

Postscript for the meeting of  
Harvard Asia Center's project for  
elderly care  
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# Structure of the report on elderly care

1. description of the current state
  - ← social science (anthropology, sociology)
  - Ethnography, cases
  - facts: “is”
2. proposal for solution
  - ← ideal standard
  - “should be”

# What is good [adequate] life?

Two ways of measurement:

- Objective standard
  - virtue, excellence
- Subjective standard
  - happiness, enjoyment

# Research perspectives of care

- We must consider not only caregiving and caregivers, but also being cared and care-recipient.
- We need to explore not only from the viewpoint of caregivers, but also from care-recipients' viewpoint.

# Importance of caring

- Human being is one of the caring animals.
- Caring is an essence of being human.
- Human likes caring [not only giving care but also receiving care] by instinct.
- Therefore, caring must be enjoyable, not burden nor duty.

# A proposal of minimum definition of good care

- Good care is those which both care-giver enjoys giving and care-recipient enjoy receiving. Both of the two must be happy.
- Caring as mere burden or duty is bad one.

# Several points to consider in elderly care in Japan

1. Entrepreneurship in the frame of national system of long-term care insurance
2. Integration
3. Sustainability
4. Medical technology

# 1. Entrepreneurship in the system

- After the implementation of long-term care insurance system, there has been big chance to care-providing business.
- When private providers are certificated, they can earn money by being paid from the insurance.
- Most private providers are non-profit and good-willed, but there are a few who search for benefits only.



# “Seiho-Apart (public assistance apartment)”

- For example, in Osaka, there are several cheap apartment houses filled with lonely poor elders with dementia.
- Their administrators gather dementia persons, give minimum care, earn money from public (medical and long-term) insurances and assistance.

## 2. Integration

Four different national resources for caring elderly

### 1. Pension (for people over 65)

The aged over 20 must pay its premium.

### 2. Medical insurance (for all citizens)

All citizens must pay the premium, except the poor.

### 3. Long-term care insurance (for aged over 65)

The aged over 40 must pay its premium.

### 4. Public assistance (for the poor)

- The system is complicated: there's no one-stop service for client → reform proposal

# The integrated community care system

For persons requiring long-term care, etc., comprehensive support is provided through the integrated community care, in which they receive coordinated services of medical care, long-term care, preventive care, housing, and life support.

## **【The integrated community care based on 5 standpoints】**

For the integrated community care, **the following 5 points must be implemented comprehensively (an appropriate combination of ①~⑤ in accordance with the needs of users) and continuously (seamless provision of services throughout the process of hospitalization, hospital discharge, and home return).**

### **① Strengthened collaboration with medical care**

- Improvement and strengthening of 24-hour home medical care, home-visit nursing, and rehabilitation
- Implementation of medical treatments, including suction of sputum, by long-term care staff

### **② Improved and strengthened long-term care service**

- Urgent establishment of the bases of long-term care, such as the intensive care homes for the elderly (secure for 160,000 people within 3 years under the Supplementary Budget of FY2009)
- Strengthening of in-home service by, such as, providing 24-hour routine home-visit/responsive support service

### **③ Promotion of preventive care**

- Promote measures for preventing the elderly from being in conditions requiring long-term care as much as possible and long-term care supporting their independence.

### **④ Ensure provision of life support services and the protection of the rights of the elderly, etc.**

- In light of increase in the numbers of the elderly living alone and married-couple households, as well as the cases of dementia, various life support services (including keeping an eye on the elderly, delivering meals, and shopping) and services for protecting the rights of the elderly (such as property management) are promoted.

### **⑤ Construction of elderly housings in which people can continue to live in older age (in cooperation with the Ministry of Land, Infrastructure, Transport and Tourism)**

- The fee-based homes for the elderly and rental housings dedicated to use by the elderly, meeting certain standards, are categorized as the elderly housings with care service under the Act on Securement of Supply of Elderly Persons' Housing.

※ “The integrated community care system” is defined as a system in the community in which various life support services, including medical care, long-term care, preventive care, and welfare service, are provided within the elderly’s living areas, for the purpose of ensuring safety/sense of security/health in their lives, with the provision of housings in accordance with their needs as a precondition. In this case an ideal integrated community care area is defined as an “area where service can be provided within 30 minutes.” Specifically, such an area is based on junior high school districts. (Source: “Study Report on Integrated Community Care”)

