

Tomojiro Nagai, founder of the Association of the Medical Practitioners (Jicchi ika no tame no kai) in Japan

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A practical doctor must consider human beings as a whole, not as a part, as a person who leads a social life, not as a mere living thing. Tomojiro Nagai

Tomojiro Nagai (1918–2017)

On May 8, 2017, Dr. Tomojiro Nagai, the founder of the Association of the Medical Practitioners (Jicchi ika no tame no kai), passed away at the age of 98 years in Mitaka, a quiet residential area of a suburban town in Tokyo. He suffered from congestive heart failure that worsened day by day, but he enjoyed his final days of life peacefully at his home, surrounded by his family, as was his wish.

Dr. Nagai was born on September 5, 1918, and started his early life in wartime Japan, when the country was headed toward the catastrophic defeat in World War II. On January 15, 1941, immediately after his graduation from Chiba Medical University, Dr. Nagai entered the navy military preparatory school and started his career as a naval military doctor. During the war, he participated in several harsh marine battles, including the Battle of Midway, the Battle of Attu, and the Battle of Guadalcanal. He had many unforgettable experiences, beyond what can possibly be described. He witnessed many unfair and early deaths of both friends and foes. This drove him to save as many lives as possible later in his life.

During the Battle of Truk in the Caroline Islands, he was severely injured in a US air raid and returned to Japan. After the war, he returned to Chiba Medical School and started his career again as a medical intern. He spent several years at the Red Cross Narita Hospitals in Chiba and then opened his own clinic in 1957 in Tokyo, at the age of 39.

Dr. Nagai recognized the importance of academic activities in primary care after opening his own clinic. He wrote a letter to the editor of the journal *Nihon Iji Shinpo* titled “The reason why we need the academic society of general physicians” in February 1963.¹ In the same year, Tomojiro Nagai, Taku Urata, Hitoshi Hara, and Hiroo Muramatsu, who became the founders of the Association of the Medical Practitioners (Jicchi ika no tame no kai), held the first meeting at the Imperial Hotel in Tokyo, to discuss and study the issues they encountered in daily practice. They decided to hold these meetings regularly every month, and since then, the number of members attending the meetings from all over Japan has increased. Even today, the meeting is held every month.²

The topics of discussion in the meetings stretched beyond the field of medicine and included epidemiology, law, human nature, informed consent, medical error, terminal care, and primary care. In 1979, the main members of the group launched the Japanese Society of Primary Care, which later came to be known as the Japan Primary Care Association. The association currently boasts more than 11,000 members and is an official member of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), the leading academic society of primary care medicine in Japan.³

When Dr. Nagai still attended to his patients at his small clinic as a primary care physician, he emphasized the importance of dialogue between patients and doctors. In his article titled “An encouragement of chatting therapy (Zatsudan ryoho no susume),” he stated that “patient-centered medicine and communication is more

important than any advanced technology for the good future of medicine. This is the most fundamental basis of medicine.”⁴

Dr. Nagai also emphasized the association between medicine and law. He invited the jurist Koichi Bai as a guest speaker to the meetings of the Association of the Medical Practitioners and later jointly founded the Japan Association of Medicine and Law in 1969 with him. His interests were law, medical errors, end-of-life care, and quality of life, covering almost all topics in the medical field. In 1973, he was appointed as a committee member of the group researching medical lawsuits as part of the Ministry of Health and Welfare in Japan, and he chaired the committee of lifelong medical education of the Japan Medical Association, the largest organization for physicians in Japan.

After he crossed the age of 80, he stopped seeing his patients at his clinic but still made home visits to a few patients with whom he had long-established relationships. He would talk about 2 famous doctors who had died during home visits, and he also wished to die like them.⁵

In the last decade of his life, Dr. Nagai witnessed many developments in primary care in Japan, such as starting a rotating system for the residency program, the establishment of specialty training programs for general physicians, and the establishment of the Japan Primary Care Association. Meanwhile, he kept transmitting his philosophies and wisdom through his lectures, workshops, and publications.

After the Great East Japan Earthquake on March 11, 2011, I got a chance to interview Dr. Nagai on the role of primary care physicians. With such massive damage caused by the earthquake, the tsunami, and the subsequent Fukushima nuclear plant accidents, I was confused and devastated, losing my vision for the future role as a primary care physician. Based on his deep and significant experiences during the war and postwar eras, Dr. Nagai said:

“In the submarine in which I worked, in 1941, only naval physicians could play the role of a guardian deity down under, in the dark, deep, and quiet ocean. Now is the time, under such harsh circumstances, that we, as primary care physicians, should act like a guardian deity in each local community, no matter how dark our

future looks. We need to keep standing close, beside the people in the community. If we believe in human power and that we can control science, we can stand up again. We have to believe in the power of new generation in the future.”⁶

In the last month of his life, knowing that he had severe congestive heart failure, Dr. Nagai refused all hospitalized care and further invasive treatments. He received home visits like those he had provided to his own patients. Just 1 day before his death, he expressed a wish to not have any invasive devices used on him, not even infusion therapy, so that he could die peacefully. Surrounded by his 2 sons and their families, he passed away at home quietly, as was his wish.

The death of Dr. Nagai has cast a gloom all over Japan. However, we will never forget his words, activities, and accomplishments in the advancement of primary care in Japan.

REFERENCES

1. Nagai T. The reason why we need society of general practitioners (Ippan-I no gakkai ga hitsuyou na riyuu). *Nihon Iji Shinpo* 1963;203:67-9. (Japanese).
2. The Association of the Medical Practitioners. (Jicchika no tame no kai) [internet]. [cited 22 Jan 2018]. Available from: <http://www.jicchika.jp/>.
3. Japan Primary Care Association. [internet]. [cited 22 Jan 2018]. Available from: <https://www.primary-care.or.jp/>
4. Nagai T. An encouragement of chatting therapy (Zatsudan ryoho no susume). *Nihon Iji Shinpo*. 2003;4152:41-2. (Japanese).
5. Nagai T. Two doctors died on the way of their home-visiting (Oshin no tochu de shinda futari no ishya). *Nihon Iji Shinpo* 2005;4218:55-6. (Japanese).
6. Nagai T, Matsumura S. Searching for medicine in the future, after 3.11 earthquake. What should primary care physicians do? (3.11 go, korekara no iryou wo motomete. Puraimari kea I ha nani wo subeki ka). *JIM* 2011;21:496-503. (Japanese).

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