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Special Feature Article

Concerns and Expectations of Patients and Families about Psychiatric Research in the Context of Revised Ethical Guidelines

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Abstract

In 2021, new ethical guidelines for life science and medical research involving human subjects were established. The author examined the anxiety and expectation about medical research experienced by patients and their family members and the adherence to the new guidelines from the perspective of the author as a member of the ethics committee.

The author asked members of the National Federation of Mental Health and Welfare Associations about their concerns and opinions regarding medical research and found that, along with having hopes for research, there was anxiety that stemmed from unfamiliarity with the research as well as concern about research funds, actual research methods, and utilization of results.

The three main revisions in the new guidelines are "integrated ethical review for multi-institutional research", "establishment of new research collaborating institutions", and "establishment of electromagnetic informed consent". However, it is necessary to consider the concerns and anxieties of patients and their families.

As one of the measures, the author would like to propose that patients join the ethics committee. The participation of patients and family members as lay persons, in addition to the researchers, in the ethics committee can help ensure its quality. In the area of the "establishment of new research collaboration institutions", the facilitation of

communication among research institutions and the establishment of an all-Japan system that includes private clinics and psychiatric hospitals are challenging. "Electromagnetic informed consent" has both advantages and disadvantages and requires more careful explanations and responses to questions about the research than those required with face-to-face informed consent. As for the integration of the medical and genomic guidelines, the author agrees with the integration because genomic medicine has become familiar to us, and there are many common points between the two guidelines. Having said this, there is a shortage of specialists who are able to conduct genetic counseling on incidental findings.

If science and ethics do not work together, both will fail. In order to not lose sight of the question, "Research for What, Research for Whom?", the author strongly hopes that the new guidelines will speed up research and promote mutual understanding and cooperation between patients, family members, citizens, and researchers.

Keywords: research ethics, patient and public involvement, ethics review, genetic counseling

Introduction

The author publicly announced 10 years ago that she was both a person concerned and family member of a person with a mental disorder.⁷⁾ The public announcement led to encounters and discussions with people with mental disorders and their families throughout Japan, but none of them talked about "medical research." The author is also a general practitioner specializing in child psychiatry. Although clinical research was discussed to some extent among colleagues, there was no mention of human genome or genetic analysis research. To the author, medical

research was somebody else's business, both as a person concerned/family member and clinician. Many patients, family members, and clinicians may feel the same way about medical research as the author does.

Brain imaging/genome analysis research is being conducted to elucidate the pathophysiology of psychiatric disorders, but unfortunately, the results of this research have not yet been able to help patients and the families involved. It is the patients and their families who desire to have the pathology elucidated and drugs developed, and the clinicians who have the most contact with the patients and

families in their daily practice, who should be interested in medical research. Why have we come to regard it as someone else's problem?

In this article, I would like to discuss the problems perceived by persons concerned and the families about medical research, their expectations for the future, and use of the guidelines from the perspective of the author, who has served as a member of the ethics committee for the past four years from the standpoints of a person concerned and the families, in light of the implementation in 2021 of the "Ethical Guidelines for Medical and Health Research Involving Human Subjects."⁵⁾

In this paper, "ethics committee" is described separately from "ethics review committee" as a committee of the society and "ethics committee" as a committee under the provisions of the ethical guidelines.

I. What Questions do Patients and Their Families Have About "Medical Research"?

The author's wish was "to get one pill that would cure my mother's disease rather than 100 people who supported and understood her." My mother told me that she would "never forget being put in an isolated room for the rest of her life," but if there was a cure for her symptoms, she would no longer need to be held in isolation. Unfortunately,

more than half a century after the onset of my mother's illness, no fundamental treatment has been developed that would make isolation entirely unnecessary. The cause of the disease remains unknown, and drug therapy continues around the world with no end in sight. The prejudice against mental disorder has yet to be corrected. Although the patients and their families sincerely hope that the pathophysiology of mental disorders will be clarified so that the public will understand that "mental disorder is a disease just like any other disease," there are few opportunities to come into contact with research or to hear from researchers. As a result, the author surmises that they do not know how to talk about it, and it has become a topic of other people's concern.

