Preface

The discourse on healthcare management and economics brings together some of the most acute social, political and economic issues at the heart of dynamic change affecting modern societies. The most fundamental choice facing societies concerns how public and private spheres are demarcated and who will be in charge. This book introduces the wealth of approaches to service, management, delivery, and efficiency within health and welfare organizations and societies when they have tackled the challenges and faced their responsibility to provide best possible healthcare to people. The volume has a well-balanced selection of chapters from all different corners of the world and, therefore, gives a truly global perspective. The challenges of organizing and managing healthcare and welfare services have marked similarities regardless of the length of traditions or social and political ideologies and models. An interdisciplinary approach and a global mindset are the starting points for research in this field, covering the global reach of discourses on healthcare management and economics. This volume will be particularly useful for those who want to understand the global linkages and developments that end up shaking all societies and require a reinterpretation of the ‘public’ and ‘private’ and how to run a society, including the management of healthcare and welfare sectors.

Chapters of this volume provide ample evidence of the diversity and dynamism of research of the field. It is also important to note that healthcare management is one of the high-priority areas of most governments of the world. Furthermore, ‘public’ and ‘private’ as concepts, as well as their demarcation are highly contested political issues. Moreover, the advances in medicine change rapidly our understanding of what can be offered by the medicine and how the healthcare system should make use of latest research and knowledge.

For instance, the advances in stem cell research have opened new opportunities to create replacement tissues for treating a wide range of common diseases like Parkinson’s and diabetes. Shinya Yamanaka’s Nobel Prize in 2012 was given largely for discovering in 2006 that mature, specialized cells of the body can be reprogrammed into stem cells and continuing his research to show how many different uses there are for the new discovery. The reprogramming allows scientists to create particular kinds of tissue they want to study, like brain tissue or lung tissue for studying diseases related to these particular tissues. By reprogramming cells from patients with a particular disease, researchers can create new tissue with the same genetic background, and study it in the lab. This discovery makes it much more efficient in terms of time and cost to screen drugs in the lab when possible new medicines are searched. Furthermore, Yamanaka also discovered that a rather simple method could turn mature cells back into primitive cells, which then could be turned into different kinds of mature cells. The primitive cells do very much the work of embryonic stem cells, which have been a focus of much controversy and ethical questioning because to get human embryonic cells, human embryos had to be destroyed. Yamanaka’s method removes this concern as now there is a way to obtain primitive cells without destroying embryos. In short, rather basic research has at the same time offered new vistas for healthcare and removed major ethical and political obstacles for allocating resources to such research and care.
Yamanaka’s Nobel prize (1.2 million USD which he shared with John Gurdon who in the 1960s pioneered the field) was a major news item in Japan and a wave of information about his discoveries and his new celebrity status are most useful for seeking financial support for his research. Moreover, the effect may well help also other researchers who have major findings to show and are seeking funding to large research projects. Yamanaka also shared the 2012 Millennium Technology Prize and 1.2 million euros with Linus Thorvalds (known for the Linux computer operating system), but the Japanese media and public react much more strongly to news about Nobel Prizes, and especially if the recipient is a Japanese citizen. Yamanaka has openly talked about the need to secure stable conditions for research to his entire team of more than 200 persons at the Center for iPS Cell Research and Application at Kyōto University. Even if Yamanaka himself has been quite successful in finding research funding, he has operated within a research community that is subject to continuous cost-cutting, competition and compromises. In short, after this kind of major discoveries in medical science there is a time to focus on further research and, especially, application of new discoveries. This kind of medical science requires a management of a large research team and global cooperation, both of which require far more funding than basic research.

