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End-of-life Support for Older Adults in Japan as Seen from the Perspective of Life and Death from the Standpoint of Nursing

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Abstract

In today's aging society, we must reconsider how the elderly want to live and end their lives, and what kind of medical care can support them until the end of their lives. It has become necessary. In this paper, I would like to consider end-of-life support for nurses from the perspective of life and death. When discussing future medical care and care, the patient does not necessarily have a firm sense of values or a view of life and death, and there are not many cases in which the patient is able to clearly express his or her wishes regarding the medical care and care that are guided by these. . Therefore, it is necessary for people, including healthy people, to think about their own views on life and death from an early stage, and it is desirable for nurses to seize opportunities to discuss their views on life and death during their interactions with patients.

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Introduction

In recent years in Japan, we often hear the phrase "high-death society. "A high-mortality society refers to a society in which the number of deaths increases, and the population declines due to an increase in older adults [1]. Problems of end-of-life care and changes in attitudes toward life and death are common issues in a high-mortality society. Advances in medicine have made Japan one of the countries with the longest life expectancy in the world. However, dying surrounded by family and close friends is becoming more difficult. In such a changing social situation, the roles played by nurses and caregivers in terminal medical care and nursing care are increasing.

In today's aging society, it is necessary to reconsider how older adults want to live and finish their lives. What kind of medical care is needed to support older adults until the end of their lives? It is becoming necessary. Currently, in the field of terminal care, not only physical care such as pain relief but also mental care for the fear of death is required. It is necessary to have a deeper understanding of people's views on life and death. It is thought that the elderly have many opportunities to think realistically about death because they often experience a decline in their physical functions and the loss of people important to them (spouse, relatives, friends, etc.). Death and how it dies is a problem that cannot be utterly indifferent to older adults. End-of-life care is not limited to older adults, but understanding the views of life and death of older adults, who are closest to death in terms of average life expectancy, will help provide psychological care at the end of life. Is not it. In this paper, I would like to consider end-of-life support for nurses from the perspective of life and death.

Views on life and death and factors affecting life and death views

Views of life and death indicate the values of living and dying, as well as one's way of thinking and are particularly easy to become aware of when the end of life is approaching. In general, when thinking about death, it is very difficult to accept the death of one's death or that of someone close to us. It is essential to think about the view of life and death from a healthy period in order to reach the end you desire. People's views on life and death are influenced by personal attributes, lifestyle, customs and religion of the country or region in which they live. A previous study [2] reported that life satisfaction reduces fear of death and poor health is associated with fear of death. In Japan, the percentage of people who have faith is small, but when it comes to religion, it has become clear that people who have faith have a favorable view of death. Religion teaches about death and life after death. Kishimoto [3] points out that the role of religion is to alleviate the fear of death by preaching the afterlife in to escape from the inevitability of death. Religion provides a framework of beliefs to deal with the difficulty of accepting death by believing in an afterlife. It is thought that religious believers can accept death affirmatively by believing in an afterlife. However, in the case of the Japanese, the percentage of people with religious beliefs is extremely low compared to Western countries, and religion may not have much of an impact on how people face death. Furthermore, a previous study [2] reported the peculiar view of life and death of Japanese older adults related to local customs and family. It is also shown that one's attitude toward life is directly linked to one's way of thinking about death.

In Japan, the percentage of people who have no faith is high. At the same time, there are few who have clear ideas about life and death. In recent years, however, there has been an unprecedented increase in public interest in issues surrounding older adults face death, such as end-of-life care and death with dignity. Furthermore, there is a growing tendency to seek a peaceful and natural death while maintaining human dignity.

