

*Shiga University Of Medical Science Hospital (SUMS Hospital) Deliberately Organized the Attempted Use of Patients as Guinea Pigs as Retaliation against a Doctor Who Fought for Patients*

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**Dr. Keisei Okamoto, who is a pioneer doctor in the field of brachytherapy and specializes in patients with prostate cancer.**

The Declaration of Geneva is the international ethical code for physicians which was adopted by the World Medical Association at Geneva at its 2<sup>nd</sup> General Assembly in 1948. It has since then been updated and the latest version was issued in May 2006. 11 pledges were declared and including one pledge which prohibits inhumane medical experiments on human subjects.

“I will not use my medical knowledge to violate human rights and civil liberties, even under threat.”

Dr. Keisei Okamoto is a pioneer doctor in the field of brachytherapy and specializes in patients with prostate cancer. Dr. Okamoto states that there was an attempted surgery which he prevented as it was being performed by a doctor who had never experienced brachytherapy and could have therefore injured the patient. Because of his intervention, the surgery was prevented and the worst-case scenario – a medical accident – was prevented. However, Dr. Okamoto claims that the Shiga University Of Medical Science Hospital (SUMS Hospital) administrators handling the case have been covering up facts and excluding him from the case.

Dr. Okamoto says, “I don’t have any faction to back me up. In the international ethical guidelines presented in the Declaration of Geneva, it is stated that we doctors, should always have the patient’s interests at heart, and in order to do that, we must not yield to any state power or organizational pressure. Different requirements are imposed on doctors and soldiers. In times of war, doctors were sometimes misused and taken advantage of, and this led to very serious human rights violations. The Declaration was established with the experience of these two world wars in mind. I’m only being loyal to the Declaration and doing what we’re told to do.” Japan has ratified the Geneva Convention.

### ◆Attempted Use of Patients as Guinea Pigs

After passing Kyoto Station, going for about an hour on JR Kosei Line, which goes up to the north along the west shore of Biwa Lake of Shiga Prefecture, you’ll reach Konoe Takasima Station. Around there, you’ll see a low-rise residential district with less colors, just like those normally seen in any other city.

Takashima Municipal Hospital is adjacent to the station. You can see its white building from the platform.

Masao Sawada (fictitious name), living in Takashima City, a patient, almost became a guinea pig in SUMS Hospital technical training. In May 2015, when he had a full medical checkup, he was diagnosed with kidney and pancreatic cancer. And after having another checkup, the cancer was diagnosed in two more organs including his prostate. Luckily, the cancer hadn’t spread to further.

Three choices were presented by the doctor and nurses as a treatment for prostate cancer: the first was Robotic surgery, Da Vinci to remove the prostate gland; the second was external radiation beam therapy to aim high-energy beams from outside the body into the tumor; and the last was brachytherapy treatment (to be strict, Permanent Insertion, Sealed Source Therapy) in which sealed sources are directly inserted into a tumor tissue where they remain permanently to kill cancer cells.

Sawada chose brachytherapy. Now he tells the reason why: “With brachytherapy treatment, they told me that I’d only have to stay in the hospital for 3 or 4 days. Since I work as a chief electricity engineer in the supermarket, managing the electrical equipment, I needed to pick the medical treatment that would affect my job the least. Brachytherapy that would take only 3 nights just sounded the best, so I made a snap decision. The nurse made sure by telling me that I wouldn’t be able to hold a child for about a year, but I still chose that treatment.”

There are several different brachytherapy treatments. The brachytherapy treatment presented to Sawada was only implemented in SUMS Hospital, and is considered as one of the most well regarded practices in the world. Dr. Okamoto is a world renown expert and has significantly contributed to the field of brachytherapy. He directly learned this brachytherapy treatment from Dr. Nelson N. Stone Professor of Urology and Radiation Oncology at the Icahn School of Medicine at Mount Sinai in NYC (Dr. Nelson invented the real-time technique of prostate brachytherapy in 1990). In 1998, Dr. Okamoto was hired as an assistant professor at SUMS Hospital. In 2005, he became a lecturer of the Urology Division. His

specialty was brachytherapy treatment and because of his incredible treatment results, people started to call it the Okamoto Method.