The author asked members of the National Federation of Associations of Families with The Mental Illness in Japan (Minna-net), to which the author belongs, about their questions and opinions regarding medical research and one recently launched multi-institutional research project, "Research to develop new diagnostic and therapeutic methods through the establishment and integration of a registry of mental disorders." The table presents an excerpt.

The table shows that the people concerned/families expect the research,

but have concerns such as "not being sure what the research itself is about," as well as concerns about research funding, specific means of research, and the use of research results.

II. Why did the Author Become a Member of the Ethics Committee?

Currently, persons concerned or their family members serve as reviewers on many ethics review committees, except in the area of psychiatric disorders, and I believe that the author is the first in the area of psychiatry.

The author did not become a member of the committee through a personal desire: "In the first place, there is no way that I would apply myself to a medical research ethics review committee that I consider as someone else's business. Four years ago, a member of the board of directors of our society asked me if I would be interested in serving on the ethics committee of the Japanese Society of Psychiatry and Neurology. I was told that, "Our committee meets a few times a year, once during the Annual Meeting. Absences are acceptable, and web participation is also possible. There are also deliberations by e-mail, but I don't think it will be a big burden for you." Without really understanding what he was talking about, I accepted the offer, thinking that I would be of some help to the committee. Immediately after I gave

my consent, however, this board member sent me a slide presentation, entitled: "Seven Ethical Requirements for Clinical Research".¹⁾ The slide included the following explanations: "We need your opinion on four of these points in particular: 1. social and scientific value, 3. fair subject selection, 4. appropriateness of risk-benefit, and 7. respect for subjects." Overwhelmed by the unfamiliar terminology on the slides, I immediately regretted agreeing, but it was too late."

Actually, attending the committee meeting was far from "unburdening." The reference materials for the meetings were so voluminous that they could not be sent by regular email, and at first it took a day just to read through them, as it was impossible to grasp the main points. The committee met exactly once every two months, sometimes for as long as three hours. The biggest problem was that I did not understand the terminology of research ethics used in the meetings. This was due to a lack of study, but it was understandable that it was difficult for someone with no knowledge of research ethics to suddenly serve as a "reviewer" of research ethics in the field.

Absent of colleagues with whom to share my concerns (although there were other committee members from the general public, the author was the only committee member with the perspective

of a patient or family member); I had no choice but to listen in amazement to the discussions of medical and ethics experts. It was interesting to note that when the committee members, who had been absorbed in their discussions, forgetting the presence of the silent author, reached a deadlock, they began to wonder about the thoughts of the patients concerned and their families, at which point they suddenly noticed the author's presence, and they all looked at the author and asked, "What do you think?" I think the author was almost like a simple questionnaire with immediate answers.

By the time I managed to get through the first year with perseverance and a little bit of desire to learn, I had become familiar with the terminology of research ethics and was able to understand the content of the discussions. I now have a knack for reading materials and can grasp the main points without spending too much time on them. Now, four years later, I am a noisy person who interrupts more often than any other member of the committee.

Thanks to being a committee member, I have become more familiar with research, which was once someone else's business, and I now understand why research ethics is necessary. I am sincerely grateful to the board member who invited me to join the committee.

However, I would like to mention that even the author, who is a licensed physician and has some expertise, experienced considerable hardship and loneliness in getting to this point. The loneliness was especially severe. The idea of "patient and public involvement (PPI)," which has been widely talked about recently, is very important, but without sufficient preparation on the side of the patients and their families as well as the accepting researchers, simply participating in research may make the patients and their families feel excluded, which may in turn cause anxiety and dissatisfaction.

Four years have passed since the author became a member of the committee, but it seems that neither the researchers nor patients/families concerned have developed an awareness of the participation of patients/families in the ethics committee. The theme of our symposium at the 118th Annual Meeting of the Japanese Society of Psychiatry and Neurology is "Significance and Possibility of Ethics Review Committees with Participation of Persons Concerned. Other departments have also held public lectures¹⁰⁾ for the training of ethics review committee members. With reference to such situations, we would like to consider devising ways to respond to the circumstances of psychiatric care in the future.

III. Revision of the Guidelines from the Standpoint of Patients and Families

From my own experience as a member of the committee, I have felt a sense of urgency that "I may become a subject of research at any time" and "research may directly affect my daily life." In this revision of the guidelines, the "Ethical Guidelines for Medical and Health Research Involving Human Subjects" were implemented to include human genome and genetic analysis research. The accumulation of big data is necessary to advance elucidation of the pathology, and this requires the collaboration of many research institutions. However, the more institutions collaborate and the larger the scale of the project, the greater the perceived distance of the research to patients and their families, with higher-level concern about leakage of personal information.

