

# Elderly Care in Japan: Several Current Problems

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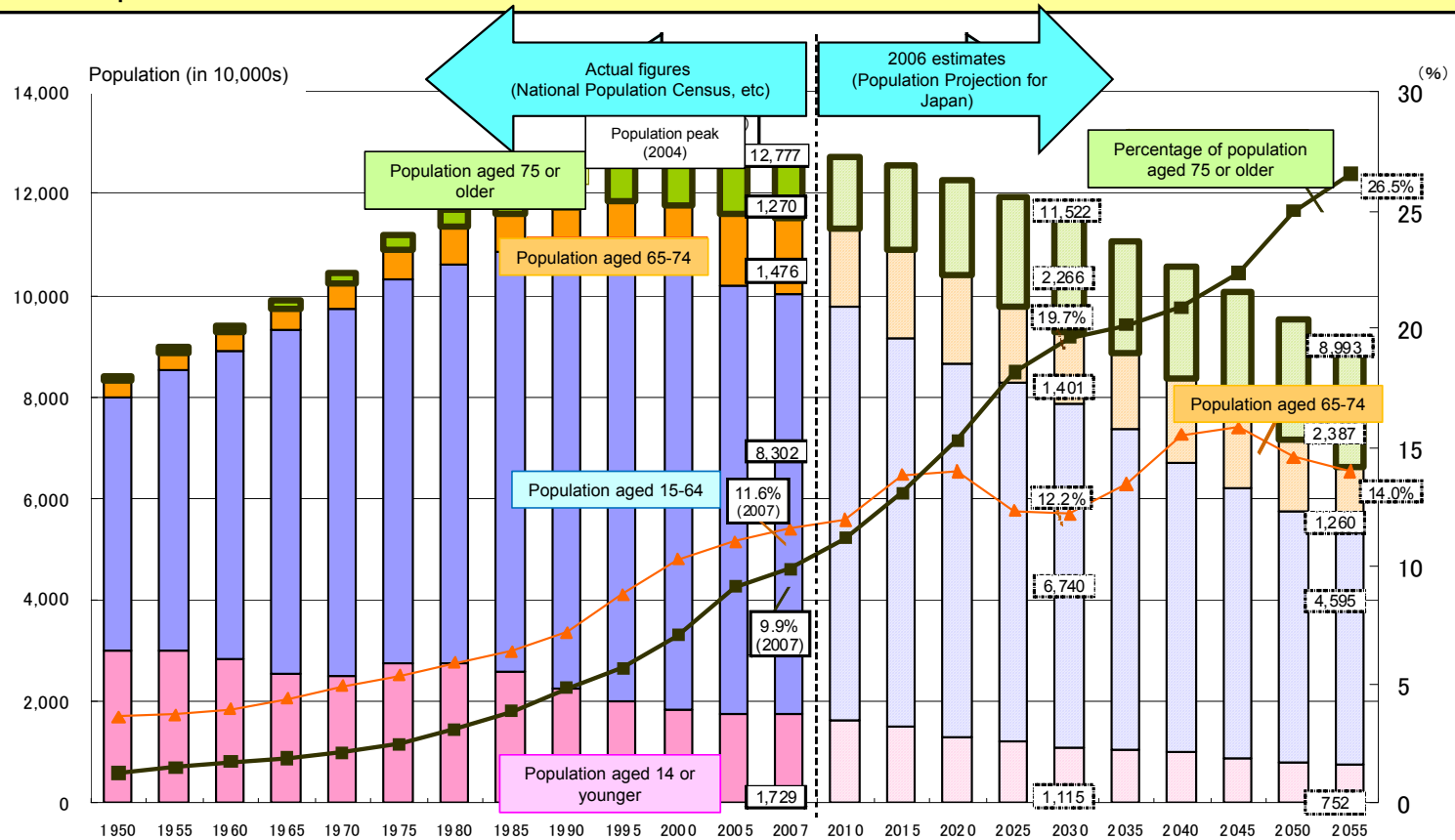
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# Characteristics of Current Japanese Society

- In post industrial stage
- Ratio of elderly people in population is rapidly increasing
- Population of the youth and children is decreasing
- Pervasion of irregular employment makes younger generation poor and in unstable life (e.g. care workers)
- Situational differences between cities and rural areas

# The Population Trends of Japan

○ Currently, the ratio of elderly persons aged 75 or older comprises one-tenth of the population in Japan. It is estimated that in 2055 one out of four people will be 75 years old or older, compared with one out of five in 2030.