In the Okamoto Method, the high-energy radiation kills the cancer cells completely while, exposure to the radiation is kept to a minimum in the organs around prostate. The Okamoto Method is considered revolutionary and is highly regarded overseas. It was introduced in the radio program called "Radio Nikkei." If the cancer hasn't spread to any other part of the body, the Okamoto Method can make you completely (100%) recover whether it's highly malignant or invasive cancer.

Prostate cancer patients are classified as low-risk, intermediate-risk and high-risk patients. The non-recurrence rate in Okamoto Method are 98.3% at low risk, 96.9% at intermediate risk, and 96.3% at high risk. For high-risk patients, hormonal therapy and external radiation therapy can be applied with brachytherapy and this is called trimodality therapy. The most common treatments for prostate cancer are to remove the entire prostate gland or to conduct external beam radiation therapy. The non-recurrence rate for those treatments remain around 40% to 70%. From this perspective, the treatment results of the Okamoto Method are outstanding.

Therefore, SUMS Hospital has treated Okamoto Method as its biggest drawing card, introducing the method on its website. Patients wishing to be treated with this method came not only from inside the prefecture, but from the southernmost Okinawa to the northernmost Hokkaido. Every Tuesday, Dr. Okamoto performs three surgeries; this adds up to 140 surgeries a year. The number of the patients treated by Okamoto is well over 1100.

### ◆Brachytherapy Lecture Series

There was one company that showed great interest in Okamoto Method. It was the Nihon Medi-Physics (NMP), a company that develops and sells radiopharmaceuticals. In 2014, NMP offered to endow SUMS Hospital with 20,000,000 yen (about \$180,000) per year, agreeing to the request made by SUMS Hospital to attract more patients by endowing and establishing the chair lecture on brachytherapy treatment. The purpose was to further develop and spread the Okamoto Method.

NMP only agreed to endow the hospital under the condition that this lecture program would be administered completely independently of the Urology Division. It was not only because there was no other doctor who could perform brachytherapy besides Dr. Okamoto, but also because they knew the voices from outside - the limitations that are possibly brought in by academic cliques and other people from the top - do nothing but harm. As a sponsor company, it was natural for them to demand that the lecture series be exclusively independent of the Urology Division. They genuinely hoped for the spread of brachytherapy treatment at the high standard performed by Dr. Okamoto. The principal of SUMS Hospital, Kohei Shiohta also agreed on the policy of the independent administration.

However, Prof. Akihiro Kawauchi, a chief of the Urology Division, was offended by this. He wanted to have control over the endowed lecture series and put it under the Urology Division.

Under these circumstances, Principal Shiohta appointed Dr. Okamoto as endowed professor. As for Prof. Kawauchi, besides the post he already has in Urology Division, he was given another post in this endowed lecture series; however, his specialty was in Da Vinci Surgery and had absolutely no experience in brachytherapy. This was where the difficulty had led to fixing positions.

NMP showed the anxiety about placing Prof. Kawauchi, who was not even related to the study of brachytherapy; but in the end, they had no choice but to say yes towards the decision of the university. Still, it is clearly stated in the outline of this endowed lecture series that this program should only be specified in prostate brachytherapy with the purpose of creating researches and an educational center that are independent of any existing lecture.

In the outline of the endowed lecture series, the posts were set as follows.

- Professor and Chief of Urology Division : Akihiro Kawauchi
- Endowed Professor : Keisei Okamoto
- Associate Professor (TBD)

#### ◆A Bad Feeling about Principal Shiohta

Prof. Kawauchi, who had wanted to put the endowed program under his control since the day of its launching, started harassing Dr. Okamoto in different situations.

In the end of 2014, right before the opening of the lecture series, he ordered not to use staff members of the Urology Division for doing the work related to the lecture program. He also announced that out of all the patients who wished to have brachytherapy treatment, except for those who had personally appointed Dr. Okamoto, they all should be examined and given brachytherapy treatment in the Urology Division.