What kind of innovations are required for psychiatric research to contribute to the advancement of psychiatry and connect researchers and patients/families? This article discusses each of the new guidelines: "integrated ethical review of multi-institutional collaborative research," "establishment of a new research collaborating institution," and "establishment of e-consent." From the perspective of a child with a schizophrenic parent, I will also

discuss the "integration of the medical and genome guidelines."

1. Integrated Ethical Review of Multi-Institutional Collaborative Research

The integration of ethics review for multi-institutional collaborative research is considered necessary to reduce the administrative procedures for researchers and speed up the research process. However, the responsibility of the ethics review committee, which is the only one, and of the principal investigator, who is responsible for one research protocol per research, is marked. Ethical review boards are required to maintain "quality, efficiency, and transparency." In 2012, the Ministry of Education, Culture, Sports, Science and Technology and the Ministry of Health, Labour and Welfare issued the "Five Year Activation Plan for Clinical Study/Trial 2012"⁴⁾ related to the introduction of a system to guarantee the quality of ethics review committees, and established an "accreditation system for ethics review committees." However, since the end of the accreditation system, only the registration system has remained without quality assurance. As "quality assurance" that the authors believe to be necessary, I would like to propose an ethics review committee with the participation of a patient who has actually experienced mental disorder

and his/her family members. In a situation where both the reviewer and reviewed are researchers, it is impossible to say that there is no possibility of "familiarity" or "bargaining based on position," and self-assessment is required at all times. In addition, there are cases in which what is a cause for concern to patients and their families may not be a concern to researchers. Especially in the case of mental disorder, issues related to stigma and sensitive issues of personal information are often overlooked. I strongly request that committee members include those who have unique sensibilities of people concerned and citizens, rather than sensibilities of researchers.

Personal information is most likely to be questioned in "case reports." Especially in psychiatry, detailed descriptions of the patient's background, family structure, occupation, etc., may be necessary in the process of symptom manifestation and diagnosis. Since case reports are extremely important for the training of physicians, it is difficult to find a balance between the consent of the patient and protection of personal information in case reports. This has already been discussed in a previous article⁸⁾ and is omitted here, but ethical guidelines regarding the consent of the individual and protection of personal information are not something that

should be administratively followed "in order to present at academic conferences or write papers." I urge researchers to use their imagination and think about how they would feel if they or their family members were subjected to research and their personal information was exposed without their consent. When the author came across an article entitled: "Requiring Patient Consent for Case Reports Impoverishes Clinical Practice and Research,"³⁾ she had an acute feeling that "research should not be left to researchers, but that we (the patients and their families) must protect our own dignity and safety. Also, although it is a separate issue from this new guideline, there are those who say, "The implementation of the Clinical Trials Act will drive out research by weak research institutions and may lead to a depletion of research themes. To enable a bottom-up approach to clinical research, it is necessary to preserve the field of clinical research involving 'intervention' that is accessible to young researchers."²⁾

No matter how much patients and their families wish to elucidate the pathophysiology, it is difficult for them to conduct research on their own. I hope that researchers will be carefully nurtured so that their motivation for research will not be undermined. In order to provide researchers with generous cooperation, we are waiting

for the birth of an "ethics review committee with the participation of the parties concerned" where patients and their families can directly express their opinions.

2. Establishment of New Research Collaborating Institutions

The new guidelines newly include "research collaborating institutions" (institutions that obtain new samples and information from research subjects for the research and only give them to research institutions). Until now, researchers had to comply with the ethical guidelines even if they only provided samples, which was a heavy burden. Since we are now able to conduct pure "cooperation" only, we hope that the scope of our research will expand. The clinic to which the author belongs became the first collaborating institution in the "mental illness registry." The principal investigator took the time to provide a very detailed explanation of the project. A solid mutual understanding between the collaborating institution and principal investigator leads to the provision of samples without any worries, which in turn leads to the peace of mind of patients and families attending the clinic. We hope that the new guidelines will improve openness among principal investigators, research collaborating institutions, and research subjects,

which will be based on trust, and that psychiatric research will make further progress.

