REVIEW

The Most Influential Scientists in the Development of the Medical Informatics (7): Shigekoto Kaihara

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SHIGEKOTO KAIHARA (1937 - 2011)

Shigekoto Kaihara (1937 - 2011) was born in Hakusan, Tokyo and moved to Daejen, China soon after his birth due to his father’s work (1-4). Returning to Japan at the age of eleven, he proceeded to attend the middle school operated by Ochanomizu University, and then the Tokyo Metropolitan Hibiya High School, concentrating on his schoolwork, where he excelled, and on Japanese-style swimming.

In 1955 he entered the University of Tokyo, studying medicine and receiving certification by the ECFMG (the US Educational Commission for Foreign Medical Graduates) prior to graduation. His clinical training was received at the US Forces Tachikawa Hospital, where he honed his English-language skills. Subsequently he acquired a doctoral degree from the medical faculty at the University of Tokyo for his research in nuclear medicine. In 1966, he went to the US to pursue additional studies at Johns Hopkins Hospital. After returning to the University of Tokyo, he was appointed as a 2nd internal medicine assistant in 1969, a lecturer in 1974, and an assistant professor in 1975. It was at this time that he began his early work on medical informatics topics, and in 1978 he became the director of the Information Processing Division of the affiliated hospital. Throughout the 1980s, he investigated medical consultation systems using artificial intelligence methods and also trained young researchers. He organized several international symposia in the US and Germany. His many research trainees in medical informatics and other related fields are now influential leaders, both in Japan and in other parts of the world.

In Japan Dr. Kaihara was widely viewed as the country’s pioneering authority in the field of medical informatics, and he rapidly developed a similar reputation internationally. During the 70s, medical informatics grew in prominence through the efforts of a variety of organizations, including the Japan Society of Medical Electronics and Biological Engineering (now, the Japanese Society for Medical and Biological Engineering), the Information Processing Society of Japan, and others. He was always insisting that the informatics faculty should break that kind of session and demand that methods and approaches be distinguished clearly so that the discussions that ensued could focus on key methodological elements and techniques. He brought that rigor to life for the larger community when he played a key role in assuring that the third MEDINFO (World Congress on Medical Informatics) was held in Tokyo in 1980.

Internationally, Dr. Kaihara served as editor in chief of the Proceedings for MEDINFO 80 (Tokyo), as president of the International Medical Informatics Association (IMIA) from 1986 to 1989, and as a program committee chairman of MEDINFO 95 (Vancouver). In 1998, he was elected to fellowship by the American College of Medical Informatics. Remarkably, at a time of difficult political strife, during his IMIA chairmanship he successfully held MEDINFO 89 at two venues, Beijing and Singapore, a few months apart. This was a unique event in the history of IMIA and a reflection on his leadership skills and superb negotiating abilities (2).

After retiring from his office at the University of Tokyo in 1996 and becoming an emeritus professor, he served as director of National Okura Hospital (later integrated as the National Center for Child Health and Development). He installed a hospital network that assured an outlet at each sickbed, and realized “Patient Participation” through the use of the developing electronic media, which enabled hospitalized children to see and
talk with their parents via teleconference. Simultaneously, within the same site, he brought the first Ronald McDonald House, for parents of sick children, to Japan.

Further demonstrating his inability to retire, he subsequently was committed to the doctrine that improvement of medical care in Japan would require improved education of the ancillary medical staff. He accordingly became Vice-President of the International University of Health and Welfare in 2001 to educate nurses, clinical laboratory technologists, care workers, and medical informatics engineers. In order to emphasize the doctrine that he championed, he became the Vice-Chairman of the 28th General Assembly of Japanese Association of Medical Sciences and opened the event for attendance by the general public, rather than limiting it to participation by medical doctors.

In 1994, Dr. Kaihara contributed an article to Iryo Johogaku (Medical Informatics), which is entitled “Medical informatics in Japan - Challenge in the coming five years”. Some 17 years later, his 5-year vision has been only partially achieved. Even today his colleagues continue to pursue the goals that he believed should have been achieved in 1999.

He passed away from a ruptured thoracic aorta aneurysm while attending a faculty meeting on January 12, 2011.

CONFLICT OF INTEREST: NONE DECLARED.

REFERENCES