Services Research
Abstract	Central to the development of health and social services in the UK has been the aim of enabling older people to live autonomous lives in their own homes. Japan seems until recently to have drawn heavily on the United States for its models of health care for the elderly and has placed an emphasis on unrestricted access of acutely ill older people to the best of modern medical technology as well as on provision of nursing home care for the chronically disabled. However, Japan may be moving in the direction of the British pattern. Japan now enjoys the longest life expectancy of any nation in the world. The United Kingdom has undergone a less dramatic change but has accumulated a half century of experience with meeting the health and social care needs of elderly people. The UK and Japan can now learn from each other. In a broader vision, the ageing of populations is a universal phenomenon affecting developing as well as developed nations. The value of comparing the ways that different peoples who are well advanced in the process have responded to the demographic and economic challenges of ageing populations will benefit more than just the nations directly involved
Author	渡部 律子 Ritsuko Watanabe (Greene) 関西学院大学 総合政策学部 助教授(1996年11月1日現在) Associate Professor, School of Policy Studies, Kwansei Gakuin University (as of November 1, 1996)
Title	英国高齢者ヘルス・ソーシャルケアの日本での応用可能性: エヴァンズ博士の「英国高齢者ヘルス・ソーシャルケア論文」に対する考察 Feasibility of British Elderly Health and Social Care System in Japan
Abstract	This paper aims to explore the feasibility of establishing British health and social care systems for elderly people in Japan. Four main British health and social care systems, drawn from Dr. Evan's paper, were analyzed based on six criteria: 1) system's role, 2) location of responsibility in each system, 3) key concepts of each system, 4) needs of each system in Japan 5) necessary conditions for applying each system if applied in Japan, 6) obstacles to applying each system in Japan. Owing to the author's background, social/psychological influences on each system were emphasized and examples of American health/social care systems were used.

Author	アキイエ・ヘンリー・ニノミヤ Akiie Henry Ninomiya 関西学院大学 総合政策学部 教授(1996年11月1日現在) Professor, School of Policy Studies, Kwansai Gakuin University (as of November 1, 1996)
Title	General Practitioner と Community Based Health Care の日英比較 A Comparative Study on General Practitioners of Community Based Health Care in the United Kingdom and Japan
Abstract	The General Practitioner's role in community based health care is essential for a primary care system. In today's aging society, senior citizens who are chronically ill in the UK use the health care services provided by General Practitioners within their community. However, Japanese hospitals have a closed system that does not allow access to the community's General Practitioners as opposed to UK's open system. Consequentially, the number of Japanese General Practitioners is decreasing and aging. This essay will analyze wholistic medicine, specific needs of the public in a community, where to locate General Practitioners, the number of General Practitioners and their age, the number of patients and their length of stay in hospitals, the government policy on medical education, and lastly the employed Medical Doctors in UK hospitals. Following the analysis are proposed Japanese policies on medical education and an open system in public health and its team concepts.

Author	二木 立 Ryu Niki 日本福祉大学 社会福祉学部 教授(1996年11月1日現在) Professor, Faculty of Social Welfare, Japan University of Social Welfare (as of November 1, 1996)
Title	Recent Medical Care Financing Reform for Japan's Aging Society - With Special Reference to the "First Stage" of Reform -
Abstract	Six measures used by the Japanese Ministry of Health and Welfare (MHW) during its first stage of medical care financing reform were: (1) introducing co-payments and deductibles for elderly and employees, (2) freezing medical care fees through "zero-sum" fee revisions, (3) manipulating the fee schedule to change the behavior of doctors and hospitals, (4) creating two-stage gatekeepers for "highly sophisticated technologies," (5) freezing hospital beds, and (6) constructing a legal cost shift mechanism from government to health insurance societies. Unlike many European countries or Canada, Japan was able to succeed in cost control without a single-payer system, strict global budgeting for hospitals, explicit volume control, nor limitation on freedom of choice of physicians and hospitals. Instead, strict fee control coupled with manipulations of the fee schedule has played a pivotal role in the MHW's reform strategy, demonstrating that a universal health care system with extremely low costs can be maintained at the expense of quality of care and hidden costs. Since medical care is one of the most labor-intensive industries, however, low costs inevitably compromise the quality of care. Low cost and low quality are flip sides of the same coin.