Desires and current status of terminal care facilities

Older adults often have multiple diseases, live in a society with chronic conditions, and grow old while playing a role as a family member. Many older adults want to spend their final days in their own homes. However, according to a demographic survey [4],

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about 80% of people died at home after Post-World War II. Until around 2010, hospital deaths remained at 80%, and home deaths were only about 10%. In this way, the number of deaths at home has decreased, while the number of deaths at medical institutions has increased. In recent years, however, this trend has changed. There is a trend toward a slight increase in deaths outside medical institutions. According to a survey conducted by the Ministry of Health, Labor and Welfare in 2017 regarding end-of-life care [5], about 10% of the general public answered that they would like to receive treatment at home until the end of their life. Adding the percentage of those who responded that they would like to be hospitalized at a medical institution or a palliative care ward if necessary after being treated at home, approximately 60% of the population answered that they would like to be treated at home. On the other hand, regarding the feasibility of recuperating at home, more than 60% of the general public answered that it would be difficult to recover at home until the end of their lives. 6% of the general public responded that it was ``feasible'' to receive treatment at home until the end. In comparison, 26% of doctors, 37% of nurses, and 19% of caregivers answered that it was "feasible." was superior. As for where they want to end their lives, 54.6% chose "home, " followed by "medical facilities such as hospitals" at 27.7%, and "welfare facilities such as special nursing homes for the elderly" at 4.5% [6]. From these results, it can be read that the general public hopes to spend the end of life at home but believes this will not be possible.

In recent years, home-based end-of-life care has been promoted, but the number of such deaths is still overwhelmingly small compared to fatalities at medical facilities. One of the reasons for this is the family's anxiety about end-of-life care at home and the consideration of older adults who do not want to burden the family. Therefore, it is necessary to provide sufficient information about the end of life and support decision-making so that the patient and their family can make an informed choice about the place of healing and the final stage without regret. Nurses need to provide information on the following points in choosing a location for healing and end-of-life care. In the case of hospitals, visitation times are fixed, and family members are not always nearby. Therefore, it may not be possible to be present at the time of End-of-life. In nursing homes, people may not have as much freedom as they do at home, and not everything goes as they wish. In home care, unlike hospitals and nursing homes, staff are not always on hand, making it difficult to respond to sudden emergencies. It is easy to put a burden on family caregivers. The following can be considered as nurses' involvement in each place of healing and end-of-life care. Most of the general public prefers their home as the place where they want to recuperate and end their life at the end of life. Based on these results, it is necessary for visiting nurses to understand the patient's desire for death in a natural way as an extension of life for patients and their families who wish to end their lives at home. In addition, it is necessary to support patients and their families so that they can live their desired end at home while utilizing social resources. In addition, 27% of people wish to spend their last days at a medical facility such as a hospital. The reason for this is that doctors and nurses are stationed at medical facilities, so that changes in the condition of patients can be dealt with immediately. Therefore, hospital nurses need to be involved in giving patients a sense of security by responding directly to sudden changes in their condition. As mentioned above, the number of nursing care facilities that provide end-of-life care is increasing, and there is also the option of reaching the end of life in a nursing home. Nurses and caregivers at these welfare facilities can provide support and care that cannot be received at home. It is crucial to have a relationship that reduces the stress of patients and their families, while taking into consideration the feelings of older adults who do not want to burden the family. In this way, there are several options for where to spend the end of life, such as homes, hospitals, and nursing homes, each of which has advantages and disadvantages. Ideally, it would be desirable for each person to be able to make a choice based on their views on life and death after considering these characteristics. It is hoped that each nurse can provide information about the place of death according to their view of life and death. It is crucial to create opportunities to think together about how they would like to spend their last days while watching over the patient's progress.

About support that respects the intentions of the end-of-life

The pattern of death varies. Unlike sudden death, cancer can relatively predict the time course until death. There is time, and it is possible to prepare for the end. On the other hand, it is difficult to predict the progress of non-cancer patients with organ failure or frailty. According to a study by Huijberts et al. [7], despite 72.5% of patients in the organ failure group being hospitalized in the three months before death, less than half of the attending physicians were aware of the terminal stage. Patients and their families may be even more unable to realize that they are approaching death. Prognostic prediction and appropriate identification of patients nearing the end of life will enable us to understand the patient's values early on and provide better care in line with the patient's view of life and death. Such end-of-life interventions support the culmination of each patient's life.

