

PALLIATIVE CARE FOR CANCER PATIENTS IN JAPAN



筑波大学
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Making a Tsukuba Brand



▶ LEADING PROJECTS

▶ LEADING PROJECTS



CAMPUS LIFE

CAMPUS LIFE

- Number of Students
- Students: 16,703
- Graduate students: 6,794
- Foreign students: 2,457



Graduate Program in Nursing Science



筑波大
University of



Bachelor Program (BS)

Doctoral Program (PhD)

2007

2003

2009

Master's Program (MNS)

Members of the Graduate Program in Nursing Science



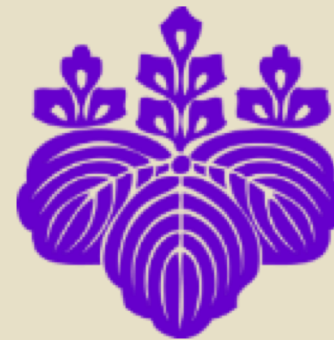
Faculty (Full-time)

7 Professors, 5 Associate
Professors,
11 Assistant Professors



Students

MS: 15 students per year
PhD: 8 students per year



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PALLIATIVE CARE IN JAPAN

Health Status of the People in Japan



Life expectancy in 2016

Female: 87.14 (the world No 2)

Male: 80.98 (the world No 2)



Infant mortality in 2016 2.0 per 1000



Population aging rate (over 65 years old) in 2016 27.3%



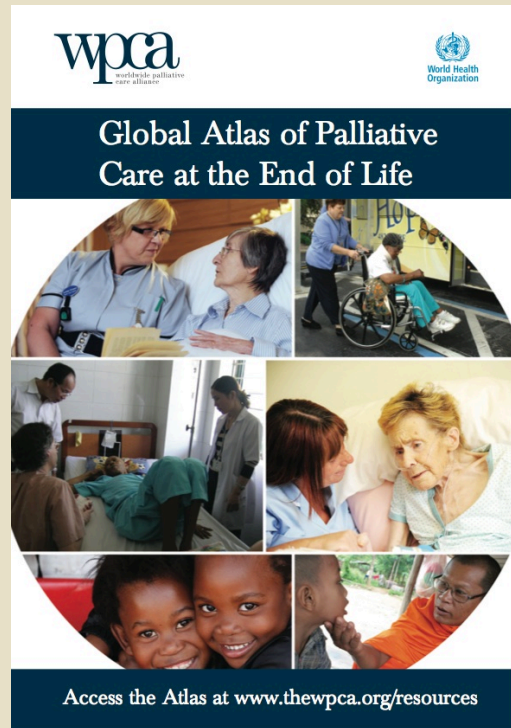


**World Health
Organization**

Palliative Care

- An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness

Global Atlas of Palliative care at the End of Life (WHO/WPCA) in 2014



Persons who need palliative care

1/10 can get palliative care

1/3 is cancer patient

2/3 is non-cancer patients

History of palliative care in Japan

- The first hospice palliative care unit in Japan

1981

- The facility criteria for palliative care units

1990

Hospital Report by the MHLW in 2017



A “Palliative care ward” was found in 366 general hospitals

4.9% of the total number of general hospitals



A “Palliative care team” was available in 991 general hospitals

13.3% of the total number of general hospitals



The Long-term Care Insurance System

Comprehensive health, medical, and welfare services which the local government provides