Yamanaka with his new status has been able to voice his concerns about the difficulties of researchers to give maximum effort when much of their time is spent on rather mundane concerns of seeking funding for their whole team and managing every aspect of the team work. Yamanaka has used his sudden fame and popularity to inform the Japanese public about the realities of medical research and science research – with the response that the Japanese public has directly donated a great deal of money. The Cabinet Ministers quickly realized the political need to do something and reacted to the Nobel Prize news by promising to split the cost and buy a new washing machine to Yamanaka as he had been reported to have been in the middle of repairing his washing machine when he got the call from Stockholm. The Japanese science minister Makiko Tanaka later presented a 160 000 yen gift certificate signed by all the eligible Cabinet Members (those elected from Kyōto and Osaka are banned by law to donate money to people in their electoral districts). Yamanaka’s long-term contribution may well be that he has demonstrated that by original research scientists can make a difference and that the society has a lot at stake when decisions about research funding and cooperation are made. Cooperation is really the key when stem cell research is taken to the next levels and it is most likely that Yamanaka needs to find new approaches to manage his growing team and in the process will leave his mark to Japanese science administration.

Even if we do not focus on the most recent medical discoveries the importance of both the issues of health as well as the issues of cost is not something that can be ignored by any public authorities. With the improvements in medical science and healthcare also the expectations of public have changed. The result is that most governments and all other actors are in the middle of continuous “reform” to adjust with changing realities and make the best with the resources that they have. Of course, perceptions matter in politics and just being active often appears to be a major objective. Reform, indeed, may be the word that best explains the state of healthcare management. The history of every civilization is paved with a series of well-intentioned reforms, each of them presented to people as the one that delivers benefits and removes the evil, abuses and dead wood. Reform is easier to sell to people than either inaction or revolution as the very concept includes the idea that everything that has proved valuable will be preserved while the focus is on the improvement and giving the people what they need. Furthermore, ‘reform’ in English has the association with reforming the wicked and pointing the right way. In fact, a call for reform also opens doors for manipulation and power struggle – and, cooperation. In short, ‘reform’ (Latin re & formare) is an ingenious political innovation that keeps people and societies busy while the results range from total disasters to years of milk and honey. No reform or public policy is never safe from the real world, which sooner or later reveals the hubris. After a crisis people must start again, usually with
another reform. Whether it is the ten plagues of Biblical Egypt or the triple shock of Japan in 2011, the human societies are repeatedly shown how vulnerable and unprepared they and their leaders are. Politics is the art of the possible (Otto von Bismarck). Politicians like von Bismarck perfected the art of making their visions reality. That frequently involved a fair amount of calculative thinking and manipulation that often has given a bad name to politicians. Public policy is made by people whose motivations and inclinations are not entirely saintly. However, the other way to interpret the potential for politics and public policy is to broaden the thinking on what is possible. The real art of politics is to ask for things that were not though to be possible. A good start would be to overcome the dichotomy between ‘public’ and ‘private’. It may take some of politics out of ‘politics’ and that would a good thing.

The current drive to make welfare services more consumer-friendly or even personalized is reshaping public services across the world. Being consumer-friendly or personalized are codes for being in favor of good things and against bad, ethical behavior versus being a crook. However, cutting public spending in the name of productivity may cause more harm than benefit. By and large, the issue of market efficiency is taken for granted even if the private service providers have no intention of promising to preserve services for citizens in the long run. The reforms of our time are all too often based just on vague ideologies and have very little to do with the simple and noble task of cost-cutting.

Chapter 1, “Stakeholders’ Expectations on Health Services: In Search of an Assessment Model of Performance,” by Ricardo Corrêa Gomes (University of Brasília, Brazil) and Luciana de Oliveira Miranda Gomes (University of Brasília, Brazil) analyses the performance assessment in profit and not-for-profit organizations and different models of organizational performance. The research identified the dimensions of performance addressing stakeholder interests in public organizational performance. Empirical data was collected from a municipality in Minas Gerais, Brazil, by semi structured interviews and analyzed using content analysis. The theoretical framework was based on resource dependence, institutional theory, agency theory, and social network theory. The research revealed that the stakeholders wanted to see the performance of health service agencies measured by efficiency, effectiveness and equity criteria. The efficiency concern is related to the fact that stakeholders assume that public organizations spend money in a wasteful way. The effectiveness concern arises because they regard public organizations as future oriented organizations. Finally, equity is a concern because public organizations have so many stakeholders to look at that some kind of balance must achieved in practice in order to satisfy this whole set of interests and influences.

