

We agree with L H Opie that, in individuals without previous vascular events, both the relative and absolute reductions in risk of death due to cancer on aspirin versus control are larger than the equivalent reductions in risk of fatal vascular events, and that effects on cancer outcomes will dominate the overall risk/benefit equation, particularly when the delayed effects on cancer death beyond the end of the trials is also factored in.

I have received honoraria for talks, advisory boards, and clinical trial committees from several pharmaceutical companies with an interest in antiplatelet agents, including AstraZeneca, Bayer, Boehringer Ingelheim, Sanofi-Aventis/Bristol-Myers Squibb, and Servier.

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## Earthquake in Japan

At 1446 h on Friday, March 11, a magnitude 9.0 earthquake hit the northeastern part of Japan, followed by enormous tsunamis, which destroyed many of the coastal cities. Uncountable aftershocks continued even as late as April 27, and more than 10 000 people are still missing.

Japan experienced another strong earthquake in 1995, which caused serious damage in the Kobe area; however, the recent one is distinct from that. The area around Kobe is more clustered and has a denser population than the northeast coastal area, but the number of casualties this time is

reported to be much larger than that of Kobe. This discrepancy is because Kobe's earthquake happened directly above its epicenter, but the recent one's epicenter was located beneath the sea and caused huge tsunamis. Most of the casualties were killed by the tsunamis this time, but the victims of Kobe's quake were due to collapses and fires.

Of course emergency medicine for the victims took first priority; the management of chronic illness and mental problems, however, is also a big issue now. Many, even those who did not have a major acute injury or illness, could not source enough medicine for their chronic illnesses such as hypertension, diabetes, thrombosis, Parkinson's disease, etc. In addition to physical problems, the number of people who need psychological support is not small. We saw a woman who was afraid emergency helicopters would fall on her, a teenage girl with hyperventilation syndrome and terrible anxiety and shivering, and a Parkinson's disease patient who could not move at all because he ran out of medicine.

The initial chaos has now abated somewhat, but medical needs are still high in Japan. Your support and help is welcome.

We declare that we have no conflicts of interest.

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Since the massive earthquake and consequent tsunami in eastern Japan on March 11, 2011, the resulting catastrophic damage has been apparent to the world. The secondary disaster is just in its infancy—that is, how to supply and manage stable medical resources for patients with chronic diseases.

Our patients on continuous-infusion prostacyclin for pulmonary hypertension were a particular concern. Forming a supply chain for such drugs in the earliest stages of the disaster was difficult; however, we found that social

networking services could have a useful role. In the aftermath of the earthquake, telephone networks were unreliable even in the metropolitan areas. However, the internet was comparatively stable and thus enabled communication by email, Skype, and Twitter.

Twitter has an excellent system for disseminating information to other participants via the "re-tweet" facility. This system facilitates rapid sharing of other participants' messages with all of one's followers, resulting in an exponential proliferation of information dispersal. We were able to notify displaced patients via Twitter on where to acquire medications. These "tweets" immediately spread through patients' networks, and consequently most could attend to their essential treatments.

Obviously, direct human assistance available in parallel with the social media was also important for patients' care. Health-care providers and medical service staff went the extra mile to collaborate and deliver oxygen and drugs. We delivered prostacyclin to one patient by helicopter. Together, these efforts ensured that all patients on prostacyclin treatment received their required medication.

Our experience has shown that social networking services, run concurrently with physical support, were significant in triumphing over many difficulties in the recent catastrophe.

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A magnitude 9.0 earthquake struck the northeast mainland of Japan on March 11. In the affected areas, essential services such as water and electricity supplies were largely destroyed.

In such circumstances, haemodialysis therapy is extremely difficult. However, dialysis patients cannot survive without receiving regular dialysis. Thus, about 600 dialysis patients left Iwaki, a city located only 40 km south



Reuters



of Fukushima Daiichi nuclear power plant, by chartered bus on March 17. One of their destinations was our city of Niigata—200 km to the northwest. In 2004 and 2007, Niigata experienced two magnitude 6-8 earthquakes.

The patients were unable to bring their own medical records with them. Therefore, on their arrival, they underwent short physical examinations, and inquiries were made into their recent history to establish their immediate needs. Those identified as requiring haemodialysis therapy as soon as possible were immediately sent to the dialysis facilities.

The incoming dialysis patients were given tags recording their name, age, blood-access side, and weight, enabling all the medical staff to view and share basic information on large numbers of first-time-visiting patients. This system was established after our experience with urgent haemodialysis cases associated with the two previous earthquakes.

The transfer of 600 haemodialysis patients is an unprecedented event. However, this mass relocation seems to be merely the beginning, because the accident recovery operation is still underway at the Fukushima Daiichi nuclear power plant.

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One aspect of the structure of Japan's health-care system that bears on the recent earthquake is the weakness of the primary-care system.<sup>1</sup> In Japan, most patients get their care through hospitals and subspecialists. The weak primary-care system has left hospitals overwhelmed with patients seeking attention for non-urgent needs, and health-care workers in the hardest-hit areas are lamenting the influx of primary-care-type patients.

Patients have no other option but to go to the hospital for all types of ailments irrespective of severity; normally this just results in long waiting times at the hospital. In the aftermath of the earthquake, tsunami, and nuclear accidents, hospitals were unable to tend to patients with non-urgent but important needs such as treatment of hypertension, diabetes, gastroenteritis, and so forth. Japan needs to strengthen its primary-care system.

The Japan Medical Association (JMA) and volunteers responded to this shortage by forming the Japan Medical Association Team.<sup>2</sup> The Team's mission was to provide medical assistance at hospitals and clinics in the disaster-affected areas and to continue provision of ongoing medical treatments that began before the disaster. Each volunteer team was typically composed of one doctor, two nurses, and one driver who worked at hospitals or urgent care facilities. Each team (of which there were 642, with another 145 ready to be dispatched as of April 21) worked for 3 days to 1 week, and provided coverage for 30 days after the disaster. Fees for service were covered by the JMA and prefectural governments.<sup>3</sup>

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According to the World Report by Justin McCurry (March 22, p 1061),<sup>1</sup> the USA experienced panic-buying sprees for potassium iodide tablets in response to the possible nuclear meltdown in Fukushima, Japan. Indeed, tap water in Tokyo was reportedly contaminated with iodine-131 at a

concentration of 210 Bq/kg, leading government officials to warn breastfeeding mothers to refrain from drinking the water.

Notices posted by the Japanese Society of Obstetrics and Gynecology (JSOG)<sup>2</sup> and the Japan Radiological Society (JRS)<sup>3</sup> a day later caused widespread confusion. There was a discrepancy between radiation levels in breast milk reported by the societies: "about a quarter of the mother's radiation intake" according to JSOG versus "very little" according to JRS. Furthermore, whereas JRS was "definite" with respect to the safety of tap water for breastfeeding and pregnant mothers, JSOG was more ambiguous, "estimating" that there were no health hazards but stating that bottled water was the better option. Neither society mentioned caesium-137.

These discrepancies stem from the lack of reliable medical evidence on the effects of long-term low-dose radiation. In Chernobyl, the lack of reliable information led to widespread mistrust of official information and attribution of most health problems to radiation exposure.<sup>4</sup> Medical professionals will face the same problem in any country using nuclear power. As Japan begins to accumulate data, a challenge for the international medical community will be to develop a reliable standard that tells physicians when they must warn the public.

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