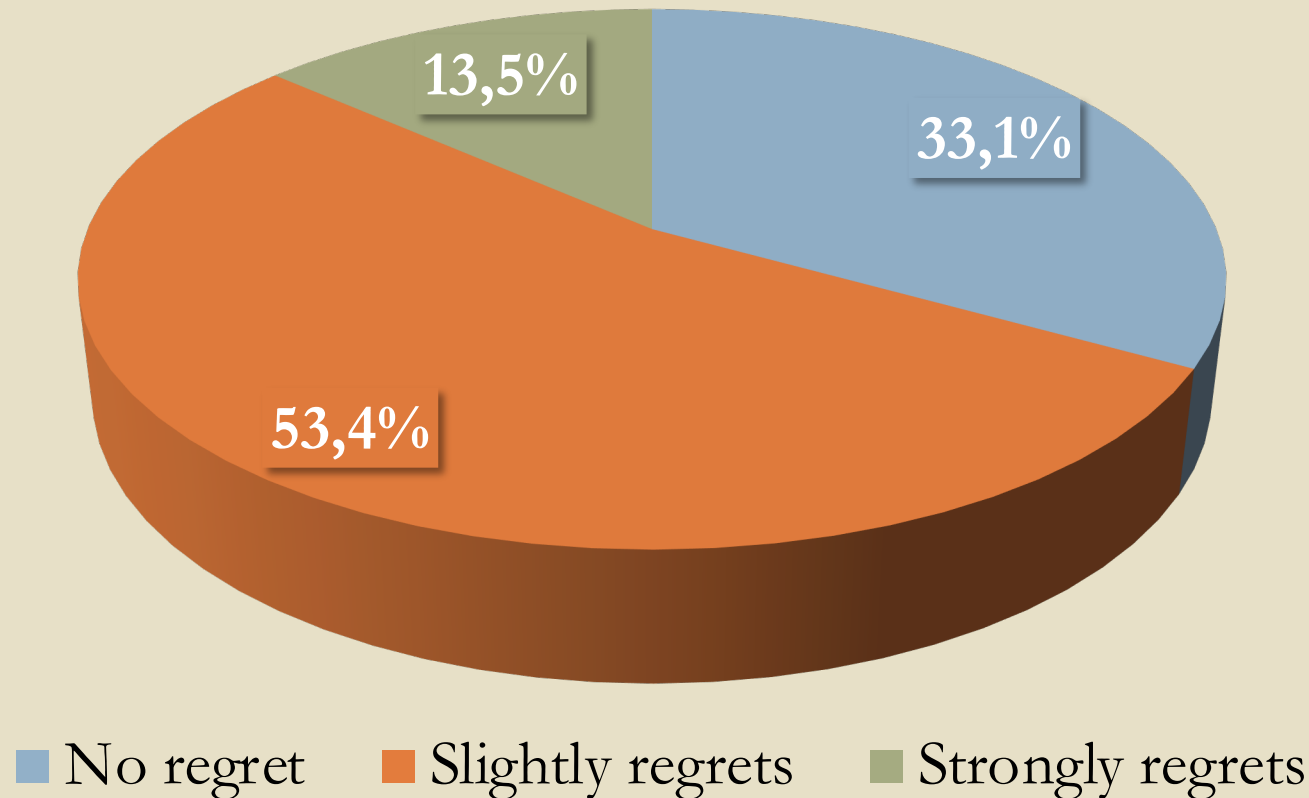
- facility services, **home care services**, day-care, short stay, group home, provision of welfare equipment, financing to renovate, and so on

Who Chose a Hospice/palliative Care Unit

A survey of 414 bereaved families of cancer patients by Shiozaki, 2010

Decision Makers	%
The physician decided	3.5
After considering the opinions of a patient and the family, the physician decided.	6.7
The physician, the patient, and the family discussed, and decided together.	24.4
After considering the physician's opinion, the patient and the family decided.	34.4
The patient and the family decided.	30.9




Responses about Having Chosen a Hospice/Palliative Care Unit



(Shiozaki, 2010)

(n=414)

Reasons for Bereaved Families' Regrets

Reason for Regret	OR	95%CI
We should not have stopped the treatment	2.09 	1.47-2.97
We felt let down because there was no treatment option	1.40	1.09-1.80
A deficit in communication with health professionals	1.33	1.12-1.58
We opted for hospitalization to a palliative care unit	0.71 	0.54-0.94
Our decision to stop treatment was right	0.64 	0.42-0.96

(Shiozaki, 2010)

Training Needs for Palliative Care Specialists

Physicians (n=83)

1. Communication skills 24 (29%)
2. Symptom management 19 (23%)
3. Interdisciplinary team approach 15 (18%)

Nurses (n=219)

1. Communication skills 76 (35%)
2. Symptom management 61 (28%)
3. Interdisciplinary team approach 39 (18%)
4. Listening 27 (12%)
5. Good judgment 18 (8%)
6. Humanity 12 (5%)



PALLIATIVE CARE EDUCATION IN JAPAN

Basic Nursing Education in Japan

1876 Midwifery Training School



A vertical timeline showing the evolution of nursing education in Japan. It consists of five horizontal bars of different colors, each containing a year and a description of the educational program. The bars are arranged in a descending staircase pattern from top-left to bottom-right. Small downward-pointing arrows connect the right side of one bar to the left side of the next bar below it.

