

Therapeutic misconception as the basis for vaccine nationalism of Japan: a historical reflection and perspectives for global public health

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Conflict of Interests Disclosure

We have nothing to disclose on conflict of interests with the contents of this presentation .

Self-introduction

- 3 areas: internal medicine, psychiatry, and occupational health
- The early advocate of EBM movement in Japan
- Japanese Society of Psychiatry and Neuropsychiatry(JSPN)
 - Committees of Pharmaceutical Affairs; Suicide Prevention
- Editorial Committee member of the Japanese medical journal
 - *Clinical Evaluation.*
- Areas of interest: clinical epidemiology, evaluation of drug efficacy and safety, psychopharmacology, gastro-enterology, bioethics

Ethical Innovation for Global Health

Pandemic, Democracy and
Ethics in Research

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Bibliographic data

- Kurihara C, Saio T.

Therapeutic misconception as the basis for vaccine nationalism of Japan: a historical reflection and perspectives for global public health. In: Kurihara C, Greco D, Dhai A. eds. *Ethical Innovation for Global Health: Pandemic, Democracy and Ethics in Research*. Singapore: Springer Nature; 2023. pp105-20.

Objective of this chapter

- Deep rooted in Japan
 “therapeutic misconception”
 caused **“vaccine nationalism”** in the COVID
 pandemic
- Japan should keep in the mind the principle of
 Health/drug/vaccine is global public goods.

Japanese war crime against human dignity

- The war crimes of cruel **human experimentation** of Japan during the World War II .
- Immunity to the war crimes of MDs was granted in exchange of providing data of human experimentation to US.
 - *cf: Chapter written by Prof. Kimura*

Gov't Therapeutic Misconception

- Lack of public awareness on clinical trials as experimental nature in Japan.
- COVID-19 response of Japanese Gov't
 - “research” = “treatment” (ie: therapeutic misconception)
- Japanese government misguidedly propelled off-label use of anti-influenza drug toward COVID-19 in the name of observational studies as a makeshift.
 - The collected data cannot prove the efficacy of the drug.

Gov't Vaccine Nationalism

- Japan hoarded anti-SARS-CoV-2 vaccines which can vaccinate **more than seven times** for the entire Japanese population.
- Buyup of vaccines **violates the principles of justice** in bioethics.

Table 2 The amounts of the vaccines that the Japanese government contracted and of supply, donation, discard, and cancellation

	Pfizer	Moderna ^a	AstraZeneca ^b	Novavax	Total
The amount of contract ^c	399	213	120	150	882
Supplied	NA ^d	143	57.7	NA	<i>buyup</i>
Domestically supplied	NA	96.9	0.2	NA	
Distributed to abroad	NA	0	<u>44</u>	NA	
Discarded	NA	<u>46.1^e</u>	<u>13.5</u>	NA	
Cancelled	NA	<u>140</u>	<u>62.3</u>	<u>141.76^e</u>	

Total population of Japan = 125 million people (million doses)

	One dose	Two doses	Three doses	Total
As of December 2021	79%	77.5%		378
As of January 2023	81,4%	80.4%	68.0%	million doses <i>consumed</i>

$378/882 = 43\%$

Discussion

- (1) Global health governance
- (2) Global norm for ethics in research
- (3) Theoretical ethical foundation

(1) Global health governance

- individual nation vs. global health.
- Though Japan panic-bought more than enough COVID vaccines for its people, it distributed only a fraction of them to other countries.
- need for **global health governance** to overcome health nationalism.

(2) Global norm for ethics in research

- Establishing global legal standard of ethics in research involving humans is a key.
- the “social value” of the research should be in line with the the Sustainable Development Goals (SDGs).
- a legally binding norm for ethics in research to accomplish the global health governance

(3) Theoretical ethical foundation

- **theoretical foundation of ethics is core to both of global health governance and global norm for ethics in research.**
- to ensure global public health, it is unacceptable to exploit the vulnerable.
- health is not a commodity, but **“global public goods”**.

Conclusion

- Japanese response to the COVID-19 pandemic is summarized as the “therapeutic misconception” and “vaccine nationalism”.
- Robust ethical foundations must be established that health cannot be commercial commodity.
- Health is a global public good, for the benefit of the most vulnerable.
- Exploitation is a flagrant injustice that must be both avoided and eradicated.