Chapter 2, “Changing Health Care from Inside Out: Policy Entrepreneur Questioning Ophthalmology Service Production in Finland,” by Lauri Kokkinen (The University of Tampere, Finland) and Juhani Lehto (The University of Tampere, Finland), introduces the world of Finnish ophthalmology services and the challenges and crisis that accompanied the attempt to reform these services. The study serves as a lesson how different actors and decision-makers having very different agendas end up having very different understanding of goals of reform. In the long run, it appears to be mostly the ophthalmologist community that will determine whether the change that is now undergoing fast will be a success or not. Furthermore, both public and private sectors and different public hospitals are still competing for their work contribution. It also seems that the economic recession of 2009 may very well have played a major role in the willingness of ophthalmologists to commit, at least partially, to working in a public hospital. It remains to be seen how the underlying issue of the shortage of ophthalmologists will eventually be solved in Finland.

Chapter 3, “Comparative Study between Japan and the UK on Shifting the Third Sector–Government Relationships” by Ichirô Tsukamoto (Meiji University, Japan) and Mariko Nishimura (Meiji-Gakuin University, Japan) examines and compares the shifting relationships between third sector organizations and
local government under the current public service reforms in Japan and the UK. The chapter compares and contrasts the Japanese and British practices. In terms of similarities between England and Japan, third sector-governments relations tend to be formalized and institutionalized. From the perspective of inter-organizational theory, in both cases, institutional isomorphic tendency amongst third sector organizations can be found. However, in the case of the UK, more formalized partnership frameworks set by central government as well as contractual relationships tend to have an impact on this tendency. In contrast, in Japan, partnerships tend to be individualized. Therefore, the contracting framework seems to have more impact on behavior of the third sector organizations than partnership frameworks. From the perspective of political or governance theory, the whole idea of co-governance of the third sector organizations has been less developed than in the third sector in the UK. The authors also analyze the Japanese third sector and the absence of sense of identity as a sector and the lack of strong third sector organizations, including local intermediary organizations mobilizing and organizing local citizens.

Chapter 4, “Participative Typologies: A Comparative Study Among Health Councils in Montevideo, Uruguay and Porto Alegre, Brazil” by Andrea de Oliveira Gonçalves (University of Brasília, Brazil), Rodrigo de Souza Gonçalves (University of Brasília, Brazil), and Elionor Farah Jreige Weffort (FECAP, Brazil), analyzes the relationship between the so-called participative communities and their participants’ influence on local public health policies discussions through health councils in the cities of Porto Alegre, Brazil and Montevideo, Uruguay. Results achieved by the content analysis showed that the Health Council of Porto Alegre tends to present a larger level of community participation, i.e., the organization having an influence on local health policy discussions. As to the Health Council of Montevideo, the level of participation tends to be limited, i.e., the organization has little influence on local health policy discussions. Furthermore, the research had important findings about the leadership style adopted in the public space. Leadership is noticed to stimulate the other members to teamwork, promoting the exchange of opinions and ideas in a way that assures influence in the deliberation of public policies. However, an authentic public space is not automatically assured. It requires some pre-requisites, like the ability of constituting among the group the desire of founding something new, a political founding action whose transparency is assumed as a prior condition to the success of the involved interests. A public space is not exclusively defined as public just because of its collective characteristic. Such an action is public, in a complementary and necessary way, for the quality of the political action of the group, and for the interests involved in the process.

Chapter 5, “Regulating Patients’ Access to Healthcare Services,” by Nadine Reibling (University of Mannheim, Germany) and Claus Wendt (Siegen University and University of Mannheim, Germany), introduces how the gatekeeping within healthcare systems forces patients to choose a general practitioner for a longer period while other systems rely on a free choice of doctors. The chapter continues to analyze how these instruments affect differences in healthcare utilization in European countries. Using data from the first wave of the Survey of Health, Aging and Retirement, the authors investigate how access regulations affect the overall level of ambulatory healthcare usage, and disparities in utilization among groups with different educational and income levels. The data show that access regulation affects patients’ decisions to see a doctor and reduces the extent of specialist healthcare used. Cost sharing could not be related to inequities among income groups; however, gatekeeping has favorable effects on reducing inequality, and the respective healthcare systems show lower levels of inequality among groups with different levels of education.