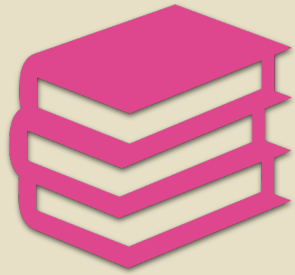
1885 Two Year Nursing Training School

1920 Three Year Nursing School

1930 One year Public Health Nurse Training

1952 Four Year Nursing Program

Development of Nursing Education in Japan



1994

In 1994, there were 22 nursing colleges.



2017

By 2017, that number grew to 265.

- 167 of those have a master's program
- 90 of those have a doctoral program.

Contents of a Nursing Course in Palliative Care

Physical and
emotional distress in
terminally ill patients

Palliative care

Taking care of
deterioration in
physical function

Alleviation of
symptoms at the
end of life

Pain control

Provision of easy
and comfortable
conditions

Adaptation
process to death

Grief and
acceptance

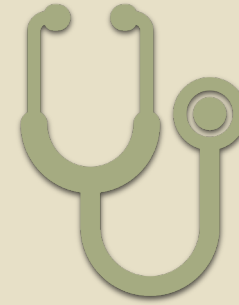
Care for bereaved
family

Interdisciplinary
approach to health
care in end of life

Systematic
formulation of
end of life care at
home



Student's knowledge is mainly based on information acquired in classes



Most undergraduates do not have direct experience of taking care of dying patients

They cannot imagine the difficulties taking care of a terminally ill patient.

They fear that accompanies taking care of a patient, particularly when the patient dies.

Experience of Taking Care of Dying Patients



JAPANESE
UNDERGRADUATE
NURSING STUDENTS'
KNOWLEDGE,
ATTITUDE, AND
EDUCATIONAL NEEDS
TOWARDS PALLIATIVE
CARE

A CROSS-SECTIONAL
SURVEY

Objective and Methods



This study aimed to investigate Japanese undergraduate nursing students' knowledge, ethical attitudes, and learning needs regarding palliative care.

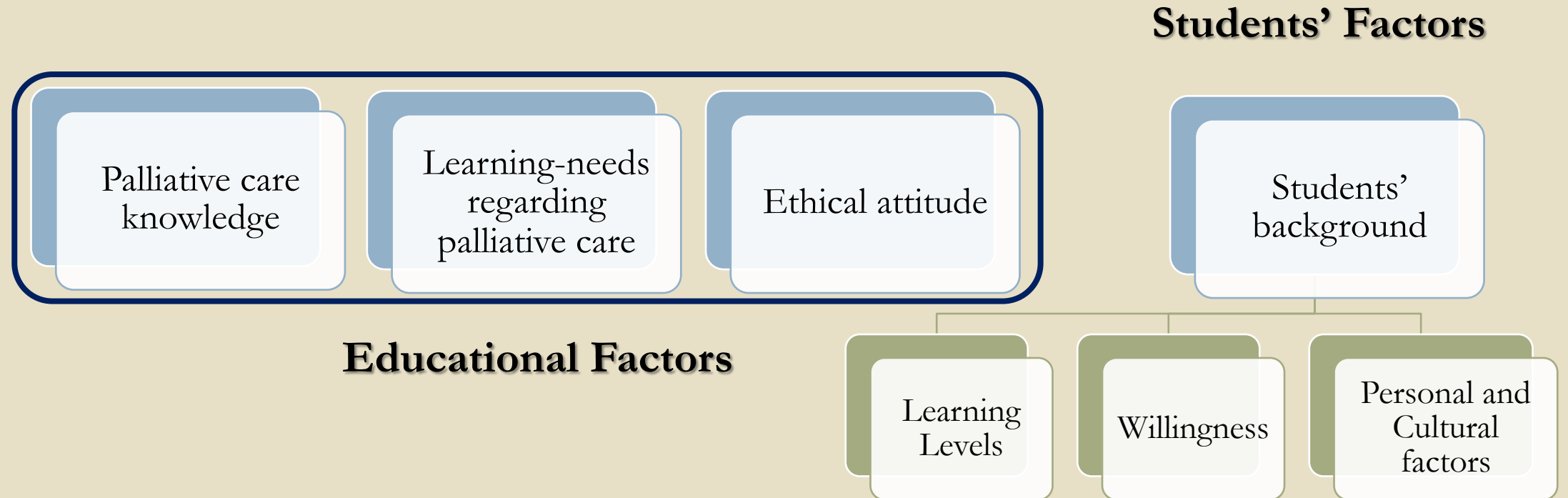


The participants of this study are undergraduates in three Japanese national universities.



