



INTERNATIONAL
LONGEVITY
CENTER-JAPAN

Global
Information
Journal
on
Longevity
and
Society
2007

Get Around This Table ...

**Shigeo Morioka**

President

International Longevity Center-Japan

The International Longevity Center-Japan sets priority on providing information both domestically and internationally. It has published “*Productive Aging*” and “*Advocacy*”, two Japanese- and English-language journals, since its founding, and it has disseminated information via its website as well in more recent years.

These activities via an international network are an important mission of the ILC-Japan, and we are also recognized by society as being in a unique position to perform such activities.

Drawing on these experiences and accomplishments, we are now launching a new journal, “*Global Information Journal on Longevity and Society*.”

Japan is further down the road than other countries toward becoming a super-aged society with a low birthrate. For this reason, Japan’s experiences and policies in this area are of interest to nations around the world.

The Japanese people, however, seem to be in a state of confusion. The nation’s systems and frameworks as well as the people’s consciousness cannot keep up with the unprecedented change in the structure of society.

We appear to have lost direction and be adrift in a deluge of information. Today we can obtain information from anywhere in the world at the blink of an eye. For precisely this reason, we need to know how to assess the vast volume of information available, how to think about the information in relation to our own lives, and how to discern the information’s value.

When reading material from countries that have a different language, climate, culture, history, as well as a different national character and set of values, it is crucial that we know the lifestyle perspective of the people of that country. This lifestyle perspective is not apparent, however, from the material alone.

At the same time, this also means that Japan needs to pay meticulous attention and make special considerations when releasing information internationally.

It would be a great delight for us if “*Global Information Journal on Longevity and Society*” provided an opportunity for us to rethink the value of information and to reassess the quality of life of each person in a longevity society.

Shigeo Morioka

President

International Longevity Center-Japan

(ILC-Japan)

Challenge.



Robert N. Butler, M.D.

President and CEO

International Longevity Center-U.S.A.

It is in the best interest of all nations, Japan among them, to recognize the unprecedented global aging, a huge demographic shift, is a great human achievement. As national populations age, there tends to be a concurrent decline in birthrates. It is true of Europe, Oceania and Japan. It would be true in U.S.A. and Canada as well were it not for immigration. There are pundits who believe that population aging must be met by pronatalism, that is increasing the birthrate or by immigration. It is more realistic to promote healthy and productive aging so that older people remain in the workforce longer. Further, we know from various studies that productive engagement increases both the length and quality of life.

Economists such as John Stuart Mill in the 19th century wrote about the “stationary state” by which they meant that there is a limit to productivity. Arguably, societies decide between two attitudes, one often associated with U.S.A. and the other with Europe. It is said Americans “live to work” and Europeans “work to live.” It is possible that both population aging and increasing leisure will reduce pressures toward productivity and unnecessary materialism. Increased leisure augments opportunities to participate more actively in the civil society, resulting in greater freedom of choice and quality of life.

I hope that the ILC-Japan’s “*Global Information Journal on Longevity and Society*” will serve as an innovative forum for fostering the creation of new values amid this historic revolution in longevity that is advancing on a global scale.

Robert N. Butler, M.D.

President and CEO

International Longevity Center-U.S.A.

(ILC-U.S.A.)



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 Ex-Chairman, Yamanouchi
 Pharmaceutical Co., Ltd.
 (today's Astellas Pharma Inc.)*

Yoshiharu Otsuka
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Yoshio Gyoten
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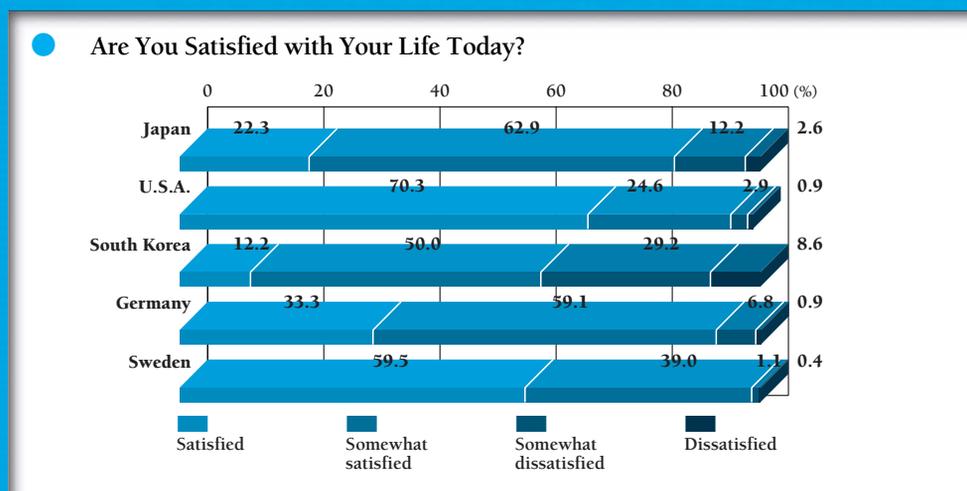


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The Lives of Older Japanese Today Viewed in the Context of International Data



Note: Survey of men and women aged 60 or over, excluding those who reside in care facilities. Survey conducted in January and February 2001 in each nation.
 Source: Japanese Cabinet Office, Outline of the Results of the FY2000 International Study on the Lives and Perspectives of Senior Citizens (August 2001).



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The International Study on the Lives and Perspectives of Senior Citizens is conducted by the Japanese Cabinet Office every five years. The graph from that survey in the page 4 describes the level of satisfaction of older persons with their lives today.

The graph shows that more than 90 percent of older persons living in the U.S.A., Germany, and Sweden today are “more or less satisfied” with their lives. In Japan, the figure is 85 percent. But if we compare just the percentage of older persons who reported that they are “satisfied” with their lives, Japan’s figure is less than one-third of that of the top scorer, U.S.A., and less than one-half of that of Sweden. With respect to the percentage of older persons who reported that they are “dissatisfied” or “somewhat dissatisfied” with their lives, Japan’s figure is almost ten times that of Sweden. Excluding South Korea, the gap between the percentage of satisfied (including “satisfied” and “more or less satisfied”—about 22 percent) and dissatisfied (including “dissatisfied and “somewhat dissatisfied”—about 15 percent) is smallest in Japan.

Needless to say, the impression given by the data differs dramatically depending on the angle from which it is viewed. Japan is enjoying unprecedented longevity, but how are we Japanese viewing the benefits of this treasure of long life?

What do we need to do to maximize the benefits of longevity in our daily lives and overcome the challenges it presents without being overwhelmed by the huge amount of information available on it? Japan is considered a leader of super longevity societies, and we invited some experts to discuss the lives of today’s Japanese older people and to give us their vision of a good life for older Japanese.

•1 Baroness Sally Greengross, “Do Health and Longevity Create Wealth? Outlook for the UK” (lecture, International Association of Gerontology [IAG] Session, Eighteenth World Congress of Gerontology, Rio de Janeiro, June 26–30, 2005).

•2 Data from Emmanuelle Cambois, Jean-Marie Robine, Mark D. Hayward, “Disability-Free Life Expectancy Differentials According to Occupational Status in the French Male Population: 1980–1991,” *Demography* 38, no. 4 (2001): 513–24. cited in Emmanuelle Cambois, “Occupational and Educational Differentials in Mortality in French Elderly People: Magnitude and Trends over Recent Decades,” *Demographic Research – Special Collection 2: Article 11* (2004): 278–304.

•3 International Comparison of Income Distribution

GINI COEFFICIENT (equivalent disposable income)

Rank	Country	Gini Coefficient
1	Denmark	0.217
2	Finland	0.228
3	Sweden	0.230
4	Austria	0.238
5	Netherlands	0.255
6	Norway	0.256
7	Japan	0.265
8	Belgium	0.272
9	France	0.278
10	Germany	0.282

PER CAPITA NATIONAL INCOME

Rank	Country	Income (US\$)
1	Norway	35,630
2	Japan	35,610
3	U.S.A.	34,280
4	Denmark	30,600
5	Sweden	25,400
6	UK	25,120
7	Netherlands	24,330
8	Austria	23,940
9	Belgium	23,850
10	Finland	23,780

Source: Materials for the Ninth Meeting of the Japanese Tax Commission's Subcommittee on Fundamental Issues (March 30, 2004).

Note: Developed by the Italian statistician Corrado Gini in 1936, the Gini coefficient measures inequality in income distribution. The range of the coefficient is from 0 to 1. The greater the inequality the closer the coefficient is to 1; complete equality in income distribution is expressed as 0.

Are Japanese older persons today happy compared to those overseas?

Morioka: The Eighteenth World Congress of Gerontology was held last June in Rio de Janeiro. At that congress, the ILC-Alliance sponsored a session entitled, “Do Health and Longevity Generate Wealth?” I was very surprised by the data presented.

Baroness Sally Greengross, chief executive of the ILC-UK, reported that there is a clear socioeconomic disparity on the individual level in the UK, and that this differential has a major impact on healthy life expectancy. There is even some data that indicates a difference in life expectancy of ten or more years between the classes. Moreover, as they have had consecutive severe winters, the UK mortality rate in the winter has remained high.^{•1} Professor Françoise Forette, president of the ILC-France, pointed out that there is a great difference in employment conditions (income) in France and there is a gap of about five years in the average life expectancy at 60 between white- and blue-collar workers.^{•2} I was surprised that socioeconomic differentials were having such a major impact on life expectancy.

What about Japan? When compared internationally, the income differential in Japan is small, the per capita national income is

high,^{•3} and the health insurance, pension, and long-term care insurance systems are well developed. The level of security a society gives to its vulnerable classes, including those who are economically vulnerable or those with a physical disability, is a measure of the level of happiness of that nation's older persons. Considered in this light as well, I think it can be said that, although Japan still faces various challenges, Japanese older persons are happy.

Shibata: Our research based on a nationwide random sampling of U.S.A. and Japanese older persons revealed not only that Japan's average life expectancy is longer than that of U.S.A., but that, when looking at healthy life expectancy, for example, we find that Japan has a much lower percentage of older persons with acquired disabilities.^{•4} In other words, Japan has a longer healthy life expectancy. Moreover, in regard to the percentage of paid workers, although U.S.A. has the highest percentage among the Western countries, Japan's figure is a little higher than that of the U.S.A.^{•5} Therefore, Japanese older persons are relatively healthy and Japan stands out in terms of the social contribution of its older persons through paid employment.

Turning to the field of medicine, undernutrition is a problem among

older persons. Undernutrition among older persons even in developed countries follows the pattern of malnutrition in developing countries: older persons have a consistently low level of calorie and protein intake even when they live in a developed nation. While the percentage of undernourished older persons in Japan is slightly below ten percent, the percentage in U.S.A. is three to four times that of Japan, even though U.S.A. is said to be a land of nutritional abundance.

Looking at this data, it appears that Japanese older persons are objectively fortunate and are relatively happy even when compared internationally.

Otsuka: I am intrigued by the possible large discrepancy between the image derived from the objective data and the subjective outlook of Japanese older people.

Let's look, for example, at the Japanese Cabinet Office's international survey of the lifestyle satisfaction of older persons. If we add together the two respondent categories of "satisfied" or "somewhat satisfied," this combined grouping generally makes up about 90 percent of respondents in all nations surveyed. Looking at the separate categories, though, Japan has a low percentage of older persons reporting "satisfied" and an overwhelming majority indicating only "somewhat

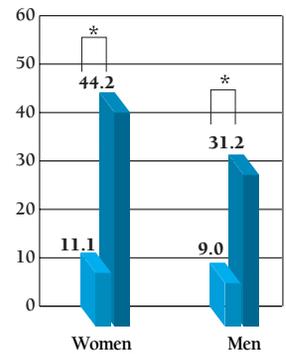
satisfied" (see graph on page 2).

Prof. Shibata commented that Japanese older persons are healthy, but a survey of their anxiety over their health status indicates that Japan has the highest percentage of people reporting that they are "concerned" about their health. Although Japanese older persons are healthy, virtually all the surveys show this trend in responses.

To explain this gap between the objective data and people's subjective awareness, I think we need to understand the national character of the Japanese people by using theories of comparative cultures.

Shibata: Let's consider the suicide rate. The suicide rate among Japanese women is always among the top three internationally, and recent statistics show that Japan is ranked first, ahead of Hungary.^{•6} In general, more men than women commit suicide. For Japanese men, suicide tends to be high in middle age. If we were to graph this suicide rate with the horizontal axis indicating age and the vertical axis referring to number of suicides, the plotted line would curve up like a camel's hump during the middle-age years. Among women, however, suicide is high in old age. Japanese women live the longest in the world in terms of average life expectancy, but they also have the highest suicide rate and they have

•4 Comparison of Functional Incapacity Rates between Japanese and U.S.A. Samples
■ Japan ■ U.S.A.



Note: * = P < 0.001
Source: Hiroshi Shibata, Hidehiro Sugisawa, Shuichiro Watanabe, "Functional Capacity in Elderly Japanese Living in the Community," Japanese Journal of Geriatrics 40, no. 2 (2003): 95-100.

•5 Labor Force Participation Rates of Older Persons: A Japan-U.S.A. Comparison

	No. of Older Persons in Labor Force (10,000 people)	Labor Force Participation Rate of Older Persons (%)
Japan	487	20.7
U.S.A.	438	13.3

Note: Labor Force Participation Rate of Persons Age 65 or Over = (No. of Persons Age 65 or Over in Labor Force / Population Age 65 or Over) X 100
Source: Japanese Ministry of Internal Affairs and Communications, "Fiscal 2003 Statistics Topics No. 5," International Comparison of Labor Force Participation Rates of Older Persons, September 2003, <http://www.stat.go.jp/data/topics/topics052.htm>.

•6 OECD Suicide Rate Ranking
MALE SUICIDE RATE (OECD)

Rank	Country	Suicide Rate (per 100,000)
1	Hungary	45.5
2	Japan	35.2
3	Finland	32.3
4	Belgium	31.2
5	Austria	30.5
6	Luxembourg	28.6
7	Switzerland	27.8
8	Poland	26.7
9	France	26.1
10	Czech Republic	26.0

FEMALE SUICIDE RATE (OECD)
(per 100,000)

Rank	Country	Suicide Rate
1	Japan	13.4
2	Hungary	12.2
3	Belgium	11.4
4	Switzerland	10.8
5	Finland	10.2
6	Luxembourg	10.2
7	France	9.4
8	Austria	8.7
9	South Korea	8.6
10	Sweden	8.1

Note: This is an excerpt of the top ten countries determined in a survey of 28 countries.
Source: Kanako Amano, "An International Comparison and Analysis of Japan's High Suicide Rate," NLI RESEARCH Report, August 2005.

great anxiety about their lifestyle and health. Although objectively they are fortunate with respect to the level of social services and they should enjoy the healthiest and longest lives in the world, they have a groundless sense of insecurity. Although it is unclear whether this is due to cultural factors, structural factors, or something else, the gap itself is undeniable.

Moreover, I find that Japanese older persons have less of a sense of their right to enjoy old age compared to older persons in the West. This perspective may also affect the gap between the objective data and older persons' subjective views.

Gyoten: A person's sense of happiness may differ depending on the age used in the definition of "older person." There are also various kinds of "older persons," and this segment of society cannot necessarily be defined simply by numerical age.

In our generation at least, World War II has left a great impact indeed. Compared to what we experienced during and after the war, any circumstance could be considered as happy. I am almost eighty years old

now, and I appreciate the happiness I have now while I also remember my many friends and family members who have passed away.