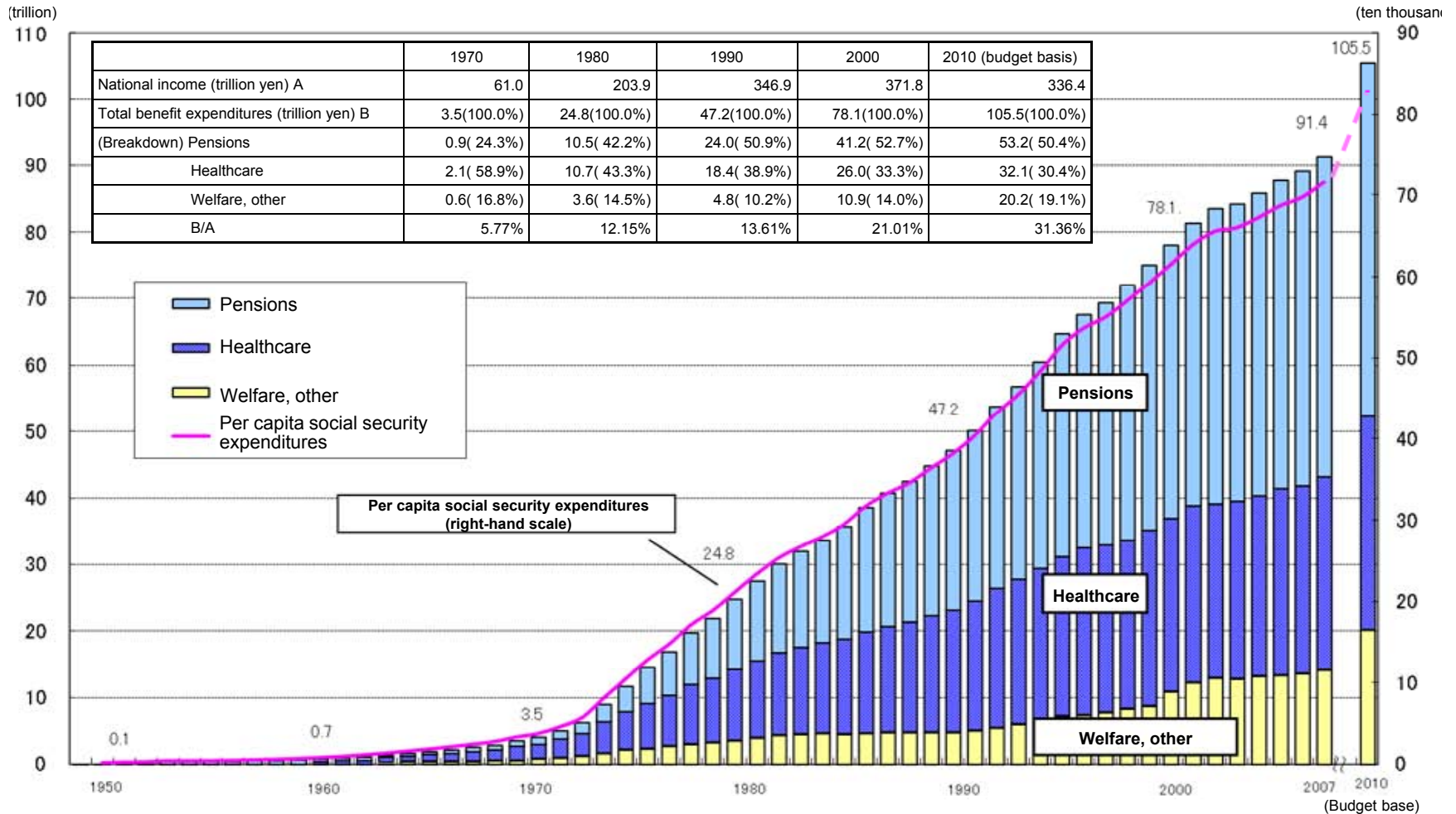


Sources: Up to 2005 - "Population Census," Statistics Bureau, Ministry of Internal Affairs and Communications  
 In 2007 - "Population Estimates (annual report)," Statistics Bureau, Ministry of Internal Affairs and Communications  
 From 2010 on - "Population Projection for Japan (estimates as of December 2006) (medium-variant assumptions)," National Institute of Population and Social Security Research

# National Resources for Care of Elderly Persons

- Pension (over 65 old)
  - National pension (basic)
  - Employee's pension etc. (additional)
- Medical insurance
- Long-term care insurance (over 65)
- Public assistance (for the poor)  
(bureaucracy!)

