

Situation of Palliative Care in Japan

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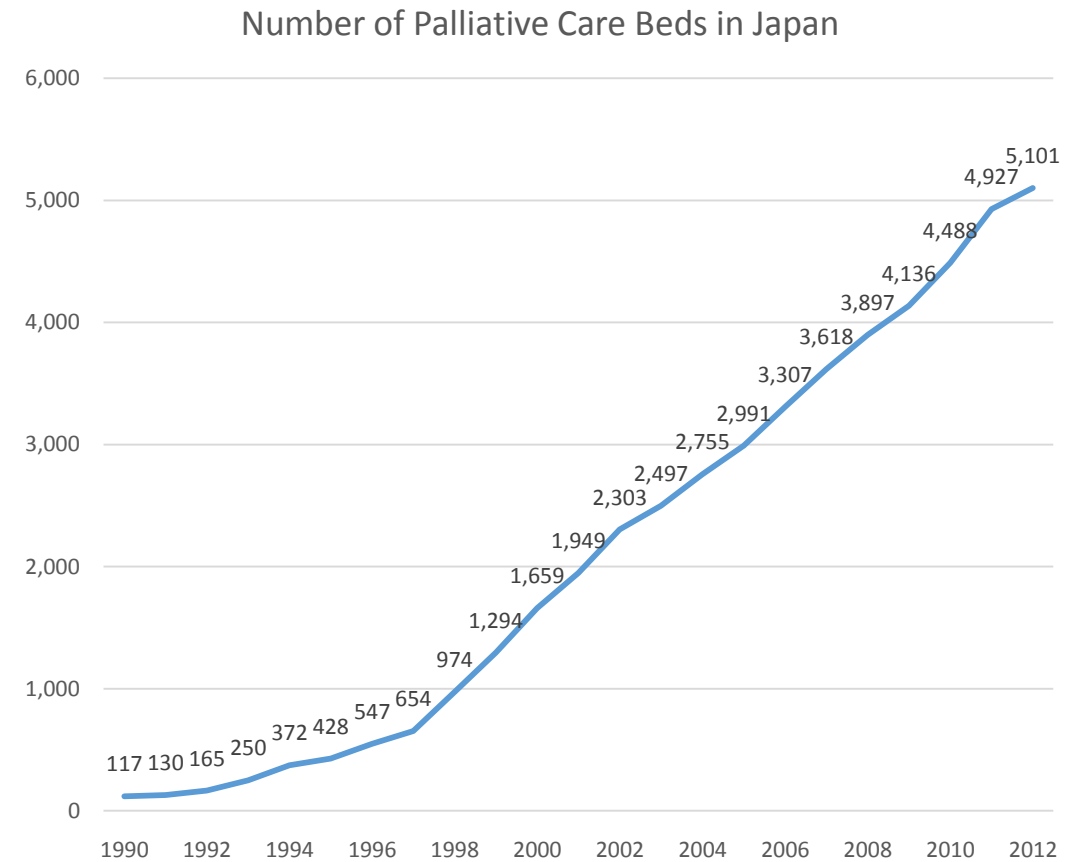
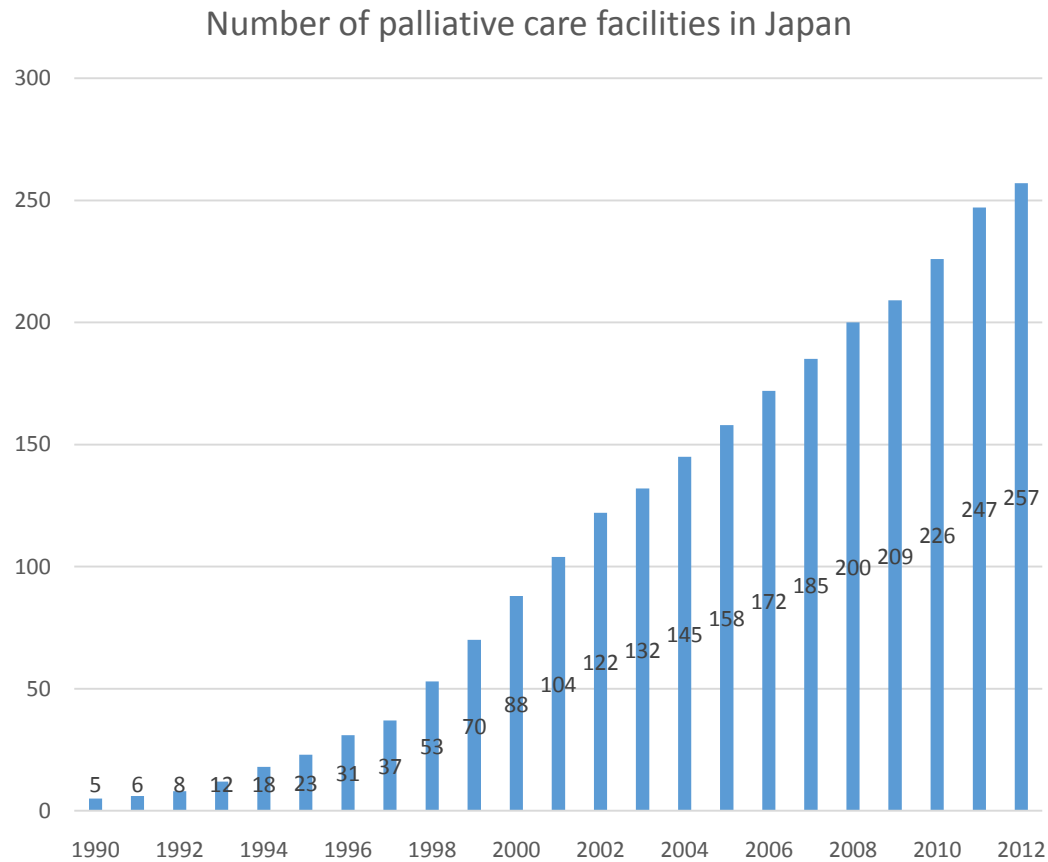
JICA Expert

