

In Japan's Rural Areas, Remote Obstetrics Fills the Gap

By NORIMITSU OHSISHI

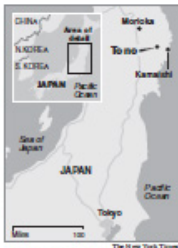
TONO, Japan — Since losing its last obstetrician five years ago, this city of nearly 52,000 in rural northern Japan has been desperately seeking a replacement. So desperately, in fact, that it recently granted a horse to any obstetrician willing to come here.

There have been no takers yet. In the meantime, the city has adopted a high-tech measure that may portend the future of child delivery in Japan: pregnant women are examined remotely by obstetricians using real-time data transmitted to the doctors' computers. When the doctors judge that a patient is about to go into labor, the woman heads to the nearest city with maternity ward — usually Kamakura, a suburban drive north here, reached by a winding, mountainous, two-lane road that can be treacherous in the winter.



Yukiko Kikuchi, right, a midwife in Tono, examines Akiya Furudate, using the high-tech system.

Since 2000, the number of obstetricians in Japan has declined by more than 5 percent to 11,282 in 2004, the most recent data available, according to the government. But that figure masks the severity of the shortage, experts say. The number of doctors actually delivering babies was lower than 9,000 in 2005, according to an estimate by the Japan Society of Obstetrics and Gynecology.



When a patient in Tono goes into labor, she has to go to Kamakura.

Roughly half of all obstetricians are 50 or older, and overworked; many have given up delivering babies and are focusing only on gynecology. At the same time, the number of doctors actually delivering babies has plummeted since 2004. Turned off by long hours, average pay and a rising risk of lawsuits, many obstetricians are gravitating instead toward specialties like dermatology and ophthalmology.

Young doctors nowadays won't work just out of a sense of vocation," said Dr. Kiyon Tanabe, director of the Japan Association of Obstetricians and Gynecologists. "You have to give them quality of life, a good income and their own time."

What is more, women make up a majority of obstetricians in their 20s and early 30s. Many retire when they themselves have children. Dr. Tanabe said because the medical field remains inflexible to working mothers.

The crisis, he said, "tends to rural areas and reached the major cities in the last year."

Even in Tokyo, maternity wards are being closed because of a sense of anxiety among pregnant women who are worried to make an appointment for delivery as soon as they learn their due date.

"I was told that places where you can give birth are limited and that everybody is flocking there," said Erimiyo Sato, 35, who is eight months pregnant and lives in a suburb of Tokyo. "You have to make an appointment for the delivery, and a lot of people are having trouble finding a place."

Things have changed since the birth of her first child two and a half years ago. "Back then," she said, "it was all right."

But the hospital had been hardest hit as maternity wards have closed one after another. The shortage is so acute that three obstetricians who still practice have few days off. In emergencies, women have been transported by helicopter to maternity wards with available beds. And some women who live far from a maternity ward, as that due date approach, move to home near the hospital where they are scheduled to give birth.

Tono, once a prosperous trading post known for its horse breeding, is

over the Internet. Using Internet technology software, the doctor, patient and midwife can talk and see each other on a laptop.

With this system, Dr. Ogasawara can determine whether a patient is in labor. Before, to be on the safe side, a patient would make the 40-minute drive to Kamakura.

"After a gynecological examination, I'd tell them, 'Not yet,' and they'd have to spend another 40 minutes driving back in the middle of the night," Dr. Ogasawara said. "Now I can talk to the midwife, and if it's premature, the expectant mother will feel relieved."

Each year, 210 to 230 women have children here, said Etsu Kikuchi, a city health official. Since the prefectural hospital here closed the maternity ward in 2002, pregnant women have had no choice but to make the long drive to Kamakura or another city with a maternity ward to give birth.

It's not only Tono, but many other places have the same problem," Dr. Ogasawara said in an interview in his office, as he sat at his desk in front of his computer monitor, Webcam and freestanding microphone.

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For Yukiko Kikuchi, 38, the city's sole practicing midwife, that has created worries. A year ago, during a snowstorm, one of Ms. Kikuchi's patients wondered whether she was going to labor and asked the midwife whether she should go to Morioka, a city more than an hour away.

Brooks Tono, three other cities adopted the system last fall, said Mr. Kikuchi.

"But there was a hazard, and I was torn whether she should go in this circumstance," said Ms. Kikuchi, who is not related to the city health official. Eventually, she advised her patient to stay put and was relieved to learn the next morning that it had been a case of false labor.

