

## Launch of *JA Clinical Reports*

### Anesthesia research crisis in Japan

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I am pleased to announce to our readers that the first issue of *JA Clinical Reports* will launch soon, a companion journal to the *Journal of Anesthesia* (JA). Case reports are rarely cited and as such they are rarely accepted for publication. However, case reports remain very important from the point of view of education and the cultivation of scientific thinking in the field of anesthesia, because most new findings, techniques, and treatments are reported first in a clinical report. Therefore, the Japanese Society of Anesthesiologists (JSA) has decided to launch a new journal, *JA Clinical Reports*. This journal is an open-access journal dedicated to the publication of clinical reports [Case Reports, Clinical Research Letters (Short Communications), Letters to the Editor (only correspondence relating to a recently published article in *JA Clinical Reports*)] that are related to the practice of clinical anesthesia, pain management, and intensive care.

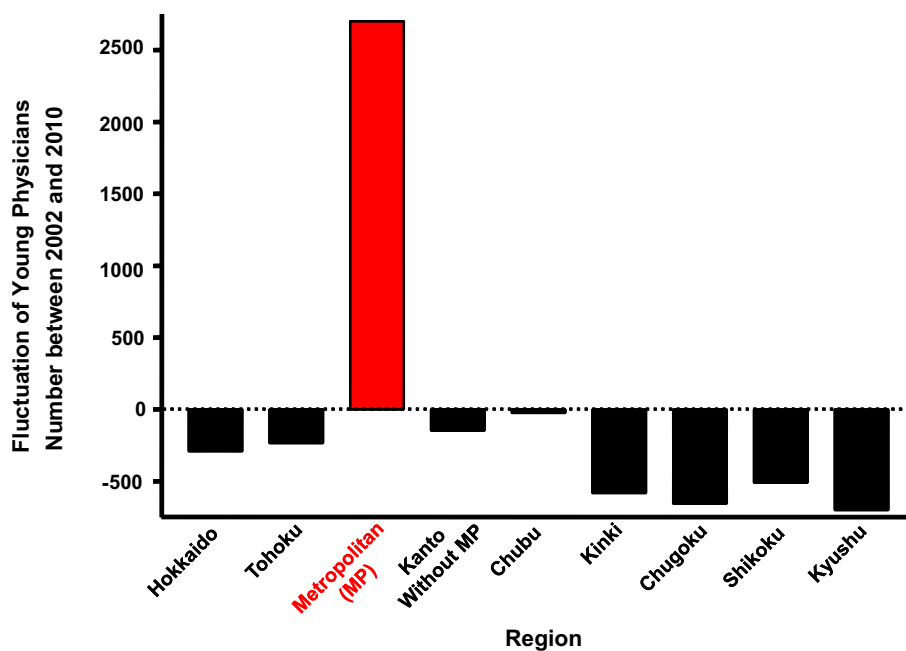
The JSA is seriously concerned regarding the steep decline in anesthesia journal publications from Japan, an issue on which I have previously commented in an Editorial to JA [1]. The medical research environment in Japan has recently deteriorated because of the following primary factors [2]. First, after the introduction of a new postgraduate clinical training system in 2004, maldistribution of young physicians occurred (Fig. 1), creating a shortage of young physicians, particularly in local university hospitals. Most promising young physicians gravitate to hospitals in the metropolitan area. Second, as the shift of national universities to independent corporations in 2004 has worsened, the financial situation of university hospitals is such that

the clinical workload has increased to bridge the funding gap. Research time is lost as a consequence. Third, we have also lost the education system to responsibly teach junior physicians about the importance of clinical research in their ability to solve problems in clinical practice. Moreover, many junior physicians do not desire the (research) degree of doctor of medicine in addition to their medical specialist qualification.

The environment for undertaking anesthesia research in Japan does not compare favorably with other medical specialties. As increasing volumes of surgical patients contribute to improving hospital finance, the workload of anesthesiologists in the operating theater drastically increases to the point where it is difficult to find research time. This restriction does not appear to be the case with surgeons, except on operative days. In addition, although more than half of the faculty members in Japanese universities hold grants-in-aid from Scientific Research of Ministry of Education, Culture, Sports, Science and Technology, the acquisition rate in faculty members from most anesthesia departments is less than 30 %, which suggests that research interest in anesthesiologists may be much lower than physicians in other medical fields in Japan. This situation is similar that in the United States [3] and the United Kingdom [4]. The number of female physicians who aspire to be an anesthesiologist is increasing compared to other medical specialties [5] (Fig. 2). Although their contribution to clinical anesthesia is unquestionable, maternity and childcare leave pressures reduce their ability to participate in anesthesia research as in Japan mothers still tend to be the main providers of childcare. This issue of childcare must be addressed socially to establish gender equality in expectation to engage in research.

The origin of research publications in anesthesia from Japan is different from that in other medical fields.