# Changes in social security benefit expenditures

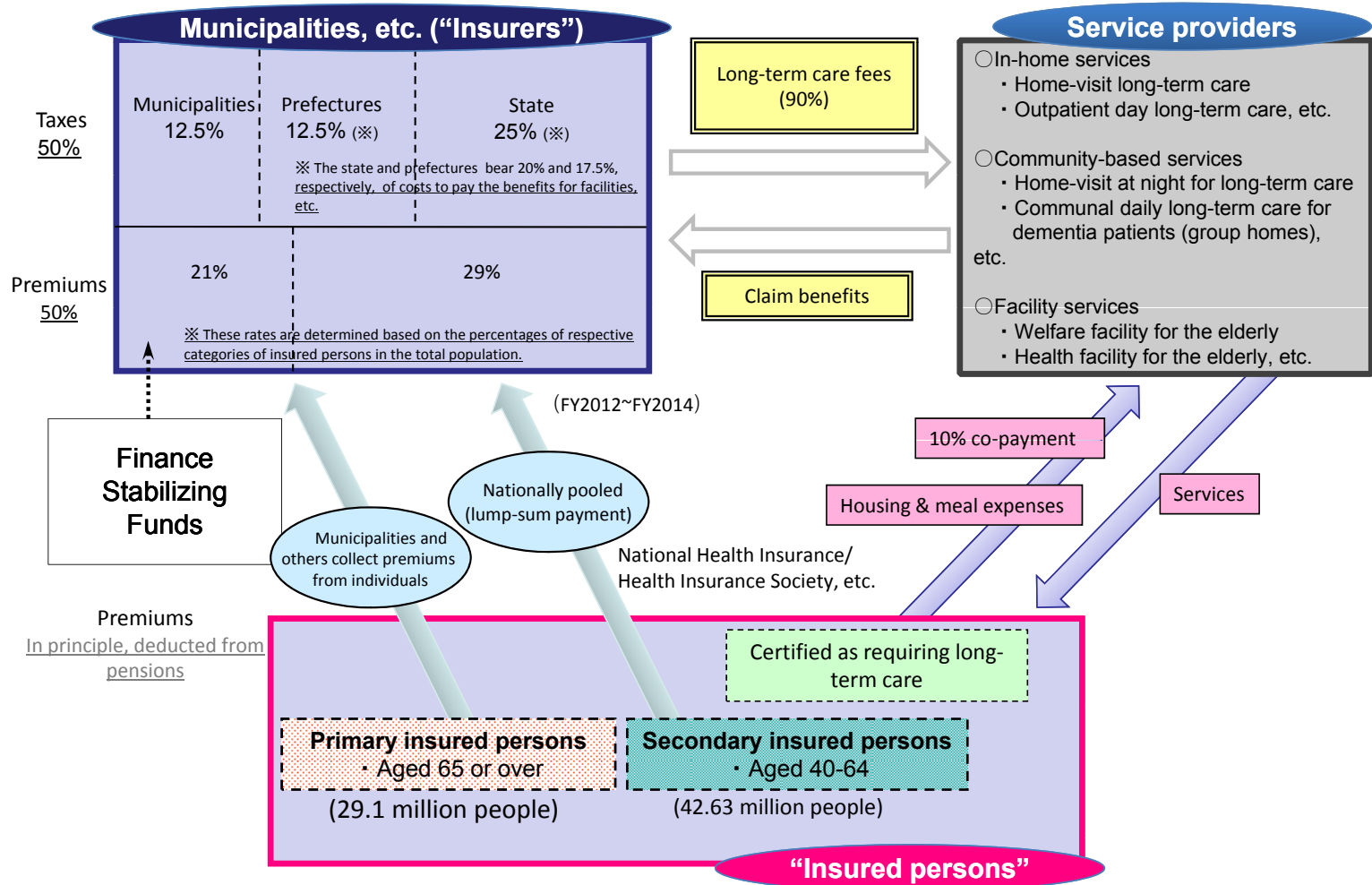


Sources: National Institute of Population and Social Security Research, "FY 2007 Social Security Benefit Costs"; FY 2010 (budget basis) is from Ministry of Health, Labor and Welfare statistics; FY 2010 national income is from 2010 Economic Outlook and Basic Stance on Economic and Fiscal Management (Cabinet decision of January 22, 2010)  
 Note: Figures in the chart are social security benefit expenditures (trillion yen) for fiscal years 1950,1960,1970,1980,1990, 2000, 2007, and 2010 (budget basis).  
 For reference: Per capita social security expenditures were 716,000 in FY 2007 and 828,000 in FY (budget basis).