An anonymous cross-sectional survey was conducted in 2016.

Conceptual Framework/Questionnaire





RESULTS

Undergraduate	Second-year	135 (36%)
	Third-year	67 (18%)
	Fourth-year	171 (46%)
	Before studying Palliative Care (PC)	79 (21%)
Learning level	After studying PC, before clinical practice	120 (32%)
	After clinical practice	174 (47%)

THE NUMBER OF RESPONDENTS

**734 delivered, and
373 returned
(response rate:
50.8%)**

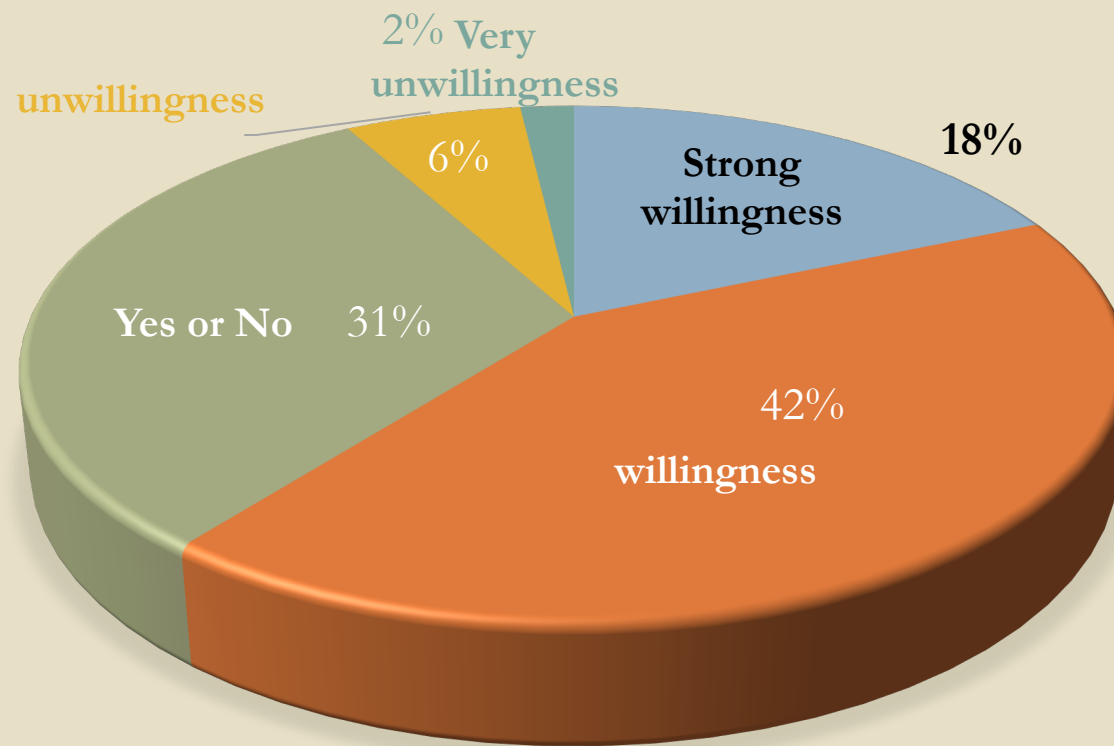
		n	(%)
Age, y	20-25	343	(93%)
Sex	Female	356	(96%)
Religion	None	335	(90%)
Marital status	Single	366	(98%)
Clinical experience	Absent	362	(97%)