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**Fig. 1** Fluctuation of the number of young physicians between 2002 and 2010 in each region. Notable increase in the numbers is occurring only in the Metropolitan area (red bar). Tohoku: Aomori, Akita, Iwate, Miyagi, Fukushima, and Yamagata Prefectures; Metropolitan (MP): Tokyo, Kanagawa, Chiba, and Saitama Prefectures; Kanto without MP: Gunma, Tochigi, and Ibaraki Prefectures; Chubu:

Niigata, Toyama, Fukui, Yamanashi, Nagano, Gifu, Shizuoka, and Aichi Prefectures; Kinki: Mie, Shiga, Kyoto, Osaka, Hyogo, Nara, and Wakayama Prefectures; Chugoku: Okayama, Hiroshima, Tottori, Shimane, and Yamaguchi Prefectures; Shikoku: Tokushima, Kagawa, Ehime, and Kochi Prefectures; Kyushu: Fukuoka, Saga, Nagasaki, Kumamoto, Oita, Miyazaki, Kagoshima, and Okinawa Prefectures

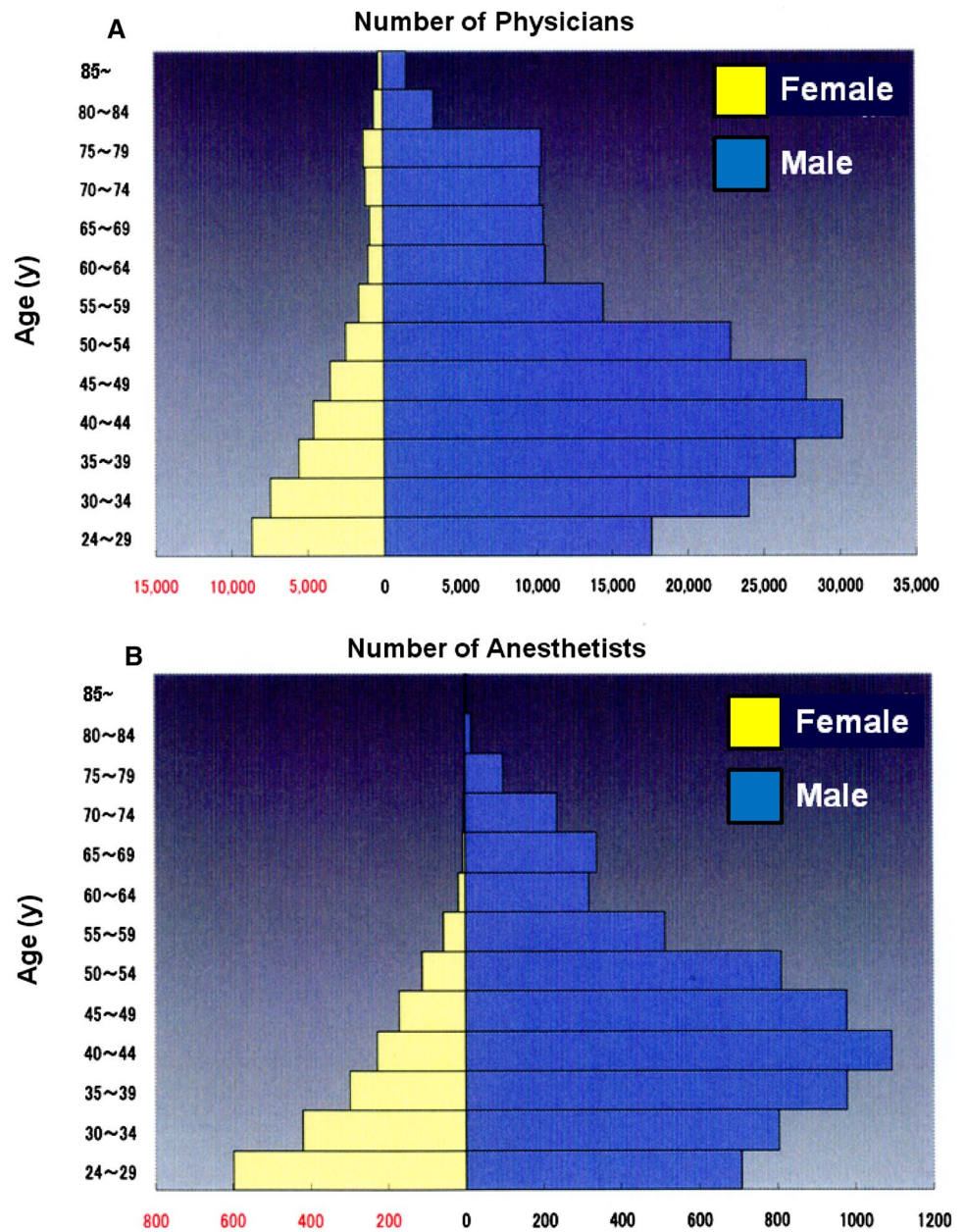
Around 40 % of anesthesia research and clinical reports published in *Anesthesiology*, the *British Journal of Anaesthesia*, and *Anesthesia and Analgesia* have been sent from local national universities whereas only 10 % have been from seven former imperial universities (Tokyo, Kyoto, Osaka, Nagoya, Kyushu, Tohoku, and Hokkaido Universities) [2]. In contrast, only 25 % of all medical research papers have been published from local national universities whereas one third has been from the former imperial universities [2]. Thus, in contrast to other medical fields, local national universities mainly contribute to publications in the anesthesia field. As a consequence of the shortage of anesthetists, the high clinical workload, particularly in local national university hospitals, and a lack of interest in anesthesia research, therefore, submission and publication of anesthesia research and clinical reports

from Japan in the major anesthesia journals are likely to decrease.

Therefore, JSA is now encouraging clinical research to increase the number of high-quality publications from Japan, and has decided to launch *JA Clinical Reports* to increase the opportunity to publish papers in English. We understand that it may be difficult for junior anesthetists to write research papers in English, particularly those related to basic research. However, case reports can be more easily written as most anesthetists have experience in writing papers with English abstracts and have published those in *Masui*, a JSA-associated journal.

I hope that this new journal will be of some help in reversing the decline in anesthesia research activity in Japan and look forward to receiving submissions from you.

**Fig. 2** Percentage of female physicians (a) and anesthesiologists (b) by age (y, years) in Japan in 2005



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