Current Goal of Palliative Care in Japan

Basic Plan on the Promotion of Measures Against Cancer (June 2012)

- In 3 years, Japanese government will review the system of training on palliative care, and in 5 years, all the medical professionals who work on cancer treatment will understand the basic palliative care and master knowledge and experience. Especially, in hub hospitals, all medical doctors who work on cancer treatment will finish training on palliative care.
- In 3 years, Japanese government will develop the system to provide palliative care quickly, especially in hub hospitals, and develop the system to provide special palliative care such as palliative care team or outpatient department for palliative care and improve the quality of palliative care.

Current Situation of Palliative Care in Japan (1)



Source: Miyashita, Imai, Watanabe "Current situation of Palliative Care in Japan from the Viewpoint of Data" pp.56

Current Situation of Palliative Care in Japan (2)

- Cancer patients who died in palliative care beds: 8.4% (2011)
- Differences among prefectures

Kochi Prefecture	23.6%
Fukuoka Prefecture	18.2%
Shiga Prefecture	17.2%

Akita Prefecture, Saitama Prefecture	3.5%
Fukushima Prefecture, Saitama Prefecture	2.1%

Current Situation of Palliative Care in Japan (3)

--Facilities for Palliative Care (data in 2011)--

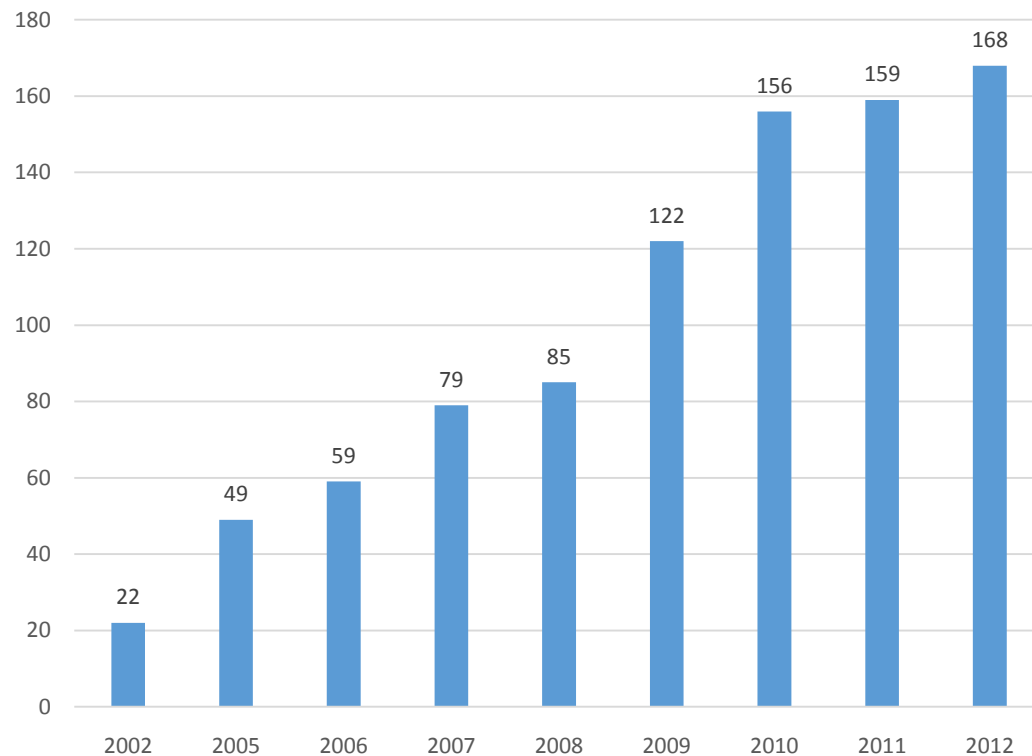
Forms of Palliative Care Facilities	
(1) Independent building in hospital	20%
(2) Independent room in hospital	78%
(3) Independent from hospital	2% (6 facilities)
Average number of beds	19.8 beds
Average number of medical doctors	1.6 persons
Average number of nurses	17.0 persons
Average number of patients per year	160.0 persons
Reason of discharge is “death”	86.1%
Average length of stay	39.5 days
Rate of usage of beds	80.2%

Source: Miyashita, Imai, Watanabe “Current situation of Palliative Care in Japan from the Viewpoint of Data” pp.54

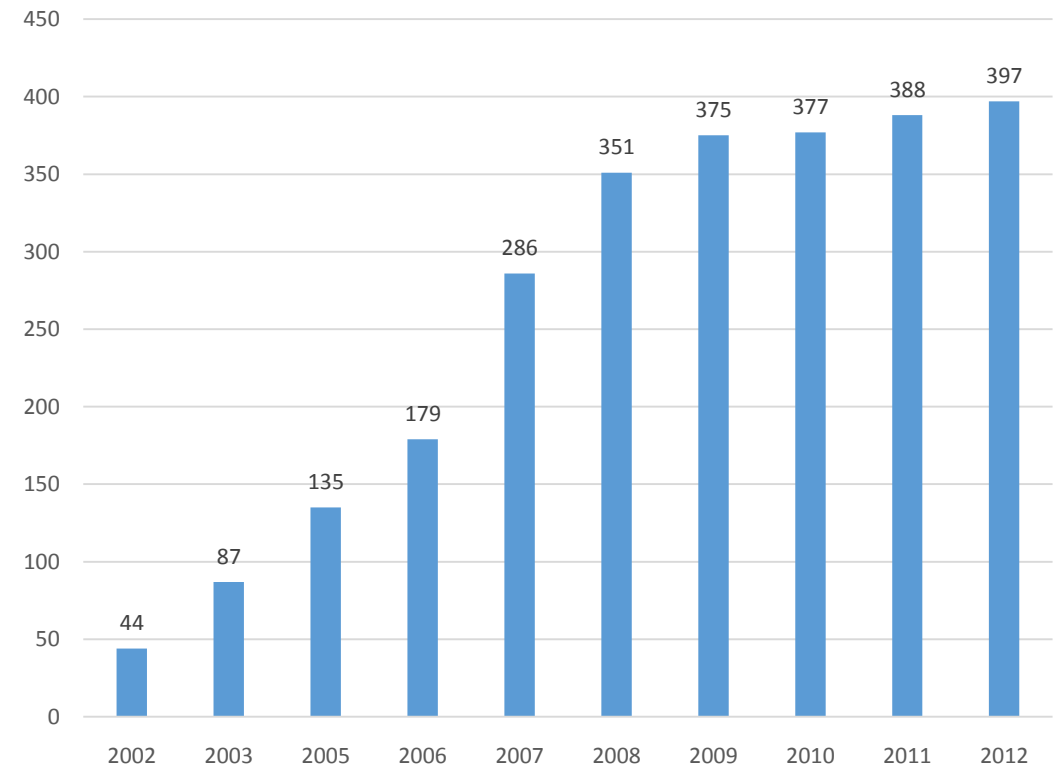
Current Situation of Palliative Care in Japan (4)