# Several Characteristics of Elderly Care in Japan

- Advanced Medical Care
  - Respirator
  - Artificial hydration and Nutrition  
e.g. gastrostomy (especially Percutaneous Endoscopic Gastrostomy, PEG)
- Assisting Technology
  - Power assistance (e.g. lift)
  - Care Robot, etc.
- Long-term Care Insurance
  - For elderly persons only  
(not for persons with disabilities)

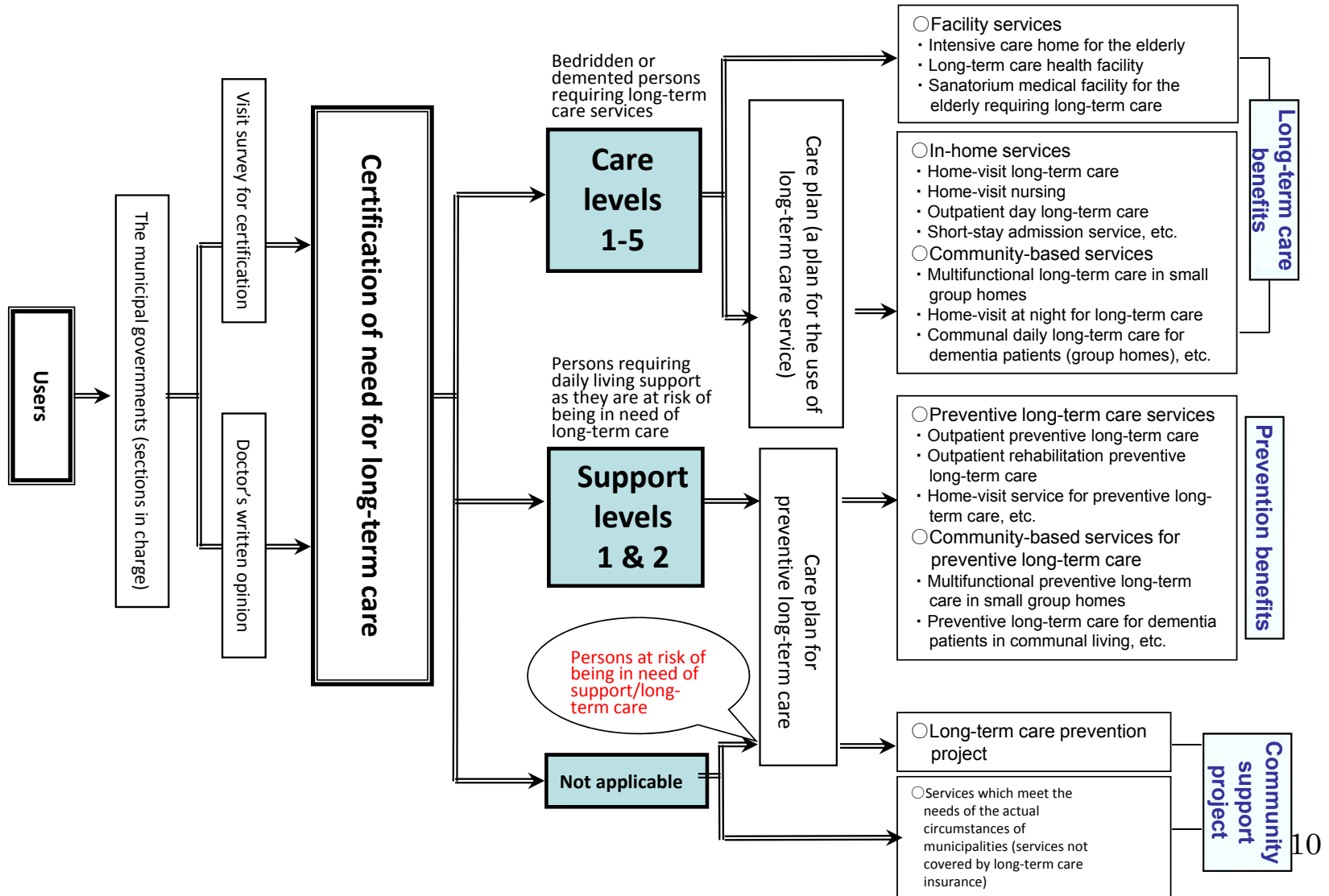
# The Mechanism of the Long-term Care Insurance System



