



JAPAN SOCIETY FOR DYING WITH DIGNITY

NEWSLETTER

WATANABE BUILD. 201, 2-29-1 HONGOU
BUNKYO-KU, TOKYO No. 113-0033, JAPAN

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Membership stands at 125,261 (as of September 2, 2011).



Informing you of changes to the “Living Will Statement”

Without changing the intent, contents to be consistent with the mainstream

Changes to the “Living Will Statement” (Living Will) were approved at the first general meeting for members that was held on June 25. The purpose of amending the wording of the Living Will was to “adapt to advances in medical treatment” and also “avoid any misunderstanding of drugs.” The intent of the Living Will has not changed.

Living Will Statement Intent of Amendment

Amending the wording after 28 years

It was back in 1983 when the Living Will Statement adopted the current wording. With the passing of nearly thirty years, some wordings of the Living Will are no longer consistent with the “mesmerizing advances that have taken place in medicine, medical treatment.” Having established a general incorporated association, the society decided that it was time to amend the “Living Will.” The intent of the Living Will remains unchanged. Provided here is the background situation on the amendment.

Consistent with advances in medical treatment, to be made more in alignment

Clearly state “vegetative state from which recovery is not possible”

Since last year, Yutaka Suzuki (honorary director, Saitama Social Insurance Hospital), Masahiro Nomoto (Professor, Medical Dept., Aichi University) and Takuo Kanagawa (Professor Emeritus, Kanazawa Medical University= Medical Legislation) have been deliberating and summarizing the proposed amendments. A motion was put at the directors’ meeting and they were subsequently approved at the general meeting for members.

The purpose of the amendment was to create a Living Will that is “adapted to advances that have taken place in medicine and medical treatment,” and to avoid the necessity of any re-registration, amendments to the wordings were limited. The following are the three general amendment areas.

	Original wording	Amended wording
Introductory statement	To “...when I might face an incurable illness and death is near...”	Add “or I am unable to live without life sustaining procedures “
Palliative medical treatment	Delete ② “...even though such treatment may shorten my life,” and amend the entire statement	“I wish to receive sufficient palliative medical treatment through the appropriate administration of drugs and other procedures to relieve me of my suffering.”
Vegetative state	Amend ③ “...if I lie for several months in a condition known as a persistent vegetative state.”	to “Should I suffer from persistent consciousness disturbance (persistent vegetative state) from which recovery is not possible”

The amendment to the introductory statement is connected to persistent vegetative state = prolonged consciousness disturbance. Some in the world of medicine believe that vegetative state might be “incurable” but not “final stage.” For a fact, there have been arguments over its inclusion in dying with dignity.

To clarify the inclusion of prolonged consciousness disturbance as an item for dying with dignity, the society now lucidly states “condition in which it is not possible to live without life sustaining procedure” in addition to incurable/final stage.

Furthermore, there have been some comments on the ambiguity of ③ “several months or more” as a condition for the withdrawal of life prolonging procedure for prolonged consciousness disturbance. Over the past several years, there have been some reports on researches that studied the illness by grouping the symptoms according to the consciousness level. The society now clearly states that dying with dignity is limited to “prolonged consciousness disturbance from which recovery is not possible.”

So that “Drugs” aren’t misunderstood in the Living Will

In ② palliative medical treatment, the statement, “even though such treatment may shorten my life” has been strongly criticized by anesthesiologists and physicians who are in palliative medical treatment. Some physicians felt that “It spreads the misunderstanding and bias that drugs are lethal” while others said, “As long as they are administered correctly, they won’t shorten the life.” There were some physicians who said, “As long as we continue to have this

statement, I cannot cooperate with the dying with dignity movement.”

Over the past decade and some years, palliative medical treatment has seen a remarkable advance, and it is an accepted norm in the world of medicine to perceive drugs as being safe when administered properly. However, some thirty years ago, it was the physicians who were biased against drugs and there was a lengthy period when physicians hesitated over the administration of drugs for palliative medical treatment. Often, patients suffered until the very last moment, and for this reason, we entrusted our wishes to promote drug administration to the statement, “even though such treatment may shorten my life.”

The amended statement is concise but sufficiently expresses the intentions to seek palliative medical treatment.

At the general meeting for members where proposed amendments to the Living Will were deliberated, a representative delegate asked, “Although the statement aims to remove the misunderstanding of and bias against the word, ‘drugs,’ this word is still being used in the amended statement.” Yutaka Suzuki (current vice-president) who summarized the proposed amendment replied, “For certain, we can use the word, prescription, instead of drug. We intentionally left the word in the statement to match the members’ feelings and the current Living Will.”

