

# 淺介日本醫師懲戒與 強制再教育處分 —以醫療過失為主軸

A Brief Introduction to Japan's Physician  
Disciplinary Actions and Mandatory Retraining  
Order—Focusing on Medical Malpractice

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## 摘要

日本醫師懲戒制度以醫師法第7條為基礎，厚生勞動省「醫道審議會」扮演核心角色，負責判斷醫師適格性並提出處分建議。制度核心已從單純處罰轉向確保醫療品質，特色在於結合「行政處分」與「強制再教育處分」。受停業或撤照處分者，必須通過涵蓋職業倫理與醫療技術的研修評鑑，方可恢復執業或重新領照。本文試就臺日醫師懲戒制度之內涵，醫師公會角色定位，討論日本如何透過法定程序與醫師自治組織機制來處理懲戒問題。

Japan's physician disciplinary actions system is based on

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關鍵詞：吊銷醫師執照 (revocation of a physician's license)、強制再教育處分 (mandatory retraining orders)、醫師會 (medical association)、醫師懲戒 (disciplinary actions against physicians)、醫學倫理委員會 (medical ethics council)

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Article 7 of the Medical Practitioners Act, with the Ministry of Health, Labour and Welfare's Medical Ethics Council playing a central role in assessing physician qualifications and recommending disciplinary actions. The system's core has shifted from simple punishment to ensuring medical quality, and its unique feature is the combination of "administrative penalties" and "retraining orders." Those subject to suspension or revocation of their licenses must pass a training and assessment covering professional ethics and medical skills before they can resume practice or re-obtain a license. This article compares the physician disciplinary systems of Taiwan and Japan, specifically investigating the Japanese model of addressing misconduct through formal legal procedures and medical professional self-governance.

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## 壹、緒論

日本醫師懲戒早期較依賴於刑事判決結果，醫師若因刑事案件被定罪，隨後會遭到行政處分。然而受處分者在期滿後即可恢復行醫，難以促使缺乏職業倫理或醫療技術不成熟的醫師悔改或依規範行醫。這套機制在2007年《醫師法》大幅修正後有了顯著的變革，醫師懲戒從單純的「處罰」轉變為「確保醫療安全與品質」，強調審議公開化，更重視醫學倫理與醫師適格性，並強制受處分者接受再教育訓練。緣由和背景是日本醫療體系中存在日益嚴重的醫療事故糾紛、醫師過勞以及民眾對醫療體系的不信任等問題，加上2004年日本發生「大野病院事件」等著名的醫療刑事訴訟，導致產科、外科醫師出現逃亡潮，政府意識到光靠處罰無法解決問題，必須透過制度化的安全管理與透明的專業評價，才能修補醫病關係。

本檔案僅供試閱，完整內容請見本刊。