The aging of society generally tends to be portrayed as a negative, but what kind of impact is the aging of society actually having?

Otsuka: I hesitate to mention my personal experience, but during the thirty years or so that I worked at the Ministry of Health, Labour and Welfare, responding to the long-lived society that was looming on the horizon was the main focus of the entire ministry's work, and this caused us much worry. In 1970 soon after I joined the ministry, a national convention on "ensuring fulfilling lives for older persons" was held at Hibiya Public Hall, and I think this was the first time that we thought about the aging of Japanese society from the perspective of providing adequate social security programs. It is no exaggeration to say that from that time until the birth of the long-term care insurance system in 2000, our energies were focused primarily on



“ Japanese older persons have less of a sense of their right to enjoy old age compared to older persons in the West. ”

creating a fulfilling long-lived society by navigating through various complications.

I am a member of the baby-boom generation, and I think that the coming challenge of the aging of society is the challenge of the baby-boom generation.

Administrative policies and social system issues are also important, but the issue of the aging of society will depend on how the people of this generation live their lives.

It is particularly important how people use the free time they gain after they retire and begin their golden years. However, I am somewhat optimistic. We baby-boomers have already had to experience “new things unknown in the past,” and I think we will be able to adjust to the future by using the flexibility we already have developed.

Sodei: The mass retirement of the baby-boom generation is talked about a great deal these days. My concern about Japanese men after retirement is that, even after they stop working, their values continue to reflect a corporate mentality. For example, they are very particular about formalities when they run a meeting or participate in volunteer activities. They are insistent about rules, hierarchy, and titles, and they get angry if the rules are not followed. They are fixated on social status, such as education level and

position at the workplace at the time of retirement.

This trend is not seen very much in women-only groups. I have the impression that post-retirement Japanese men are searching for their purpose in life and their identity by changing from “eager-beaver businessmen” into “eager-beaver volunteers” while retaining the same corporate mentality.

I think many businessmen who have a high level of education and served in management positions at their companies are particularly inept at growing older; in addition to retaining the mentality just mentioned, they worry about how to spend their spare time. There is some fragility in their life situation. Those who outlive their wives also tend to die young.

Mr. Gyoten mentioned earlier the impact of the war, but I believe that the experience of being businessmen during the period of high economic growth has also had a great impact on this kind of tendency among Japanese men.

These men do well when they are absorbed in riding the wave of high economic growth, living only for their work and not concerning themselves with their families, but when that ends, they lose their purpose and are completely devastated. I think that's where the tendency to hold on to old values comes from.

•7
Data from David Bloom and David Canning, "ILC: Alliance for Health & the Future," 2005. (This paper was presented at an ILC-UNESCO conference in December 2005.)

Morioka: Turning to the question of enjoyment of life, I think our generation has placed their work first and has not even thought about such things as designing their own lives. In generations younger than us, though, there are more people who know how to enjoy their lives even if they have been company businesspeople.

The ILC conducts various surveys on the impact of a long-lived society. The ILC was initially conceived of by Dr. Robert Butler (president and CEO of ILC-U.S.A.) who predicted that population aging would become an important issue. Dr. Butler was the founding director of the National Institute on Aging (NIA) in U.S.A. Even after leaving the NIA, he has continued to sound the alarm in society and has called for a change in people's consciousness. International Longevity Centers were set up as private organizations in U.S.A. in August 1990 and in Japan in November of that year, with an eye toward conducting activities from a global perspective. ILCs were then set up in France, the UK, and the Dominican Republic. Each ILC operates independently with

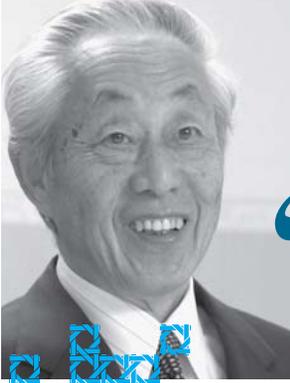


independent financing in their country while conducting activities through a loose collaboration among the various ILCs. Later ILCs were set up in India, South Africa, and Argentina, and today an ILC-Alliance has been formed of the ILCs in these eight countries.

A report compiled as part of the activities of the ILC-Alliance includes data showing that nations that have a large healthy population have high economic growth and that the GDP of a developing country increases by four percent if life expectancy increases by one year.^{•7} Although there is a difference in the impact of population aging between developed and developing countries, this data suggests that the gap will narrow if the economic gap between developed and developing nations is narrowed—in other words, if support is provided to developing nations. With this support, developing nations will also be able to make a positive contribution to older people's issues.

Shibata: I think that the aging of society is a global issue, in other words, a population issue. The

“ We must not let ourselves fall prey to the erroneous belief that ‘older people are useless.’ ”



“...the importance of every older person being proud of their personal history as they reach the end of their lives.”

population ages in developed nations because the people live long and the birthrate is low. Anyway, it can also be considered inevitable as population control is a fundamental policy.

Using the analogy of biology, substances that exist in large volumes or quantities in the body play important roles. Continuing with this analogy, we could say that the larger a segment of society, the greater the function it should play. Thus, older people who have come to make up such a large segment of society should play an important role in society. In the future, we should move toward productive aging with the awareness that older people lead society.

Our research, as well, has produced data that people who contribute to society live long lives and do not become ill. Having older people lead society and experience joy in doing so is “productivity” in the broad sense.

Sodei: As Dr. Butler has emphasized, we must not let ourselves fall prey to the erroneous belief that “older people are useless.” The concept of productive aging is

crucial. The role that older persons should play in society in the future is not just the passing down of past traditions. Rather, older persons should apply the specialized knowledge they have gained at the workplace, not just for betterment of the corporation, but also for the betterment of society in general. Many NPOs have difficulty with their accounting, and many people are baffled by legal terms that a lawyer could explain with ease. Volunteers with overseas experience are needed at international events like the World Cup. If there were people to link up the useful knowledge and experiences of older people and the situations where these are needed, the hidden resources held by our older people would be used more.

Gyoten: In addition, I would like to emphasize the importance of every older person being proud of their personal history as they reach the end of their lives. Older persons should be proud of their senior status, and society should see great importance and value in having older persons present.

I find that having older persons

all think, “I must be energetic,” “I must do something,” or “I must be useful,” and having them all stampede in that one direction, is sad, lonely, and even frightening.

Japan is considered a leader in the area of population aging issues and our nation is being called upon to be a model of a fulfilling long-lived society. Some have pointed out that Japan is not clear in presenting its philosophy on aging or the state of its population aging even though it has actively sought to learn from other countries. What kind of role should Japan play in the future?

Shibata: Japanese lack the strong will to fully and clearly state their own views. Japan has a weak presence at international conferences compared to other Asian countries because Japanese are overly focused on the language barrier, making language into a goal when it should be no more than a means. Even in the academic world, mastering language and being able to quickly obtain and present information from overseas is still misperceived as an academic accomplishment. What should be sought is scholarly insight in a field of academic inquiry.

Sodei: Since World War II, Japanese have had the strong belief

that the West was, without question, superior in the area of social welfare in particular. The Japanese then started emulating foreign countries and became disillusioned with their own society. This has been repeated over and over again. Japan is not Sweden, the Netherlands, or U.S.A. If Japan does not have a basic blueprint of the kind of country it would like to become, there is not much point even in trying to incorporate only the good points discovered in foreign countries.

Otsuka: I agree completely. The importance of knowing about foreign countries is to be able to look at Japan objectively based on that information. We shouldn't emulate them without question or reject them flatly without careful consideration. It is crucial that we have an objective understanding of the actual situation in our own country and think about the kind of nation Japan should be with its population of 128 million.

Gyoten: The main reason why Japan is such an affluent, long-lived society today is nothing other than because it has been able to enjoy peace and has not fought a war for more than sixty years. Only Japan can tell the world how wonderful it is not to have war and how great an impact the presence or absence of

war has on population issues and national lifestyle. Japan needs to value that more and tell the world about it.

Shibata: There is no global standard for the form of a long-lived society. However, the idea that each individual should contribute to society may be common denominator for a desirable long-lived society. Every older person around the world can enjoy the same experience of “being in society.” We should respect the diversity of individuals with respect to the method of contributing to society, however, as Mr. Gyoten mentioned before.

Regarding concrete framework for supporting the lifestyles of the diverse array of older individuals, Japan’s medical, pension, long-term care insurance, and other social security systems are ahead of other countries. It is important that Japan views itself as a leader in this area.

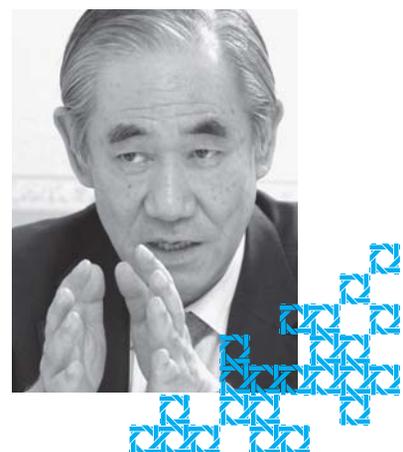
Otsuka: Few countries in the world offer as equal an opportunity for education as Japan or have had such a high literacy rate since around the seventeenth century. I think Japan should have more

pride in being a peaceful nation and—at least based on the data available to date—a country that stands out as having limited inequality and a country where all people have enough education to be able to express themselves in their own words. The Japanese have what it takes to play a role in the international arena. They just need to be aware of this.

Morioka: Aiming to be a fulfilling long-lived society, Japan is promoting gerontology research, preventing lifestyle-related diseases and the need for long-term care, improving the long-term care insurance system and its operation, encouraging volunteer activities, and developing mutual support within the community. Japan is to be an international model in the area of older persons issues, and our speaking openly about our past successes, the tasks that remain, and our failures is the best support we could ever give to the nations of the world that will follow us.

(April 13, 2006)

Photos: Taku Sugawara



“ *The Japanese have what it takes to play a role in the international arena. They just need to be aware of this.* ”



Participants

Tsutomu Hotta

Chairman,
Sawayaka Welfare Foundation

Hiroshi Miyajima

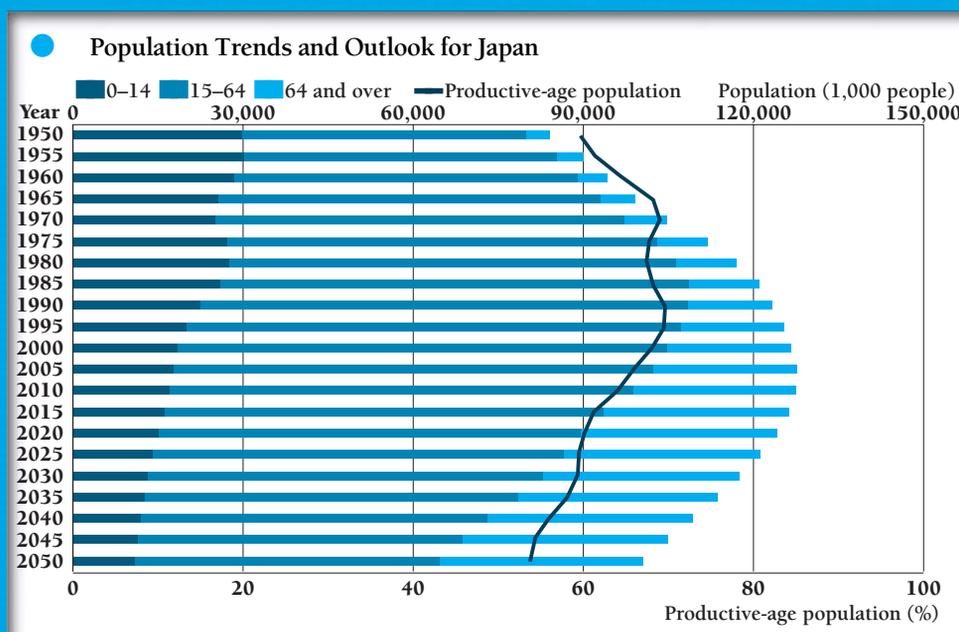
Professor,
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Roundtable Discussion

2

Japanese Older Persons in the 21st Century

To Live with Dignity



Source: Japan's White Paper on Health, Labour and Welfare, 2005. Statistics for years up to and including 2000 are from the "Population Census of Japan" of the Statistics Bureau of the Ministry of Internal Affairs and Communications. Statistics for 2005 and later are from the "Population Projections for Japan, January 2002: Medium Variant" of the National Institute of Population and Social Security Research.



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Robert N. Butler, M.D., established the International Longevity Center-U.S.A. (ILC-U.S.A.) in 1990 based on the concept of “Productive Aging”.

In support of this philosophy, an ILC was set up in Japan that same year. Today, sixteen years later, the structure of Japan’s population is undergoing a drastic change at a speed not seen elsewhere in the world. Our nation is becoming an aging society with a decline in the birthrate or, in other words, a super-aged society accompanied by population decrease.

We invited some experts to discuss afresh Japanese older persons’ lives in the 21st century under the theme of “Productive Aging: Enjoying Active Senior Years.”

First, I would like to express my respect and appreciation for Professor Miyajima, who chaired the Committee on Social Security^{*1} Review^{*2} over the past two years, and ask him for his feedback on the results of the review.

Miyajima: Our Committee completed its mission on May 26 when it submitted a report on its findings regarding the future of Japan’s social security system after two years of discussions.

The report recommends (1) that the social security system, as part

of the social safety net, be built based on the individual’s “self-help” complemented by “mutual support” and “public support”^{*3} (2) that the core of social security be a social insurance system that people can receive as a right and therefore facilitates the public’s agreement, and (3) in particular that the universal health insurance and pension coverage—major features of the Japanese system—be maintained. At the same time, however, the report emphasizes that future social security policy should shift from “providing security for

•1 Social Security

The term “Social Security” in Japanese encompasses a very wide scope. According to the Ministry of Health, Labour and Welfare, Social Security exists to “provide income security as well as medical and social welfare benefits in the form of social insurance and public assistance.”

In U.S.A., “Social Security” generally refers to income security such as pensions. The Social Security Act also addresses medical care for the elderly and welfare for the disabled. Social welfare services are called “Human Services”.

“Social Security” in the UK represents income security such as pensions and children’s allowances. “Social Service” is a term that is conceptually closer to the Japanese term for “Social Security.”

In France, “sécurité sociale” means social insurance such as health insurance and security for older persons. “Protection sociale” is wider conceptually.

•2 Committee on Social Security Review

The Committee on Social Security Review was established based on the Basic Policies for Economic and Fiscal Management and Structural Reform 2004 set by the Koizumi Cabinet. Presided over by the Chief Cabinet Secretary, the Committee discusses the comprehensive reform of the tax and social security systems. The Committee summarized the findings of its eighteen meetings held over the course of a two-year period from July 2004 in a report entitled *Kongo no shakai hoshō no arikata ni tsuite* (The Future of Japan’s Social Security System), which it submitted on May 26, 2006.

•3 “mutual support” and “public support”

In the Japanese concept of social security, “mutual support” indicates a scheme supported mutually by the society to prepare for future risks, i.e. social insurance systems like pension system, long-term care insurance system, etc.

In addition to “self-help” and “mutual support”, “public support” is carried out for those in need by taxes. Public support includes public assistance or social welfare based on income qualification, living standard, domestic conditions, etc.

