

International comparative report on terminal care system

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At first

Respect to self-determination

1. Will of ending oneself early from suffering etc

Netherland

Other person

① “doing something” with the goal of ending a person’s life
= positive action in euthanasia

② “doing nothing” with the goal of ending someone’s life
= negative action in euthanasia

Oneself (Other person’s commitment)

③ assisting suicide

2. Will of natural process towards death, rather than meaningless medical treatment to extend life
= death with palliative care

Israel

France

Advance Directive

- 『 Individuals with mental capacity prepare for the advance directive about treatment for the future in case they lose their ability to make decisions.』
- Living Will
 - Express the oneself wishes about medical treatment
 - Describe the personal specific choice of medical treatment
- Durable Power of Attorney
 - Name someone as the substitute judge of medical treatment
- In Japan 『My Four Wishes』 (minooka,2011) 、
『 'Declaration of Euthanasia 』 (Association for Dignified Mental Death) etc

Basic data about countries of our research

	Life Expectancy (2009)	population aging rate (2008)	QDI
Japan	M:79.6 F:86.4	22.1%	4.7
Korea	M:76.8 F:83.8	10.3%	3.7
Czech Rep	M:74.2 F:80.5	14.9%	-
Israel	M:79.7 F:83.5	10.0%	-
France	M:77.7 F:83.5	16.6%	6.1
England	M:78.3 F:82.5	16.1%	7.9
Australia	M:79.3 F:83.9	13.2%	7.9
Netherland	M:78.5 F:82.7	15.0%	7.7

OECD 2010, Economist Intelligence Unit 2010

Existence of Laws, Regulations

	Law		Strategy/Plan	Guideline
	Terminal	Euthanasia		
Japan				Guidelines on the Decision-Making Process for Terminal Stage Medical Treatment (the Ministry of Health, Labour and Welfare) etc
Korea				Guideline about discontinuation of life prolonging (Medical Association etc)
Czech Rep				Czech Medical Chamber Recommendation
Israel	The Act of the Dying parent (2006)			
France	Leonetti Law (2005)		Programme de developpement des soins palliatif(2008)	Guideline about palliative care (The Society of Palliative cares) etc
U.K.	(The Mental Capacity Act) (2005)		End of life Care Strategy(2008)	Treatment and care on terminal stage (General Medical Council) etc
Australia		Euthanasia Law (1997) ×Rights of the Terminal Ill Act (1995)	National Palliative Care Strategy (2000)	Guideline for a Palliative Approach in Residential Aged Care (Department of Health)etc
Netherland		Euthanasia Law (2001)	plan van aanpak palliatieve zorg(2008)	Guideline about palliative care (Dutch Physicalians Organisation) etc

Laws, Regulations about palliative care ▪ terminal care

Netherland

- Euthanasia is not permitted in any other country except the Netherlands about countries of our research.(on the specifies strict conditions)
 - Euthanasia Law Article 2 Care Criteria (2001)
 - Doctor should do a)~f)
 - a) the patient's request
 - b) the patient's suffering (unbearable and hopeless),
 - c) the information provided to the patient,
 - d) the presence of reasonable alternatives
 - e) consultation of another physician about a)~d)
 - f) the applied method of ending life
 - Specifically allows euthanasia for incompetent patients. Persons 16 years old and older can make an advance “written statement containing a request for termination of life” which the physician may carry out. (Teenagers 16 to 18 years old may request and receive euthanasia or assisted suicide. A parent or guardian must “have been involved in decision process,” but need not agree or approve)

Australia

- Australia Northern Territory : Rights of the Terminal Ill Act (1995)
 - ‘positive action in euthanasia and assisting suicide by doctor ‘was permitted for the first time in the world
 - Conditions: the patient has attained the age of 18 years ,suffering from mentally and physically , a second medical practitioner has examined the patient and diagnosed in a terminal stage, Once the paperwork was complete, a seven -day for thinking again and tow-day *cooling-off period* was required before the death could proceed etc
- Federal diet : Euthanasia Laws Bill (1997)
 - Nullify “Rights of the Terminal Ill Act”

- The Act of the Dying Patient (2005)
 - Definition of the dying patient : a person whose life expectancy is not higher than 6 months, based on current medical knowledge and the prognosis of a "responsible" senior physician (over 17 years old)
 - Without medical decisions, this law is not applicable.
 - In the case of a dying patient, the law permits withholding life prolonging treatment, but does not allow withdrawal of continuous treatment or withholding oxygen, food and fluids.
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 - To let patient not to be treated : Need a sufficient evidence that shows patient doesn't want life prolonging treatment
 - In the case of a competent dying patient, his/her wishes take precedence over any other mode of decision making.
 - In the case of an incompetent dying patient, the decisions ought to be made according to the patient's advance medical directives or a surrogate appointed by the patient while competent.
 - "The Act of the Dying Patient" prohibits active euthanasia or physician-assisted suicide.