Chapter 6, “The Politics of Health Finance Reform in Hong Kong,” by Raymond K. H. Chan (City University of Hong Kong, Hong Kong), presents the health finance debate in Hong Kong with its many actors and its different, and even conflicting, values, and interests. Hong Kong’s public health services
are mainly funded by taxes, supplemented by minimal user fees and in the light of increasing costs the government since the 1980s has recognized the limitations of this financing model and subsequently has been seeking alternative methods of funding. However, the chapter demonstrates the complexity of decision-making in Hong Kong and shows how the health finance debate in Hong Kong is not a simple issue that can be tackled by straight-forward rational planning; instead, it is a complex consequence of welfare politics in an increasingly mobilized society.

Chapter 7, “Outsourced Health Care Services: Experiences and Positions of Medical Staff,” by Tiina Tiilikka (University of Tampere, Finland) provides answers to the question of how medical doctors and nurses at health centres narrate their experiences of outsourced health care services and make sense of their position in the new organization. The article contributes to the debate on the recent change in the marketization and transformation of health care organizations. The research material consists of seven group interviews with medical doctors and nurses. The method makes use of viewpoints from the narrative approach. The results of the analysis indicate that the workers interviewed are primarily rational professional actors, who do not actively take an emotional position. The short contracts between public or private actors mean that work processes in the outsourced health care organizations are intermittent. It may be necessary for the workers to adopt a strong professional identity without strong mental ties to the employer.

Chapter 8, “Salami Slicing a Role for Private Providers: The Carve-Up of Europe’s Health Services,” by John Lister (Coventry University, UK), analyzes how a distinctive model of privatisation is being rolled out in health care systems across Europe as the private sector seeks to recapture a larger share of the public and social health insurance budget for health care. The mechanism of this is “reforms” which break up centralised systems and scale down public provision, while opening up collective budgets for private providers. While such changes are being implemented at varying speeds in different countries, the restructuring since 1989 of a tax-funded health care system along market lines in England offers a case study of these “reforms” in action. The British coalition government elected in 2010 is pressing even faster for these changes in controversial new legislation.

Chapter 9, “Healthcare Providers in the English National Health Service: Public, Private, or Hybrids?” by Pauline Allen (London School of Hygiene and Tropical Medicine, UK), Will Bartlett (London School of Economics and Political Science, UK), Virginie Pérotin (Leeds University Business School, UK), Greenwell Matchaya (University of Reading, UK), Simon Turner (King’s College London, UK), and Bernarda Zamora (University of Bristol, UK), reports how in recent years it has been noted that boundaries between public and private providers of many types of welfare have become blurred. This chapter uses three dimensions of publicness to analyse this blurring of boundaries in relation to providers of healthcare in England. The authors find that, although most care is still funded and provided by the state, there are significant additional factors in respect of ownership and social control which indicate that many English healthcare providers are better understood as hybrids. Furthermore, the authors raise concerns about the possible deleterious effects of diminishing aspects of publicness on English health care. The most important of these is a decrease in accountability.

Chapter 10, “Employees’ Perceptions on Organisational Justice, Job Control and Job Demands: Do Ownership and Human Resource Management Practices Matter?” by Liina-Kaisa Tynkkynen (University of Tampere, Finland), Timo Sinervo (National Institute for Health and Welfare (THL), Finland), Marko Elovanio (National Institute for Health and Welfare (THL), Finland), Juhani Lehto (University of Tampere, Finland), Anna-Maija Koivisto (University of Tampere, Finland), Anja Noro (National Institute for Health and Welfare (THL), Finland), and Finne-Soveri (National Institute for Health and Welfare (THL), Finland), analyzes whether ownership and Human Resource Management practices are
associated with employees’ perceptions of organisational justice, job control and job demands. The study focuses on care personnel working in sheltered housing facilities for elderly people. Multi-level linear regression is applied to analyse the data. The results support the argument that an increased similarity between public, not-for-profit and for-profit organisations is emerging in Human Resource Management issues. Human Resource Management practices were found to associate with positive outcomes in organisational justice and job control. However, to be successful in the implementation of Human Resource Management, it is crucial that employees understand the justification for each procedure as well as find it a useful resource in terms of their own job.