PARTICIPANTS' CHARACTERISTICS

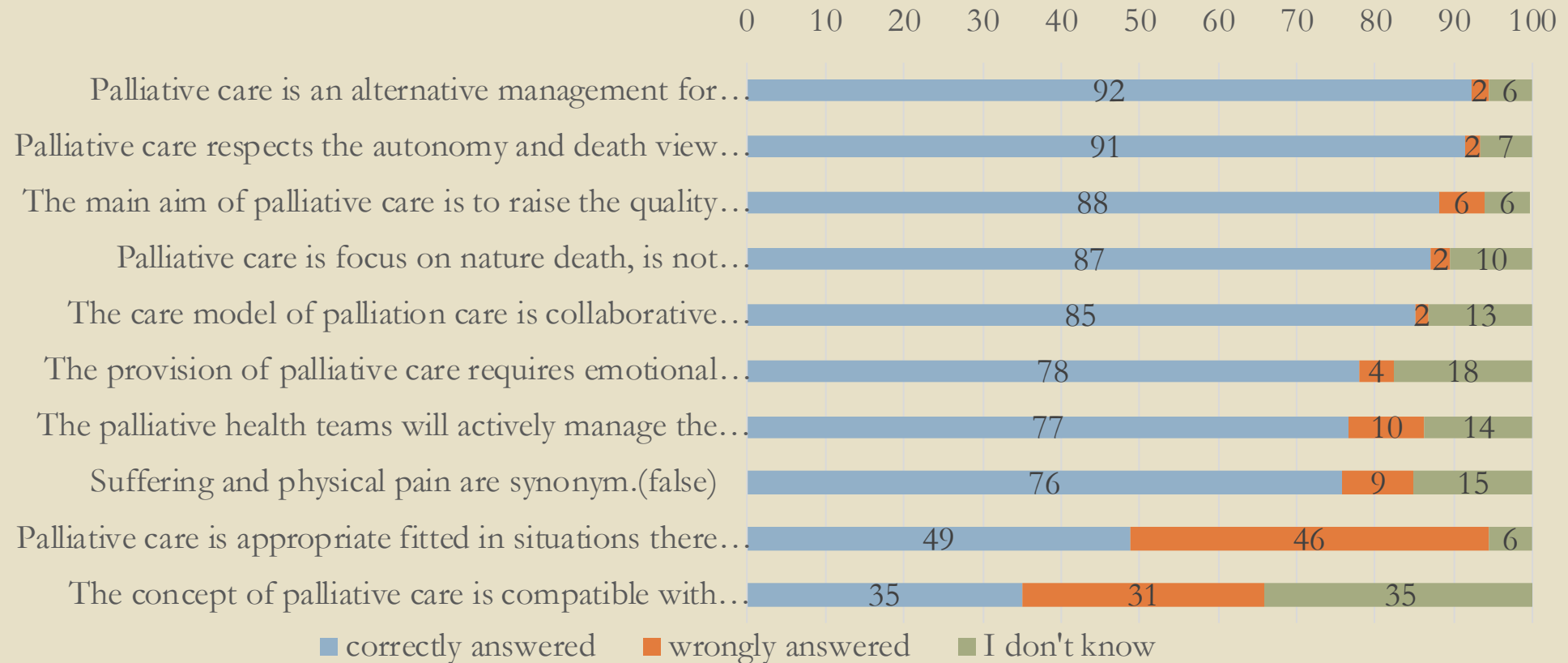
Items	n	(%)
Experience in caring for terminal cancer patients	37	(10%)
Family or friend's experience of having cancer	219	(59%)
Family or friend's experience of death due to cancer	168	(45%)
Family or friend's experience of having service of specialized palliative care	45	(12%)
Do you know "palliative care"?	354	(91%)

PERSONAL EXPERIENCES RELATED TO PALLIATIVE CARE

Willingness to Engage in End-of-Life Care



Knowledge about the Philosophy & Principles of Palliative Care

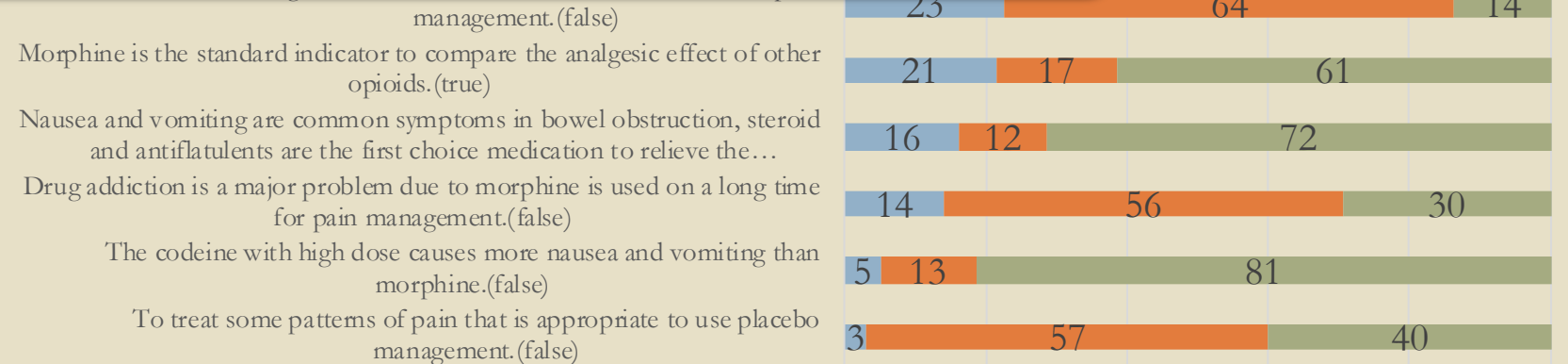


Knowledge about the Pain and Symptom Management

I don't know the right answer" were "The codeine with high doses causes more nausea and vomiting than morphine