•4 United Nations World Assembly on Ageing

Sponsored by the United Nations, the World Assembly on Ageing is an international conference to discuss the issues of aging from a global standpoint. The first World Assembly was held in Vienna in 1982 and the second was held in Madrid in April 2002. With the participation of many representatives of government agencies and NGOs, the second World Assembly saw a dynamic debate on “Building a Society for All Ages,” the main theme of the conference.

•5 Japan NGO Council on Ageing (JANCA)

In support of the UN International Year of Older Persons 1999, JANCA was formed in 1998 by NGOs and others involved in the issues of aging. A total of 39 organizations are members of JANCA (as of May 2006). To promote the “independence, self-fulfillment, participation, care, and dignity of older persons” (United Nations Principles for Older Persons), JANCA conducts dynamic activities, including holding symposiums and publicity campaigns.

risks that arise” to “preventing risks from arising.” In other words, the emphasis of policy should be placed on changing the system so that it minimizes risks and supports independence or the self-help of individuals.

Permit me to go on a bit of an aside and mention that I initially wanted to take the phrase “limit the increase in demand for social security” and restate it as “limit excessive dependence on social security.” Others objected saying that it was wrong to use the word “dependence” when social security was a right, so we used the word “demand” in the end. Nonetheless, I strongly believe even now that encouraging an independent lifestyle where people depend on the public social security programs as little as possible is a very important philosophy, not just from the perspective of financial resources, but as a matter related to human dignity and the very heart of people’s outlook on life.

Older persons in particular must first become more clearly aware of the concept of the quality of life, which includes independence in daily living and healthy longevity. Employment and social participation—in other words, being active in the affairs of our economy and society—are also crucial for older persons.

How should we change people’s mindset and society’s frameworks and values to make the most of the rich treasure of longevity?

Hotta: Let me tell you about my experience at the United Nations Second World Assembly on Ageing⁴ held in Madrid, Spain, in 2002. At that conference, there were government-level sessions as well as many exciting, informative sessions sponsored by NGOs from all over the world. The Japan NGO Council on Ageing (JANCA),⁵ which Keiko Higuchi and I co-chair, held a workshop entitled, “To Share Our Experiences on Ageing in Asia.” Japanese delegates explained the long-term care insurance system that had just started at that time. At the same gathering, participants from other countries passionately stated that they wanted to make money independently, even when they were older, and not depend on the system.



For this reason, they wanted opportunities to learn and acquire skills. I was overwhelmed by the strength of their determination.

From this experience, I became convinced that while creating a system to support older persons is important, the goal of that system should be to facilitate and support the use of their own abilities. I believe without question that the foundation for people to live with dignity is self-help and mutual (community) support.

Seike: We must recognize once again that the key point to remember when thinking about the aging of society is the change in population structure. Let's look at the pension system, for example. With the decrease in the number of young workers, it is clearly impossible to sustain a structure in which mandatory retirement is set at 60, and older people who make up the retired generation are supported by the working generation composed

of people in their 20s through 50s.

It is clear that older people who have the desire and ability to work will need to remain active members of the working generation and stand on their own feet among those who support Japan's economy and society. As the scope of the working generation expands, the burden on each individual worker will be reduced and, at the same time, the benefits for those truly in need will not need to be lessened.

If we retain our current framework and mindset, we will end up with a situation where burdens will increase and we will be unable to provide people who are truly in need with the benefits they require. The system will end up being a "system of unhappiness" where everyone is left only with a sense of dissatisfaction. Raising the pension eligibility age is a natural choice in this sense, and the mandatory retirement age and pension system must be changed so that they do not hamper older people's chances

“ We should develop the common mindset that promoting an active aging society is crucial. ”

for employment.

A system that erodes people’s desire and ability to work (or makes it impossible to make the most of people’s desire and ability to work) because of a mandatory retirement age and pension system is inadequate. From this perspective, we should develop the common mindset that promoting an active aging society is crucial.

Seiki: That said, we mustn’t create, by making need alone the condition for receiving social security benefits, a situation where people are anxious about whether they will ever be able to receive social security benefits. The social security system is needed to provide an ultimate sense of security, so that people know that when they reach a certain age they will be thanked for their hard work and be able to retire from the workforce.

With the increase in life expectancy, there are more and more healthy people in their 60s now who have the desire and

ability to work. Perhaps we could gradually raise the age used to define a person as “older” (age 65).^{•6} In addition, being independent and working can mean not only working as a professional but also working as a volunteer or in other ways.

Young generations are anxious that they may not be able to receive anything when they get older even though they are paying into the social security system now. We mustn’t let the framework be one that just increases the level of anxiety for everyone, older persons and younger persons alike.

Seike: Of course, what I was saying does not deny the significance of having a social security system. It is a core principle that the social security system should address fundamental risks that individuals cannot foresee or fully cover. The question is how to set the balance between self-help and public support.

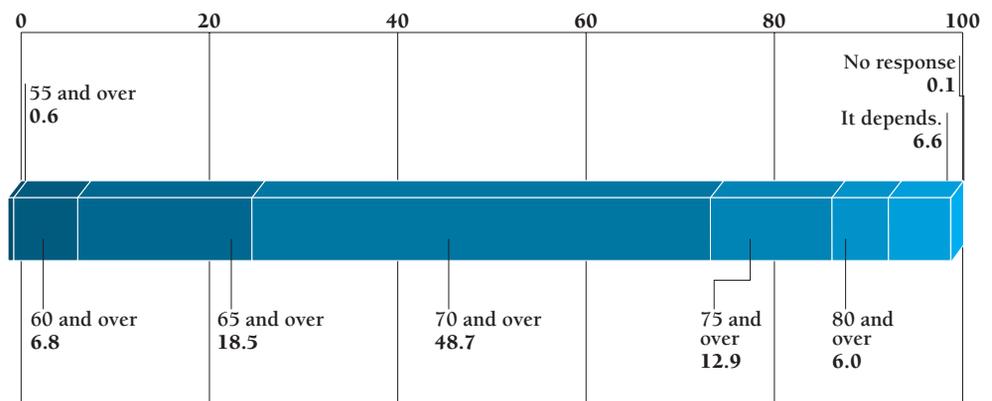
A public pension system should

•6 Definition of Older Person (%)

Question: What age do you consider a person to be “older” or “elderly”?

Source: Graph is from the Annual Report on the Aging Society, 2006 compiled by the Cabinet Office, Government of Japan. Statistics are from the Cabinet Office’s “Survey of Attitudes on Age and Aging, 2003.”

Note: The survey was conducted of men and women nationwide age 20 and over.



set a certain age as “expected longevity” and cover “unexpected longevity.” Taking this perspective, I don’t think anyone today would consider 65 as “unexpected longevity.” We should raise one step further the age at which people can start to receive their pension. In exchange, we should not cut disbursements for people with “unexpected longevity,” but provide benefits so that people can live with dignity after retirement. We must build this kind of variety into the system.

Turning to the medical system, medical insurance should cover expenses incurred for diseases that individuals cannot prevent and for which medical treatment is expensive. Moreover, we must also adopt the mindset of lowering people’s risk of falling ill or requiring long-term care. In other words, it will be important to narrow the range of fundamental risk by thinking of medical treatment not just as something one uses after one becomes ill, but also as an investment in one’s health.

Hotta: It is important that we discuss the social security system, but the creation of a framework to support independence and self-help should be seen as a prerequisite for the system. I would like to see the following ideas take root throughout the system and reflect the

mindset of both society and individuals: abolish mandatory retirement and have people who have the desire and ability to work work and take care of themselves.

We must create welfare benefits as public support that is to be used after self-help and mutual support have been tried. We must also develop ways to truly rescue vulnerable members of society. I think the current system provides a national framework for this.

I think that the current social security system goes beyond the scope of Article 25^{•7} of the Constitution of Japan—which discusses the protection of vulnerable members of society and provides for the right to life and the social mission of the State—and falls under the scope of Article 13^{•8}—which speaks of respect for the individual, the right to the pursuit of happiness, and public welfare.

From this perspective, we must re-envision our lifestyles, our mindset, and our frameworks and think about creating a new framework for self-help and mutual support that values our own human dignity.

As society ages, the decline in the birthrate is becoming more serious. What imbalances does Japanese society face?

•7 Article 25 of the Constitution of Japan

1: “All people shall have the right to maintain the minimum standards of wholesome and cultured living.

2: “In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health.”

•8 Article 13 of the Constitution of Japan

“All of the people shall be respected as individuals. Their right to life, liberty, and the pursuit of happiness shall, to the extent that it does not interfere with the public welfare, be the supreme consideration in legislation and in other governmental affairs.”



“ The decline in the birthrate reflects a serious social pathology in Japan today. ”

Miyajima: While I fully want to support a proactive approach toward self-help and mutual support, I think there is something wrong or something ill with a society in which there are so many people who do not want to get married^{•9} or who do not want to have children.^{•10}

Over the two years that the Committee on Social Security Review met, a number of tragic domestic violence incidents occurred one after the other. I have a heavy, terrible sense about Japan’s present situation—that the decline in the birthrate reflects a serious social pathology in Japan today.

Seki: Looking at Japan from the perspective of a working woman, it is still difficult to balance both a

family and a career in Japan compared to other industrialized countries. In addition, few executives and men have a sense of urgency about the need to create a society where it is easy to balance both a family and a career.

Hotta: If we think about the relationship between the individual and society, we unfortunately must say that a proper family life is virtually impossible in Japan. The fact is that the strain of unnatural work styles caused by uncompensated overtime and other practices is rearing its ugly head here and there.

As a measure to rectify such strains, I think we must create a society where people can choose how they work. To date, employers

•10 Trends in the Total Fertility Rate

1975	1.91
1990	1.54
2005	1.25

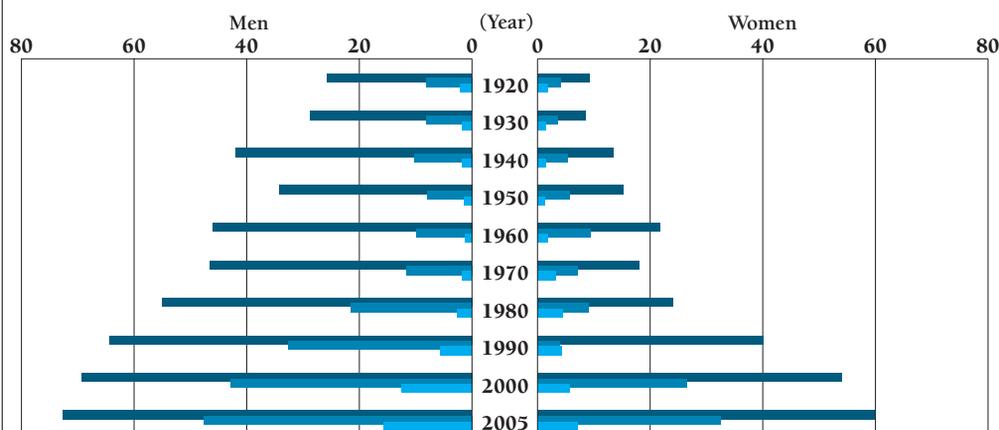
Source: Based on “Vital Statistics of Japan” of the Ministry of Health, Labour and Welfare.

•9 Proportion of Never-Married Men and Women by Age (%)

■ 25–29 ■ 30–34 ■ 50

Source: Compiled based on the “Population Census of Japan” of the Statistics Bureau of the Ministry of Internal Affairs and Communications and the “Population Statistics of Japan” of the National Institute of Population and Social Security Research.

Note: The percentage of never-married people at age 50 is called the percentage of life-long singles. For 2005, figures are the result of preliminary sample tabulation and figures for age 50 are the average of the two five-year age groups of 45–49 and 50–54.



have set the work style. I would like to see that flipped on its head so that every individual can work according to their own individual abilities and their own individual situation at that time.

If we fail to create a society in which it is possible to leave the workforce to have children or to study overseas, in other words, if we do not create a flexible society where a variety of work styles are accepted, Japan will not be a country where people are happy.

Seike: Corporations are required to keep management strict amid today's tight domestic and international competition, and I can appreciate fully the difficulties of the present situation.

It is a fact that there is no easy solution to the conflict in values between individuals and society. Labor and management should address the current situation together based on the common awareness that there is something

inadequate with the way society is today and that we must change it by all working together.

Seki: I have high hopes that the large baby-boom generation will be a catalyst for changing society. I would like to see them create a new, different style of relating to society by exploring volunteer activities and various other work styles after retirement. This will stimulate the younger generations as well and may also become an important incentive for creating a society where it is easy for women and people with disabilities to work.

Hotta: There are still too few hands in many fields of work that deal with people and require individualized responses, such as education and childrearing. We also need opportunities for older persons to pass on to us their wisdom concerning how to live well as human beings and their way of



“ *I have high hopes that the large baby-boom generation will be a catalyst for changing society.* ”

relating to nature. Even if they have few opportunities to be with their own grandchildren, we can create opportunities in society for inter-generational exchange by having older persons assist with local after-school daycare, for example.

Local governments with advanced depopulation and population aging must rely, in the end, on volunteers and NPOs to provide individualized responses. Local governments are realizing that they have no choice but to work together, to pool the little money they have, and to use the energy of NPOs and volunteers.

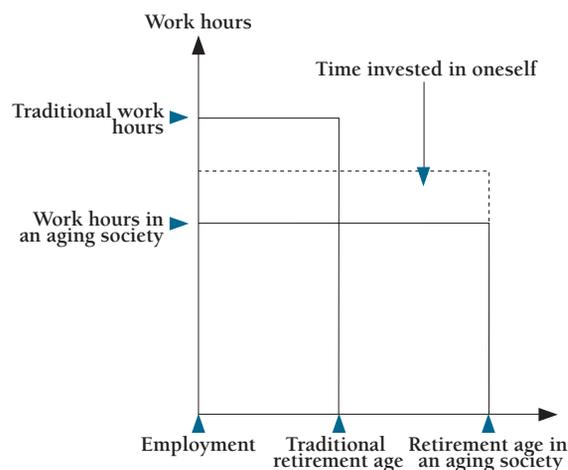
Whatever the catalyst, I think it is ideal for us to redesign Japan into this kind of caring community.

What do we need to do to welcome our senior years actively and not overly depend on the social security system?

Seike: Working life used to be

based on the model of a short-distance race. Under this model, people go all out during a working life that lasts up to age 55 or at most about age 60. They focus on developing skills when they are young, and after that they occupy themselves busily with the work at hand. If we liken life to a rectangle, the short-distance race model would be a rectangle that is taller than it is long.^{•11} We have already discussed the fact that this does not work in today's 21st century society. We must make working life into a rectangle that is shorter in height than it is long. We need to create a working life where people can work into their 70s, if possible.

For people to gain new knowledge and skills at each turning point in their life, people must have enough free time to reinvest in themselves. Some people say this kind of working life should be called a marathon or even a triathlon in the sense that people are able to dramatically change



•11 From a Working Life with Long Work Hours over a Short Number of Years to a Working Life with Short Work Hours over a Long Number of Years

Source: Atsushi Seike, *Eiji-furi shakai wo ikiru (Living in an age-free society)* (NTT Publishing, 2006).

their line of work or work style. The image is one of finishing a long-distance race while taking energy drinks along the way. This kind of long-distance model for our work style and lifestyle is needed today.