Chapter 11, “How Would a Ban on Prescriber-Identifying Information Impact Pharmaceutical Marketing?,” by Doug Walker (Iowa State University, USA), focuses on how recent legal proceedings have addressed pharmaceutical firms’ access to physician and brand level prescribing data. Proponents of the use of the data for marketing purposes claim constitutional protection as freedom of speech. Opponents maintain that distribution of the data compromises privacy. From the perspective of Granger-causality, this study investigates the extent to which pharmaceutical firms use this data to adjust detailing levels at the physician level. Important public policy implications result. Moreover, one aspect of these findings leads to important managerial and public policy implications. As suggested by other researchers, detailing is likely to be sub-optimal. Pharmaceutical firms are not using physician level script writing data to make marketing efforts more efficient. From a public policy perspective, these unexploited potential efficiencies cannot be used to lower drug costs. Finally, consistent with the findings of previous work, detailing appears to Granger-cause prescription writing for a significant subset of physicians. However, the evidence that prescription writing Granger-causes adjustments in detailing levels is weak.

Chapter 12, “The Hybridized Nature of America’s Health Care System: Medicare as a Case of Both Market and Public Failure,” by Monica Gaughan (University of Georgia, USA), analyzes the theoretical perspective of Bozeman’s publicness work and how it is used to frame a two-part case study of the health insurance system in the United States. The chapter provides a fresh reinterpretation of Bozeman’s original work in a new social and political situation. Bozeman’s publicness work begins with a historical overview of the incremental changes to the system over the past 70 years, illustrating how competing economic and political authorities have combined to create a uniquely expensive and poorly performing system. The empirical lens then focuses on one component of the US system, the Medicare program for the elderly and disabled. It shows how a fully public system has become increasingly privatized through a series of policy reforms starting in the 1990s. The chapter shows how his analysis is timely in light of the recent Affordable Care Act of 2010 and the continuing efforts of the US Congress to limit the growth of entitlements such as Medicare. In the United States, the dominant sectoral type is neither public nor private, but the private not-for-profit hospital. The healthcare insurance system has become a very divisive political and ideological issue in the United States. The lack of bipartisanship and series of policy reforms created a system that the author calls uniquely expensive and poorly performing, and backs her rather harsh judgment with detailed analysis. In short, there is a need for a major reform and a far more cooperative approach.

Chapter 13, “Primary Health Services Utilization and Inequality: The Emerging Symbiotic Public/Private Model in Hong Kong,” by Raymond K. H. Chan (City University of Hong Kong, Hong Kong) and Kang Hu (City University of Hong Kong, Hong Kong), analyzes the development of Hong Kong’s health services in recent decades. The provision of public low-cost universal health services acts as a safety net, but its quality and quantity is can be questioned. Citizens’ health service needs often must be met by the supplementary private health services, especially the primary health services. Neverthe-
less, criticisms have been expressed regarding access to, and utilization of, these health services. This chapter examines the utilization, in terms of accessibility, affordability, and primary health services for Hong Kong residents. Based on a survey data collected in 2009, findings revealed that the respondents were, on the whole, satisfied with the primary health services and that this attitude is positively correlated with their satisfaction in their own health status. Nevertheless, the findings also show that health services utilization varies according to social class, which deserves serious attention. The chapter also demonstrates how the latest developments of the Hong Kong model can be seen to move towards new symbiotic forms between the public and private sector and that the Hong Kong model may well have parallels with developments elsewhere. Chan and Hu argue that the Hong Kong government must continue to invest in low-cost public primary health services, which will be the most effective means to prevent health inequality gap from widening. It is understandable that unchecked expenditure and dramatic improvements of public health services within a short period of time are not feasible, with the long supported welfare orientation – a division between the public and private sector for different groups of customers. It is also not socially acceptable (especially among the medical professionals), nor politically realistic to have the private sector to be completely replaced by the public sector, at least not in the foreseeable future. On the contrary, as currently proposed and actively experimented, the public and private sector could learn to support each other and new incentives could be developed to that end. Furthermore, it would be better, if more resources were invested in specialist public health services, given that private specialists are so expensive. Moreover, there is no escape from the fact that in future there will be no end to ever more expensive specialized medical services and it is not feasible that any modern society decides to leave its citizens to cope without the advances of modern medical science. Furthermore, effective specialist service often in the end is cheaper than the less effective and nominally cheaper alternatives. The real challenge will be to improve access to affordable and quality services and provide the best possible mix to all who can best benefit from them – and as early as possible.