The above summarizes the gist of the amendment. The entire “amended Living Will” is shown on the next page.

Registration number:

Registration date:

JAPAN SOCIETY FOR DYING WITH DIGNITY

WATANABE BUILDING 201, 2-29-1 HONGO, BUNKYO-KU, TOKYO 113-0033 JAPAN

Tel: 03-3818-6563 Fax: 03-3818-6562 Email: info@songenshi-kyokai.com

Dying With Dignity Statement (Living Will)

To my family, relatives and those who are supervising my medical treatment:
If my injuries/illness are incurable, I am approaching death, or I am unable to live without life-sustaining procedures, I wish to make the following requests.

I confirm that this statement was written while I was of sound mind.

Accordingly, this statement remains valid unless it is withdrawn by me or a separate document stating its invalidity is produced by me when I am of sound mind.

- ① I refuse life-sustaining procedures that simply prolong the moment of death if my injuries/illness are incurable with current medicine and I have been diagnosed as approaching death.
- ② In aforementioned situation exist, I wish to receive sufficient palliative medical treatment through the appropriate administration of drugs and other procedures to relieve me of my suffering.
- ③ I wish to have any life sustaining procedures withdrawn should I suffer from persistent consciousness disturbance (persistent vegetative state) from which recovery is not possible.

I express my deep appreciation to those who have faithfully fulfilled the requests of this statement. I wish to furthermore state that I alone am responsible for all actions that have been taken by everyone to fulfill my wishes.

Signature: _____

(Date of birth: _____)

Date of signature: _____

Legislation Movement

Dying with dignity coalition

Amidst the political turmoil, the dying with dignity coalition (chairman: Teruhiko Mashiko, 88 diet members) held their board meeting in August. Taking a step towards legislation, they sought opinions from the Japan Medical Association. It was the first information exchange since December 2007. By cooperating with the legal bureau, House of Councilors and referring to opinions from the Japan Medical Society, a decision was made to create a new “draft of legislative framework” that would connect to the legislative bill.

Coalition to compile a new “draft of legislative framework”

Opinion exchanges with Japan Medical Association to realize legislation

The opinion exchange with the Japan Medical Association was held on August 25. From the coalition, Chairman Mashiko, Secretary General Shunichi Yamaguchi, Toshiko Abe and others attended. From Japan Medical Association, vice-chairman Takashi Hanyuda, permanent director Kenji Fujikawa were in attendance. From the society, vice-presidents Soichiro Iwao and Miki Hatano and Kazuhiro Nagao from the Kansai branch attended as observers.

Although the diet members’ coalition had produced a “draft of legislative framework” in 2007, it was the Japan Medical Association’s opposition that had held them back. Even at the opinion exchange meeting back then to spur breakthrough, Dr. Hanyuda (the then permanent director) remained firm in his stance, “I have misgivings about the state of final stage medical treatment being controlled by the law.”

The last information exchange meeting was held three and a half years ago. Vice-chairman Hanyuda explained that since then, the Japan

Medical Association has compiled a guideline on final stage medical treatment. However, he pointed out that opinions on the legislation have not been unanimous, “We haven’t had discussions at the civic level,” “We have yet to see the diffusion of the Living Will (LW).”

“The Organ Transplant Law was amended although it was said to lack discussions at the civic level. Secretary General Yamaguchi (Liberal Democratic Party) counterargued, “Is the Japan Medical Organization saying that it can approve the legislation if it stipulates both exemption of physician and LW?”

Vice-chairman Hanyuda closed off, insinuating his hopes for the legal stance of the guideline, “The best way would be for the guideline to legally guarantee exemption of physician from responsibility in case of a problem. Even if the guideline stipulated exemption of physician from responsibility, and also the LW, we would still be afraid of overstepping legal boundaries in other areas.”

When asked to comment, Vice-president Iwao stated, “We’re not saying that decisions on death should be entrusted to family members or a third party. But the patient and physician shouldn’t be on opposing sides. If only we could make the best use of the patient’s wishes in the physician’s decisions...”

Chairman Mashiko (Democratic People’s Party) summarized the discussion which was then approved at the board meeting, “The diet members coalition’s wish is to take everyone’s opinion into account for the creation of a new legislative framework.” Vice-chairman Hanyuda counter-proposed, “Many medical organizations have their own guidelines. We hope that you will consider their common points to build the groundwork.”