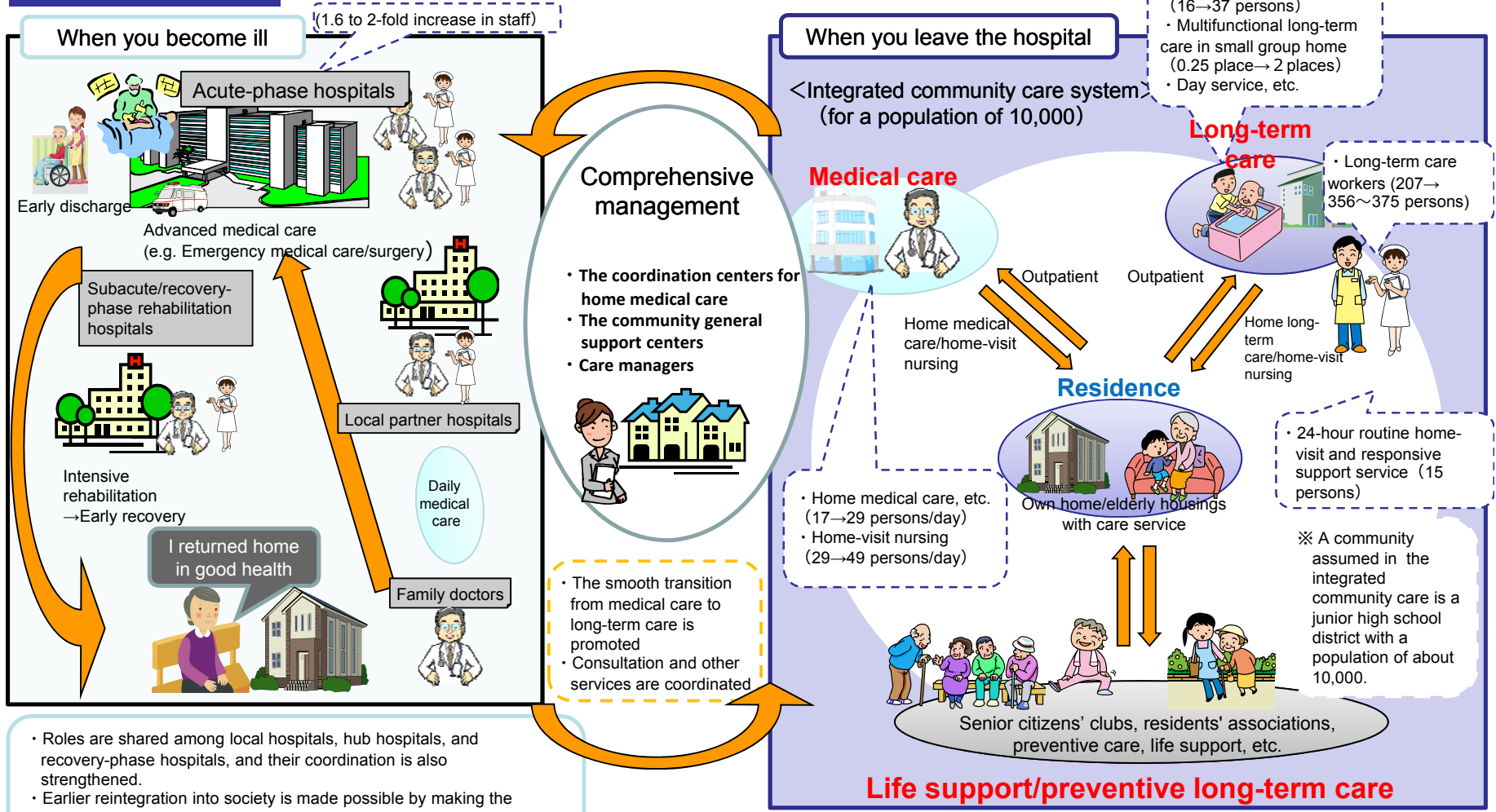
**The direction of reform**

**Improved home medical care and the integrated community care system**

- Medical resources are intensively allocated to the highly acute phase care in order to enhance inpatient medical care
- Home medical care is improved and the integrated community care system is set up

Towards a society where anyone can receive appropriate medical/long-term care services regardless of where they live

**The image of reform**



- Roles are shared among local hospitals, hub hospitals, and recovery-phase hospitals, and their coordination is also strengthened.
- Earlier reintegration into society is made possible by making the process smooth from the onset of symptoms to hospitalization, the recovery-phase, and the discharge from hospital.

※ The figures for the present are as of 2011, and the target figures are for 2025.

# Bureaucracy remains

But this reform proposal is planned only by the Health and Welfare Bureau for the Elderly.

Other bureaus administering pension, medical insurance, and public assistance do not seem to be involved.

→ Establishment of one-stop service depends on the struggle of local governments and managers on sites.

# 3. Sustainability

In the future, the small young population has to sustain the big old population.

and...

- Because of the pervasion of irregular employment, younger people has become poor.
- To them it's hard to pay premium for pension and long-term care insurance.

## 4. Medical technology

e.g. gastrostomy (PEG) for people with dementia

(see the slides presented at the meeting)

# Figures are cited from:

- 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.

Available at:

<http://www.mhlw.go.jp/english/policy/care-welfare/care-welfare-elderly/index.html>