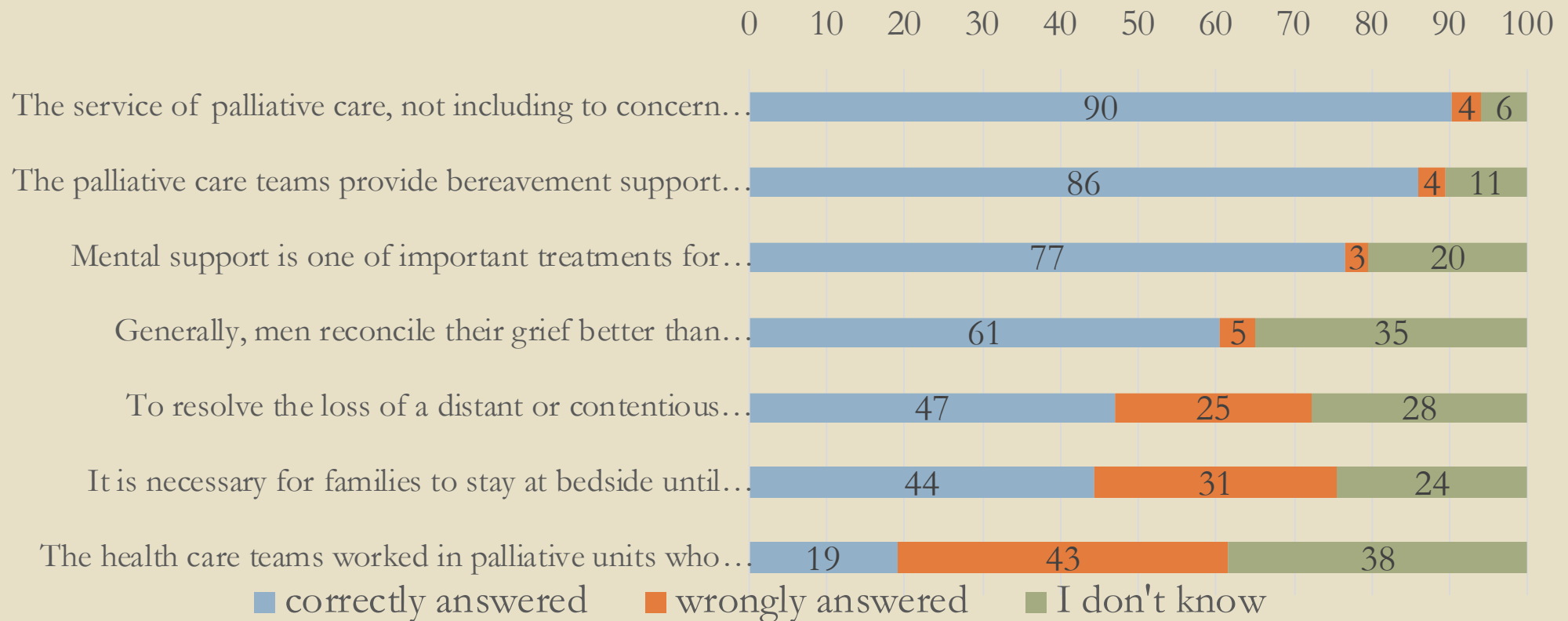
Nausea and vomiting are common symptoms in bowel obstruction and steroids and antiflatulents are the first-choice medication to relieve these symptoms

Morphine is the standard indicator to compare the analgesic effect of other opioids