Miyajima: To borrow Professor Seike's words, in the past many people thought they would welcome mandatory retirement age at the end of a dead sprint, enjoy the satisfaction of having given all that they could when they were in the workforce, and then lead a leisurely life after that. Fortunately or unfortunately, even men now have about 20 years after retirement until they reach the age of the average life span. We must consider whether people are truly happy to depend on social security during those years of their lives and consider the question from the perspective of the dignity of living independently and the pride of taking on the role of being a contributor to society.

Japan is the only industrialized nation with a population of over one hundred million that has universal health insurance and pension systems as national policies. The universal health insurance and pension systems were established at the beginning of the 1960s thanks to the tremendous efforts of the many people involved. Today, 45 years later, we have forgotten

that effort is necessary to protect and develop these admirable systems. Instead, the social security system has come to be taken for granted and I am concerned that the existence of the system is injuring the very basis of the system itself, namely, the dignity and spirit of independence of both young people and older people.

Hotta: Of self-help, mutual support, and public support, I think it is the lack of mutual support in the community that has given rise to burnout and emotional dependence after retirement. Corporate employees in particular have lived in the world of their work, so they are at a loss if they are suddenly told to get involved in community activities after retirement.

Moreover, those who have been corporate employees for a long time tend to wait for instructions. From the perspective of discovering their own new abilities as well, I would like to see them explore ways to be of assistance to others with the mindset that mutual assistance is providing a gentle, caring service.

Public support in Japan is uniform nationwide, and there is a risk that it may tend to give rise to habitual dependence in some cases because it is too thorough. In the future, we will need to balance self-help, mutual support, and public

support and create a framework that does not give rise to excessive dependence.

Seiki: People with disabilities will be a symbol and indicator for our society in the future. If people with disabilities can lead good lives, then it will be easy for Japan to become a society that is kind to all persons. While some advocate that we should improve benefits for people with disabilities, we also very often hear people with disabilities saying that they want to work but cannot. If we create a society where people with disabilities can work independently and with dignity and receive benefits to the extent required for their disability, then older persons and women will also be able to live more positively.

Seike: For the will of the individual to be respected and their skills to be used, it is crucial that we secure the dignity of the individual. At the same time, having the imagi-

nation to be able to respect the dignity of another is also important.

I think that it is vital that we create in society a value structure that says that helping others is “cool,” that we firmly internalize the concept of respect for others, and that we create a framework and a cultural climate that rightly praises the good aspects of people and things in various ways.

I think that this requires not only raising awareness of individuals but also the creation of a social framework.

Miyajima: Public support that ultimately guarantees people’s right to life and social insurance as mutual assistance is based on trust in people’s self-help efforts and solidarity. The social security system is a social system that people have created and developed. In this sense, it is important today that we discuss the future of the social security system by returning to the basic fact that, in the end, it is the

people who decide whether to build or destroy the system.

Nowadays, there is a strong trend to leave things up to others, as social critics do. Discussions that will lead us to the correct direction for our social security system are impossible unless people think about this question as their own problem, namely, whether they want to maintain or abolish the system and what they will do if there is no social security system.

I strongly believe that the fact that the politicization of social security issue is one of the factors confusing the debate.

Hotta: From my involvement in activities to support older persons, I can tell you that older persons usually accept our support with appreciation, but I also know very well that older persons as well derive happiness from helping others.

The greatest stress for not just older persons but also all people comes down to having no meaning

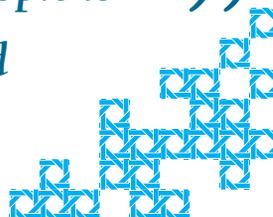
for existing. Of course, we need the security that we can live without becoming homeless, but the question of how to deal with the desire to apply one's self beyond that is an issue that cannot be resolved through policies.

For older persons as well, the spirit to work while they are healthy forms the foundation of their entire life. We believe that the most important thing for people is for them to live as they want and to apply themselves even if they are bedridden or have dementia. We think we should strongly hold onto this vision in the future as well.

(June 28, 2006)

Photos: Masahiro Minato

“ *The most important thing for people is for them to live as they want and to apply themselves...* ”





Participants

Shigeaki Hinohara

Chairman of the Board of Trustees,
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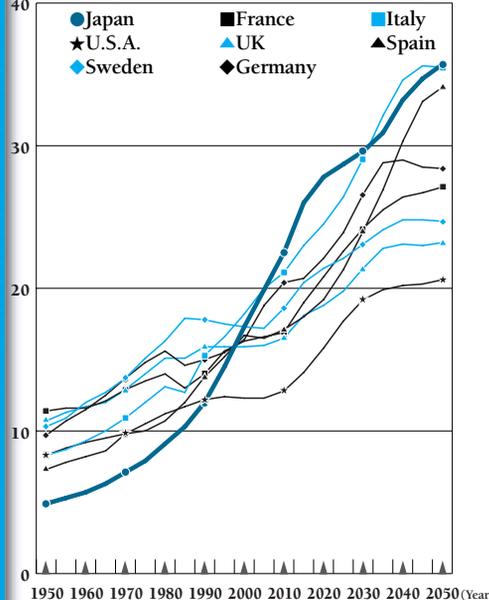
Roundtable Discussion

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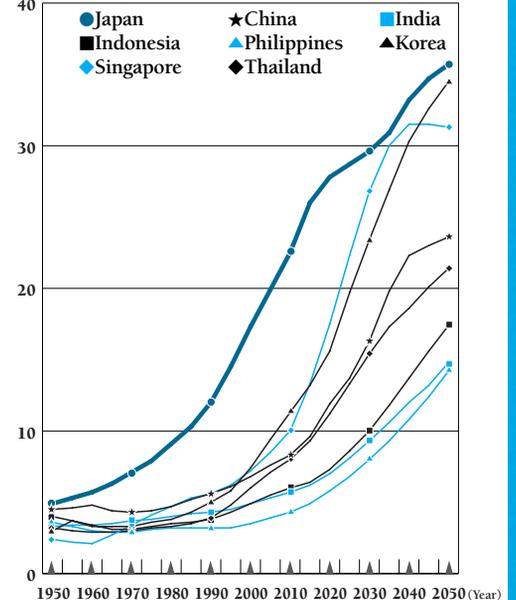
Health and Longevity for the Future

● The Aging Rate around the World

(%) Comparison of Western Countries and Japan



(%) Comparison of Asian Countries and Japan



Source: Graphs are from the Annual Report on the Aging Society, 2006 compiled by the Cabinet Office, Government of Japan. Statistics for all countries, except Japan, are from the World Population Prospects: The 2004 Revision of the United Nations. Figures for Japan are from the "Population Census of Japan" of the Statistics Bureau of the Ministry of Internal Affairs and Communications and the "Population Projections for Japan, January 2002" of the National Institute of Population and Social Security Research.



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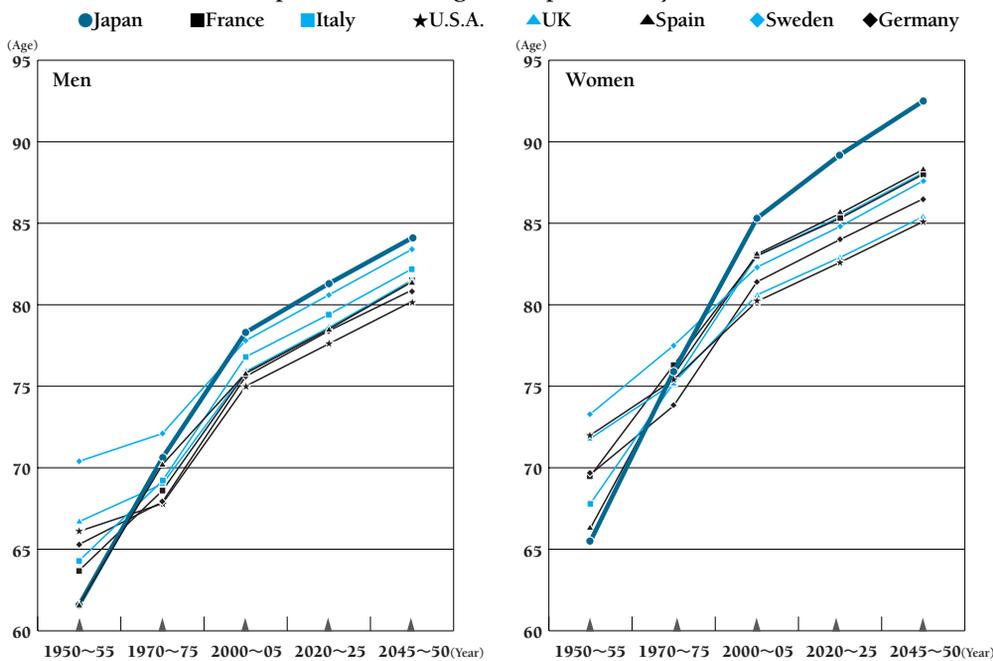
President, ILC-Japan
Ex-Chairman, Yamanouchi
Pharmaceutical Co., Ltd.
(today's Astellas Pharma Inc.)

Why has Japan been able to become the world's leading long-lived society? What about the future?

The speed of aging in Japanese society is observed with amazement by foreign countries, and many people from overseas contact the ILC-Japan wanting to research the phenomenon.

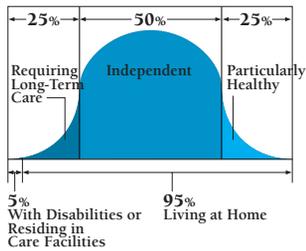
For this roundtable, we have asked experts to explore the potential of the new proposal "Health and Longevity for the Future" from the perspectives of their various fields.

International Comparison of Average Life Span: Survey Results and Forecast (2004)



Source: Statistics are from the World Population Prospects: The 2004 Revision of the United Nations.

•1 Health Level of Persons Aged 65 or Over



Source: Shigeaki Hinohara, "Zenjin iryo no kenchi kara mita rojin no raifusutairu ni tsuite" ("The lifestyles of older persons from the standpoint of holistic medicine"), *Seishin shinkeigaku zasshi (Psychiatria et Neurologia Japonica)* 104, no. 12 (2002): 1160–1166.

Dr. Hinohara's name is synonymous in Japan with health and longevity, so let's hear from him first.

Hinohara: Today's topic is of vital importance, and it is something that the government should address in a unified way. It is even more important, though, for every individual to fully understand and recognize the fact that one's health is, first and foremost, something each person needs to take responsibility for and that it is health that leads to longevity. In other words, in thinking about longevity in Japan, we must not look just at longevity in terms of numbers; we must think seriously about how much mental and physical health we can enjoy during the additional years of life that we now have.

The term "average lifespan" indicates how long a newborn is expected to live and is commonly cited as an indicator of longevity. I would like to interject here that some say the rapid rise in abortion after World War II influenced the immediate and dramatic increase in average lifespan in Japan at that time. This means that Japan's increase in longevity in terms of numbers may be based on inaccurate data. I would like everyone to recognize the importance of this point.

Next, I would like to look at the graph "Health Level of Persons

Aged 65 or Over^{*1}" to obtain an overall picture of older persons in Japan today. Seventy-five percent of all older persons live independently. Of the remaining 25 percent, 20 percent are receiving long-term care in some form or another and 5 percent are said to be bedridden. The population of older persons will increase in the future. If we think about that, it is clear that the crucial issue is how to decrease the 25 percent that needs long-term care and how to raise the level of older persons' independence. If we can reduce the 25 percent to 15 or 10 percent, we will at long last enter an era where we will truly feel that it is wonderful that we are able to live long lives.

Gyoten: Dr. Hinohara has made some important points. Population projections and other elements in the population issue are very complex, so opinions naturally vary. To create a common platform upon which we can discuss the issues today, I would like to offer a brief summary of population issues in Japan. Of course, you may disagree with me on some issues, but I hope you will agree with the basic concepts I present.

First, the key feature of aging in Japan is its exceptional speed. The number of young people in Japan rose rapidly with the return of Japanese, particularly military



“ ...overconfidence about longevity and has ended up weakening people’s basic awareness that health is something the individual is responsible for maintaining.”

personnel, from overseas at the end of the war in 1945. Abortions due to social chaos, including poverty and food hunger, are said to have numbered 800,000 to 2 million. These extraordinary numbers made it impossible to accurately determine the population of that time. Inaccuracies in statistics during the chaotic days after war are said to be unavoidable, as perinatal deaths are sometimes reported and sometimes not reported. Statistical inaccuracies are also said to have occurred in Italy and Germany.

The outbreak of the Korean War in 1950 was a definitive turning point that prompted the transformation of Japan. Economic recovery was promoted at a fast pace, and people’s livelihood stability improved alongside that. This brought about a miraculous, rapid increase in average lifespan. As a result, the aging rate^{•2} rose to 7.1 percent in the 1970s, thus making Japan an “aging society” as defined by the United Nations. Japan became an “aged society” in 1993 when the aging rate rose to 14.3, thus contradicting most predictions that the “aged society” would

not arrive until the 21st century. Such a dramatic transformation in a mere 23 or 24 years was a first in human history. That speed has formed people’s outlook on longevity in a positive way. It is not difficult to understand how the myth that Japanese longevity is always guaranteed has become widespread in Japan since then.

Without our being aware of it, though, that rosy attitude has given birth to overconfidence about longevity and has ended up weakening people’s basic awareness that health is something the individual is responsible for maintaining.

Morioka: As Dr. Hinohara has pointed out, it is crucial for individuals to have the awareness and desire to endeavor not to become part of the 25 percent that requires long-term care, for the sake of one’s own life satisfaction and for the sake of society. I too make efforts to maintain my health^{•3} first for my own sake. I walk, take a proper combination of exercise and rest, eat balanced meals, and try not to be psychologically lazy. Because these efforts are part of my daily

•2 Aging Rate

Aging Rate = (Population of older persons / Total population) X 100

The “population of older persons” is the number of people aged 65 or over. “Total population” is the registered population (sum of the population in the Basic Resident Register and that in alien registration based on reports from municipal authorities). The term “aging rate” is said to have originated in a 1956 United Nations report which, based on the standard at that time in Western industrialized countries, used the term “aged” to describe a society in which the aging rate was over 7 percent. Generally, however, the term “aging society” is used to describe a society whose aging rate is 7 percent or higher while the term “aged society” is used to describe a society whose aging rate is 14 percent or higher.

life, I do not do them with the particular intent of preventing disease or something.

This may show a problem in the way the media covers this issue. Recently, “disease prevention” is covered as something special, perhaps because of the debate about the financial resources for medical costs. The basic awareness that thinking about one’s health is something that one does for oneself, for one’s family, and in turn for society has gotten lost and is not clear.

Tsuji: After the war, the government and experts worked together to improve public health and reduce types and frequency of diseases. Japan today is a super-aged society, and there is no question

that Japan is developing into a society never seen before in terms of the speed and level of its aging.