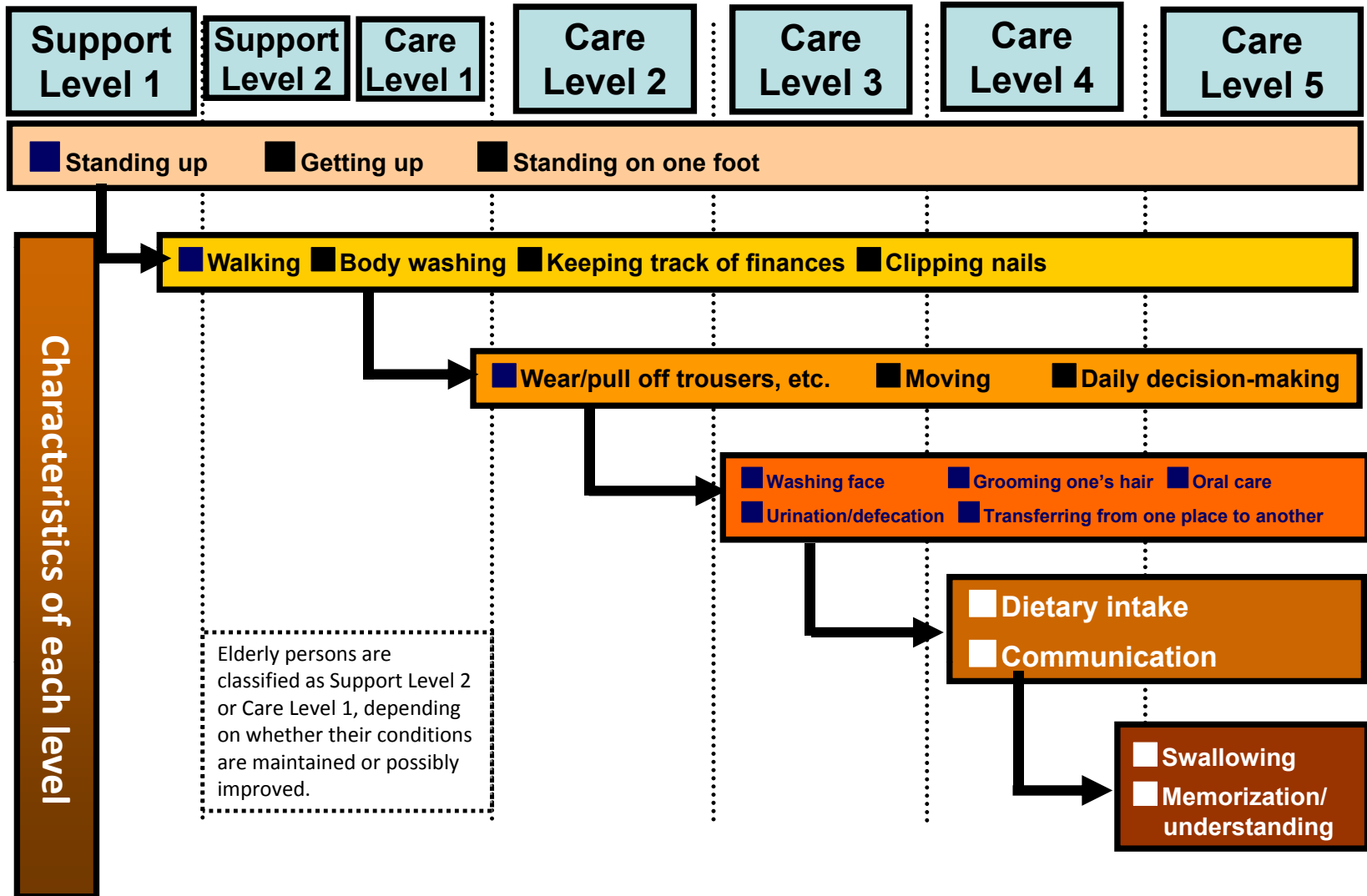
(Note) The number of aged 65 or older (primary insured persons) – “Report on Long-term Care Insurance Services in FY2010.”  
 The number of secondary insured persons – The figure is based on medical insurers’ reports (the monthly average of FY2010) used by the Social Insurance Medical Fee Payment Fund to determine the amount of long-term care benefits to be paid to the insurers).