Author	岡本 悦司 Etsuji Okamoto 近畿大学 医学部 公衆衛生学 講師(1996年11月1日現在) Lecturer, Department of Public Health, Medical School, Kinki University (as of November 1, 1996)
Title	Current Issues and Future Challenges Facing Japan's Health Care System : How Japan Will Cope With an Aging Society
Abstract	How to cope with the dramatic rise in the need for elderly health and welfare care services is a formidable issue facing all the industrialized countries, especially Japan. Given its rapid rate of aging, Japan does not have time to waste. Unfortunately, the Japanese health care system has not been sufficiently prepared to respond to the needs of the growing elderly population. This is the main reason an ambitious reform plan has been developed. This move, The Ten-Year Gold Plan, is departure from the previous laissez-faire policy of the Japanese government toward a more planned health care economy. How to harmonize central planning and local autonomy will be a serious challenge for Japanese policy makers to overcome.

Author	宮崎 尚 Hisashi Miyazaki 前 在英日本大使館 一等書記官(1996年11月1日現在) Former First Secretary, Japanese Embassy in UK (as of November 1, 1996)
Title	Drug Usage in Japan
Abstract	One of the major problems of the Japanese health care system is the relatively high level of drug utilization. To illustrate the pattern of drug utilization in Japan, the subject is approached from two different directions. One is the examination of whether the level of Japanese drug expenditure is really high. The other is examination of how the Japanese prescription pattern differs from that of other industrialized countries. Many efforts have been made to explain the first question while little work has been done to answer the second.

Author	岡本 祐三 Yuzo Okamoto 神戸市看護大学 教授(1996年11月1日現在) Professor, Kobe City College of Nursing (as of November 1, 1996)
Title	新介護システム - 公的介護保険制度の概要と課題 - Observations on Long-Term Care Insurance for the Elderly in Japan
Abstract	The rapid improvement in the standard of living resulting from economic development after World War II, and the diffusion of health services throughout the nation has led to a sharp decline in the infant mortality rate and an increase in the life expectancy for both males and females in Japan. Japan has become the most rapidly aging nation in the world. Health care for the handicapped and bed-ridden elderly has become one of the major social issues at present. In order to cope with the problem, a number of reforms of the elderly health and welfare system have been instituted. In 1996, a unique long-term care insurance system was introduced. This paper discusses the various issues regarding the new system.

● Commentaries

Author	J. A. A. ストックウィン J. A. A. Stockwin Professor and Director, Nssan Institute for Japanese Studies, University of Oxford, UK (as of November 1, 1996)
Title	The Social, Political and Cultural Background of Japanese Health Care
Author	J. A. ミュア グレイ J. A. Muir Gray Regional Director, Research and Development, Anglia and Oxford Region, NHS Executive (as of November 1, 1996)
Title	The Two Health Care Systems and the Challenge of the 21st Century in the UK
Author	J. グリムリィ エヴァンス J. Grimley Evans Professor, Geriatric Medicine, University of Oxford, UK (as of November 1, 1996)
Title	Health Care for Aging Populations
Author	荒井 由美子 Yumiko Arai 東北大学 医学部 公衆衛生学教室 助手(1996年11月1日現在)
Title	英国における老人を対象とした医療および社会サービスに関する一考察 Observations on Medical and Social Services for the Elderly in the UK
Author	羽場 敏文 Toshifumi Haba 兵庫県三田保健所 所長(1996年11月1日現在)
Title	日本における地域保健の改革 Reorganizing Local Public Health in Japan
Author	長峯 純一 Junichi Nagamine 関西学院大学 総合政策学部 助教授(1996年11月1日現在) Associate Professor, School of Policy Studies, Kwansei Gakuin University (as of November 1, 1996)
Title	地域福祉と地方分権 Decentralization and Community Welfare
Author	デリック・ウエイド Derick Wade Consultant, Neurological Rehabilitation, Rivermead Hospital, Radcliffe Infirmary, NHS Trust, Oxford (as of November 1, 1996)
Title	A Model of Rehabilitation in the UK