Moreover, not younger ones, but Prof. Kawauchi's subordinate, an assistant chief of the Urology Division whose name was Michihiro Narita, was ordered to be in charge of educating physicians in the endowed program. Here again, this assistant chief's specialty was not in brachytherapy but in Da Vinci Surgery just like his boss.

The reason is not clear why Prof. Kawauchi tried to make Asst. Prof. Narita learn Okamoto Method, but it is suspected that in making him learn it, he seems to have tried to create the situation where they, the Urology Division, could conduct brachytherapy on their own. In the same hospital, at the same period of time, for the same therapy, there was a great possibility of two entrances and systems being created; the outpatient clinic of the Urology Division with Asst. Prof. Narita with no experience, and the outpatient clinic by the endowed professor, Dr. Okamoto with abundant experience.

There was no way for the patients to know that there were two entrances. Knowing patients could get into this risky situation, Dr. Okamoto directly called Principal Shiota and explained about it. He also emailed him about the irrational requests that had been made by Prof. Kawauchi.

Principal Shiota replied to Dr. Okamoto, quote, I was expecting this would happen so that I've decided to set up a committee for managing the endowed lecture series. I've invited a director of the SUMS Hospital, Director Matsusue, and Prof. Murata (Note: Radiology & Radiation Division). They both think that the study of brachytherapy should be pushed forward, so I'd like you to talk to them and if there's a need to separate it physically, I'll have Director Matsusue think about it. Well, now the lecture series has started, I hope it'll be blessed with improvements, unquote.

In this case, "to separate it physically" means to let the room for outpatients of the lecture series be separated from the Urology Division.

### ◆ Starting Hormone Therapy at Takashima Municipal Hospital

With these ongoing problems, the endowed lecture series still pressed forward in January 2015. It was early spring 2015, 2 months after the launching, when Prof. Kawauhi decided to forcibly make the patients be seen by Asst. Prof. Narita of Urology Division; these were those patients who wished to have brachytherapy but did not appoint Dr. Okamoto. Asst. Prof. Narita, however, was a specialist in the Da Vinci Method, and was totally inexperienced in brachytherapy. If the doctors of Urology Division really wanted to be able to conduct Okamoto Method, the selling point of SUMS Hospital, they needed to master all the techniques.

There was no way for Sawada, who was diagnosed with cancer at Takashima Municipal Hospital, to know this was happening inside SUMS hospital. He wasn't told that his treatment would be done by someone absolutely inexperienced. He didn't know that he would be treated as a tool for a technical training. He only jumped at the chance because he was told it would take only 3 or 4 days. He didn't even know the name of Dr. Okamoto. Sawada states, "Normally, doctors would tell you 'there is a doctor in SUMS Hospital named Okamoto, a great specialist in brachytherapy, so you should go and see him,' but my doctor didn't say anything. Instead, they only explained that I'd be given brachytherapy treatment at SUMS Hospital after taking hormone therapy in Takashima Municipal Hospital."

In the Okamoto Method, hormone therapy is used in combination if necessary, but only given to high-risk patients; Sawada was an intermediate-risk patient. A year after he had started hormone therapy, he finally met Dr. Okamoto. He said to Sawada that he didn't need to go through all the hormone therapy, and it was even harmful to Sawada. "The problem lies in the fact that Dr. Tomita, who was my original doctor, did not introduce Dr. Okamoto to me in the first place. I just followed Dr. Tomita's advice and received hormone injections in my abdomen once every 3 months in Takashima Municipal Hospital, not in SUMS Hospital. I took a pill every single morning. When I think about it now, I was only on the waiting list for the treatment by Dr. Narita."

Here are the details of what Sawada went through.

On Sep 1, 2015, He was hospitalized in SUMS Hospital for a surgery to have a part of his kidney removed. He was discharged on Sep 16 after being hospitalized for about 2 weeks; meanwhile, he was never introduced to Dr. Okamoto.

On Nov 19, 2015, he visited the hospital for a check-up after the surgery. This was the first time he was introduced to a doctor in charge. It was not Dr. Okamoto but Dr. Narita.