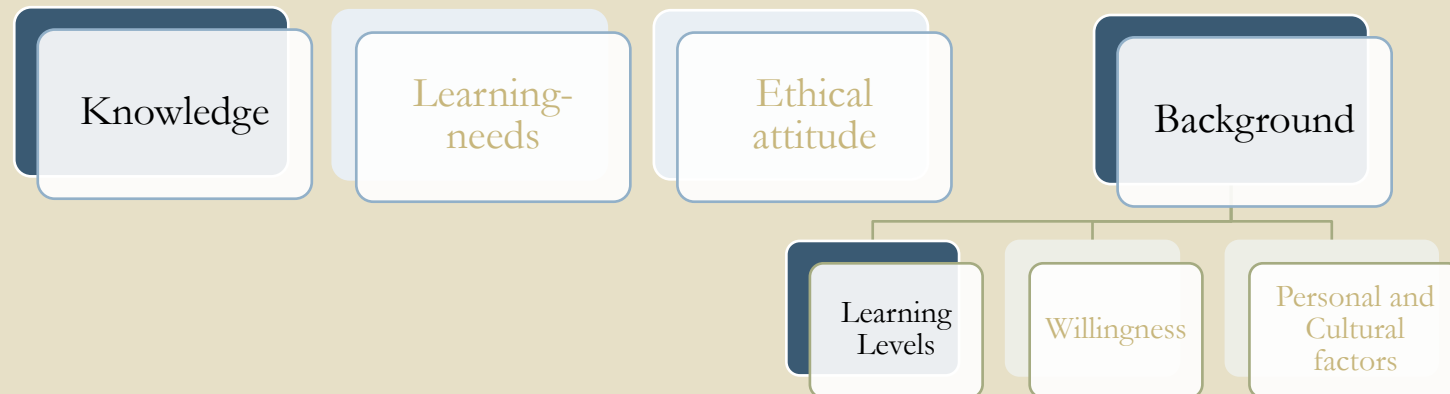
■ correctly answered ■ wrongly answered ■ I don't know

Knowledge about the Psycho-social & Family Care



Palliative Care Knowledge and Learning Levels

- Statistical differences: **24** items (**75%**)
- The higher the learning level, the higher the number of correct



Learning-needs Regarding Palliative Care

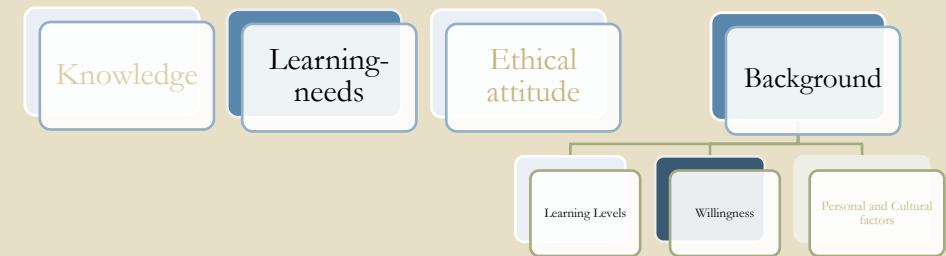
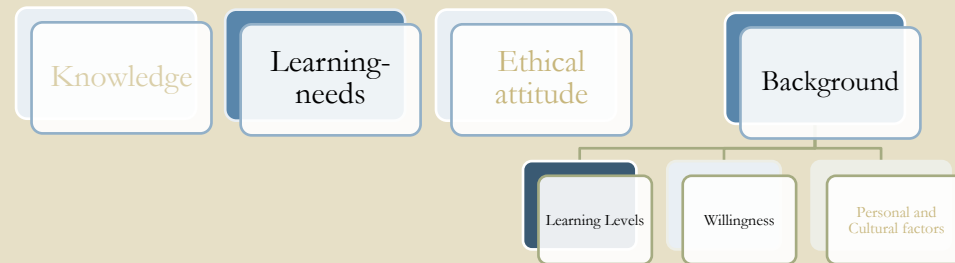
Learning-needs	Mean	SD
Communicative skill to deal with terminally ill patient's family	4.8	0.4
Emotional support	4.8	0.5
Communicative skill for terminally ill patients	4.8	0.5
Bereavement care for family	4.7	0.5
Symptom management	4.6	0.6
The philosophy and principle of palliative care	4.6	0.6
Spiritual care	4.5	0.7
→ The issues of ethics and laws	4.3	0.7
→ The utility of community resources	4.3	0.7

Participants responded on a scale of 1: not necessary to 5: very necessary.