● Special Article

Author	リチャード・テイボア・グリーン Richard Tabor Greene 関西学院大学 総合政策学部 教授(1996年11月1日現在) Professor, School of Policy Studies, Kwansei Gakuin University (as of November 1, 1996)
Title	Evolutionary Engineering, Designing Systems That Self-Consciously Evolve--The Defining Skill of Human Ecologists
Abstract	<p>This is a survey article on the new field "human ecology" as it applies to policy studies. Few people will agree with the way this paper defines that field. This paper is not designed to produce agreement. Rather, this paper hopes to stimulate better definitions of the field by others. Professors of new fields have a special obligation to define their contents, methods, and boundaries, if for no other reason than students of such new fields deserve guidance on what they should be learning and what, upon graduating, they will be capable of doing.</p> <p>This article addresses the following research questions: 1) what does a human ecologist know that differs from what graduates of other fields know; 2) what types of problems does a human ecologist solve better than graduates of other fields; 3) what makes a human ecologist different than an ecologist; 4) how does one best educate human ecologists? Though in passing this article deals with material on the origins of human ecology as a field and the way it is taught at various higher education institutions, the primary thrust of this article is answering the research questions, not repeating institutional or intellectual history. Students of human ecology related fields, their parents and employers, and researchers will find this article's answers to these questions useful.</p> <p>This article presents Evolutionary Engineering, the creation and modification of systems that self-consciously evolve, as the skill that all human ecologists have, because it is the skill that defines "human ecologist". The steps of that process show how 18 different bodies of knowledge are used by human ecologists when they create, improve, influence, or design systems that reflexively evolve. This article examines problems with non-linear systems caused by the segmented, linear, direct command nature of existing bodies of knowledge and professions, and how human ecology overcomes those segmentations, linearities, and command processes. Difficulties in designing systems that evolve, living systems, human systems, and difficulties inherent in design itself are used to specify roles for Evolutionary Engineers. Four attempts at creating a systems science that ended up lacking influence are compared with one successful form of systems science that gained world-wide popularity--the total quality movement. The relationship between personal change capability and capacity to change the systems and lives of others is explored as a limit to Evolutionary Engineering. A Theory of Surprise is presented, built from ways that linear models that we humans use to simplify our world get upset by various non-linear phenomena in our world. The study, measurement, improvement, and self-emergent design of policy processes is examined as a major field of application of Evolutionary Engineering. Cases of policy failure are explained with reference to particular steps in the Evolutionary Engineering process that were omitted by the policy formation process and policy implementation process used in each case. Finally, a new type of leadership, being ushered in by Evolutionary Engineering is illustrated using examples of Evolutionary Engineering versus other ways of creating coalitions (student governments on campus used as an example), and Evolutionary Engineering versus other ways of leading meetings (methods for personal leadership used as an example).</p>

● Teaching Note

Author	スティーブン・ミルズ Steven Mills 関西学院大学 総合政策学部 外国人常勤講師(1996年11月1日現在) Associate Lecturer of English, School of Policy Studies, Kwansai Gakuin University (as of November 1, 1996)
Title	"Don't Teach Segmentals First!": Problems with this Popular View
Abstract	Abstract: Effective learning and teaching of English pronunciation is often hindered by many authors and teachers who either implicitly or explicitly believe that a suprasegmental focus rightfully deserves precedence over a segmental focus. The popular view "Don't teach segmentals first!"—an unfortunate expression of a counterproductive conventional wisdom—promotes not only lack of faith but also lack of attention to facts concerning the significance of a segmental focus. Data gathered during a decontextualized listening experiment illustrates that listeners were to a large extent confused by Japanese speakers' inability to accurately articulate phonemic distinctions that unambiguously differentiate meaning. Consideration of the data and other issues concerning the segmental-suprasegmental controversy support the view that what is actually needed in order to increase the effectiveness of English pronunciation training in Japan is a well-balanced segmental-and-suprasegmental-first approach.