# Procedures for the Use of Long-term Care Services



# Support/Care Levels 1-5 (Image)



# Critical Problems

## 1. Sustainability of the systems

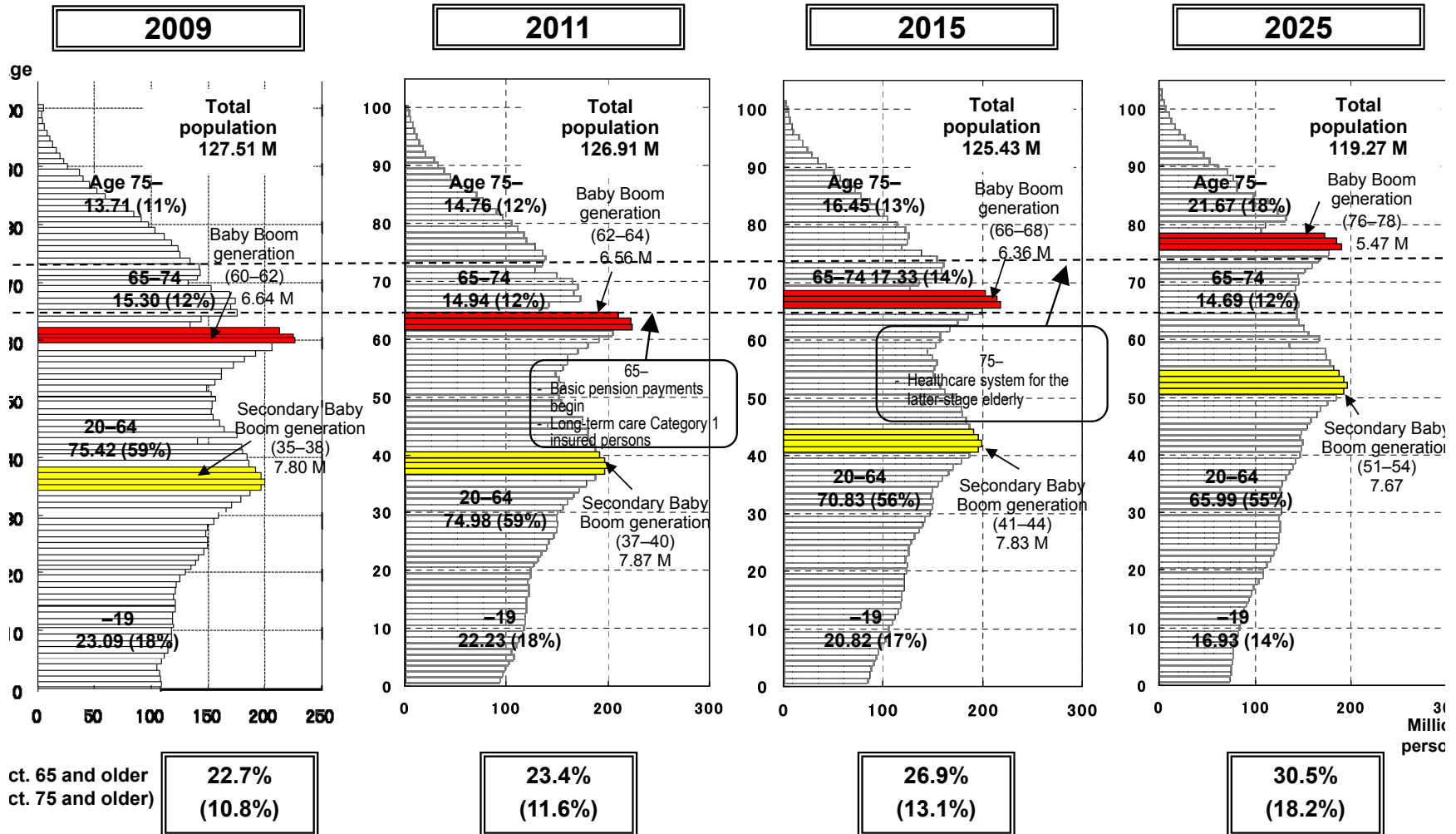
- Can small younger population support big old population?
  - expense, man-power— —provide sufficient care?

## 2. Meaning of life

- Is a longer life a happier life?  
(especially when its quality is low)

e.g. Should PEG be provided for dementia persons?

# Changes in the population pyramid



Note: Japan's Baby Boom generation was born in 1947-49, and its Secondary Baby Boom generation was born in 1971-1974.

