

## KAROSHI AND KAROJISATSU IN JAPAN

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Karoshi is a Japanese word meaning death from overwork. It was first identified in Japan, and the word is adopted internationally. The term has been used since the 1970s by progressive medical experts, occupational safety and health (OSH) activists, trade unionists, and lawyers. Since the 1980s, the media has covered this issue intensely. Karoshi reflects the contradictions of Japan's industrial growth, partly achieved through sacrificing Japanese workers. Since the latter half of the 1980s, karojisatsu (suicide from overwork) has also become a big social issue in Japan. Under the rationalisation and restructuring following the bursting of the bubble economy, the suicide rate among the working-age population has increased dramatically.

### Recognition as occupational diseases

The Japanese government's list of occupational diseases (Table 1-2 of the Enforcement Regulations of the Labour Standards Law) does not specify karoshi and karojisatsu. The list has nine major categories. Category No. 1 is assigned to 'diseases resulting from injuries', and Nos. 2-9 are allocated to other (narrow) occupational diseases. Category No. 9 prescribes "other diseases apparently caused by work". So any disease, even if not specified in the list, could be compensated if 'apparently caused by work'. Under this category, karoshi and karojisatsu cases have been recognised as compensable occupational diseases. But compensated cases were very rare up to a few years ago. First recognition criteria for central nervous system diseases and circulatory system diseases (cerebral stroke, acute cardiac arrest etc.) were set up in 1961. This was intended to deal with mainly cerebro-cardio diseases resulting from injuries in No. 1 category diseases, and set up extremely restrictive standards for No. 9 category cerebro-cardio diseases. This made the compensation for the diseases in category No. 9 very difficult and only when a worker suffered an 'accident' just before the appearance of a cerebro-cardio disease or within that day, could it be compensated under this provision. A worker who already had an underlying disease would not be eligible for compensation in a lot of cases. 'Accumulation of fatigue' without an 'accident' was not considered a cause of any occupational disease. The Worker's

Accident Compensation Insurance Law prescribes that when a worker dies by a wilful act, the government is not permitted to pay insurance benefit. There have been only a few karojisatsu cases recognised as occupational diseases.

### Supporters/survivors' groups and activities

The Japan Occupational Safety and Health Resource Center (JOSHRC) is a network of local OSH centres, set up in 1991.

The study group on stress-related diseases and workers' compensation, is a study group composed of medical and legal experts, attorneys, OSH activists, trade unionists, and survivors, set up in 1985. National Defence Counsel for Victims of Karoshi, a group of attorneys, was set up in 1988.

The Association of Karoshi Survivors was set up in 1991.

Court actions brought by karoshi and karojisatsu survivors, including some judgements of the Supreme Court in recent years, have directly made the government move towards improving the recognition criteria.

### Substantial relaxation of recognition criteria for karoshi (cerebro-cardio diseases) in 2001

'Accumulation of fatigue' (within one to six months prior to the appearance of a cerebro-cardio disease) is considered as an obviously excessive burden due to work, which could affect the emergence of a cerebro-cardio disease.

Standards (concrete figures) on overtime working hours were set up to evaluate the degree of excessiveness of work.

'Mental stress' was added to the factors contributing to excessive workloads, and the standards for the evaluation of its degree were also set up.

### New recognition guidelines for mental disorders including karojisatsu in 1999

Recognition guidelines were first set up for mental disorders including karojisatsu. The range of officially covered mental disorders were expanded based on the International Classification of Diseases (ICD-10, WHO). A concrete evaluation list of 31 items including 'error in the job' and 'non-achievement of the norm' was produced for assessing the level of mental stress in work. Suicide committed in a state of mind due to an occupational mental disorder, where significant impairment to a worker's normal ability of recognition, ability for action judgement, or inhibitive ability to turn back from suicide, is considered compensable.