--Palliative Care Team--

Trend in the number of facilities which can receive additional payment for palliative care



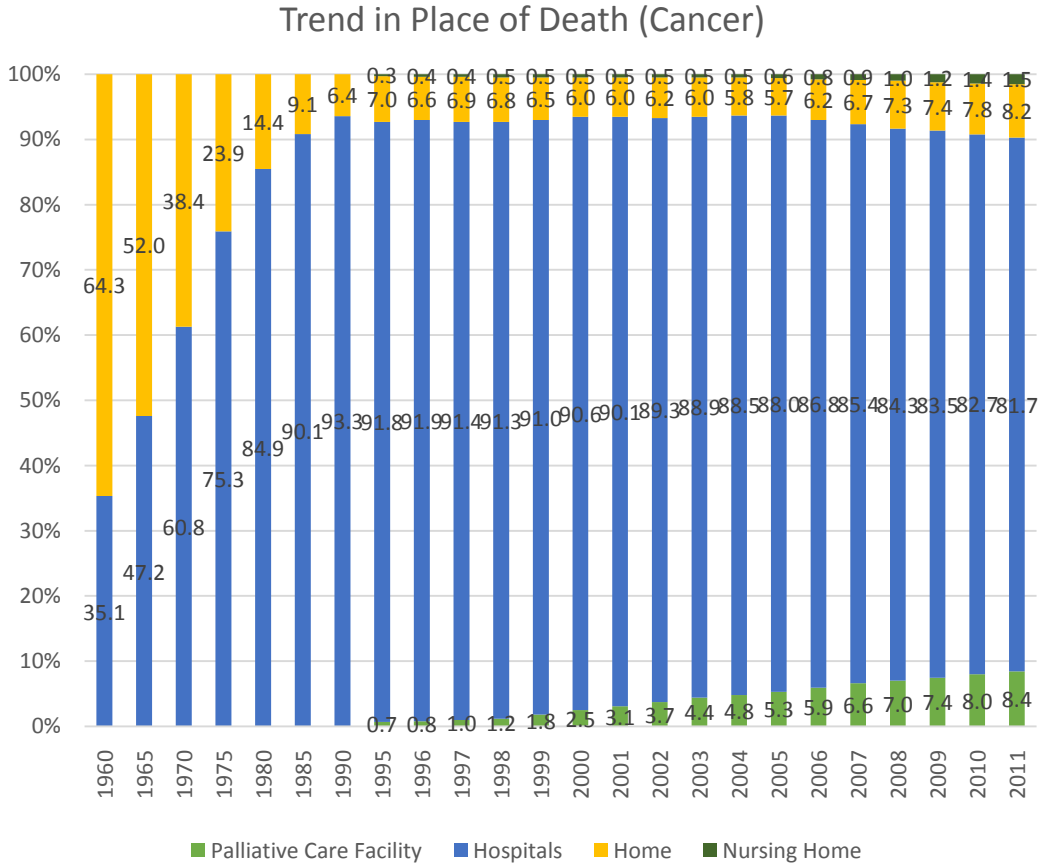
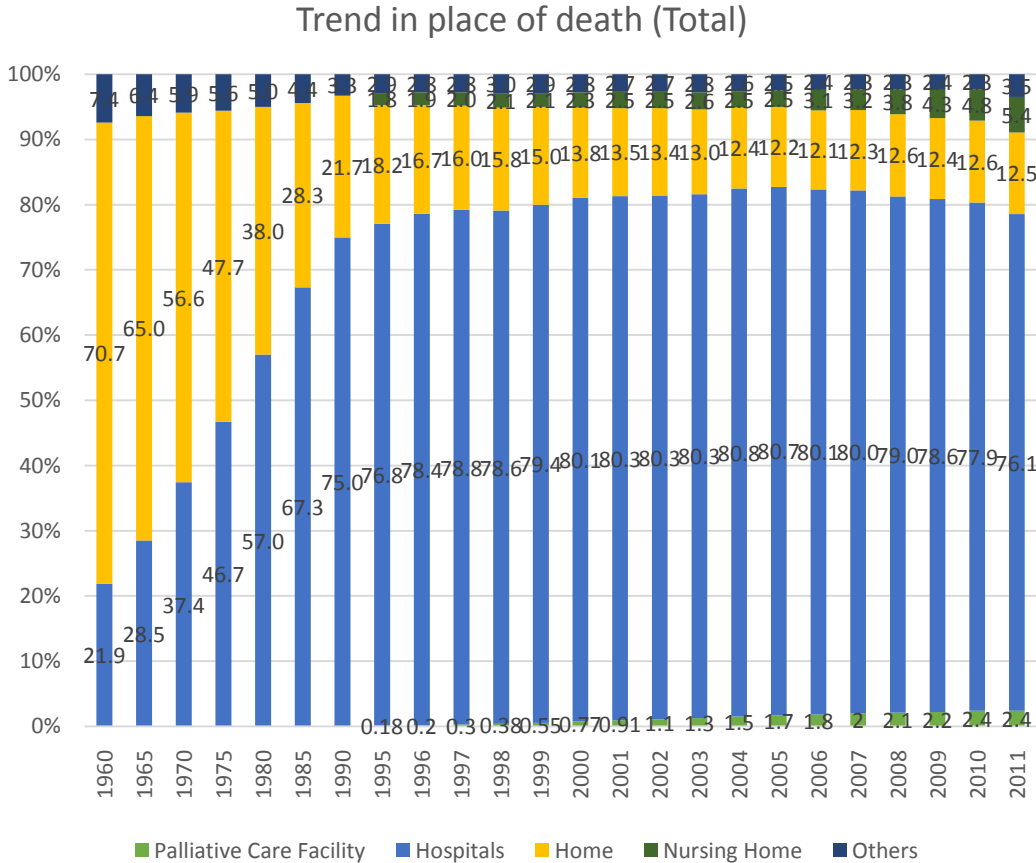
Trend in number of hub hospitals for cancer treatment coordination



