

# Minamisōma

Minamisōma is a city located in [Fukushima Prefecture, Japan](#). As of 1 October 2017, the city had an estimated population of 55,880 in 26,093 households, and a population density of 140 persons per km<sup>2</sup>.

The total area of the city is 398.58 square kilometres (153.89 sq mi).

---

Disaster relief operations involve a variety of components of healthcare efforts. The post-disaster recovery is a key component of hospital preparedness. This study aimed to investigate the role of hospital nurses in the disaster area and their challenges during the relief efforts after the Great East Japan Earthquake in 2011.

**Methods:** Semi-structured interviews were conducted with ten nurses who worked in a general public hospital before the Great East Japan Earthquake and were dispatched to the evacuation centers after the disaster. A qualitative approach with the thematic analysis method was employed. Three research queries (RQs) were prepared before the interview.

**Results:** The study participants played administrative roles as city employees in addition to performing nursing services as healthcare providers in evacuation centers. The first RQ on their challenges in evacuation centers gave us four themes: criticism by the evacuees, conflicts between multiple roles, difficulties in performing the first experience, and anxiety in working. The second RQ asking about motivation to accomplish disaster relief efforts raised three themes of carrying out the nursing role, acceptance by evacuees, and strengths of human connections. Two themes of awareness of disaster medicine and professional growth were raised from the third RQ of gains from the experiences in the evacuation centers.

**Conclusions:** The hospital nurses in the disaster area performed multiple roles in the relief efforts in the evacuation centers, which developed a psychological burden on them. A sense of competence supported the motivation to accomplish the disaster relief activities and professional growth as a specialist in disaster medicine. A study limitation is missing hospital nurses who resigned during the relief efforts. Further study is warranted to refine the disaster preparedness of hospital operations <sup>1)</sup>.

---

[Clinical Practice Guidelines](#) (CPGs) play significant roles in most medical fields. However, little is known about the extent of financial [Conflicts of Interest](#) (FCOIs) related to pharmaceutical companies (Pharma) selling dermatology prescription products and dermatology CPG authors in Japan. The aims of this study were to elucidate the characteristics and distribution of payments from Pharma to dermatology CPG authors in Japan, and to evaluate the extent of transparency and accuracy in their FCOI disclosures. We analyzed the records of 296 authors from 32 dermatology CPGs published by the Japanese Dermatological Association from the beginning of 2015 to the end of 2018. Using the payment data reported by 79 Pharma between 2016-2017 in Japan, we investigated the characteristics of the CPG authors and the payments from the Pharma to them. Furthermore, we evaluated the transparency and accuracy of the FCOI disclosures of the individual CPG authors. Of the 296 CPGs authors, 269 authors (90.6%) received at least one payment from the Pharma. The total monetary value of payments for the 2-year period was \$7,128,762. The median and mean monetary value of payments from the Pharma reporting were \$10,281 (interquartile range \$2,796 -\$34,962) and \$26,600 (standard deviation \$40,950) for the two years combined. Of the 26 CPG authors who

disclosed FCOIs due to the monies received from Pharma, only the atopic dermatitis CPG authors and the acne vulgaris CPG authors published their potential FCOIs. In Japan, most dermatology CPG authors received financial payments from Pharma. The transparency of the CPGs, as reported by the CPG authors, was inadequate, and a more rigorous framework of reporting and monitoring FCOI disclosure is required to improve the accuracy and transparency with relation to possible Conflicts of Interest <sup>2)</sup>.

---

Shimada et al., from the Department of Neurosurgery, [Minamisoma](#) Municipal General Hospital, [Japan](#), compared in [2018 hospital mortality](#) in [patients](#) who sheltered-in-place (non-evacuees) after the incident with the baseline preincident mortality and articulated postincident circumstances of the hospital while sheltering-in-place.

They considered all 484 patients admitted to Takano Hospital (located 22 km South of the [Fukushima Daiichi](#) nuclear power plant) from 1 January 2008 to 31 December 2016.

Significant differences in mortality rates between preincident baseline and three postincident groups (evacuees, non-evacuees (our major interest) and new admittees) were tested using the Bayesian survival analysis with Weibull multivariate regression and survival probability using the Kaplan-Meier product limit method. All the analyses were separately performed by the internal and psychiatry department.

After adjusting for covariates, non-evacuees in the internal department had a significantly higher mortality risk with an HR of 1.57 (95% credible intervals 1.11 to 2.18) than the baseline preincident. Of them, most deaths occurred within the first 100 days of the incident. No significant increase in mortality risk was identified in evacuees and new admittees postincident in the department, which were adjusted for covariates. In contrast, for the psychiatry department, statistical difference in mortality risk was not identified in any groups.

The mortality risk of sheltering-in-place in a harsh environment might be comparable to those in an unplanned evacuation. If sheltering-in-place with sufficient resources is not guaranteed, evacuation could be a reasonable option, which might save more lives of vulnerable people if performed in a well-planned manner with satisfactory arrangements for appropriate transportation and places to safely evacuate <sup>3)</sup>.

<sup>1)</sup>

Yamamoto C, Yamada C, Onoda K, Takita M, Kotera Y, Hasegawa A, Oikawa T, Tsubokura M. Disaster response among hospital nurses dispatched to evacuation centers after the Great East Japan Earthquake: a thematic analysis. *BMC Health Serv Res.* 2022 Jul 1;22(1):848. doi: 10.1186/s12913-022-08231-8. PMID: 35778722.

<sup>2)</sup>

Murayama A, Ozaki A, Saito H, Sawano T, Shimada Y, Yamamoto K, Suzuki Y, Tanimoto T. Pharmaceutical company payments to dermatology Clinical Practice Guideline authors in Japan. *PLoS One.* 2020 Oct 13;15(10):e0239610. doi: 10.1371/journal.pone.0239610. PMID: 33048952.

<sup>3)</sup>

Shimada Y, Nomura S, Ozaki A, Higuchi A, Hori A, Sonoda Y, Yamamoto K, Yoshida I, Tsubokura M. Balancing the risk of the evacuation and sheltering-in-place options: a survival study following Japan's 2011 Fukushima nuclear incident. *BMJ Open.* 2018 Jul 28;8(7):e021482. doi: 10.1136/bmjopen-2018-021482. PubMed PMID: 30056383.

From:  
<https://operativeneurosurgery.com/> - **Operative Neurosurgery**

Permanent link:  
<https://operativeneurosurgery.com/doku.php?id=minamisoma>

Last update: **2022/07/02 20:55**