Sawada states, “Dr. Narita was talking as if he was the one performing brachytherapy on me. He said it would be done next September. At the end of the interview with him, I was told to watch video on brachytherapy. The nurse was setting it up. My wife and I watched it together. It was a 30-minute long video made by Dr. Okamoto. I went back to the doctor in Takashima Municipal Hospital and told Dr. Tomita that it would be in the next September, so my treatment of hormone therapy at Takashima Municipal Hospital just continued.”

This would end up giving him serious side effects, but he had no idea about it then.

The overuse of hormone therapy causes some serious side effects. Sawada suffered from hot flashes hitting him on and off. He had to undergo the sudden feelings of warmth, breast swelling, tiredness and the lack of energy. These symptoms could trigger strokes so he had constant anxiety. Nonetheless, he trusted the doctor and had no doubts about the treatment given to him.

#### ◆ **Asst. Prof. Narita with No Experience in Brachytherapy**

The number of the patients such as Sawada who wished to have brachytherapy but were taken to the Urology Division added up to 23 in one year; from January 2015 ( the launching of the endowed program) to December 2015. Asst. Prof. Narita, the attending physician for those patients, was an amateur in brachytherapy; nevertheless, SUMS Hospital explains on its website how experienced Asst. Prof. Narita is in brachytherapy. Here are the quotes, translated word by word.

On July 4, 2015, having participated in “The 17<sup>th</sup> Technological Workshop on Brachytherapy: Planting Iodine-125 Seeds” held by “The Permanent Insertion of Sealed Radioactive Sources Study Group,” Asst. Prof. Narita received a certificate of attendance. He taught himself by reading technical books and communicated with well-experienced urologists performing in brachytherapy. When he had questions, he solved them and made efforts to prepare....In order to learn the most recent techniques practiced by our endowed chair, he has already finished watching him perform in advance.

Dr. Okamoto states that he regularly gives brachytherapy treatment three times a week, but it was only one time in December 2015 when Dr. Narita showed up to watch. Dr. Okamoto says, “For the doctors who want to learn my method, I give them a half-year program to actually watch me perform, and then, little by little, I start teaching them the real techniques and procedures; I correct and check them. Through these educational processes, in about 2 years or so, they’ll become able to participate the treatment on their own.”

Dr. Okamoto says it takes 2 years to master the Okamoto Method; the reality is, it is not that easy. Extraordinary skillfulness of hands is required when inserting radioactive seeds into a body. Without steady efforts, you can never acquire it. Watching it only once can never be enough.

### ◆Obligation to Tell Patients the Truth

The first trial of brachytherapy treatment by the Urology Division was planned in January 2016, a year after the endowed lecture series had started. Its first patient was Mamoru Satoh (fictitious name). In one of the processes in the Okamoto Method, there is a pre-planning session in which a doctor gives a patient instructions to decide how many radioactive seeds will be implanted and to inform him of risks of the treatment, the name of the performing physician and so forth.

In principle, the action of hurting a person's body is considered an assault charge. The reason it's not considered that is because it's done with a patient's consent. Therefore, a doctor is obliged to give information about the treatment and the performing physician. Without this procedure, the doctor can be charged with violating his obligation to explain.

A pre-planning session with Mr. Satoh was held on December 18, 2015. Dr. Okamoto says, "The doctor of Radiology Division told Satoh the truth that Dr. Narita had no experience in the actual practice and that he could have my treatment if he wished. No wonder he turned down Dr. Narita's treatment. Well, this was how the first patient got away with it."