Source: Miyashita, Imai, Watanabe "Current situation of Palliative Care in Japan from the Viewpoint of Data" pp.58

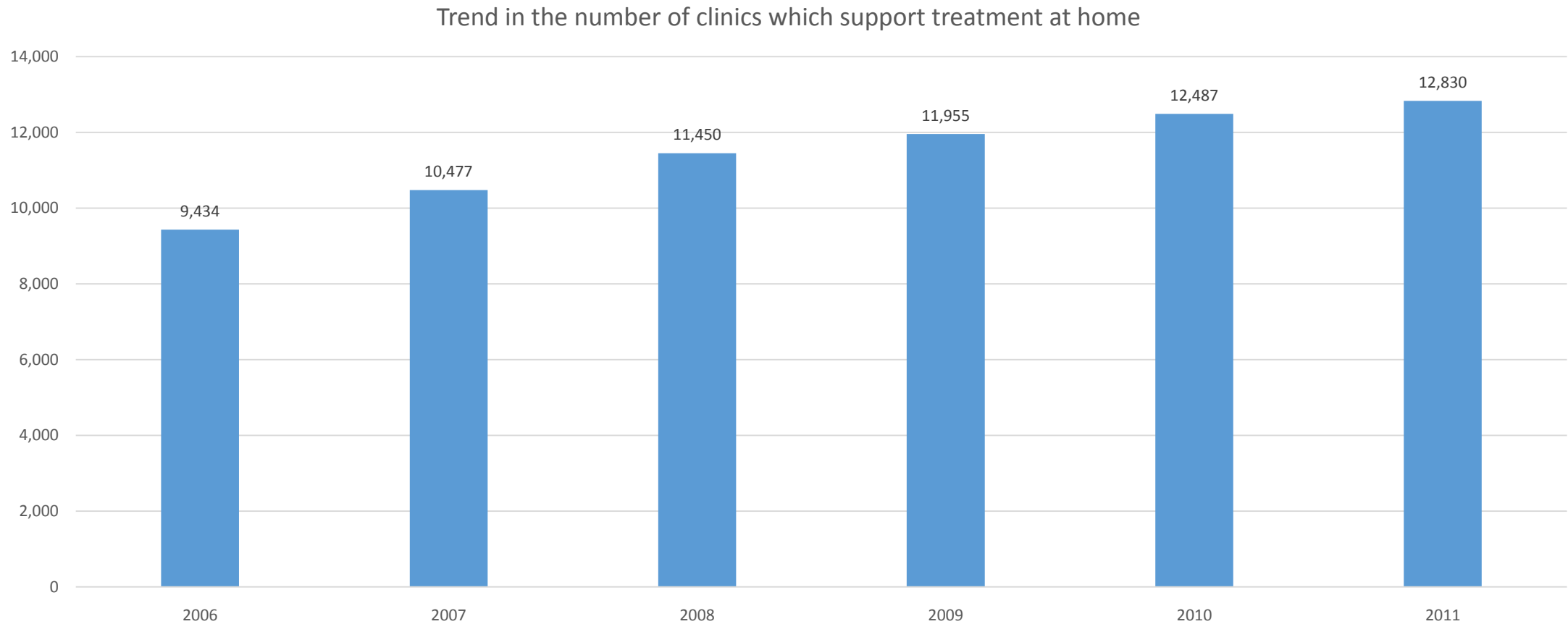
Current Situation of Palliative Care in Japan (5)