● Curricular Demands Regarding Palliative Care

Participants responded with using a 10-point scale --- Mean 8.0 (SD1.5) , Median 8 (IQR7-9)



Learning-needs and Learning Levels/ Willingness



Learning level	Learning-needs					
	Community resources			Ethics and Laws		
	M	SD	P	M	SD	P
Before PC	4.04	0.72	<0.001	4.16	0.71	<0.005
After PC, Before CP	4.16	0.73		4.24	0.73	
After CP	4.55	0.57		4.46	0.65	

Willingness to take care	Learning-need		
	Curricular Demands		
	M	SD	P
Willingness	8.29	1.30	<0.001
Yes or No	7.50	1.42	
Unwillingness	7.10	1.94	

Ethical Attitudes

	Mean	SD
 Truth-telling helps the process of a good death.	3.7	(0.8)
It is ethically fitting to give sedation to terminally ill patients for refractory symptoms.	3.0	(0.8)
 Discharge planning and home care is ethical for terminal patients after symptoms control.	2.9	(1.0)
Artificial hydration and nutrition does not benefit terminally ill patients.	2.5	(0.9)

Participants responded on a scale of 1: strongly disagree to 5: strongly agree.

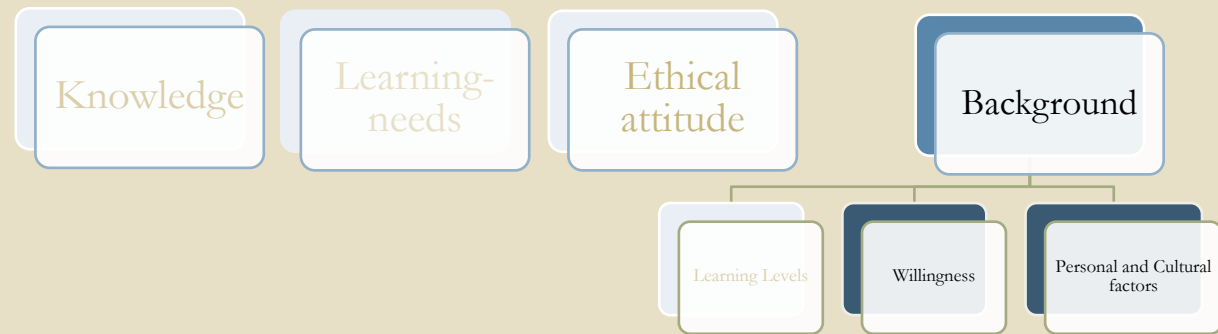
Ethical attitudes and Learning levels



learning level	Ethical attitudes					
	Truth-telling			Discharge planning & symptoms control		
	M	SD	P	M	SD	P
Before PC	3.80	0.80	0.018	3.40	0.80	<.001
After PC, Before CP	3.80	0.70		3.20	0.90	
After CP	3.60	0.80		2.50	1.00	

Participants responded on a scale of 1: strongly disagree to 5: strongly agree.

Association with Emotional Distress



	Emotional Distress					
	Fear			Stress		
	M	SD	P	M	SD	P
Willingness	6.84	2.03	<0.005	6.97	1.90	<0.001
Yes or No	7.30	1.71		7.54	1.50	
Unwillingness	8.10	2.06		8.33	1.58	

Students responded to these items on a 10-point scale.



The nursing students had relatively good knowledge in philosophy and principle of palliative care.



The nursing students had a high level of learning-needs towards palliative care.



The nursing students had tendency positively to agree with philosophical issue but were not easy to agree with ethical judgment for which technical knowledge is required.



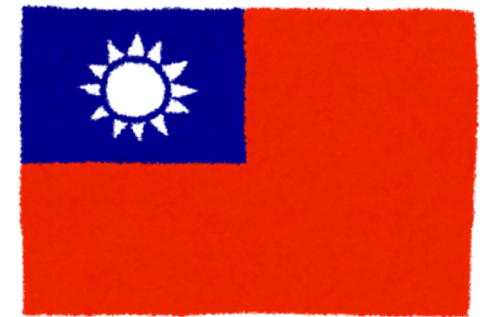
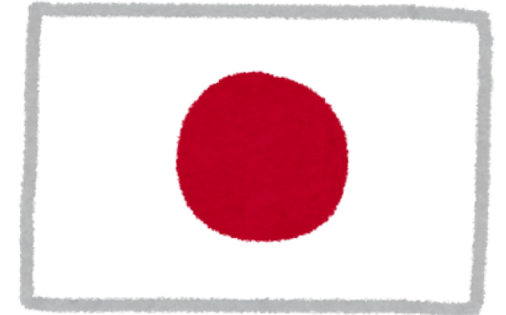
Willingness to engage in end-of-life care was associated with emotional distress such as fear and stress.

Conclusions

Future Research

Making comparisons
between Asian countries.

- The international cooperation research project involving National Taiwan University, Gadjah Mada University, and the University of Tsukuba.





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END