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Using the system, Ms. Kikuchi visits patients at their homes or receives them at a clinic in Tono to follow up on their pregnancies. During the examination, a machine hooked to the patient's stomach records the baby's heartbeat and sends the information over a cellular network to Ms. Kikuchi's computer and the computers of Dr. Toshihiro Ogasawara at Kamakura Hospital.

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Ms. Kikuchi then inputs the patient's blood pressure, weight and other information on a laptop computer so that the medical record is instantly available to Dr. Ogasawara.

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"When I'd go to the hospital, I'd have to wait a long time just to briefly see the doctor," Ms. Asanuma said. "So she only made it to birth."

Still, as with any new technology, there are glitches.

As Ms. Kikuchi examined Ms. Furudate on a recent morning at the clinic here, she found her to be a bit too amemic and recommended eating more seaweed and fish.

The machine hooked to Ms. Furudate's stomach was smoothly sending data to Dr. Ogasawara's computers.

Although a long blue Internet cable was connected to Ms. Kikuchi's laptop, the link was down — the first time that had happened since the new system was put in place last fall.

Ms. Furudate spoke to the doctor over the cellphone, instead of seeing his face on the laptop.

Then Ms. Kikuchi got on the cellphone to relay information that the doctor normally would have accessed over the Internet. But the doctor's signal was weak, and the doctor's voice was unclear.

"Yes, yes," Ms. Kikuchi said, seconds before the call was dropped. "The signal's bad. So she should go out now? Minsho-chi?"

Choko Asanuma, 28, who delivered her second child five months ago, said she was a little anxious about the new system at first. But as Ms. Kikuchi began visiting her at home and Dr. Ogasawara advised her from Kamakura, Ms. Asanuma

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“日本の田舎 遠隔産科診察 隔たりを埋める”

記)遠野市松崎町 佐々木由美子

遠野発

5年前産婦人科医が不在となってから、人口32,000人の、北の田舎の市では、死に物狂いで医師確保に努めている。この地に来ることを望む産科医には、馬1頭与えようという程。でもまだ名乗り出るものはいない。

そんな中、市では、日本のお産事情の将来の兆しとなりうるハイテク技術による健診方法を採用した。妊婦は遠く離れていても産科医の携帯電話の送られてくるリアルタイムのデータにより診察を受けられる。

妊婦にお産が近づいたと医師が判断すると、妊婦は、お産する病院へと向かう。 - 遠野から東へ車で40分の釜石。冬場は特に危険をはらむ。2車線の曲がりくねった山間の道を通ってやっとの思いでたどり着く

高齢人口が急激に増え、出生率が低下する中、日本では現役の産科医と産院不足が深刻な状況。出生数が減少する中、この10年で多くの病院や診療所が、産科を閉め、より利益の上がる老人介護に方向転換している状況だ。

日本の産科医の数は2000年以来、2004年には5%減り、11,282人まで減少している。日本産科婦人科医会によると、2005年実際分娩取り扱いをしている産科医は8000人以下と推定される。

ざっと産科医の半分は50歳以上で、過剰勤務で多くの医師が分娩を扱うのをやめ、婦人科だけに絞っている。と同時に産科を希望する医学生が、2004年以降急激に減っている。給料に見合わない長時間勤務や、医療訴訟リスクの増加により若い医師は、皮膚科や眼科に方向転換する傾向がある。

“最近の若い医師は使命感を持って働こうとしない”。“産科医にも生活の質、仕事に見合った収入、私的な時間を与えるようにしなければならない”と日本産科婦人科医会 会長ワタナベ キヨオさんは話した。その上産科医は、20代から30代前半の女性の多くが、自分たちの出産と同時に辞めている。理由は、医療現場では、働く女性に不利な状況

にある。彼が言うには、危機は日本の田舎で始まり、次の年には大都市にまで広がったそうだ。

東京でさえ産科病棟がなくなり、混合化し、妊婦の間に大きな不安が膨らんでいる。というのも、妊婦が初期の健診で、出産予定日を告げられると同時にその予定日に分娩する病院の予約を取るように警告されるというのだ。

東京郊外在住の妊娠8ヶ月になるミヤサト エリさん35歳は、“出産できるところは限られているし、皆、そこに押し寄せている。分娩の予約を取らなければならないことから多くの人が産院を見つけようと大変なことになっている。と言われました。”“2年前、初めての子供のときは、随分変わった。其の時はすべてうまくいってました。”