--In-home Palliative Care (1)--



Source: Miyashita, Imai, Watanabe “Current situation of Palliative Care in Japan from the Viewpoint of Data” pp.60

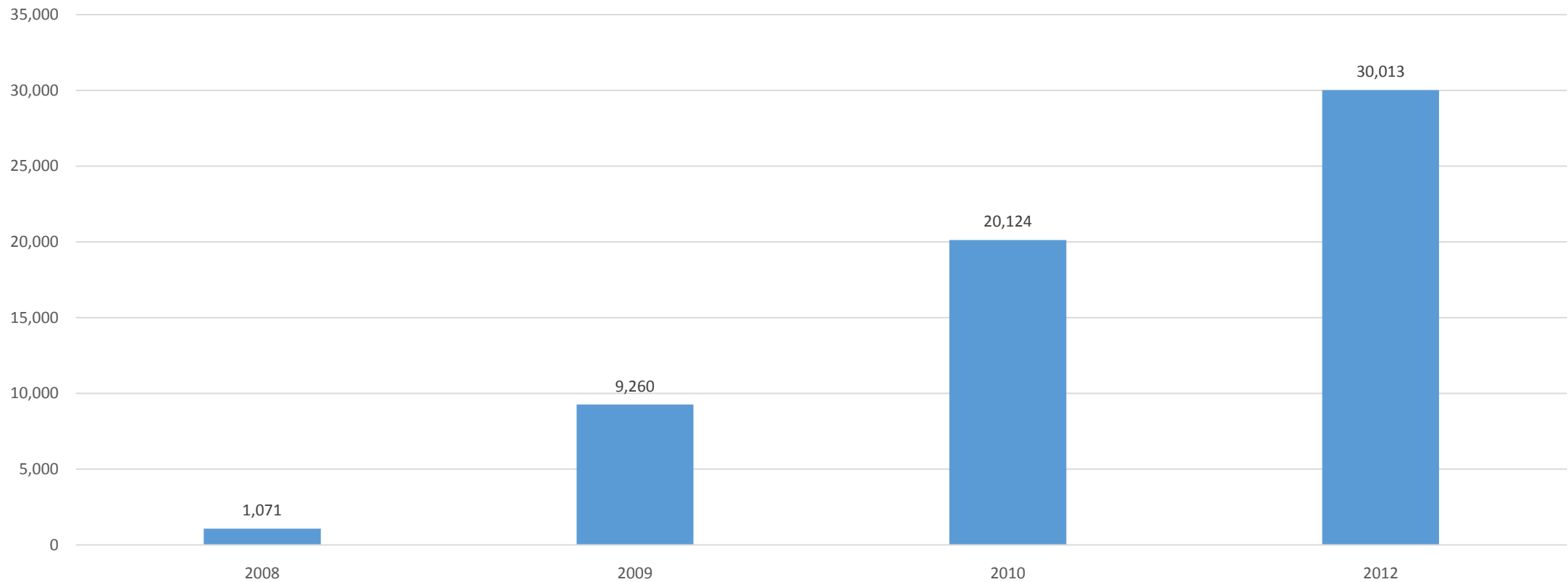
Current Situation of Palliative Care in Japan (6) --In-home Palliative Care (2)--