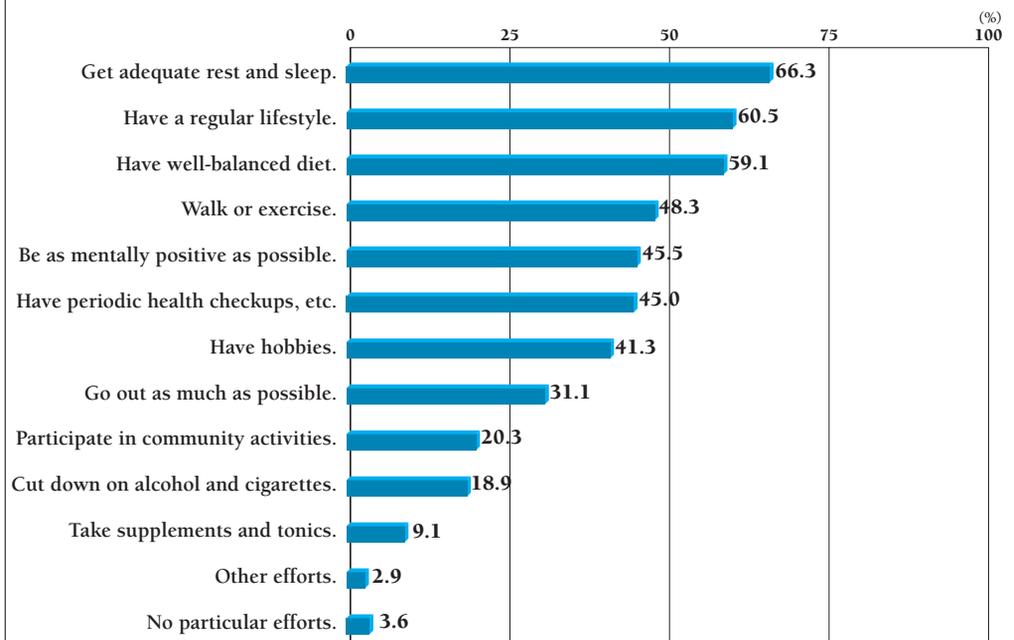
The world is watching how Japan will manage its super-aged society. The government administration and the people of Japan may need to wake up to the fact that, like it or not, our nation is a leader in this area.

In that sense, Dr. Hinohara’s statement is very interesting: that we should not be proud of the increase in Japan’s average lifespan; what is important is the quality of that lengthened life. By definition, enjoying good health into old age is the result of the efforts one has made up to that point. An awareness of health over the long term is crucial on both an individual and a national level.

•3 Health-Maintenance Efforts of Persons over Age 60

Source: Graph is from the Annual Report on the Aging Society, 2006 compiled by the Cabinet Office, Government of Japan. Statistics are from the “International Study on the Lives and Perspectives of Senior Citizens” conducted by the Japanese Cabinet Office (2006).

Note: Survey was conducted nationwide in Japan of men and women age 60 or over. Multiple responses were allowed.



Dr. Hinohara, what do you think are the factors behind health and longevity?

Hinohara: Some excellent research on aging^{•4} has been done in the U.S.A. A ten-year study was conducted on the relationship between genes, environment and lifestyle habits, and aging. The hypothesis that environment and lifestyle habits have as important an impact as genes on aging has been about half proven by this study. Flies and mice live much longer if you don't give them much food to eat. It has even been proven that if you do that with chimpanzees the aging of their skin is delayed.

It would likely also be correct to apply this thinking to human beings as well, so the field is heading toward recommending that people have a low-calorie diet. A Japanese Confucianist Kaibara Ekiken who lived from 1630 to 1714 advised that people eat moderately or until they feel 8/10 full. Personally, I think that even that may be too much. I take 1,300 calories a day. Everyone is surprised when I tell them that I eat one meal a day and otherwise drink milk and eat cookies, but there is no proof that you have to have three meals a day at morning, noon, and night.

Four years after the U.S.A.

research ended, I launched the same study in Japan. I was 90 at the time. For the study, we are collecting data from the annual complete physical exams of 450 of the members of the Society of New Elder Citizens.^{•5} We look at these members' genes with the advance understanding that we will not tell the person about their genes. Every year, we ask these members about acquired environmental factors, exercise and diet, social interaction, personal hobbies, and enthusiasm for life. We want to investigate their living and diet environments over a ten-year period. If a member has genes that indicate diabetes, arteriosclerosis, or dementia and yet does not have the disease ten years later, we cannot deny the possibility of an acquired environmental factor having functioned to inhibit the disease.

As this study progresses, we hope to be able to make recommendations that, for example, people who have genes for arteriosclerosis or dementia will not exhibit signs of that disease if they are in a certain kind of environment. The study will be completed in another four or five years so I cannot die until I am 100!

I think it is also important to be able to adapt well. Adaptation requires a kind of strain or stress. It is not just a question of avoiding stress or not straining oneself;

•4 **MacArthur Foundation Study on Successful Aging**
Spearheaded by Dr. John W. Rowe, this study was made possible through funding from the John D. and Catherine T. MacArthur Foundation, a private, independent grant-making institution. This study examined the conditions for improving the mental and physical functioning of older persons and clarified the factors for "successful aging." The results of the study were summarized in *Successful Aging*, which was published in 1999. The book has been translated into Japanese as *Nenrei no uso: igaku ga kutsugaeshita mitsu no joshiki* (Nikkei Business Publications, 2000).

•5 **Society of New Elder Citizens**
The Society of New Elder Citizens is overseen by the Life Planning Center of which Dr. Hinohara is chairperson. Composed of people who are age 75 or over, the Society aims to support the next generation. The Society was launched in 2000 and today has 18 chapters nationwide with membership numbering over 5,000. The Society conducts a variety of activities under the following four slogans: (1) To love, (2) To initiate, (3) To endure, (4) Relating with children: With the aim of peace and love. As part of the Society's activities, some members in their 80s and 90s take part in health research as a special cohort; their individual mental and physical health status is monitored.

people must shift to the outlook that they are okay even if they are under stress and that they are okay even under a little strain.

Gyoten: Dr. Hinohara has made many interesting points, but I beg to differ slightly. The good advice Dr. Hinohara has given us to care for our health ourselves can be inverted to create a very harsh statement, namely, that if you fall ill then it is your fault for not having safeguarded your health. There's only a thin line between the two statements. I think this is a very delicate and difficult problem.

Even advice said out of the goodness of one's heart tends to set off gnawing doubts in the listener's mind or to be perceived as meddlesome today. Also there are people who believe that they have the right to fall ill.

What Dr. Hinohara is talking about here is mental and physical health as the basis of the happiness of the individual. I am fully aware that this is different from maintaining one's health for the sake of state

finances, but there is some room for concern because there is a high risk that Dr. Hinohara's perspective will be misunderstood with the media's misguided presentation of it, as President Morioka mentioned earlier.

Tsuji: With the current state of the economy, we face the task of restraining the increase in medical expenses. It is true that every society must face the realities of its economy and public finances, but it is also true that a society is more than just its economy and public finances. Today people from various sectors are concerned that there is too strong a tendency to consider issues by looking at the financial aspects first.

Real health and real healthcare are key. In other words, it is important that people have healthier lifestyles and can receive better healthcare. If that is achieved, we will be able to restrain the increase in medical expenses.

The concept of health we propose is the philosophy that

“ People must shift to the outlook that they are okay even if they are under stress and that they are okay even under a little strain. ”



everyone tries to live as healthily as they can given their life situation; those ill try to live the best lives they can, and all strive for happiness. The concept of health does not mean that those in ill health have done anything wrong.

This is a vague way of expressing it, but one direction in which I think Japan should proceed has already been expressed in this conversation today, that is, to create a nationwide consensus in a way that is not forced.

Improving the healthcare system is a key element in supporting the aged society. What issues does healthcare in Japan face?

Gyoten: Healthcare is a most vital and personal concern for people, and people's confidence in healthcare must never be damaged. What I strongly sense recently, though, is that medical facilities are not necessarily putting patients first. Simply put, I am concerned that the situation or convenience of those involved in providing the care is given too much priority.

Not just nurses and doctors, but the specializations in charge of the individual aspects of treatment are too segmented and have exclusive control over their individual areas. There is concern that this may, as a result, have a negative impact on

our health and our confidence and peace of mind regarding healthcare, which supports our health.

Karasawa: I would like to talk about the actual situation in Japan's operating rooms from the position of a medical specialist. As you all know, medical facilities and particularly operating rooms in Japan today are fraught with many dangers. They are working without the actually required number of anesthesiologists, surgeons, and other staff. We need to first take measures to radically rectify this.

In addition, Japan's fleet of surgeons is aging somewhat, and there is a chance that they will make a mistake during difficult surgery. Because no measures are in place to compensate for that, there is the risk that a mistake will result directly in a major medical incident. Many measures must be taken to ensure the safety of surgery. Having nurses perform anesthetic techniques is one such measure that will be needed in the future. We need to create a system where the various specialists talk frankly about what is best for the patient, with each specialist thinking beyond their vested interests and seeing patient welfare as being of primary importance.

Medical expenses are said to be skyrocketing, but the most effective way to reduce them is to keep

patients' hospital stays at only a few days and to have only a few beds. By even doing just this, medical expenses will most surely decrease. Some say that medical expenses will increase if the number of doctors rises, but that position needs to be re-examined. On the contrary, it would seem that if there were more doctors, they would be able to give care and as a result the length of patients' hospital stays would be shortened. This would improve the occupancy rate of hospital beds and medical expenses would decline. This would lead as a result to the creation of a satisfactory medical system.

Hinojara: Doctors should not be doing everything. In the future, we definitely need to change medical education and train visiting nurses to perform diagnoses and read electrocardiograms, for example. In U.S.A., even public health physicians and psychiatrists can perform a funduscopy. A system like Japan's where a patient must go to an ophthalmologist to gain even a preliminary assessment places too much burden on the patient. There are



about 32,000 nurse anesthetists in U.S.A. These nurses are well respected because they are veterans, and they cost less than an anesthesiologist so patients choose to have a nurse anesthetist rather than an anesthesiologist in the overwhelming number of cases.

If doctors acted as a team in Japan and if nurses and doctors acted as a team, medical expenses would decline and the shortage of anesthesiologists and obstetricians would also be resolved. Primary care could be provided by nurses. The model for primary care would be general practitioners. To do this, nurses should be trained in how to examine patients in a comprehensive and general way and be taught more examination techniques.

Gyoten: This is a repeat of what I said before, but healthcare is a key matter that is intimately related to our lives. When confidence in healthcare is harmed, it can lead to social instability. For example, some say that we should integrate or consolidate medical institutions to resolve the doctor shortage, but the fact that healthcare is so

“ We need to create a system where the various specialists talk frankly about what is best for the patient, with each specialist... seeing patient welfare as being of primary importance.”

intimately related to our daily lives makes the question of how to address the community aspect of healthcare and continuity in healthcare all the more into something that cannot be answered simply by mere intellectual ideas or by playing with numbers. Training doctors takes a lot of time, and we need to engage in core discussions about what kind of doctors we want to create from now on as well as the necessary strategy to achieve that.

Karasawa: It is important that we separate the issues into urgent matters and matters to be addressed from a long-term perspective. Once we decide which issues are urgent, however, we should start to address them immediately. One key issue that we should address now is the shortage in obstetricians and the issue of emergency pediatric services.

Tsuji: The government sees the issues you have raised as very important and is working on the structural reform of healthcare. The functional differentiation of

hospitals and partnerships among them as well as the division of roles between hospitals and general practitioners and partnerships between them are needed. The government is urgently responding to the issue of the doctor shortage. We are sitting down and starting to devise concrete measures, with the thought basically that the doctor shortage must be addressed in this kind of overall review.

As Dr. Hinohara said earlier, creating health involves making the effort to have a low-calorie diet and to adapt actively to change, getting a proper amount of exercise, having interactions with society, and having the joy of contributing to society. I keenly sense that having such a lifestyle is the essence of being human.

How to have this philosophy take root in people's lives from childhood and how to have this concept of health take root as "culture" are key issues. We would like to promote this as a national project, yet in a way that is not obtrusive.

Although the government may propose the concepts and system,



“ *How to have this philosophy take root in people's lives from childhood and how to have this concept of health take root as “culture” are key issues.* ”

it should not enforce them. Instead, we want to instill their importance in future currents in society in a variety of fields.

What is needed for Japan to continue to be a healthy long-lived society?

Hinohara: Fifty years ago when the United Nations set “65” as the age used to define an older person, the average lifespan in Japan was 64 for men and 68 for women. Today the average lifespan in Japan is about 80 for both men and women. This means that today the age used to define an older person should be changed to “75 or over.”

It should be the case that elderly that have enjoyed long lives serve as models for children, but television programs are peppered with bad adults. The media should present good, uplifting topics that inspire people. Focusing exclusively on bad things without mentioning the good things is not very admirable.

Gyoten: I have been involved in the media, and I fully understand Dr. Hinohara’s comment and see it as a personal caution as well. The media jumps to cover tragic or sensational topics, but it is unfortunately undeniable that we are unable to bring together “the big picture” and insightful views.

In news coverage today in particular, the media races too much to search out the criminals: Who is responsible? Who is wrong? It is extremely regrettable and a great danger that everyone—media workers and media audience alike—end up becoming critics and lack the perspective that each of us has a responsibility and obligation, and that the events covered in the news broadcasts are our own problem.

Administrative Vice-Minister Tsuji spoke earlier about the creation of a concept of health as a gradual, yet major movement or “culture.” We are entering an era where older persons will make up the majority of society, and I would like to hear about others’ views on the efforts being made in their fields.

Karasawa: Mr. Gyoten mentioned community healthcare. Even today there are older persons living alone who reside in places in the countryside that no one can keep an eye on even, for example, when there is a major snowstorm. Older persons should be able to live in appropriate, safe places during midwinter at the very least. We must create a range of systems, like this one, for older persons, and older persons must be allowed to choose the option of their liking.

The aging rate will increase more

and more from now on. In an era where older persons make up more than 30 million in a population of 100 million, this means that those receiving long-term care and medical services will total a huge number even if we assume that such persons make up only four to five percent of all older persons. We must seriously consider whether we have adequately put in place healthcare and long-term care for these people and a system for healthy older people to enjoy their lives.

Moreover, with the increase in the number of older persons, the reality is that an increase in illness is unavoidable no matter how much we take measures to promote health. Looking at it from that kind of perspective as well, there will definitely be a shortage of doctors and the question will be whether measures to address this are adequate or not.

In this era of a declining birthrate, it is crucial that we strengthen obstetrics and pediatric care, as mentioned earlier, for people to be confident in giving birth and raising children. Moreover, it is estimated that women will make up about 30 to 40 percent of all doctors in 10 years' time. Women doctors may also want to bear and raise children. If we do not set up a system to compensate for this, there is the risk that suddenly at

some point there will be a shortage of doctors.

Unfortunately, there is a strong trend among young doctors today to avoid areas that involve danger or risk and to choose the safe route as much as possible, perhaps because the young doctors are averse to matters where they have to take responsibility. This is resulting in the tragedy of patients being sent around to other medical institutions or being turned away. It is crucial that we create a system where young doctors have the desire to engage in high-risk, highly difficult medicine and can acquire experience in that area.

With the current state of financial resources, healthcare will not be able to survive the next 10 or 20 years. The government authorities will not be able to overcome this situation alone. As a doctor in charge of healthcare in private-sector organizations, I would like to develop a vision.

Hinojara: More than anything else, I think a “transformation in outlook” is required. A key element in attaining the goal of health and longevity is for us to question even things that have been considered good to date and experiment new approaches ourselves.

