

ILC-Japan Seminar  
Life and Death – An International Comparison of End-of-Life Care

# Conference Statement

1. Death is inevitable in our life.
2. To respect dignity and to make end-of-life more comfortable/meaningful/peaceful, it is important to focus on 'living' than 'dying'.
3. Forgoing futile, obstinate life-sustaining treatment by patient's intention is completely different from euthanasia.
4. Appropriate end-of-life care means the most suitable care "for this patient" "at this time of life" "under this situation".
5. When it is appropriately judged that the goal of treatment is to be changed from complete cure to comfort care or respecting one's dignity, forgoing life-sustaining treatment in the best interests of the dying person is allowed.
6. We are not living alone. To understand patient's real intention, it is important to have enough discussion among the people concerned when the patient is still competent.
7. Patient has a right to do self-decision making about one's end-of-life care, especially about life sustaining treatment. To designate a proxy in one's best interests when patient is still competent means patient trusted and relied on the person. It can prolong the patient's right of Autonomy.
8. Medical staffs and care staffs should listen to the patient's wishes, even though it does not have a legal force.
9. Palliative care is important for the peaceful/comfortable end-of-life. Everyone has a right to access palliative care at the right time.
10. It is important to support family caregivers physically, mentally and financially. And to support decision-making by the family is also important. QWL (Quality of Working Life) of medical and care staffs also should be taken into consideration.

November 18, 2011 in Tokyo