How to live while deciding the end of one's own life is a big problem for everyone. Until now, advance directives have attracted attention to support patients on a better path toward death, but it has been pointed out that the intentions expressed when healthy are not helpful when they are actually at the end of life [8]. Therefore, recently, the concept of Advance Care Planning (after this referred to as ACP) has been attracting attention, emphasizing the process of discussing thoughts about the end of life rather than simply recording intentions. ACP is an end-of-life decision-making process that accompanies and supports the patient. It is the process of discussing the medical care that the patient wants to receive in the dying process [9]. For example, an important theme is the selection of treatment modalities such as surgery, anticancer therapy and radiotherapy. Furthermore, when the treatment should be discontinued as the disease progresses, and the selection of terminal care facilities.

In recent years, even in Japan, the importance of providing medical care that respects the patient's wishes and considering how to meet the patient has been recognized. ACP is becoming more prevalent in Europe and the United States because patients are well aware of their right to decide what they want. In Japan, the revised guideline of the Ministry of Health, Labor and Welfare [10] incorporates the concept of ACP. Significance is shown.

Even when it comes to confirmation of intentions at the end of life, the person's choices can change, and there is a possibility that the person will not be able to express their intentions. And respect for life and death. ACP requires independent and continuous dialogue based on the person's views on life and death and values. However, in Japan, ACP is often implemented at the end of life. At present, ACP is often implemented after facing an urgent situation requiring decision-making. It is not uncommon for people in a state of nursing care to choose options that are different from their intentions [11].

People make decisions about the end of life-based on their age, health status, values and views on life and death cultivated through past life experiences. However, when discussing future medical care and care, the patient does not necessarily have a firm sense of values or views on life and death, and there are not many cases in which they can clearly express their hopes for medical care and care guided by these. Therefore, it is necessary to think about one's views on life and death from an early stage, including those who are healthy, and to discuss opinions on life and death during interactions with patients.

Nurse's sense of difficulty

The author is conducting on nurses' perceptions of end-of-life support and the timing of confirming their intentions [12] This survey revealed that 67.9% of visiting nurses felt a sense of difficulty in confirming with the patient or their family about their intentions regarding end-of-life medical care and care [12] Concerning the difficulty in confirming intentions, ``timing to confirm'' such as ``It is difficult to start a conversation'' and ``When to talk to someone'' was raised. In addition, "when you still have hope for treatment," "when you don't think you are terminally ill," etc. <when you think you will still be cured>, and when you don't want to say something like "you don't want to make fun of it." <When the patient does not want to think about it>, and <when the patient is upset> such as ``I felt that it takes time to accept when I am upset'', they felt difficulty confirming their intentions. Furthermore, nurses found it difficult to provide support when <when the family cannot make decisions> or when <when the family or the patient felt that the patient cannot accept them> [12]. In this way, it is difficult for nurses to deal with the acceptance of the patient's condition and death after confirming their understanding of the patient's condition and feelings and accepting their feelings. Iwaki et al. [13] also discussed the issue of death preparation education for patients and their families, which was caused by the decision to stay at home for recovery. It is pointed out that there is a high sense of difficulty in listening to people's anxiety about death. Niibata et al. [14] stated that nurses should acquire essential practical skills to practice specialized palliative care, ``understanding the care needs of cancer patients and their families who face suffering and death, and understanding the problems. The ability to “respond from an early stage” and to “face and support the spiritual anguish of cancer patients and their families who live facing suffering and death.” These competencies are needed by nurses involved in the end-of-life care of patients. To understand and support patients and their families facing death, nurses need to face death and have their view of life and death.

Summary

In the clinical setting, we are still fumbling around and considering practical methods for specific efforts to support decision-making at the end of life. More number of people prefer to end their lives in their familiar homes or nursing homes rather than in hospitals. The challenge is whether end-of-life care can be provided by each person's view of life and death.

In addition, how to incorporate it into the end-of-life care decision support process. In Japan, where many people have no faith, most people have never thought about their views on life and death. However, thinking about one's view of life and death and communicating one's values will lead to a final life without regrets. To achieve a happy ending for the individual, one must face one's view of life and death. It is vital for nurses to create opportunities to think together about how they want to spend their last days while observing the patient's progress.

In addition, nurses can deepen their understanding of patients by having a clear view of life and death.

Competing Interests

The author declare that they have no competing interests.

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