The second pre-planning session was held on December 25, 2015 for Tsuguo Aoyagi (fictitious name). Just like the first one, the same doctor of Radiology Division attended the session. Out of expecting that he would give the same information about Dr. Narita again, Dr. Okamoto called and asked him how the session went, but there was something very strange in the way he acted, not wanting to say anything definite about whether or not he had explained that to the patient. Dr. Okamoto then had strong doubts about Aoyagi not having been informed that Dr. Narita had no experience in the past. Luckily, finding he still had not left the hospital, Dr. Okamoto managed to call him and his family for a meeting in which he succeeded to tell them the truth. Dr. Okamoto says, "I told them that Dr. Narita only saw me perform once and had no experience himself. Knowing the truth, Aoyagi said he would cancel the treatment. That shows, there is no single patient who actually had agreed to undergo brachytherapy treatment by Dr. Narita." This was how their second covert attempt was prevented by Dr. Okamoto.

At 4 pm of the very same day, Dr. Okamoto was to have a meeting with Director Matsusue. Dr. Okamoto states, "Both Dr. Kawauchi and Dr. Narita were in his room. Dr. Kawauchi demanded that I be there to support Dr. Narita when he would operate on Mr. Aoyagi. He said I should give him support since I was a master with 700 experiences. It didn't seem like he knew I already had talked to Aoyagi. I asked him if he had wanted me to give Dr. Narita support, then why he didn't tell me to attend the pre-planning session in advance. Dr. Kawauchi furiously answered there was no need for that." Dr. Okamoto asked him if he ever had told Aoyagi that Dr. Narita had no experience. He said it was not necessary to tell him such a thing.

Hearing that, Dr. Okamoto told him it couldn't be allowed from a humanitarian perspective." Then, Dr. Kawauchi said he would have informed the patient on the day before the treatment.

After all these plans started, Dr. Okamoto started to worry about the patients so much that just thinking how patients would be treated with that much risk was unbearable to him. He asked Dr. Kawauchi for the permission to examine those patients; however, none was allowed except for one patient. In the Okamoto Method, processes made before the treatment are exceedingly important where the plans are determined by checking the gathered information on the accurate past medical history, viewing and palpating, blood testing, analyzing diagnostic imaging data, laboratory investigations, etc. Skipping all these processes and supervising a physician only on the day of the treatment is just like going to sea without compass.

Moreover, the physician must make timely and slight adjustments by checking the radioactive tracer during the treatment in which he or she must keep watching the ultrasound imaging, being closely in touch with a radiologist. Inevitably, operations are never separated from other processes; therefore, Dr. Okamoto had devastatingly been asking for the permission to examine the patients in advance or the participation in pre-planning sessions.

#### ◆Decision Made by President Shiota

Dr. Okamoto struggled with the ethics of having two entrances in one single hospital for the treatment of brachytherapy; he considered this abnormal plan of the Urology Division's as equivalent to a grave violation of human rights. In the midst of these struggles, he reread the ethical principles and guidelines such as the Declaration of Helsinki; he, as a physician, then made an oath again not to cooperate the barbaric deeds which could not be called "urological medicine."

On the next day (Dec 26, 2015), Dr. Okamoto went out to tell Principal Shiota that he had been forced by Prof. Kawauchi to support Dr. Narita in the situation where no information on brachytherapy treatment was disclosed towards the patients.

On the following day (Dec. 27, 2015), he again emailed Principal Shiota for more details. He strongly requested that Principal Shiota give Dr. Narita an order not to contact Dr. Okamoto in person. Dr. Okamoto feared that the enormous amount of stress could have a serious affect on the treatment if Dr. Narita came into the operating room in the middle of the treatment. He also told Principal Shiota that he was seeing a therapist.

On the following day (Dec 28, 2015), Dr. Okamoto had two replies from Principal Shiota. Here are the quotes.

**【Quotes】** (9:15 AM Dec 28, 2015)

I am afraid that it would be a grave concern for ethical and compliance reasons if things go on like this, so I'm going to think about how to deal with this as soon as I can; that includes how things should be taken care of after January 5. I've already



talked to Director Matsusue and Prof. Murata about what you've told me. Things must be very stressful to you. Just take care and try not to worry too much. I just received an email from Dr. Yamada (fictitious name). He's also very concerned about this.

Dr. Yamada belongs to the same clique, graduating from the same university as Principal Shiota. He knows all these since he had Dr. Okamoto operate on him in the past.