### Introducing a new compensation benefit — secondary medical check up benefit in 2001

Those eligible for this benefit are workers found to be abnormal in all of four categories of medical examinations — weight, blood pressure, blood-sugar level, and blood-lipid level.

Mr. Kanameda worked at a major snack food processing company for as long as 110 hours a *week* (not a month) and died from heart attack at the age of 34. His death was approved as work-related by the Labour Standards Office.

A bus driver, whose death was also approved as work-related, worked more than 3,000 hours a year and without rest for 15 days just before his fall from stroke at the age of 37.

Mr Miyazaki, whose widow received a workers' compensation award only 14 years after her husband's death, worked at the world's biggest printing company in Tokyo for 4,320 hours a year including midnight work and died from stroke at the age of 58.

Miss Yoshida, a 22 year-old nurse, died from a heart attack after continuous 34 hours' duty five times a month.

Above are some of the cases of people dying of overwork in Japan, listed on the Web site of the Karoshi Hotline, based in Tokyo.

The first case of karoshi was reported in 1969 with the death from a stroke of a 29 year-old, married male worker in the shipping department of Japan's largest newspaper company.

The major medical causes of karoshi deaths are heart attack and stroke, including subarachnoidal haemorrhage (18.4%), cerebral haemorrhage (17.2%), cerebral thrombosis or infarction (blocked blood vessel) (6.8%), myocardial infarction (9.8%), heart failure (18.7%), and other causes (29.1%).

Japan's post war economic miracle has come with a price. Many workers died of unrecognised overwork in the 1950s and 1960s. In the latter 1980s, when several high-ranking business executives who were still in their prime suddenly died without any previous signs of illness, the news media began picking up on this phenomenon. According to Japan's Ministry of Health, Labour, and Welfare (MHLW), in 2002, the number of deaths attributed to long office work hours was reported to be 317, up from 143 in 2001. However, experts believe that the reported number of deaths due to overwork is far lower than the reality. Experts estimate that approximately one million workers in Japan are putting their lives at risk from overwork and almost 10,000 workers die of it per year. Many experts relate these deaths to lean production, a model that the Japanese pioneered. Cost cutting measures, upon which lean production relies, have led to reductions of staff in enterprises.

Japanese workers have the highest average working hours in the world. A recent survey conducted by the Japanese Trade Union Confederation found that one in 30 male workers in their early 30s worked over 3,000 hours a year. This works out at over 58 hours a week, which the government considers a level that threatens health.

Besides karoshi, suicides related to work pressures have also become increasingly common in Japan. The country has one of the highest rates of suicide in the world and approximately 31,000 die each year as a result of suicide.

**Effort by the Ministry of Health, Labour, and Welfare for prevention of overwork** Administrative direction (not mandatory) for prevention of health effects from overwork (2001).

### Conclusion

There is still need for further improvement of recognition criteria and processes, empowerment of workers, victims, survivors, and society. Better and more comprehensive OSH, labour, and socioeconomic policies.

**More information about karoshi and karojisatsu:** Guidelines for promoting mental health care in enterprises in Japan (2000) <http://www.jicosh.gr.jp/english>

European Commission, 'Guidance on work-related stress — spice of life or kiss of death?', 2000 [http://europa.eu.int/comm/employment-social/health-safety/publicat/stress\\_en.pdf](http://europa.eu.int/comm/employment-social/health-safety/publicat/stress_en.pdf)

UK: HSE, Work-related stress homepage, <http://www.hse.gov.uk/stress/>

UK: TUC Stress homepage, [http://www.tuc.org.uk/H\\_and\\_S/](http://www.tuc.org.uk/H_and_S/)

UK: National Work-Stress Network, <http://www.workstress.net/>

US: NIOSH, Stress ... at work homepage, <http://www.cdc.gov/niosh/stresshp.html>

Tokyo declaration, 'Work-related stress and health in three post-industrial settings - EU, Japan, USA, 1998'

Australian Council of Trade Unions (ACTU), 'Stop stress at work — a guide for workers' (draft, 2000)