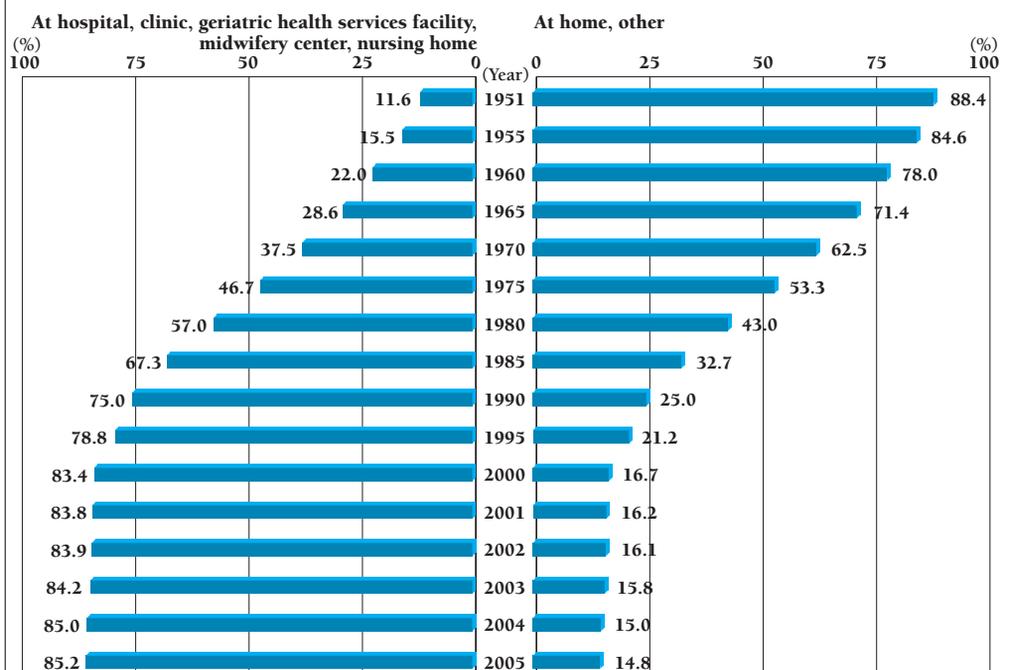
To do this, it is important that we know the physiology and functions of our body. There are many

aspirations at hospitals and other facilities because patients are drinking with their upper bodies upright or tilting slightly forward, in other words, because medical treatment is being given without thought to body structure. Although it is considered common sense to sleep on one's back, I tested things out myself for a variety of reasons and I now sleep on my stomach. We must have the flexibility to think about everything ourselves, to try new things out ourselves, and then to change our thinking if it does not go well.

Morioka: The idea Administrative Vice-Minister Tsuji presented earlier—the plan to make the concept of mental and physical health into a new “culture” for Japan—is

wonderful. It will be hard for the concept of health to become an established culture, unless we teach children at school and other places from elementary school days on that health maintenance is something you do for yourself and for society and that health is an important element in life.

I attended the ILC Joint Committee Meeting which was held in India in August 2006. Through my experience there, I reconfirmed the benefits that Japan has because of its thorough infrastructure and public health as well as because of the level of individuals' awareness regarding health and hygiene, the high level of education and culture that support that, and the provision of that education equally to all. I think this is natural



•6 Annual Trends in Place of Death (2004)

Source: “Vital Statistics” compiled by the Statistics and Information Department, Minister’s Secretariat, Ministry of Health, Labour and Welfare (2004).

Note: Up through 1990, deaths “at nursing homes” were classified as deaths “at home” or “other.”

because India is still industrializing. It is important that we incorporate new ideas as well, though, even while expanding and preserving these good points more and more.

Gyoten: I would like to point out a few issues based on my recent visit to Germany. Many people involved in healthcare in Germany raised questions about the wisdom of Japan's raising the percentage of medical costs borne by patients. As you know, the percentage was increased from 10 percent to 30 percent when Japan reformed its medical system. The issue was not that 20 percent would have been okay, but 30 percent was too high. It was a question based on the thinking that taking more money from a person who was already ill was contrary to the spirit of insurance. If financial resources are lacking, insurance premiums should be raised, they said, so that the burden is carried evenly by all.

I have been involved in various discussions in Japan on healthcare, but I have never heard a view based on such essential and fundamental principles like this.

I was also impressed with how thorough Germany's efforts are in regard to environmental issues. In addition to strict standards for trash-sorting, they are working to make a major social transformation

to lifestyles that do not create trash. I can't help feeling that Japan does not aim to achieve core, fundamental resolutions to its various problems. We do nothing more than have superficial discussions.

Tsuji: I take what you have just said very seriously. It is regrettable that people have such a strong impression that the healthcare issue—something that is fundamental to people's lives—is discussed only from the perspective of restraining the increase in medical costs and resolving the issue of financial resources.

The reality is that the 75-and-over population will double in the next 30 years or so. Today more than 80 percent of Japanese die in the hospital.⁶ Is this okay? We must address these matters by engaging in discussions where we truly speak our minds and think about what kind of lifestyle we envision for ourselves in a truly super-aged society.

The healthcare issue is comprehensively related to a variety of fields and areas. It is the mission of those in charge of policy to continue to support the security and safety of the people while maintaining the universal health care system no matter what. It is with this mindset that I approach these issues.

(October 26, 2006)

Photos: Masahiro Minato



Participants

Alfons Deeken

*Professor Emeritus,
Sophia University*

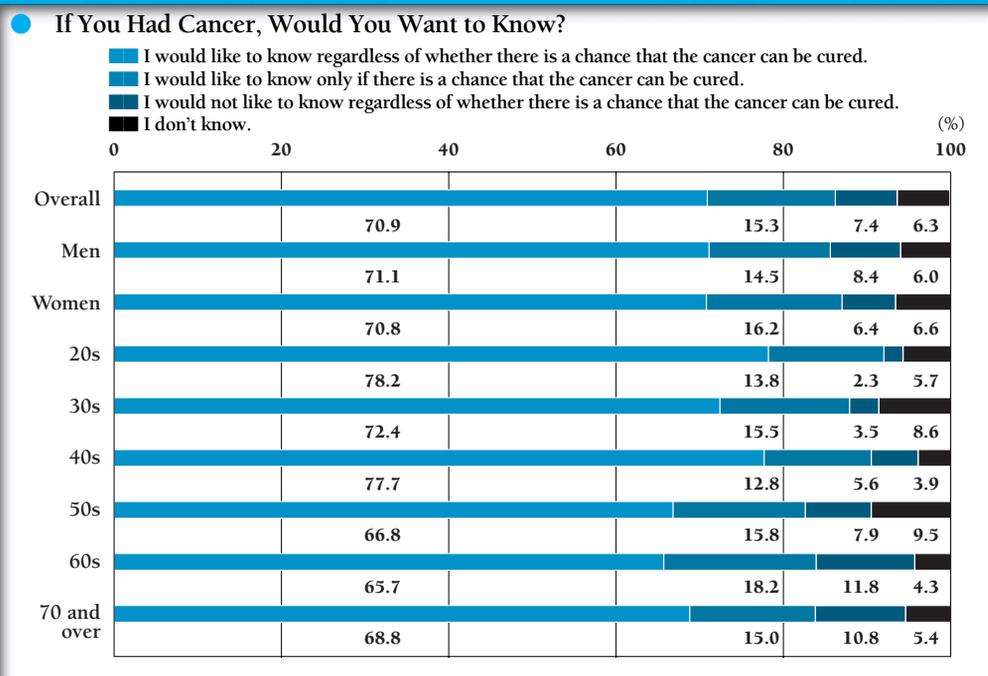
Yoichiro Murakami

*Professor,
International Christian University*

Roundtable Discussion

4

Thinking about Life and Death in the New Era



Source: "Survey of Views on Hospice/Palliative Care" released by the Japan Hospice/Palliative Care Foundation (2006).

Note: Survey of men and women nationwide between age 20 and 89.



Tadateru Konoe

President,
Japanese Red Cross Society



Rihito Kimura

Director, ILC-Japan;
President, Keisen University



Tadaharu Goto

Director, ILC-Japan;
President, Foundation of Social
Development for Senior Citizens

Death is something that everyone will face.

How do individuals, families, and society understand and face death?

Through analyses from various perspectives and comparisons with other countries, we will consider what is needed for Japanese older persons to have a fulfilling experience of death and how an older person's wishes should be reflected in the handling of his or her death.

This roundtable focuses on new issues in life and death today.

● **If a Family Member Had Cancer, Would You Tell Them?**

- I would tell them regardless of their preferences about being informed.
- If the family member had a preference, I would act in accordance with it.
- I would not tell them regardless of their preferences about being informed.
- I don't know.
- No response.



Source: "Survey of Views on Hospice/Palliative Care" released by the Japan Hospice/Palliative Care Foundation (2006).

Note: Survey of men and women nationwide between age 20 and 89.

Goto: First, I would like to ask each of you to say a few words about the thanatological topics that you are involved with now and the issues that you regularly encounter in your work. Dr. Deeken has dedicated much of his life to establishing thanatology in Japan so I would like to ask him to speak first.

Deeken: Death has long been considered a taboo topic in Japan so speaking about death has been disapproved of and viewed as something morbid. With the average life expectancy standing at about 80 today, though, the perspective that thinking about death is also thinking about life has finally come to be accepted.

In German, different verbs are used to describe the death of an animal and the death of a person. The word used for the death of an

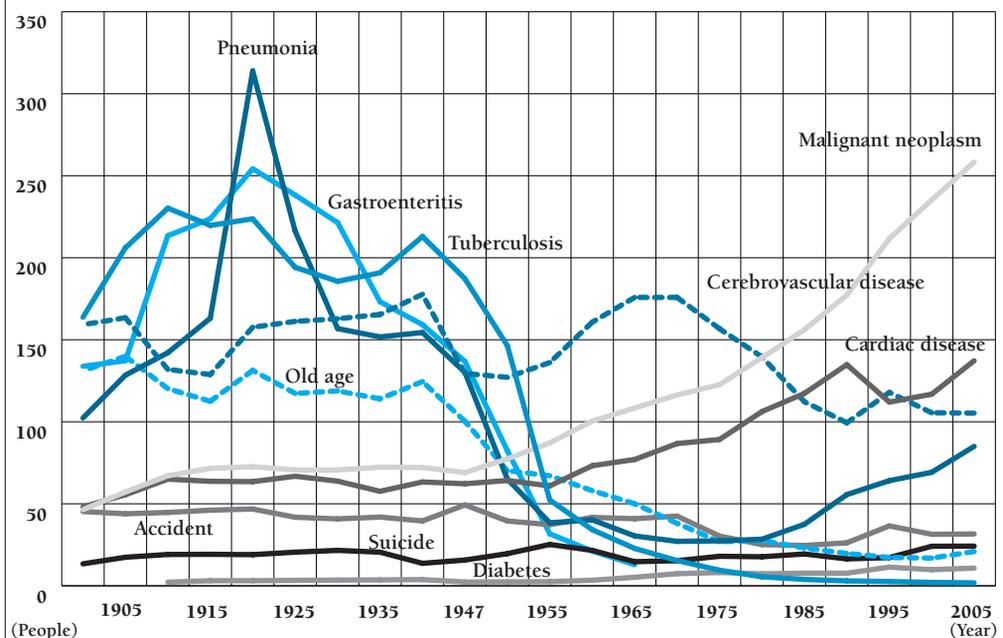
animal means simply “to expire” while the verb used for the death of a human being contains the nuance of “being able to grow spiritually through the process of becoming physically weaker.” I would like to propose that a new “culture of death” be created so that people can live with vitality even as they decline physically.

In this respect, I would like to emphasize strongly the importance of death education. I taught the philosophy of death for 30 years at Sophia University. In the first lecture, I would always say to the students “the philosophy of death is also the philosophy of life.” People who do not think about the philosophy of death only see death as defeat. Every human being, without exception, will die; so we must seek to live and die in a way that suits us and to cooperate with oth-

•1 Annual Trends in Mortality Rate by Main Cause of Death (of 100,000 people)

Source: Graph is from “Vital Statistics” compiled by the Statistics and Information Department, Minister’s Secretariat, Ministry of Health, Labour and Welfare (2005). Statistics are from the “International Study on the Lives and Perspectives of Senior Citizens” conducted by the Japanese Cabinet Office (2006).

Note: Survey was conducted nationwide in Japan of men and women age 60 and over.





“ Looking at the situation from this day-to-day perspective, I have the strong impression that it is hard to die well in today’s world. ”

ers in their confrontation with death.

It is important that we are not concerned only about how long we live, but attempt to improve the quality of our lives and develop a rich spiritual outlook on both life and death.

People generally seem to look at death merely as a physical phenomenon, but I look at death from four perspectives: physical death, psychological death, social death, and cultural death. Even if a person is still physically alive, it seems to me that he is already dead if he has lost his zest for life or if his relationships with others are broken, or if he has no cultural richness in his life.

Goto: Dr. Murakami is a foremost authority on the history of science. Looking at science from the perspective of philosophy, he has insightfully identified some issues related to various current phenomena surrounding life and death.

Murakami: I am providing long-term care for my 102-year-old mother. Looking at the situation

from this day-to-day perspective, I have the strong impression that it is hard to die well in today’s world.

One theory states that a society’s disease structure changes in stages as the level of civilization rises. The first stage is gastroenterological infections, such as cholera and the plague. Next is respiratory infections, with the key example being tuberculosis. The third stage is referred to as lifestyle-related diseases. The fourth stage is the emergence of deaths due to suicide and incidents caused by a sense of being smothered or by maladaptation to today’s society where people feel stifled and helpless.^{*1} I sense that we are entering an age where disease is not just something physical.

At present, there is no permanent, complete cure for lifestyle-related diseases that are feared as causes of death, and our personal histories contain causes of illness, including factors on a genetic level. Thus, healthcare must shift from treating patients by secluding them off from society to supporting patients who are living in society. At the same time, this means a

•2 International Humanitarian Law

International humanitarian law (IHL) is international law and rules that provide for humanitarian treatment of victims in armed conflict (war). Formerly known as the law of war or the law of armed conflict, IHL was popularized in 1971 when it was adopted by the International Committee of the Red Cross.

change in the relationship between doctors and patients.

As Dr. Deeken mentioned earlier, death is not just a physical phenomena, it involves the spiritual and soul level as well. This makes me keenly feel that the existing religions do not have the means to adapt to the new social structure.

The question of how we should adapt and respond to the social structure in this age and live productively in society is not easy.

Goto: There are all kinds of deaths. I would like to hear from Japanese Red Cross Society President Konoe who offers the perspective of international aid and relief efforts.

Konoe: The statements by Drs. Deeken and Murakami concern death in times of peace. As you know, the Red Cross serves people in emergency situations throughout the world, and we mainly encounter death under those circumstances. The international Red Cross movement was founded by Jean Henry Dunant, the laureate of the first Nobel Peace Prize. The Red Cross started by providing assistance in time of war, and today we conduct aid and relief activities in three program areas, including assistance in zones of conflict, response to large-scale natural disasters, and combat of infectious

diseases.

Looking first at international relief efforts at times during conflict, I would like to point out that international humanitarian law (IHL)*² provides global humanitarian rules that transcend the interests of individual States as well as race and religion. The problem is how to negotiate the barriers of State sovereignty to ensure that IHL is followed. IHL sharply distinguishes between combatants and civilians and seeks different actions from each. Fundamentally, however, IHL seeks not just the protection of life and health, but the protection of the dignity of both military personnel and civilians as human beings.

For example, prisoners of war are entitled to have their lives and honor respected under all circumstances. Care is also to be made to ensure fair trial and respect for religious convictions, and there are stipulations for handling the death of prisoners.