Sources: For 2009, Ministry of Internal Affairs and Communications, "Population estimate"; for 2011-2025, National Institute of Population and Social Security Research, "Japan's Future Estimated Population: 2006 median Estimate"

# Gastrostomy and Dementia

- Persons with dementia often cannot decide by themselves.
  - Family decides
- Sometimes PEG is required for admission to long-term care facilities and sanatorium.
  - Family reluctantly agrees, but
  - Medically indicated? (really makes life longer?)
  - Make caring more easy? (a myth?)

# Possible Solutions

1. Raising revenue (by “Abenomics”?)
2. Increasing younger population
  - ← Need more babies
  - ← Improve working environment: reduce working time
  - Husbands spend more time with family in community
3. Improving social images of dementia
  - Effective care on EBM
  - Understand PwD ← disability studies approach
  - Value reversion: Can we accept dementia as a blessing?

## The Future Direction of Measures against Dementia

~The Report of the Project Team on the Study of Measures against Dementia~  
(Headed by the Parliamentary Secretary of the Ministry of Health, Labour and Welfare) June 2012

### ○ The Basic Goal

■ Change the current thinking that “persons with Dementia have no choice but to use mental hospitals and facilities,” and aim at realizing a “society where their intentions are respected even when they develop Dementia and they can continue to live in a good environment in a familiar community, to the extent possible.”

If the status quo persists, the cases of long-term hospitalization in mental hospitals/admission to nursing homes will increase

#### 《Previous care》

“Post-crisis response” after persons with Dementia develop behavioral/psychological symptoms

Towards a society where people can continue to live in a good environment in a familiar community while their opinions are respected

#### 《Future care》

“Early/proactive response” for the prevention of “crisis” with new “early support function” and “crisis prevention support function”

Change the “flow of care”

### ○ The formulation of a 5-year plan (from FY2013~)

■ Various infrastructures are set up so that the local governments can provide services in line with the changed “flow of care” in an urgent and planned way.

■ Group homes for the elderly with Dementia and multifunctional long-term care in small group homes, etc. are improved based on the comprehensive reform of social security and taxes.

## The current measures against Dementia and concrete actions to be taken under the 5-year plan

○ The symptoms of Dementia aggravate due to the delay of early medical examination/response

○ The admission of persons with Dementia to general hospitals is refused due to the shortage of staff who can handle the illness, etc

○ For persons with Dementia to continue to live in familiar places to the extent possible, long-term care services are poor in terms of quality and quantity.

○ Inadequate provision of the support system for persons with Dementia and their families in the community.

○ Coordinated response among medical care/long-term care staff sometimes lacks in Dementia care.

○ Develop the “Dementia Care Path” (the flow of provision of appropriate services in accordance with the patient’s conditions), establish initial-phase intensive support teams, and hold community care meetings.

○ Formulate the “Guidelines for Drug Treatment of Dementia” and enhance the ability of physicians in general hospitals to handle Dementia patients.

○ Improve and expand such long-term care services as group homes and multifunctional long-term care in small group homes; enhance the staff’s ability to deal with Dementia; and strengthen consultation/support services.

○ Promote the placement of “Dementia Community Support Promoters”; ensure the protection of rights of the elderly, train citizen guardians, and support municipal activities; and disseminate the system for supporting the families of persons with Dementia.

○ Implement training on multidisciplinary care for Dementia care staff.

# The Overview of the “Future Direction of Measures against Dementia”

## The future basic goals—Change the Flow of Care—

- Change the current thinking that “persons with Dementia have no choice but to use mental hospitals and facilities,” and aim at realizing a “society where their intentions are respected even when they develop Dementia and they can continue to live in a good environment in a familiar community, to the extent possible.”
- In order to achieve this, change the current “flow of care” and develop the standard Dementia Care Path (the flow of provision of appropriate services in accordance with the patient’s conditions).

### 1 The standard Dementia Care Path

Promote preparation and dissemination of the standard Dementia Care Path in order to help persons with Dementia and their families understand when/where/how they can receive medical care and long-term care services, in case symptoms suspected of Dementia develop.

### 2 Early diagnosis/response

#### Establishment of the “initial-phase intensive support team for Dementia”

In order to support the independent living of persons with Dementia, carry out model projects which comprehensively/intensively provide the initial-phase support (e.g. Dementia assessment and family support) for Dementia patients.

#### Enhancement of the ability of family doctors to handle Dementia

To enable family doctors to provide routine medical care for Dementia patients, improve their capability to handle Dementia.