Nakagome, a principal investigator of the mental illness registry, stated in the journal: "All parties involved (private clinics, medical institutions, etc.) must work together as a unified academic research group to protect personal information.⁶⁾ How to establish an all-Japan system that includes private clinics and medical institutions is a major issue that will determine the success of future psychiatric research in Japan, and this has been pointed out by patients and their families, as shown in the table. We would like to request that all involved in the research unite with the goal of 'conducting research for the benefit of those suffering from illnesses,' to avoid miscommunication among research institutions, which could result in small, frayed lines of communication leading to major obstacles, which in turn could place a burden on those who participated in the research and their families."

3. Establishment of E-consent

Let us consider the advantages and disadvantages from the viewpoints of the patients concerned and their families.

1) Advantages

Sticking to face-to-face informed consent in the midst of an infectious

disease epidemic such as COVID-19 would greatly hinder the progress of the study. For those patients and their families who wish to contribute to psychiatry by participating in research, the ability to participate without the risk of infection or burden of traveling to distant locations is a marked advantage.

In addition, under the integrated ethics review system, the principal investigator, not the collaborating institution, is responsible for providing informed consent. While a registry, for example, would have a large number of participants, the use of e-consent allows the principal investigator to provide explanations to a large number of participants.

E-consent has many advantages for both researchers and research subjects, and we hope that researchers will respond appropriately to their concerns while promoting efficiency.

2) Disadvantages

As mentioned at the beginning of this paper, "research" itself is a distant entity for the participants and their families. Although the collaborating institutions are often the hospitals where the patients themselves go for treatment and seem familiar to the patients, the "principal investigator" who gives informed consent is often a professor at a national research institute or university hospital, which creates a sense of distance for the

patients, their families, and the general public. The explanation for consent is the only medium that connects the participant and principal investigator, but if no efforts are made to shorten the distance, there is a risk that the use of electromagnetic technology will turn into a disadvantage for the participants and their families.

The most significant concern is the issue of the capability of the principal investigators to explain. The author participated in two studies as a research subject and actually experienced electromagnetic informed consent, but felt that the speed of explanation was too fast. When the researcher speaks glibly on an unfamiliar computer screen as if water were flowing over a board, the subjects/families may become discouraged and cannot ask questions. I hope that the researcher is fully aware that he or she and the family members are not "equals" in terms of knowledge and authority. Researchers should be aware that their ability to explain is much weaker than they think. As a countermeasure, a video explanation should be made available so that the participants can watch it over and over again, and the researcher should tell them in advance that they can watch it over and over again if they desire. For difficult or uncommon words, a glossary of terms should be distributed in advance.

In addition, it seems that it is more difficult for patients and their family members to ask questions directly in e-consent compared with the face-to-face method. In some cases, "questions can be asked over the phone," but it is unlikely that the principal investigator who gave the explanation will answer the phone. The patients and family members do not have a friendly relationship with the researcher to the extent that they can call and ask questions to the person in charge. They may give up on the questions they want to ask, and end up giving their "consent with some anxiety." For subjects who are very anxious, it may be desirable to allow them to choose whether to give their consent in person or electronically.

Since large amounts of samples and information are converted into data and shared by many researchers, the purpose of use becomes ambiguous and difficult to understand. Therefore, research subjects are often concerned that they cannot foresee when, where, and by whom their samples will be used, and for what purpose. Principal investigators should be aware that such uncertainty is natural, and they should try to provide careful explanations while receiving feedback on understanding when explaining the purpose of their research.

Cooperating institutions also have many concerns. The new guideline

states, "Research collaborating institutions must confirm that informed consent has been obtained appropriately." For example, if a patient who visits the author's clinic is judged to have "not received proper informed consent," can he or she express his or her opinion directly to the principal investigator? There is a danger that the distance between the principal investigator and collaborating institutions will widen as the number of institutions increases.

E-consent reduces the burden on both patients and researchers, but we hope that the above concerns will be kept in mind and efforts will be made to maintain mutual trust.