**【Quotes】** (18:45 PM Dec 28, 2015)

I told Director Matsusue about my concerns and asked him to talk to Prof. Kawauchi. Today, I was out and I received their answer: they have reached the conclusion that the Urology Division will not interfere with brachytherapy treatment.

We'll talk more about the details in the beginning of the next month such as where and in what position the endowed lecture series should be placed in our organization or when the explanations should be done towards the patients that have already made reservations in the Urology Division.

"The patients who've already made reservations in the Urology Division" refers to the patients that had been transferred to have brachytherapy treatment by Dr. Narita. The number went up to as many as 23; Mr. Sawada was one of them.

In January 2016, President Shiota made a decision to have Dr. Okamoto treat those 23 patients. This order was given to Dr. Okamoto through Director Matsusue. Dr. Okamoto states, "I got a call from Director Matsusue. For those 20 patients in the Urology Division, he said he would like me to examine and give treatment." This, however, wasn't the end of the problem.

### ◆Side Effects of Hormone Therapy

Sawada kept having hormone therapy at Takashima Municipal Hospital, waiting for brachytherapy treatment by Asst. Prof. Narita. He did not know that his treating physician had been switched to Dr. Okamoto by the order of Principal Shiota. SUMS Hospital should have informed Takashima Municipal Hospital of it but they didn't. In April 2016, the personnel changes were made; that was when Sawada was finally told he would be examined by Dr. Okamoto, by a doctor transferred to Takashima Municipal Hospital from SUMS Hospital. Sawada states, "It was May 12, 2016 that Dr. Okamoto examined me for the first time. It was already one year after I had started my hormone therapy. According to Dr. Okamoto's diagnosis, my prostate had become too small as a result of having had hormone therapy. In my case, hormone therapy wasn't even necessary, he said. I was also told that because of the influence of hormone therapy, I would have to have external radiation therapy along with it."

There were other patients who had been tossed around by the direction of the Urology Division. For example, Hiroshi Ando (fictitious name) traveled for 3 hours one way to the hospital. It took him 8 months before he finally saw Dr. Okamoto. As a result, he found out that brachytherapy treatment could not be applied to his case due to the rectal cancer surgery he had in the past. The ring used in the area of anastomosis made it impossible for the ultrasound terminal to be inserted. Ando wasted the whole 8 months.

There were more patients found to be suffering from the unnecessary and harmful side effects of hormone therapy. Even under the management of the Urology Division, there were some patients who still believed their treatment would be done by Dr. Okamoto. Dr. Narita and others, of course, had not told the patients that they had no experience in brachytherapy. Thus, issues relating to human rights and the violation against medical ethics have started to emerge.

In the email to Principal Shiota, dated May 19, Dr. Okamoto suggested that they, not only Principal Shiota but he himself as a physician, should explain what had happened and apologize to the patients because they had given so many troubles and disadvantages to the patients and their families. He also requested Principal Shiota to dismiss Prof. Kawauchi from his post in the endowed lecture program. President Shiota replied in his email that he would talk to the people involved and try to find the best way out; however, none of the actions took place.

### ◆Patients' Anger Reached the Limit

Those suffering patients did not remain quiet. The family of Ando once and Sawada twice sent questionnaires to Director Matsusue who was in charge of dealing with patients: Sawada states, "After my treatment was conducted by Dr. Okamoto, I had to be hospitalized for 5 weeks from Nov 21, 2016. in order to have external radiation therapy. While in the hospital, Prof. Kawauchi came over and asked me to see Director Matsusue, so I went to his office. Including Director Matsusue, there were 3 others waiting for me: Dr. Kawauchi, a treating physician for my kidney cancer and a clerk of the management office. In this meeting, I accused them of having given me the unnecessary hormone therapy for one year. In spite of having fiercely condemned them for an hour, I got no answers. Usually, patients tend to be obedient to the doctors, but I didn't forgive them. I demanded an apology, but they wouldn't apologize." Accordingly, a support group was formed for Sawada among the patients and their family members; the ones who already had been given brachytherapy treatment by Dr. Okamoto.