しかし、僻地となるとなお深刻で、医師は減り、次々と産院は閉鎖し、医師は休みをとれず、緊急時には、空きのある産院を見つけ患者をヘリコプターで搬送していた。中には病院から遠く離れて住んでいるので、出産間近になると、その病院近くのホテルに宿泊し、出産日に備える人もいる。

遠野は周りを森林が囲み、平地が広がる農業中心の地方自治体だ。その昔は馬の育成産地で知られ、せり市で栄えていた。この現状も今や3分の1は65歳以上だ。毎年210~230人の子供が生まれる。県立遠野病院が2002年に産科を閉鎖して以来、遠く釜石、または他へ行くしかない。市の保健課 菊池永菜さんは言う。

菊池幸枝さん38歳は、この地で唯一の開業助産師。一年前吹雪の日、患者の一人から、お腹が張っているが、病院まで行ったほうが良いかと連絡が入った。だが、盛岡までは1時間以上かかる。“しかも外は猛吹雪で前が見えない。この状況下で行って診てもらうようには言えない。迷って悩みました”と菊池さん。結局菊池さんは家で様子を見るようにアドバイスし、翌朝それが本当の陣痛でないと分りホット胸をなでおろした。

菊池さんは、今遠野で遠隔健診ができるようになり、本当に喜んでいる。

このシステムを使いながら、菊池さんは、妊婦の自宅に訪問したり、遠野の保健施設で妊婦の経過に対応している。健診の間、妊婦のお腹に器具を装着し、赤ちゃんの心音を記録し、その情報を県立釜石病院の小笠原先生に携帯電話を通して送る。

そして、菊池さんが妊婦の血圧、体重、その他の情報をノートパソコンに打ち込むと、先生がインターネット上で瞬時に分る。電話通信のソフトを使い、医師・助産師そして患者がパソコン上で、やり取りが可能になる。かつては、大事を取って早めに40分の道のりを釜石病院に来たものだが、このシステムで、小笠原先生は、分娩の状況が分る。

“健診後に、まだ生まれないから夜中でもまた40分かけて帰るように言わなければならなかったが、今は、菊池さんと話ができるので妊婦が安心するよう指示ができる。” “遠野だけでなくたくさんの所で同じ問題をかかえています。” 小笠原先生は、コンピューターのモニターの前でインターネットカメラや、マイクの前に座りインタビューに答えた。

遠野のほかに3つの市が、このシステムを取り入れた。と保健課の菊池さんは言った。3年間で可能性として残っている問題を解決し、いろいろなところでこのシステムが広く普及すると期待される。

遠野では14人の女性が、このシステムのおかげで出産している。そして今現在5人の妊婦が使用中。

出産予定日を10日後に控えた古館梓さん27歳は、ちょうど健診の最中で、“遠野にお産施設がないと言われた時、エッ！という感じでした。この新しいシステムは便利だと思いますが、何しろ初めてなので、何をどう期待したらいいか分からなくて…”と語っていた。

浅沼智恵子さん28歳は、5ヶ月前2番目の子を出産した。初めは不安がありましたが、助産師さんが訪問してくれて、釜石からもアドバイスを受けうち、5歳の上の子の時のように度々病院に通うよりこのシステムの方がずっと良いと思うようになった。

“病院ではちょっとの診察のためにとっても長い間待たされるし、このシステムの方がうれしいです。”と浅沼さんは言った。

しかしどんな新しい技術にも問題はある。

菊池さんが古館さんをここの保健施設で診察したとき、貧血が見られ、海藻や、貝をたくさん食べるようアドバイスした。

古館さんのお腹につけられた器械は円滑に小笠原先生の携帯にデータを送っていた。

しかし、長い青いインターネットケーブルは、菊池さんのパソコンに接続されていたにもかかわらず故障した。

昨秋に新しいシステムが導入されて依頼、初めての故障だった。そのためパソコン上で小笠原先生の顔を見ずにやりとりする代わりに古館さんは携帯電話で先生と話をした。菊池さんは、普通ならインターネットで小笠原先生とやり取りするのだが、携帯で情報を中継するよう切り替えた。しかし電波が弱く、先生の声がはっきり分らない。“はい、はい”と菊池さんが答えても数秒後には、電話が切れた。

“電波がすごく悪いようだけど…。ところで古館さんは、来週病院へ行ったほうがいいですか？ もしもーし！”