4. Integration of Medical and Genome Guidelines

The integration of medical and genome guidelines is due in part to the fact that genomic medicine is no longer a highly specialized field of medicine. The guideline states that "handling of genetic information is a matter that should be considered not only in genome research but also in medical research," which is a matter of course for the patients and their families. The patients are treated by general psychiatrists, and are rarely treated by genetic specialists except for in the case of some rare diseases. What is important for patients and their

families is to make their lives as easy and positive as possible. For this purpose, we hope that psychiatric treatment and psychiatric medical research will function appropriately and promptly. As a patient and family member, I agree with this revision to integrate the two guidelines in accordance with the actual situation.

However, while genome analysis has become more accessible, some companies are selling the results of genome analysis to the general public as products rather than for research purposes, and it is questionable whether advances in medicine are necessarily being utilized in the right way. Above all, the issues related to genetics are still very sensitive for patients with mental disorders and their families.

One of the reasons for this may be the influence of the Now-defunct Eugenic Protection Act, which was in effect for half a century. The history of forced eugenic surgeries without medical evidence has contributed to the public's prejudice against mental disorders. Even today, when the Eugenic Protection Act has been repealed, it is difficult to say that there is sufficient understanding and support for the delivery and childcare of pregnant and nursing mothers with mental disorders. Not only are welfare resources scarce, but physicians also lack understanding

when it comes to prescribing psychiatric drugs to pregnant and nursing mothers. Because of this situation, it is important to understand that the patients and families concerned are sensitive about genetics, which is an inseparable part of pregnancy and childbirth. As a "child of a parent with mental disorder," the author realized from her own mother how burdensome it is to raise a child in a situation with little support. When a child is raised in such an environment, it is not only due to "genetics" that the child is prone to some kind of mental disorder. The author, who is over 50 years old, has read various forms of literature on genetics and the environment and consulted specialists, and has come to realize that the genes inherited from the mother are not all bad. I hope that psychiatrists who are not particularly involved in genomic medicine will also be interested in genetics, and will be able to provide consultation to patients and families in their charge, or refer them to appropriate genetic specialists.

The new guideline stipulates that "researchers must establish an explanation policy for research subjects based on the characteristics of the results obtained from the research, and must explain the policy and obtain their understanding when receiving informed consent. The policy on the handling of "incidental findings" requires proactive

disclosure of results if they are useful for the subject, such as when there is an effective way to deal with a problem. However, there is still no fixed view on cases, such as when a difficult-to-treat disease is found incidentally. Most desirably, the patients, family members, and treating psychiatrists should receive genetic counseling from a genetic specialist so that the policy can be formulated in as calm a state as possible. Whatever the conclusions drawn, the patients, family members, and treating psychiatrists should not have any regrets or feel guilty in the process of reaching them. In reality, however, is genetic counseling available anywhere in Japan? As of May 31, 2022, only 11 psychiatrists nationwide had become clinical genetic specialists (out of 1,638),⁹⁾ with significant regional differences. In medical education, human resource development in various fields, including genetics, is required so that patients and their families can receive appropriate explanations about the genome information obtained, and so that clinicians can listen to the concerns of patients and their families and talk with them about decisions in various situations.¹¹⁾

Conclusion

Patient and Public Involvement (PPI) in research is recommended, but in many cases, PPI is discussed formally in

order to obtain research funding. In order not to lose sight of "research for what and for whom," the participation of patients, families, and citizens in ethics review committees is necessary. Without science and ethics working in tandem, both will fail. I hope that mutual understanding and cooperation among patients, their families, citizens, and researchers will be promoted to achieve the goal of elucidating the pathophysiology of mental disorders and drug discovery. I will continue to be diligent in my role as a member of the committee, which was assigned to me when I became a member four years ago, to provide opinions on: 1) social and scientific value, 3) fair subject selection, 4) appropriate risk-benefit ratio, and 7) respect for subjects of the "Seven Ethical Requirements for Clinical Research."

Editor's note: This special feature article was based on the symposium held at the 117th Annual Meeting of the Japanese Society of Psychiatry and Neurology, with Chieko Kurihara (Quantum Science and Technology) as a representative.