### ◆What Happened during Those 2 Weeks?

As the contract between SUMS Hospital and Nihon Medi-Physics (NMP) was to expire in 2017, the negotiation for renewing was about to begin. When they

launched this endowed program, they had an idea to establish a center specializing in brachytherapy. Until then, they expected this program to continue. They speculated that they could keep monitoring patients postoperatively and collect data in the meantime.

However, things went the opposite direction; they switched their policy to hide things organization-wide. On Jan 16, 2017, Dr. Okamoto was called in for a meeting by Director Matsusue. In this meeting, Director Matsusue dangled the possibility of closing the endowed lecture series towards Dr. Okamoto, who insisted on apologizing to the patients and removing Prof. Narita. Dr. Okamoto states, "Director Matsusue admitted that it was a despicable act for the Urology Division to try to hide the physician's inexperience in brachytherapy and to conduct it on their own. So, I said, "You'd better do the right thing as a human being, give punishments to those who committed the act, and apologize to the patients." Then, Director Matsusue said, "It's either apologize or close the endowed lecture series." In order to silence the patients, there was perhaps no other way but to close the endowed lecture series and expel Dr. Okamoto. Dr. Okamoto states, "Apologizing to the patients who suffered, and thinking how we should deal with the lecture series were two different things, but they were mixed together."

In contrast, NMP was still willing to continue the program. In February 2017, they sent Principal Shiota a mail stating "As previously requested, the continuation of the endowed lecture series had already been approved by the general shareholders meeting and the Board before the year 2016 ended." Although it is not certain if this had any effect on the matter, on Jun 6, 2017, Director Matsusue replied to the person in charge from NMP that he would like the program to be continued. Here are the quotes.

"...I think this treatment is a really good method, so if possible, I'd like to continue it, making things forward."

Despite of all this, two weeks from then, on Jun 22, 2017, Director Matsusue changed his whole attitude and sent an email, informing NMP of pending the continuation of the endowed lecture series. His words were very ambiguous, stating that they had concerns about researches which should be carefully examined in the Ethics committee.

Since then, strangely enough, Dr. Matsusue, began to request multiple times for Dr. Okamoto to put a phrase on the informed consent form that the Okamoto Method deviated from the standard treatment. This would connote that there was still more room for improvement no matter how good the treatment results were. It certainly contradicted to what administrators had officially stated. Obviously, they were trying to rationalize their unjust treatment, making excuses to the patients that suffered under their hands.

What happened in those two weeks? Why did they turn their attitudes around 180 degrees ? There must have been some form of collusion; otherwise, it would

not make sense. Director Matsusue must have gotten lost, not knowing what to do. In the end, he might have simply decided to cover-up the whole affair.

The next month, the endowed lecture series guidelines were suddenly revised. Originally, the contract was to be renewed every three years, but in July, 2017, they changed the maximum length of the contract to be 5 years so that Dr. Okamoto would only be able to stay until the end of 2019. They revised it only to abolish the endowed lecture program, making sure that Dr. Okamoto would be kicked out of SUMS Hospital.

Feeling uneasy about the news of closing the endowed lecture series, the members of the support group decided to consult a lawyer and started negotiating with SUMS Hospital. SUMS Hospital also talked through their legal counselor, making desperate attempts to conceal the unjust act done by its Urology Division. On Aug 25, 2017, the support group ordered SUMS Hospital to apologize and explain the matter. On Oct 26, 2017, SUMS Hospital officially made a comment, demanding that Dr. Okamoto resign his job at the end of December, 2017. They said the existence of Dr. Okamoto was just too troublesome.

It was, however, impossible to make him resign since the medical examination appointments for 2018 were already confirmed. Then, SUMS Hospital offered some unbelievable condition in return. They said if the patients' side dropped the case, then they would postpone the closing time of the endowed program for a year. Originally, those two things were different matters. Offering this condition in return was literally equivalent to admitting that the reason to expel Dr. Okamoto was because they had to cover up the facts and draw this unjust act of the Urology Division to an end. Needless to say, the support group did not accept the offer.