Chapter 14, “Risk Society and the Hybris of Modern Japanese State/Society” by Mika Markus Merviö (Kibi International University, Japan) analyses the risk society discourse and its significance for the Japanese society and the triple shock of the earthquake, tsunami, and the Fukushima nuclear plants catastrophe, which had a lasting impact on thinking on risk anywhere in the world, not only in Japan. Social risk discourse has found its way to Japan but the reception has been rather selective. The policy examples in this chapter illustrate the obstacles that exist to promote greater social participation and social reforms in Japan. At the end of the day, Japan seems to be following the rest of its peers in entering the world risk society, but in a selective way of ignoring some parts of the discourse. Observers of other East Asian countries have likewise pointed out that in some Asian societies and their risk discourses such issues as political stability and economic stability (after the Asian financial crisis) were most visible. Similarly in Japan, the older risk discourses often did not go much beyond the security risks and natural hazards. However, there has also been new research on social risks, such as on so-called new risks associated with family and work, and social change in general. A common theme seems to be that traditional social institutions are eroding while there is a coexistence of both individualization and traditional (family-based) values. What is troublesome is that the political institutions have proven rather resistant to change in Japan, which already has a long history of multiparty democracy. It was Germany, which changed its policy regarding atomic energy after Fukushima and Japan still one year after the catastrophe is only slowly wakening to the new reality of a new kind of reflexive relationship with nuclear power and, more generally, the use of modern technology. In Japan, the idea that Japan’s very own catastrophe is, instead, a global catastrophe has not really sunk in. Coping with the disasters
may be the most urgent and visible task of the government, but the Japanese society can hardly wait to find solutions to many long-term policy choices. The “reconstruction” of Tohoku is not made easier by the aversion of the authorities to critically examine and discuss the past mistakes.

Chapter 15, “Earthquake and Fukushima Nuclear Crisis in 2011 with Gender View” by Yoiko Andô (Fukushima Bar Association, Japan) analyzes the Great East Japan Earthquake on the 11th of March in 2011 and Fukushima Nuclear Power Plant Accident with particular emphasis on gender aspects. The effects on people’s health are difficult to confirm due to lack of acute disease. However, developing a disease can take decades and the psychological impact often is plain. Precisely because damage from very-low-level radiation is difficult to detect, people exposed to it are left in anguished uncertainty. Many believe that they have been seriously contaminated for life. They may refuse to have children for fear of birth defect or they may be shunned by others who fear some kind of mysterious contagion. Add onto this is the dislocation by forced evacuation, and you have a recipe for social isolation, anxiety, depression, psychosomatic medical problems, reckless behavior, even suicide. In terms of gender inequality, the distortions of Japanese society that existed well before this disaster turned out to have a major impact on this crisis. The current situation is that women are unable to fully participate in the processes of planning for rehabilitation, recovery and reconstruction, and that their human rights are not being fully respected. What has society learned through this disaster is that problems that exist in normal times are exacerbated under the conditions of confusion and hardship that result from a disaster. After mapping the situation, the author proceeds to policy recommendations. The current crisis in Japan has tested the social organizations and institutions and the lessons are valuable for Japan and for all other societies.