Source: Miyashita, Imai, Watanabe "Current situation of Palliative Care in Japan from the Viewpoint of Data" pp.62

Current Situation of Palliative Care in Japan (7) --Training (1)--

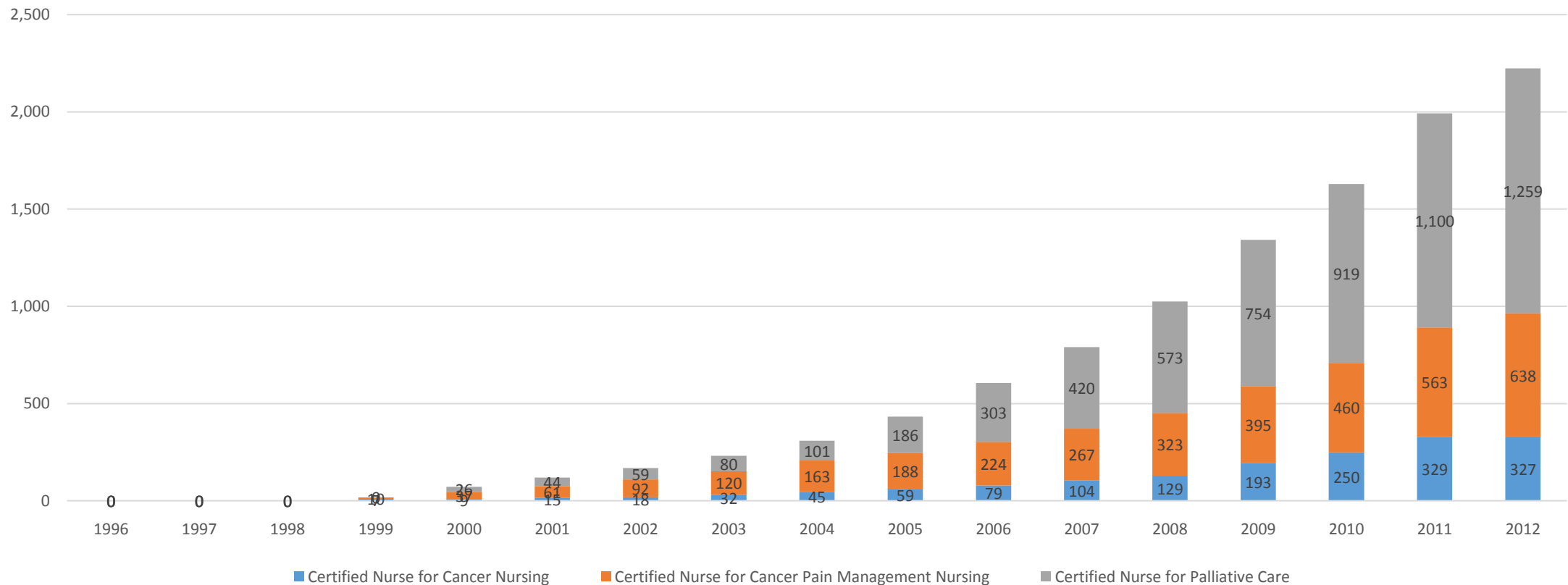
Trend in the number of medical doctors who finished palliative care training



Source: Miyashita, Imai, Watanabe "Current situation of Palliative Care in Japan from the Viewpoint of Data" pp.63

