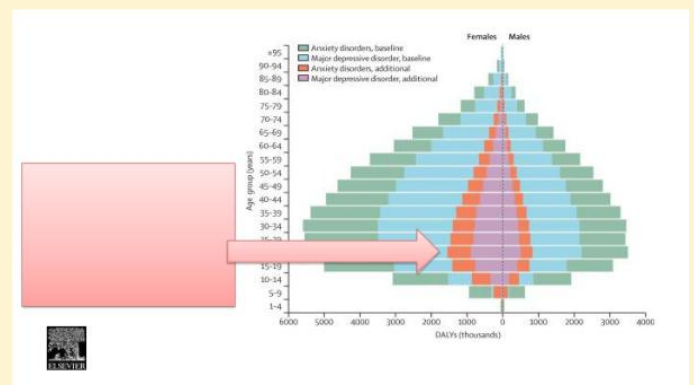




(Photo taken on April 7, 2024)

I often wonder when people first began saying, “*Owari Nagoya thrives with its castle.*” This spring, for the first time in a while, I photographed Nagoya Castle’s keep crowned with its golden shachihoko, framed by cherry blossoms in full bloom. Meijō Park was packed—so crowded, in fact, that it was difficult to walk through the flow of people. It is hard to believe that nearly nine years have passed since this clinic opened in May 2015. Until 2020, I wrote this blog roughly once a year, but for the past four years it has been completely silent. There are several reasons. The most significant, of course, has been the COVID-19 pandemic, which still has not fully ended. An unprecedented global crisis in which 700 million of the world’s 8 billion people were infected, 7 million lives were lost, and the average life expectancy fell by 1.6 years. Reports indicate that anxiety disorders and depression increased by more than 25% during the pandemic.



In addition, the world has been shaken by the Russian invasion of Ukraine beginning in February 2022; the outbreak of violence in Gaza in October 2023; and subsequent regional escalations involving Iran and other areas. Armed conflict continues to spread across multiple regions. And then, on the evening of New Year’s Day this year, the Noto Peninsula earthquake struck—another profound shock. I deeply respect the many municipal employees who were dispatched to support affected areas under Article 33 of the Labor Standards Act. Throughout the pandemic and beyond, essential services such as medical care and social welfare cannot simply stop.

Despite the constant fear of COVID-19 infection, we have continued providing care. Masks, clear vinyl barriers, and alcohol-based sanitizers remain part of our daily routine. Although COVID-19 was reclassified from Category II to Category V last May, we have not yet removed the vinyl barrier at the reception desk. Avoiding crowds on trains, buses, and other public spaces is still essential, and the pandemic has noticeably reduced the number of patients coming to the clinic. Amid these ongoing concerns and negative pressures, an additional challenge arrived this spring with the 2024 revision of medical service fees, which unfortunately reduced reimbursement for outpatient psychiatric treatment. At the same time, many patients are feeling increased anxiety—and, in some cases, resistance—toward the government’s push for mandatory “My Number” health insurance cards.

In short, both humanity as a whole and Japanese society are facing difficult times. Thanks to the pacifism enshrined in Article 9 of our Constitution, Japan has so far been spared from the ravages of war. However, amid growing tensions in regions such as Taiwan and the Korean Peninsula—and the complex confrontations among the United States, China, North Korea, and Russia—our nation appears to be moving toward strengthening its military alliances. At the same time, domestic politics have fallen into stagnation and decline. When our leaders travel abroad to offer guidance to the U.S. president despite such internal decay, it is hard to feel optimistic about the future.

Spring is also the season of transfers, school admissions, graduations, new employment, and retirement. Yet many students entering vocational schools or universities, as well as young people beginning their careers, seem to lack their usual vitality. This is largely because the collapse of stable employment has made full-time positions increasingly scarce, leaving the future difficult to envision. The Worker Dispatch Law enacted in 1985—one of the roots of Japan’s “lost decades”—played a central role, itself set against the backdrop of the economic stagnation that began in 1973. In contrast to the struggles of human society, the natural world has finally emerged from a long, cold winter, and the cherry blossoms have burst into full bloom all at once.

At Meijō Park, I photographed the tulip beds in front of the windmill. The park was filled with families and visitors enjoying the flowers, creating a lively, almost festive atmosphere—a perfect Sunday afternoon for a leisurely picnic. And it makes one wonder: are there any other people on Earth, besides the Japanese, who hold cheerful outdoor feasts beneath the blossoms?



Physicians live in a world largely untouched by the cycles of social growth and economic expansion. Having spent two-thirds of my life as a doctor, I find that as I enter old age, I am increasingly drawn to the quiet beauty of nature—flowers, birds, seasonal landscapes. Perhaps this, too, is part of the mind’s natural history. At the end of March, I visited the Port of Nagoya Public Aquarium for the first time in some time. What struck me most were the jellyfish, drifting and dancing gently through the water. To continue living so effortlessly within the currents

must be anything but easy. With global warming accelerating, even marine life may be finding it harder to survive. And in the human world, too, life is becoming more difficult: dwindling resources, food shortages, rising prices, the expansion of precarious non-regular employment, insecurity about the future, domestic abuse, and bullying or harassment in schools and workplaces.



PS: I would like to offer my heartfelt condolences to all those who have passed away over the past four years, including those who died from COVID-19–related causes.

As someone of the folk-song generation, I was deeply saddened by the passing of Shinji Tanimura—known for unforgettable songs such as “*Subaru*” and “*Ii Hi Tabidachi*.” He was one of my favorite artists. Some of our patients, now in their eighties, have found it increasingly difficult to travel through heavy city traffic to our clinic and have transferred their care to nearby medical practices. Since antidepressants can now be prescribed by general practitioners, it is a natural transition to entrust their care to their primary physicians. It is an inevitable reality that doctors, too, have a lifespan. Physicians who have cared for patients for many years may close their practice, develop dementia, or pass away. The end of a long therapeutic relationship inevitably brings a quiet sense of sorrow. Perhaps this, too, is one of the destinies we must accept in clinical practice.

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