Goto: Dr. Kimura is a pioneer in bioethics in Japan and has conducted bioethics education for health-care workers from the perspective of “patient-centered healthcare.” I would like to ask Dr. Kimura for his views.

Kimura: One of the reasons I became seriously involved in the field of bioethics was the death of

my father in the early 1970s. The attending physician did not tell my father that he had cancer, and so my father was not prepared physically or psychologically to accept death and he did not receive medication to relieve the exceptional pain that accompanies lung cancer even when he asked for pain relief. This way of handling cancer was common in Japan at that time.

Great doubts and concerns welled up inside me about this: my father was unable to prepare for the end of his life because he had not been told that he had an incurable disease and his requests for treatment method and pain relief went unheeded even though it was his life.

Later, I developed a great interest in death and dying, and I participated in a seminar held in Washington, D.C. on the end of life. At the seminar, there was a session where we watched films on the various kinds of death around the world, including death from poverty, starvation, war, and disaster, and reflected on it. I was shocked to discover that dying at a hospital in a medically advanced nation is a very fortunate way to die.

From this experience, I started to see human life and death from a global perspective. I thought that we needed to look to the future to create a new ethic of life that does not box death into specific academ-

ic disciplines, like healthcare, public policy, law, and ethics, but incorporates the perspective of cooperative research among a broader range of academic disciplines. I envisioned bioethics as a new comprehensive academic study on life and have advocated it as a super-interdisciplinary field in Japan. Over the more than 30 years that have passed since then, bioethics and informed consent have been introduced gradually in clinical situations, and medical care and nursing are gradually making a great shift to becoming patient-centered. Paternalism in healthcare remains strong in Japan, however, and bioethics is needed to break through that.

Goto: In preparation for today's roundtable, I read some of the publications of Drs. Murakami, Deeken, and Kimura. Many of them had the word "death" in the title, and I somehow hesitated to read them on the train without putting a book cover on them or to leave them out half-read on a table at home or at work. The point Dr. Deeken made earlier is true: death is taboo for Japanese, and we have a strong resistance to talking about it. As I read the books more, though, I realized once again that you can think more sincerely about living by seriously facing death.

I was an administrator at the

•3 Measures to Support Japanese Older Persons (as of April 2007)

Welfare

- 1999: Creation of community-based welfare advocacy program
- 2000: Enforcement of the long-term care insurance system
Enforcement of the adult guardianship system
- 2003: Creation of new-model special nursing homes for the elderly
- 2006: Promotion of the creation of private rooms for all residents of special nursing homes for the elderly
System for provision of end-of-life care at special nursing homes for the elderly
Enforcement of the law for the prevention of elder abuse
- 2007 (April)-: Creation of program to prevent isolated death
Offering of PR and symposiums
Provision of psychological care for high-risk older persons
Development of community support networks

Medical care

- 1990: Establishment of a system of palliative care units
- 2006: Creation of clinics to support home care
Full support of payment of medical treatment fees to clinics that meet certain requirements
Prompt return of inpatients to their homes and promotion of home death
Creation of a system whereby people can receive the medical treatment they need in their home communities



Ministry of Health, Labour and Welfare for over 30 years. The key question for a government administration is how to support citizens in living. A major task these days is supporting people's independence and dignity.

Several laws have been enacted in Japan as measures to support older Japanese.^{•3} In April 2000, the long-term care insurance system and its counterpart, the adult guardianship system, were launched, and various services and programs were started. In 2006, the law for the prevention of elder abuse came into force, making Japan one of the first countries to create such legislation, and Japan's law is comprehensive in terms of content as well. In addition, services to prevent isolated deaths are scheduled to be inaugurated in April this year.

To improve the quality of life at facilities where older persons live the final days of their lives, we are promoting the creation of private rooms for all residents of special

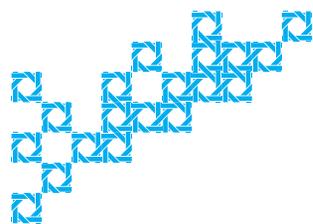
nursing homes for the elderly, and we are starting services for people to face death, including the provision of end-of-life care at these nursing homes.

In terms of medical care, the hospice system was launched in 1990 in Japan with the creation of palliative care units. In 2006, we created a system of clinics to support home care. This system makes it possible for people to receive house calls 24 hours a day, and this will make older persons feel secure and supported in living at home. In addition, home-visit nursing stations specializing in dispatching nurses affiliated with these clinics' physicians to the homes of older persons are being established throughout the country.

Even compared internationally, Japan clearly has a high-level system, but it remains to be seen how much true support we are able to provide to people who really need it day to day.

Deeken: When I started the move-

“ *The point...is true: death is taboo for Japanese, and we have a strong resistance to talking about it.* ”





“ One of the essential functions of the hospice: to give the dying spiritual support. ”

ment to establish hospices in Japan, there was only one hospice in the entire country. Today Japan has over 171 hospices. This is certainly good news. Unfortunately, however, there are many who still think that a hospice is merely a place for people to die. They are unaware of one of the essential functions of the hospice: to give the dying spiritual support by helping them to discern the meaning of the life they have led and to lessen their fear of death and of the life that awaits them in the beyond.

Hospices promise two things to their residents: pain relief so that they will not be in pain, and care so that they will not die alone.

In Germany, home care hospices are very popular. There are 1,300 home care hospices. A care team goes to the person's home as needed and is assisted by volunteers.

Kimura: Home hospice is commonplace in U.S.A. Japan is likely to go that direction as well in the future, but there is a limit to how much nursing care the family can provide alone. Volunteers who support the family and other human

resource support are also needed.

For example, Arlington, Virginia, where my family and I lived for about 20 years, had home hospice care through the support of the community. The area churches organized the volunteers and assigned tasks, such as shopping for the person's family, driving them to the bank and the like, and preparing meals.

There was a Diversity Awareness Committee for the care of people with different cultural backgrounds. I volunteered on this committee and advised them on how to handle the doctor-patient relationship.

Murakami: I would like to point out a few things using the case of the long-term care of my mother as a case study. Thanks to the clinics that support home care, as Mr. Goto described earlier, she can have medical care from a doctor who visits her at home. That is a great support, but providing care 365 days a year, 24 hours a day, to be honest, has some rather taxing aspects, as has been mentioned.

Another key issue is how much

•4 If You Required Long-term Care, Where Would You Like to Receive It?

	No. of responses	(%)
Own home (with care provided by spouse or relatives only)	74	28.6
Own home (using various home services)	82	31.7
Child's home (using various home services)	5	1.9
Special nursing home for the elderly or other welfare facility	11	4.2
Hospital or other medical institution	56	21.6
Private paid home with long-term care facilities	10	3.9
No response	21	8.1

Source: "A Continued Survey on the Daily Life of Older People" released by the ILC-Japan (2005).

Note: Survey was conducted of 300 old-old persons (inapplicable persons: 41) who were either living alone or with their spouse.

the family can welcome the care specialists and volunteers as part of their "extended" family.^{•4}

Konoe: Many people want to die at home, but I understand that only about 12 percent actually do.^{•5}

Even if long-term care were somehow possible through human resource support, what makes end-of-life care hard is that there are legal issues involved. If the person dies at home when a doctor is not present, the family must call the police to examine the body. This is quite a burden and is psychologically damaging for the average person.

Considering the practical issue that a person's condition may suddenly deteriorate, providing end-of-life care at home is a huge psychological burden on the family.

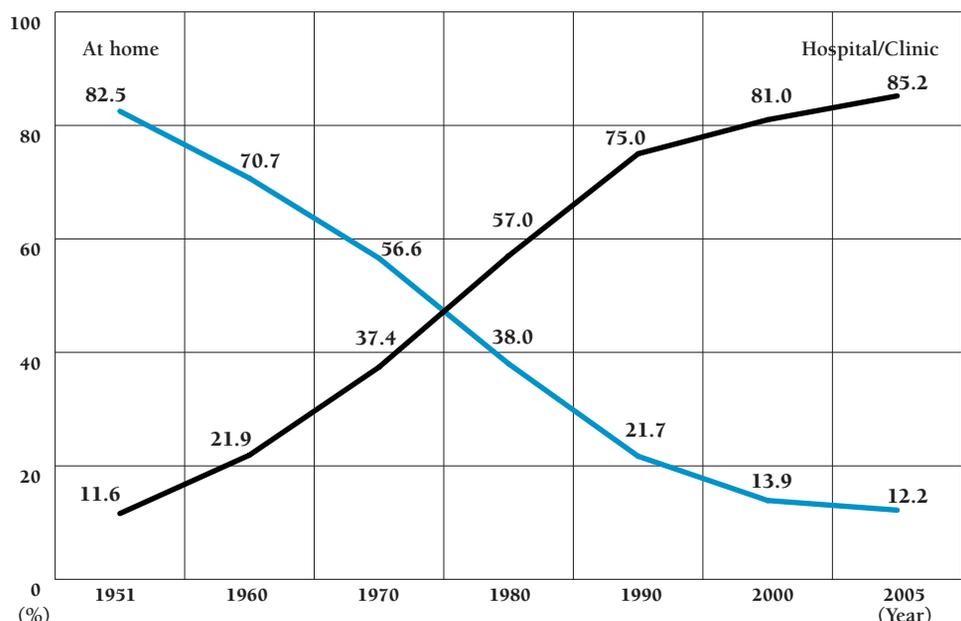
If the older person senses that burden, I would think he or she also would not want to cause the family so much trouble.

Deeken: This is a very important topic. Although there are many people who want to die at home, the lack of care and education for family members is causing a bottleneck. I propose that daycare hospices be created in every community to serve as a place to provide information to families and for families to have contact with other families, and to prevent burnout among family members who are giving long-term care. We can also expect that the quality of life of the patient will improve as he or she creates relationships with other people facing the end of their life.

•5 Annual Trends in Place of Death (2004)

Source: Vital Statistics compiled by the Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare (2004).

Note: Statistics exclude deaths at geriatric health services facilities, midwifery centers, nursing homes, and others.



Konoe: I could not agree more about the importance of improving the quality of life in home hospice care and educating family and medical caregivers to make that possible. I would like to make a small objection, though, regarding informed consent, which is the initial gateway for that. In Japan, informed consent tends to mean that the patient is told just the probability of death or a prediction of the number of days he or she has left to live. With the notification of cancer, for example, if no physical or psychological care is given after the announcement of the diagnosis and the number of days a patient is expected to live, the patient and his or her family would just be bewildered. Giving people the plain truth like this does not constitute informed consent.

Deeken: Of course, it is not good just to give the bad news to people and then leave them to fend for themselves. Psychological after-care is crucial. In a 1961 survey of U.S.A. doctors with regard to informing cancer patients of their condition, about 88 percent of doctors responded that they did not inform the patients of their condition.⁶ By contrast, in a 1979 survey, about 98 percent of doctors said that they did inform the patients of their condition.⁷ A revolutionary change obviously took place in the

U.S.A. during those 18 years or so, and views on a person's right to know changed. I think that death education which I mentioned at the beginning had a major impact here. Many American universities today offer courses on death. In Germany, even high school students are taught about death; they also learn about cancer notification and hospices.

If talk of death is taboo, as in Japan, and people do not face death squarely, they will be unable as adults to make mature choices when they are notified that they have cancer.

I think that death education is necessary for people if they are to die in a human way. A person has six tasks as he or she faces death. The six tasks are (1) to let go of attachments, (2) to experience forgiveness and reconciliation, (3) to express gratitude, (4) to say farewell, (5) to write a will, and (6) to state one's wishes regarding one's funeral.

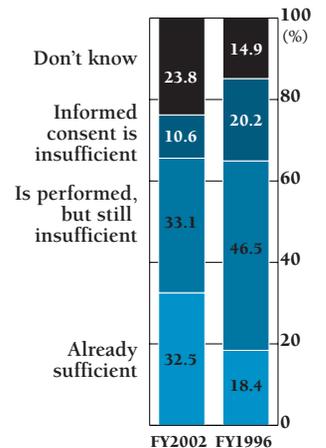
Kimura: Traditionally, Japan has not had the concept that informed consent is needed for people to choose how to close their life peacefully based on the information they want.⁸ Self-determination, however, started to take root throughout the world from the 1970s.

It is a big problem that cancer

⁶ Data from Donald Oken, "What to Tell Cancer Patients: A Study of Medical Attitudes," *Journal of the American Medical Association* 175 (1961): 1120-1128.

⁷ Data from Dennis H. Novack, Robin Plumer, Raymond L. Smith, et al., "Changes in Physicians' Attitudes toward Telling the Cancer Patient," *Journal of the American Medical Association* 241 (1979): 897-900.

⁸ Views on Informed Consent



Source: "The Survey on Health Consciousness of Senior Citizens" released by the Cabinet Office (2002).

Note: Survey was conducted nationwide in Japan of men and women age 65 and over.

•9 Patients' Bill of Rights

Patients' bill of rights is a declaration of the rights of a patient in medical care, including informed consent and access to one's own medical records.

Through this bill of rights, healthcare providers support the active participation of patients in their medical care based on the concept of patient-centered care.

Hospital Management Headquarters of the Tokyo Metropolitan Government: <http://www.byouin.metro.tokyo.jp/osirase/sonota/kenri.html>.

notifications and the like were mistakenly seen as the doctor actually giving up hope on the patient. Care must not be withheld from patients whose death is near and for whom curative treatment is not possible. The times are changing today: although doctors used to make the value judgments in medical care, the era has arrived where patients now make the judgments.⁹ This must be actively incorporated in Japan as well.

I am frequently asked if, because Westerners have faith, they are comparatively calm when they are told by their doctor that they will die. But this is not just a question of an individual's faith. As Dr. Deeken said, the perception of death changed dramatically in the 1970s in U.S.A. To be told one will die is a shock; that has not changed. The important point is the sense of security and satisfaction that one gains by obtaining information on life and being able to control one's death process as one wishes.

With respect to informed consent in U.S.A., the doctor provides the patient with life information both in the case of the patient who has a chance of recovering and in the case of the patient who does not have a chance of recovering. If the patient has a chance of recovering, the patient is accurately informed of several treatment options. If the patient does not have a chance of recovering, the patient is accurately informed of the fact that they have the option of dying in comfort by having pain medication.

The thinking in Japan has been that telling the patient the truth will make them lose the hope of living and so it has been thought better not to tell them the truth. Telling the person the truth, however, does not mean the abandonment of the patient; it should mean providing care to the patient through the end of their lives.

For patients to peacefully welcome the end of their lives, patients, families, and doctors need



to change their outlook so that they can share the truth, forgive each other, and love each other, and the patient can leave this world in peace. Throughout the world, there is a trend now to take time while one is healthy to put in writing instructions regarding one's wishes regarding the end of one's life. This trend is becoming socially accepted, and gradually more and more countries are creating legal provisions for it.^{•10}

Konoe: Some people can actively face their own death while others cannot. I have the impression that Japanese are passive regarding death. As was mentioned before, in the past older persons approached death silently, seeking not to be a nuisance to society. They were not able to actively state their wishes regarding the end of their lives or their deaths.

Most nursing homes overseas have private rooms for each patient, and residents are allowed to bring their personal possessions.

In Japan, however, to date people have generally been encouraged to bring as few personal possessions as possible and they have not been permitted to assert an individuality to express themselves.

Amid this kind of cultural climate, society and systems are changing to start respecting people's self-determination, but I have the impression that it has not yet advanced that far on the level of individuals' awareness.

