

Japanese psychiatry

Fetus research criticized

Tokyo

ARGUMENT over the rights of psychiatric patients in Japan has resurfaced with the release of a report from the Japanese Society of Psychiatry and Neurology's human rights committee. The report censures the conduct of an experiment on a fetus aborted from a schizophrenic woman. The "human experiment", performed at Gifu University, is seen as a test case by those critical of current psychiatric practice, as is spelt out in a letter from one of their representatives in this issue of (see page 556).

There is general agreement only on the bare facts of the Gifu case. The patient concerned was a 34-year-old schizophrenic woman with a long history of mental illness. She was admitted to a Gifu hospital in January 1984 and found to be about five months pregnant. Shortly afterwards she was transferred to Gifu University Hospital where the pregnancy was terminated. The fetus was dissected and its brain examined for the effect of the drugs the woman had been taking.

It was not until May 1985 that the case attracted the attention of the press. It was alleged that the woman had been forced to undergo an abortion simply so that the doctors could experiment on the fetus. Those critical of psychiatric conduct quickly labelled the case as an example of the "research supremism" that leads psychiatrists to view patients merely as opportunities to further their academic careers. Protests over the case grew to such an extent that fear of violence led the Japanese Society for Biological Psychiatry to cancel a meeting that was to have been held at Gifu with doctors involved in the experiment present.

Two invited foreign speakers also had to abandon their talks even though they were moved to a secret venue. Both speakers have expressed their views in *Nature* (319, 172; 1986; and 320, 392; 1986). They had been told that protesters were radical "anti-psychiatrists" who frequently disrupted meetings with violence and that Dr Moriyama of Tokyo University who was their *de facto* leader. Dr Moriyama has clearly rejected the label of "anti-psychiatrist" for himself and denied any violent intent on the part of Gifu protesters (*Nature* 318, 308; 1986).

Did the Gifu case involve malpractice? On the evidence supplied by the Gifu doctors alone there is no reason to think so. They say that the woman was admitted to hospital because she was showing schizophrenic symptoms; that she freely chose to have an abortion because of the difficulties she would face in bringing up a child; and that the idea of examining the fetus came up only after the woman had

decided to have an abortion.

The Society of Psychiatry and Neurology's report does not accept this view of events and raises some fresh ethical issues. In the committee's view there was evidence that the woman wished to have the baby and that she had been pushed into receiving an abortion: "informed consent" had not been properly obtained. There were also suspicions that admission procedures had not been properly observed. Finally, consent to the fetal experiment was not obtained from the patient, only from her mother.

Further problems stem from the experiment. Japan is without clear guidelines for such experiments so criticism was made in the light of foreign guidelines, principally there of Britain's Department of Health. Here it is made clear that a living fetus retains its rights even if it is going to die in an abortion — thus a pregnant patient should not be allowed to take a drug that could harm the fetus, even if an abortion has already been planned and even if the

doctors would like to know what the effect of the drug on the fetus would be. It is not clear whether the Gifu doctors agree with this point, and further public discussion of the issues involved is called for in the report.

What is certain is that there is a need in Japan for clear research guidelines for those who perform experiments involving human beings. At least reform is now in the air. The legal rights of psychiatric patients (or the lack of them) has already become a topic of international concern and the Ministry of Health and Welfare has promised to produce changes in the law by next spring. Ethical committees are now appearing in hospitals and increasing numbers of doctors are involved in providing alternatives, such as community care, to the long stays in isolated mental hospitals that are a much criticized feature of the Japanese psychiatric system. Soon, the present controversy may be seen as one step towards an improved psychiatric care system.

Alun Anderson

Nature in Tokyo: next week (9 June) David Swinbanks takes over from Alun Anderson as *Nature's* Tokyo Correspondent.

Ageing research

Japan faces the old old problem

Tokyo

A NEW study from Japan's Council for Science and Technology tackles the nation's most serious long-term problem — its rapidly ageing population.

At present Japan has relatively few people over 65 compared with those in the working population; European countries and the United States have to divert a far larger percentage of their economic resources to care of the aged. But in 15 years' time the situation will have reversed. By the year 2000, one out of every five Japanese will be more than 60 years old. And by 2025 there will be two and a half times as many elderly people per worker as at present. The trend is a result of the remarkable longevity achieved by the Japanese coupled with a declining birth rate.

The government is already planning changes in health insurance and pension laws to ensure that it is not saddled with a

bill it cannot pay in the next century. The proposals from the Council for Science and Technology are complimentary changes in the scientific field and are expected to serve as guidelines for the next ten years. The council, directly answerable to the prime minister, is the top government policy body and all government ministries are expected to begin promoting research according to the guidelines. A likely outcome is the establishment of a new research centre for the study of ageing, perhaps equivalent to the US National Institute of Aging.

Senile dementia is likely to be the main research topic. In Japan around 5 per cent of the over-65 age group (more than 600,000 people) suffer from senile dementia, causing serious social problems. This total will double by the end of the century. Some means, the report says, must be found to enable old people to live healthy and independent lives to maintain the national economy. Some forms of senile dementia are largely due to cerebrovascular disorders and there have already been successes in treatment. Research will focus on finding methods of early diagnosis when chances of recovery are high. The causes of other forms of senile dementia are still unknown. Alzheimer's disease, already a major problem in advanced countries with large populations of the elderly, will be another major research topic, as will improved methods of nursing.

Alun Anderson