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References

- 1) Emanuel, E. J., Wendler, D., Grady, C.: What makes clinical research ethical? JAMA, 283 (20); 2701-2711, 2000
- 2) 古郡規雄: 編集後記. 精神経誌, 122 (10); 799, 2020
- 3) 小林聡幸: 症例報告への患者同意必須化は臨床・研究を貧困化する. 精神経誌, 120 (9); 752-756, 2018
- 4) 文部科学省, 厚生労働省: 臨床研究・治験活性化5か年計画2012. 倫理審査委員会の認定制度. 2012 (https://www.mhlw.go.jp/file/06-Seisakujouhou-10800000-Iseikyoku/120403_3.pdf) (参照 2021-10-31)
- 5) 文部科学省, 厚生労働省, 経済産業省: 人を対象とする生命科学・医学系研究に関する倫理指針(令和3年文部科学省・厚生労働省・経済産業省告示第1号). (<https://www.mhlw.go.jp/content/000757566.pdf>) (参照 2021-11-02)
- 6) 中込和幸: レジストリ研究の倫理. 精神経誌, 121 (11); 850-857, 2019
- 7) 夏苺郁子: 「人が回復する」ということについて—著者と中村ユキさんのレジリエンスの獲得を通しての検討—. 精神経誌, 113 (9); 845-852, 2011
- 8) 夏苺郁子: 当事者にとって症例報告の意味とは何か—同意取得が困難な事例をめぐって, 当事者・家族の立場からの検討—. 精神経誌, 123 (6); 354-360, 2021
- 9) 日本人類遺伝学会: 全国臨床遺伝専門医・指導医・指導責任医一覧. (<http://www.jbmg.jp/list/senmon.html>) (参照 2022-05-31)
- 10) 認定NPO法人ささえあい医療人権センターCOML: 医療をささえる市民養成講座. (<https://www.coml.gr.jp/katsudo-naiyo-ippan/koza.html>) (参照 2021-11-01)
- 11) 尾崎紀夫: 精神科臨床の課題解決をめざす人材の育成. 精神経誌, 117 (9); 730-736, 2015

表 「医学研究」「精神疾患レジストリ研究」についての当事者・家族の疑問
—みんなねっとからの聞き取り—

医学研究について	<ul style="list-style-type: none"> ・研究内容が理解できないし、よく伝わってこない ・研究自体が遠い存在に見える ・自分たちに、どういう利益があるのかわからない ・精神疾患の病態について、現在どこまでわかっているのか知りたい ・自分は統合失調症と診断されているが、本当にそうなのかどうか、確かめたいがその方法がない
精神疾患レジストリ研究について	<ul style="list-style-type: none"> ・なぜ今になって、このような取り組みが始まったのか？ ・なぜ、今まで、このような研究をしなかったのか？ ・レジストリ研究の主たる責任機関はどこか？ ・国は支援しているのか？ ・将来的な利益や活用はわかったが、現在の治療にも何か役立つことがあるのか？ ・マイナンバーも活用するのか？ ・匿名性はきちんとしているか？ ・アメリカなどではレジストリが進んでいるようだが、何か成果は現在出ているのか？ ・母集団の大きさの想定は？ ・民間精神科病院や診療所も同じ目的をもっていなくてはダメだと思うが、どのようにこれらの機関を取り込んでいくのか？ ・「脳とこころ」という関係性において、レジストリをどのように考えているか？ ・この取り組みの進行状態や現時点での成果は、どうやって知ることができるのか？

Table. Questions of Patients/Families about "Medical Research" and "Mental Disorder Registry Research -Interviews using Minna-net

About medical research

- ・ I don't understand the content of the research and it was not well-communicated to me.
- ・ Research itself seems distant.
- ・ I don't know how it will benefit us.
- ・ I want to know how much is currently known about the pathophysiology of mental disorder.
- ・ I have been diagnosed with schizophrenia, but I want to confirm whether this is really the case, but there is no way to do so.
- ・ I have been diagnosed with schizophrenia, but I would like to confirm whether it is really the case.

About mental disorder registry research

- ・ Why did this kind of research start only now?
- ・ Why has this kind of research not been done before?

- Where is the main institution responsible for registry research?
- Does the government support it?
- We know about the future benefits and utilization of the registry, but is there anything useful for the current treatment?
- Are our individual numbers also utilized?
- Is anonymity ensured?
- What is the current status of the registry in the U.S.A. and other countries?
- What is the expected size of the population?
- Private psychiatric hospitals and clinics must have the same objective, but how do you plan to incorporate these institutions?
- What do you think of the registry in terms of the relationship between "brain and mind"?
- How can we know about the progress of this project and current results?