Chapter 16, “Women and Health in Japan: The Rise and Obstacles of Gender and Sex-Specific Medicine” by Hiroko Hara (Jôsai International University and Ochanomizu University, Japan), overviews the state of affairs concerning reproductive health/rights in Japan. The spread of HIV/AIDS and Sexually Transmitted Infections in Japan are then examined, followed by a discussion on promotion of gender and sex-specific medicine. Finally, the author examines causes of death in Japan and their implications from the perspectives of gender equality. Hara tells that in Japan there is no sex-specific difference in the top three causes of death: malignant neoplasm, cardiac disease, and cerebrovascular disease. However, among causes of death that do exhibit a clear sex-specific difference is suicide. By international comparison, Japan’s suicide rate ranks 9th for the total of men and women, 11th for men, and 6th for women. While the female suicide rate may be high by international comparisons, it is the male rate and absolute numbers especially in the age cohort of 55 to 59 that tell a lot about the particular pressures that Japanese males face. The author shows that these pressures are related to the breadwinner model and Japanese cultural norms. So it also the men, who fall victim to Japan’s cultural norms. After analyzing the situation of gender specific medicine in Japan the author argues that we should earnestly seek such social system that would make high standard medical, pharmacological and nursing care easily available to all people living in Japan. The social system of Japan should transform itself for the better to meet the acute needs of various categories of people in Japan. Proper social education including relevant sex education should be required of girls and boys and all types of individuals so that they could be able to carry on their conscious efforts by themselves to maintain their good health and to obtain appropriate health services in prevention and treatment. Both women and men in Japan should widen their knowledge about mental health in order to improve treatment and allowing prevention of tragedies.

Chapter 17, “DV Laws in Japan: The Next Steps in the Journey of a Thousand Miles,” by Marjory D. Fields (Beldock Levine & Hoffman LLP, USA), analyzes the situation of Domestic Violence laws and services in Japan. In Japan, the constitutional imperative pursuant to Article 14 of the Constitution and
treaty obligations under CEDAW and the Convention on Human Rights mandate gender equality and recognition of women’s human rights. The history of the Law for the Prevention of Spousal Violence shows that Japan recognizes that international human rights norms require effective civil legal remedies to protect victims of domestic violence, in addition to diligent criminal justice intervention to stop the violence. Japan is proud of its commitment to human rights. Japan has articulated support for gender equality in its Constitution and laws, and through its participation in international treaties. Japan has a history of protecting the human rights of individuals from infringement by other individuals and the general public. Human rights in Japan are not restricted to the sphere of state-citizen relation. Thus, it is the logical next step for Japan to effectuate its policy of gender equality by enacting essential, additional legal remedies and providing better protection for victims of domestic violence and their children.

Chapter 18, “Making Sense of the Best Interest of Children in Vulnerable Family Relationships,” by Mutsuko Takahashi (Kibi International University, Japan), tells about the problems in family relationships in Japan and how that affects the children and comments on the current debate of joint custody. The aftermath of divorce or separation of a couple with children profoundly affects the life of all those who used to live together as a family. In Japan the current legislation admits child custody for either of the parents at divorce, and it is usually mothers who become the custodial parents living together with child. Differently from many other societies the joint custody system has not been introduced to Japan, and some people (legal experts, researchers and activist citizens mainly of fathers’ rights movement) in Japan are activating the discussion about legal reform for introducing joint custody to Japan. It is even argued that the regular contact of non-residential parent to child based on joint custody system can be regarded as a common sense in the Western industrialized societies. However, the author takes the view that there is no guarantee that the joint custody linked to regular and frequent contact of non-residential parent to child would always be the almighty solution for child-care after divorce in Japan. To secure the best interest of a child after divorce or separation of parents requires private and public resources in a short-term as well as in a long-term. Professionals with different expertise, such as legal experts, social welfare services, medical practitioners, and so on, need to be coordinated for preventing life of each child from a variety of risks related to adverse childhood experiences and of vulnerable family relationships.

This book serves as a good and fresh introduction to the research in this field and, undoubtedly, many of the chapters will have their lasting impact on more specific discourses. The special charm of the volume lies in its variety of different discussions, which end up supporting each other and open new horizons for future research. The geographical diversity of contributions speaks volumes about how global the discourse on healthcare and welfare management already is. Traditionally European and North American research has dominated, already due to the evolution of both public and private modern health and welfare models in these societies. However, as this volume testifies, the Asian and Latin American developments and research on them are rapidly adding new nuances and perspectives to enrich both theoretical discussions and provide more balanced comparative and contrastive analysis.

The book is also expected to serve multiple audiences in addition to the research community that is most directly involved with its research. The book is valuable also to health and welfare professionals, students, as well as people connected with political decision-making or people who simply want to understand how public and private spheres interact and why this interaction has become such a contested political and social issue.

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