At the same time, I feel that people are puzzled and bewildered about what to seek from this point on: what is left to seek now that Japan has actually achieved affluence and longevity amid the peace and material prosperity that the nation has enjoyed for the 60 or so years since the war?

A friend of mine says that the frequent occurrence recently of ghastly events is the price we pay for peace, but that makes things seem too meaningless. I think it is very important that we offer death education for youth on up, as Dr.

•10 Living Will

A living will is a document in which a person's wishes regarding end-of-life care are recorded. With the spread of informed consent, the philosophy of dying with dignity—and not simply extending life—is becoming widely known.



U.S.A. Living Will Registry:
<http://www.uslivingwillregistry.com/fo rms.shtml>.

“ *The times are changing today: although doctors used to make the value judgments in medical care, the era has arrived where patients now make the judgments.* ”

Deeken proposes, and teach people the importance of life.

Murakami: Independence and the right to self-determination are important without question, but to what degree can they be universally claimed? Both concepts regard death as a matter of the individual, but we also should think about whether death is really a question of the individual alone. And, we mustn't overlook the danger that, depending on the circumstances, the discussion of independence and self-determination may be watered down in the name of a pre-determined harmony in the power structure in today's society. There is a need at times to separate oneself from the system of self-responsibility to think about these things.

Goto: When we think about life satisfaction, the question of whether one is helping someone else or whether one has a role in society are important factors, in addition to just health.



In times past, there was a framework in Japan where community residents helped each other on a voluntary basis. I have high hopes that today, as well, a flexible social system will be created in which the needs of society are met while, at the same time, people's purpose in life is enhanced, as a support network that provides care to older persons in various contexts spreads on a grassroots level throughout the community.

The question of what the baby-boom generation will do after reaching mandatory retirement is a hot topic today. By having these retirees work—not at conditions that are as strict as those for employment, but not just on a purely volunteer basis either—it will be possible to a considerable degree to support the lifestyles of older persons living alone. Moreover, it is important not to impose the burden of long-term care on the family alone, as has been repeatedly said in this discussion. There are many opportunities

“ I think it is very important that we offer death education for youth on up... and teach people the importance of life. ”

for older persons to apply their experience and wisdom in the field of caregiving as well.

Konoe: Compared to people in the West, many Japanese want to continue to work after reaching the mandatory retirement age. Creating opportunities for these people to work is also an important issue.

By “work,” I do not mean they will necessarily continue to work in their current positions with no change. Any work that gives them a sense of being connected to society and being of assistance to others will give them great purpose in life.

Deeken: A U.S.A. study carried out follow-up surveys of 2,700 men over a period of ten years. This study found a great difference in the mortality rate between men involved in volunteer activities and those not so involved. Over that same period, the mortality rate for those not involved in volunteer activities was 2.5 times higher than the rate of those involved.^{•11}

Murakami: I would like to present an analysis by Alexis de Tocqueville, a nineteenth century French political thinker and the author of *Democracy in U.S.A.*, as something that Japan should learn from U.S.A. When Tocqueville traveled around U.S.A. conducting his study in the early nineteenth

century, democracy was perceived negatively in Europe because democracy was associated with mobocracy.

Tocqueville invalidated this understanding. According to him, the key point is that people voluntarily create various kinds of communities in the U.S.A. Compared to a group, a single human being alone is weak in action as well as judgment.

Konoe: What distinguishes mobocracy and democracy is the cultural level of the people, but we cannot categorically say that the cultural level of the Japanese has risen. Although it has increased in such areas as bioethics, there is concern about a decline in the cultural level of the general populace, as shown in today’s climate where anything goes provided it is not in violation of the law. “Common sense” is frequently translated as *joshiki* or, literally, “ordinary knowledge” in Japanese, but it is actually the common value system or so-called conventional wisdom.

In Japan today, only knowledge and information are advancing forward; correct common sense or common wisdom is not being formed. I would like to emphasize that refined common sense is needed for a cultural rebirth in Japan.

Deeken: There are differences in

•11
Pain relief data from Gregg D. Jacobs, “Clinical Applications of the Relaxation Response and Mind-Body Interventions,” *Journal of Alternative and Complementary Medicine* 7 Supplement 1 (Dec. 2001): 93–101.

cultural climate from country to country so I can understand that the American spirit of independence probably cannot be incorporated unaltered into Japan.

In English, the words “civilization” and “culture” are often used interchangeably, but in German philosophy, “civilization” refers collectively to technological achievements to make our material environment more comfortable. The concept underlying civilization is advancement. By contrast, “culture” refers to inner self-realization linked to a human being’s self-awareness, world view, and values. Art and music are representative examples of culture. Thus, culture is not necessarily something that advances.

Japan is being challenged to create a uniquely Japanese “culture of death” of a different hue from that of the West with its highly defined sense of self. Then the question will be how to make that culture part of the common wisdom.

The answer to this question is not something that will become clear immediately. It can only be reached through continuing search amid much trial and error.

Kimura: If Japan’s culture of life and death were to make a major contribution to today’s global civilization, what contribution would that be?

I agree with the idea of making Japan’s unique and deep philosophy regarding the meaning of life and death, rooted in its rich traditions, into a shared common wisdom. However, no philosophy that violates principles stated in the United Nations Universal Declaration of Human Rights, UNESCO’s Universal Declaration on Bioethics and Human Rights, or other declarations that are accepted as international standards—such as denying the patient’s right to know, disregarding human dignity, and doctors’ authoritarianism—can be justified in the name of a special culture or custom.

I plan to continue to develop bioethics actively in the future so that people live fulfilling lives.

(January 16, 2007)

Photos: Masahiro Minato

Alfons Deeken

Professor Emeritus, Sophia University

Born in 1932, Dr. Deeken earned his Ph.D. in philosophy from Fordham University in New York City. He came to Japan in 1959. As a professor at Sophia University, he was in charge of classes on the philosophy of death and dying. He has been presented with the Cross of the Order of Merit of the Federal Republic of Germany, the Kikuchi Kan Award, and the award of the Foundation of Thanatology (U.S.A.). His publications include *Yoku iki yoku warai, yoki shi to deau* (Live well, laugh well and have a good death) (Shinchosha, 2003) and *Shi to do mukiau ka* (How to face death) (Japan Broadcast Publishing, 1996).

Tadaharu Goto

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Born in 1950, Mr. Goto graduated from Kyushu University's Faculty of Law. He joined the Ministry of Health and Welfare (today's Ministry of Health, Labour and Welfare) in 1973. After serving as Councilor of the Minister's Secretariat and Director-General of the Equal Employment, Children and Families Bureau of the Ministry of Health, Labour and Welfare, he became president of the Foundation of Social Development for Senior Citizens in 2005.

Yoshio Gyoten

Commentator on Medical Issues

Born in 1926, Mr. Gyoten graduated from the Chiba University School of Medicine. He joined NHK and has planned and produced programs on health as well as medicine and welfare issues throughout his career. In recognition of his accomplishments, he was awarded the Dai-ichi Mutual Life Insurance Company's Public Health Award and the Japanese Red Cross Society's Emperor Showa Memorial Award for the Promotion of Blood Donation. He has served as member of the Ministry of Health and Welfare's Council on Medical Service Facilities, advisor to the Japan Hospital Association, and advisor to the International Medical Center of Japan.

Shigeaki Hinohara

Chairman of the Board of Trustees, St. Luke's International Hospital

Born in 1911, Dr. Hinohara graduated from the Faculty of Medicine of Kyoto Imperial University. He earned a Ph.D. in medicine from the same university. He joined St. Luke's International Hospital in 1941. After serving as head of the Department of Internal Medicine and acting director of the hospital, he was president of St. Luke's College of Nursing from 1974 to 1998. He has held the International Symposium on Elderly Care since 1990 and has promoted the New Elder Citizens Movement, a movement in which older persons actively support the next generation. His publications include *Ikikata jozu* (Living well) (U-Leag, 2001) and *Inochi no jugyo* (Life lessons) (U-Leag, 2006).

Tsutomu Hotta

Chairman, Sawayaka Welfare Foundation

Born in 1934, Mr. Hotta graduated from the Faculty of Law of Kyoto University. In 1961, he became a public prosecutor. After working at the Embassy of Japan in U.S.A. and serving as a public prosecutor at the Japanese Supreme Public Prosecutors Office, he became director-general of the Minister's Secretariat of the Ministry of Justice in 1990. In 1991, he retired from the ministry and assumed his current position. In 2001, he became chairman of the Tokyo Council of Social Welfare. His publications include *60 sai kara no "ikiru imi": riso no seikatsu wo mitsukeru hinto* (The "meaning of life" after 60: hints for finding the ideal life) (co-authored, PHP Institute, 2006).

Yoshihito Karasawa

President, Japan Medical Association

Born in 1942, Dr. Karasawa graduated from the Chiba University School of Medicine. After training at the Fraternity Memorial Hospital, he opened the Karasawa Clinic. Later, he served as president of the Sumida Medical Association and of the Tokyo Medical Association. He took up his current position in 2006. His specialties are internal medicine, pediatrics, gastroenterology, and industrial medicine. He is certified by the Japanese Society of Internal Medicine.

Rihito Kimura

Director, ILC-Japan; President, Keisen University

Born in 1934, Mr. Kimura received a Ph.D. (human sciences) from Waseda University's Graduate School of Law. He was director of the International/Asian Bioethics Program of Georgetown University's Kennedy Institute of Ethics and professor at Waseda University's School of Human Sciences before becoming president of Keisen University in 2006. He was a member of the Health Sciences Council of the Ministry of Health and Welfare, and a member of the committee administering Japan's National Examination for Medical Practitioners. His publications include *Baioeshikkusu handobukku: seimei rinri wo koete* (Bioethics handbook: beyond bioethics) (Houken, 2003).

Tadateru Konoe

President, Japanese Red Cross Society

Born in 1939, Mr. Konoe graduated from Gakushuin University's Faculty of Political Science and Economics. He studied at the London School of Economics and Political Science from 1962 and returned to Japan in 1964. He joined the Japanese Red Cross Society (JRC) that same year and was posted to Geneva where he was engaged in international aid and relief efforts. Later he served as head of the social services department of the JRC and vice-president of the JRC before becoming president in 2005.

Hiroshi Miyajima

Professor, Waseda University

Born in 1942, Mr. Miyajima graduated from the Faculty of Economics of the University of Tokyo and studied in the doctoral program at that university's Graduate School of Economics. He became lecturer at Shinshu University's Faculty of Arts in 1972 and later was associate professor at the Faculty of Economics. He became associate professor at the Faculty of Economics of the University of Tokyo in 1984 and professor in 1985. He served as dean of the Graduate School of Economics and executive vice-president of the University of Tokyo. He assumed his current position in 2003. His publications include *Korei shakai e no messeji* (Message to an aging society) (Maruzen Publishing, 1997).

Shigeo Morioka

President, ILC-Japan

Born in 1922, Mr. Morioka graduated from the Faculty of Agriculture of the University of Tokyo. In 1947, he joined Yamanouchi Pharmaceutical Co., Ltd. (today's Astellas Pharma Inc.), where he later served as president, chairman, and advisor. During his time at Yamanouchi Pharmaceutical, he was president of the Federation of Pharmaceutical Manufacturers' Associations of Japan and vice-president of the International Federation of Pharmaceutical Manufacturers & Associations. He has been president of the ILC-Japan since 1998.

Yoichiro Murakami

Professor, International Christian University

Born in 1936, Dr. Murakami graduated from the College of Arts and Sciences of the University of Tokyo. He earned his Ph.D. from the Division of Humanities of the University of Tokyo's Graduate School. He taught at the University of Tokyo and was director of the university's Research Center for Advanced Science and Technology. He assumed his current position in 2002. He has been awarded the First Yamasaki Prize for Philosophy and the Thirty-ninth Mainichi Publication Culture Awards. His publications include *Bunmei no shi, bunka no saisei* (Death of civilization, rebirth of culture) (Iwanami Shoten, 2006) and *Sei to shi e no manazashi* (Outlook on life and death) (Seidosha, 1993).

Yoshiharu Otsuka

Vice-President, Japanese Red Cross Society

Born in 1947, Mr. Otsuka graduated from the Faculty of Law of the University of Tokyo. He joined the Ministry of Health and Welfare (today's Ministry of Health, Labour and Welfare) in 1970, where he later served as Director-General of the Minister's Secretariat, Director-General of the Health and Welfare Bureau for the Elderly, Director-General of the Health Insurance Bureau, and Vice-Minister for Policy Coordination before becoming the Vice-Minister of the Ministry of Health, Labour and Welfare in 2003. He has been vice-president of the Japanese Red Cross Society since 2005.

Atsushi Seike

Professor, Keio University

Born in 1954, Mr. Seike graduated from the Faculty of Economics of Keio University. He earned a Ph.D. (Business and Commerce) from the university's Graduate School of Business and Commerce. He became research assistant at the Faculty of Business and Commerce at the university in 1980 and associate professor in 1985. He worked as a researcher at the RAND Corporation (U.S.A.) from 1987 and also held other positions. He assumed his current post in 1992. His publications include *Eiji-furi shakai wo ikiru* (Living in an age-free society) (NTT Publishing, 2006).

Fusako Seki

Associate Professor, Yokohama National University

Ms. Seki graduated from the Faculty of Law of the University of Tokyo and earned a Ph.D. (Social Security Law) from the Hokkaido University School of Law (Department of Public Law). From 1998 to 2001, she received a Research Fellowship for Young Scientists from the Japan Society for the Promotion of Science. In 2002, she was a research associate at Hokkaido University's School of Law. She assumed her current position in 2003.

Hiroshi Shibata

Professor, Obirin University Graduate School

Born in 1937, Mr. Shibata graduated from the Hokkaido University School of Medicine. He was engaged in research on cardiovascular diseases from 1966 through 1972 at the Faculty of Medicine of the University of Tokyo. He joined the Tokyo Metropolitan Institute of Gerontology in 1982 where he later became vice-director. He retired from the Institute in 2000 and became a professor at the College of Humanities of Obirin University. He became professor of the Obirin University Graduate School in 2002. His publications include *Shogai genki "supa rojin" no himitsu* (Lifelong service: The secret of "super seniors") (Gijutsu-Hyohron, 2006).

Takako Sodei

Professor Emeritus, Ochanomizu University

Born in 1938, Ms. Sodei graduated from the College of Liberal Arts of International Christian University and received a master's degree from the University of California and a doctorate from the Tokyo Metropolitan University Graduate School. After working at the Tokyo Metropolitan Institute of Gerontology, she joined the faculty of Ochanomizu University in 1975, becoming a professor in 1990. Her publications include *Kore de wakaru kaigo hoken seido Q&A* (The long-term care insurance system made simple: Q&A) (Minerva Publishing, 2005) and *Shoshika shakai no kazoku to fukushi* (Family and welfare systems in a society with a declining birthrate) (Minerva Publishing, 2004).

Tetsuo Tsuji

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Born in 1947, Mr. Tsuji graduated from the Faculty of Law of the University of Tokyo. After joining the Ministry of Health and Welfare (today's Ministry of Health, Labour and Welfare) in 1971, he served as Councilor of the Minister's Secretariat, Director-General of the Pension Bureau, Director-General of the Minister's Secretariat, Director-General of the Health Insurance Bureau, and Vice-Minister for Policy Coordination. He took up his current post in 2006.