Establishment of the “Neighborhood Medical Center for Dementia Patients”  
With the cooperation of family doctors, establish medical institutions that ensure early and accurate diagnosis and coordination with long-term care.

### 3 Medical care services that support local living

#### Formulation and dissemination of the “Guidelines for Drug Treatment of Dementia”

Formulate and disseminate practical guidelines so as not to cause long-term hospitalization due to inappropriate drug use.

#### Surgeries and treatment for persons with Dementia in general hospitals

Expand training for medical staff, including physicians and nurses, working in general hospitals in order to help them understand and properly provide Dementia care.

#### Clarification of conditions requiring admission to mental hospitals

Based on experts’ staffs (including medical and long-term care) full investigation.

#### Support smooth discharge from mental hospitals to home

Through the preparation of the “Clinical Path for Discharge Support/Community Collaboration” (a Medical Care Plan for Discharge), promote setting up a mechanism in which necessary long-term care service, etc. can be smoothly provided after discharge

#### Handle Dementia in general hospitals/facilities covered by long-term care insurance

Expand the “Neighborhood Medical Center for Dementia Patients” provide professional advice and make visits on cases difficult to handle for their behavioral/psychological symptoms, etc.

### 4 Long-term care services that support community living

#### Long-term care services suited for Dementia patients

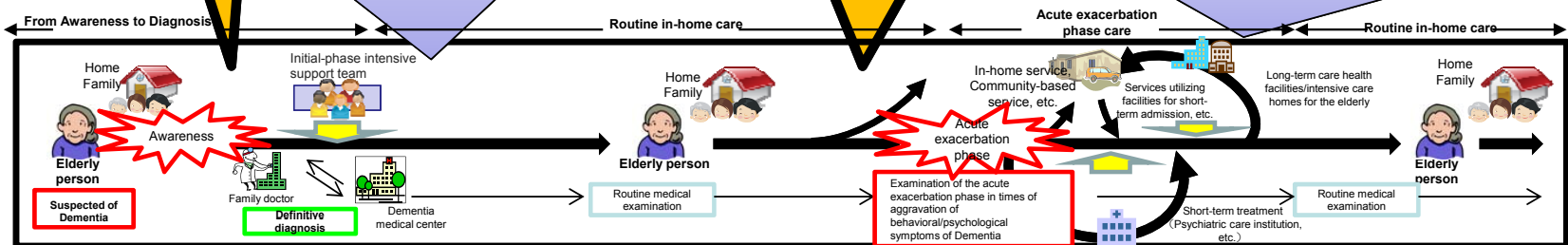
Expand community-based services, such as “group home” for the elderly with Dementia and “multifunctional long-term care in small group homes.”

#### Provision of service at facilities covered by long-term care insurance in case it becomes difficult to live at home due to behavioral/psychological symptoms of Dementia

Promote the provision of community-based long-term care service in the facilities covered by long-term care insurance, etc. in case symptoms of Dementia aggravate and become difficult to be handled at home.

#### Promotion of the utilization of “group homes”

Group home offices provide consultation and support for persons with Dementia and their families living at home based on their knowledge/experience/personnel, etc.



### 5 Promotion of local daily living and family support

#### Continued implementation of the “Dementia Supporters Caravan”

Continue to train “Dementia Supporters” with the aim that their voluntary activities will lead to community-building supporting persons with Dementia.

#### Placement of “Dementia Community Support Promoters”

Place “Dementia Community Support Promoters” in charge of strengthening collaboration between long-term care and medical care and promoting measures against Dementia in municipalities across the country.

#### Support for families

When conducting the assessment, providing services, etc. for persons with Dementia, ensure that services are provided to not only the Dementia patients but also their families.

#### Training of citizen guardians and support for their activities

Strengthen efforts so that the rights of persons with Dementia are protected and citizen guardians are trained and their activities supported.

6 Prepare and distribute handbooks for supporting persons with premature senility; promote setting up places where they can interact among them and others.

7 Formulate a “life support model for Dementia” for the provision of integrated support, covering medical care/long-term care, for persons with Dementia; and train personnel in charge of such services based on the model.



## All the figures are cited from:

- Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare, *Act for Partial Revision of the Long-Term Care Insurance Act, Etc., in Order to Strengthen Long-Term Care Service Infrastructure*, 2011.  
<http://www.mhlw.go.jp/english/policy/care-welfare/care-welfare-elderly/index.html>
- Health and Welfare Bureau for the Elderly, MHLW, *The current situation and the future direction of the Long-term Care Insurance System in Japan*, 2013. (ibid.)