Current Situation of Palliative Care in Japan (8) --Training (2)--

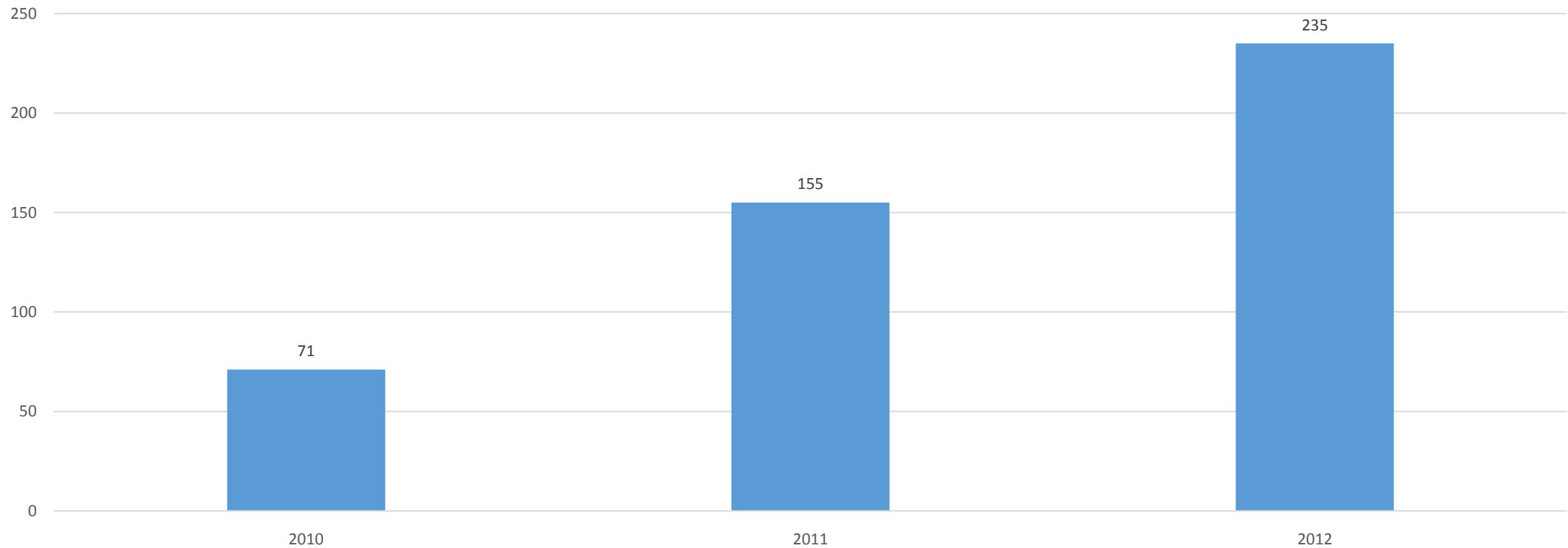
Number of nurses certified by Japan Nursing Association



Source: Miyashita, Imai, Watanabe "Current situation of Palliative Care in Japan from the Viewpoint of Data" pp.64

Current Situation of Palliative Care in Japan (9) --Training (3)--

Trend in the number of certified pharmacist for palliative drug care by Japan Society for Pharmaceutical Palliative Care and Sciences



Source: Miyashita, Imai, Watanabe "Current situation of Palliative Care in Japan from the Viewpoint of Data" pp.66

Policies of Japanese Government on Palliative Care (1)

1. Purpose

- Palliative care should be implemented from the early stage of treatment and continue to be implemented in various stages such as diagnosis, treatment and in-home medicine in order for the patients and family members to lead possible high-quality lives.
- It is necessary to develop a system to provide palliative care not only for physical pain but also for mental and psychological pain in accordance with the condition of patients.

2. Outcome

- All medical doctors who work on cancer treatment will obtain basic knowledge about palliative care.
- Number of medical doctor and palliative care team which provide specialized palliative care will increase.
- Number of patients who can choose treatment at home or in community in accordance with the intention of patients will increase.

Policies of Japanese Government on Palliative Care (2)

Training of Palliative Care for Medical Doctors Who Work on Cancer Treatment

1. National Cancer Center and Japan Society for Palliative Medicine hold Training Course for Trainers
2. Prefectures hold Training Course of Basic Knowledge about Palliative Care for medical doctors who work on cancer treatment. Lecturers are medical doctors who finished Training Course for Trainers

Policies of Japanese Government on Palliative Care (3)

Standard Program of Training Course of Basic Knowledge about Palliative Care

1. Period of Training Course

Period of training course is more than 2 days in principle, and total hours of training must be over 12 hours.

2. Form of Training Course

Training course must have both lectures and workshops.

3. Content of Training Course

The following contents should be included in training course:

- (1) Palliative care to pain, including mechanism and evaluation of pain and WHO method
- (2) Palliative care to physical symptoms such as difficulty in breathing or digestive symptom
- (3) Palliative care to mental symptoms such as uneasiness, depression or delirium
- (4) Communication skill in cancer medicine
- (5) Main points about holistic palliative care
- (6) Main points when asking specialized palliative care, including radiation therapy and nerve block
- (7) Main points about the choice of places to receive treatment and coordination in communities
- (8) Palliative care at home

ขอบคุณ มาก ครับ
Thank you very much!