If the endowed program was to be abolished, the patients who would suffer the most would be the ones who already had brachytherapy done for them and needed the follow-ups, or the ones who still hadn't received it and were on the waiting list. The ones who already had it done were able to transfer hospitals, but it really was their heartfelt desire to continue the treatment by the doctor who they trust the most and who knew their conditions more than anybody else.

### ◆The Closing of the Endowed Lecture Series

It was announced by SUMS Hospital that the endowed lecture series was to be closed at the end of December **2019**, being followed by a new plan to start "standard" brachytherapy treatment done by the Urology Division. By remarking it as standard, they deliberately implied that Okamoto Method was one which deviated from the standard. This is sophistry, a dirty trick often used in organizations. It exists everywhere where human relationships are structured based on academic cliques and connections. By making all sorts of false accusations against a highly regarded accomplishment, they just want to dump it in the gutter, pinching off the buds of possibilities. Thus, they tried to block Dr. Okamoto in every possible way.

By announcing that they would close Dr. Okamoto's lecture series, Director Matsusue literally shut down the system of making reservations for brachytherapy treatment at the outpatient clinic. The number of Dr. Okamoto's patients who were no longer able to book a further appointment reached 270. Besides, there were plenty of others who already had booked for the next year.

Mr. Sawada says. "I was also given the explanation by the clerk of the management office with some other patients but I just couldn't hold my anger."

The whole circumstance became so chaotic that in order to avoid panic, they were made to prolong the term of the endowed lecture series for another 2 years, until the end of 2019.

### ◆Protests by Patients

In August, 2018, with the support of the group members, four victims including Sawada brought the lawsuit against Prof. Kawauchi and Asst. Prof. Narita. On Feb 7, 2019, a motion for order of provisional disposition regarding the continuation of the treatment was filed by Dr. Okamoto and seven other patients. Previously, as many as 100 patients gathered for the meeting held in front of JR Ohtsu Station. After the meeting, they rallied to Otsu District Court. Toshio Tadokoro, a freelance writer investigating this case joined the rally. He states, "On this freezing day, these patients weren't even mobilized but just came out voluntarily. I've never seen anything like this before." I also noticed that when the patients talked about Dr. Okamoto and how they actually communicated, I could see their eyes start shining and their tone of voice start changing. Takeshi Iwamoto (fictitious name), who had Dr. Okamoto's brachytherapy treatment, states, "I was surprised when I saw his name on the website of SUMS Hospital. I didn't really expect it but I anyways sent him an email, then I got the answer on the same evening. I went to see him and I was so relieved when he told me that I would recover 99 %. On the bullet train, going back to Tokyo, all the scenery passing by seemed so bright." On the other hand, the patients who became unable to have his treatment were feeling very insecure. One of those patients, Jun Yamaguchi states, "I was diagnosed with cancer last October (in 2019). I asked him what the 5-year survival rate was and it was 70%. In the beginning, I didn't think prostate cancer was something you should be in a rush, but the more I looked into it, the more I found it wasn't. I went really down; I became unable to sleep or to eat. I lost 7 kilograms (about 16 pounds). I tried to look for the right doctor really hard, then I found out there was one hospital where they'd give you a treatment with the recurrence rate for high-risk patients being 3%. That was SUMS Hospital: the treatment done by Dr. Okamoto." Mr. Yamaguchi saw him in Nov. 2019. Then he was told that after Jun 2019, Dr. Okamoto's brachytherapy would not be given (with the fact of the endowed lecture series closed in Dec. 2019), which made him unable to make any more plans for receiving it.

More than 70 years have passed since Japan signed the Geneva Convention. Needless to say, the most tragic medical atrocities were committed by the imperial Japanese Army's Unit 731 and in the Kyushu University vivisection case; the most inhumane, unethical murderous act that doctors had ever engaged in. How many of us actually realize the meaning of the fact the Geneva Convention had been revised after the WW2. Has it been really understood? The meaning of the medical ethics is being questioned now in the darkness of the plot to cover-up and put an end to the unjust act by expelling a doctor who had tried to save patients' lives.