England

- The Mental Capacity Act (2005)
 - This legislation covers all decisions in relation to people with impaired capacity, not just terminal care.
 - Expanding the traditional system of property management like “Enduring Power of Attorney”, this act applies to one’s general decision making including medical treatment
 - IMCA(Independent Medical Capacity Advocate)
 - It provides safeguards for people who lack capacity to make decisions about: Serious medical treatment or Moving into, or between, care settings and they have no one to represent them.

Strategy and guideline about palliative care ▪ terminal care

Australia

- National Palliative Care Strategy (2000)
 - ① Awareness and Understanding
 - ② Quality and effectiveness
 - ③ Partnerships in care
 - Palliative care is provided to people of all ages who are dying. The need for palliative care does not depend on any specific medical diagnosis, but on the person's needs. Some of the common medical conditions of people requiring palliative care include: cancer, ALS, respiratory disease and end-stage dementia
- From 2006 to 2010 Budget: To improve local palliative care \$ 6,280 million, For environmental improvement of each state and education for the medical professionals \$ 18,800million, For environmental improvement of patients and family who need palliative care \$ 3,400million

Australia

- 2003年 : National Palliative Care Program
 - ① support for patients, families and carers in the community
 - ② increased access to palliative care medicines in the community
 - ③ education, training and support for the workforce
 - ④ research and quality improvement for palliative care services
- 2006年 : Guideline for a Palliative Approach in Residential Aged Care
 - 79item about condition of the palliative care
- 2011年 : Guideline for a Palliative Approach for Aged Care in the community setting
 - 11 items for the palliative care in the community

England

- End of life Care Strategy (2008)
 - ①To ensure that all people are treated with dignity and respect at the end of their lives , ②To ensure that pain and suffering amongst people approaching , ③To ensure that stay at a place someone knows well, ④To ensure that spend the time with family and friend
 - Primary Care Trust and local government have a response for making each patient plan , contract and monitoring.
 - When individual care plan is made, it is important that assessment of his/her need and wish. If he/her has the will about life-prolonging, advance directive will be made.
 - For total coordination of medical treatment and care on the terminal stage about the patient's individual plan, it is essential to improve the quality of community service and conduct the trainings about palliative care for the existing staff.
- 2009 and 2010 Budget : £ 28,600 million (about 381billion yen)

Japan

- “Guidelines on the Decision-Making Process for Terminal Stage Medical Treatment.” (the Ministry of Health, Labour and Welfare) (2007)
 - The most basic thing is to respect the patient’s will and decisions of terminal stage should be determined by the medical team
 - There is no definition of ‘terminal stage’ and ‘condition of discontinuation of treatment’
- A Bill to respect patient’s will on the terminal stage care (provisional title) (Diet member alliance for death with dignity legislation) (2011)
 - Define “ terminal stage” :no chance of recovery under appropriate treatment and patient being in his/her last hour
 - Doctors shall not be hold civil, criminal and governmental liable for not giving life prolongation to one’s patient. *they should follow the guidelines
 - - IF:
 - there is a proof of patient’s will for no life prolongation
 - more than two doctors other than his/her doctor diagnosed him being in terminal stage
 - -his or her family does not object to no life prolongation (or there is no his/her family)
 - But they should follow the guidelines

Guideline about palliative care ▪ terminal care with people with dementia

England

- A NICE–SCIE Guideline on supporting people with dementia and their carers in health and social care
- 1.10 Palliative care, pain relief and care at the end of life for people with

1.10.1	Palliative care and end of life issues
1.10.1.1	Health and social care professionals working with people with dementia and their carers should adopt a palliative care approach
1.10.1.2	Palliative care professionals, other health and social care professionals, and commissioners should ensure that people with dementia who are dying have the same access to palliative care services as those without dementia
1.10.1.3	Primary care teams should ensure that the palliative care needs of people with dementia. Communicated within the team and with other health and social care staff
1.10.1.4	Nutritional support, including artificial (tube) feeding, should be considered if dysphagia is thought to be a transient phenomenon, but artificial feeding should not generally be used in people with severe dementia for whom dysphagia or disinclination to eat is a manifestation of disease severity.
1.10.1.5	If a person with severe dementia has a fever : Antibiotics may be considered as a palliative measure in the terminal stages of dementia
1.10.1.6	cardiopulmonary resuscitation is unlikely to succeed in cases of cardiopulmonary arrest in people with severe dementia.
1.10.1.7	In the absence of a valid and applicable advance decision to refuse resuscitation, the decision to resuscitate should take account of any expressed wishes or beliefs of the person with dementia, together with the views of the carers and the multidisciplinary team.
1.10.2	Pain relief
1.10.2.1	If a person with dementia has unexplained changes in behaviour and/or shows signs of distress, health and social care professionals should assess
1.10.2.2	The treatment of pain in people with severe dementia should involve both pharmacological and non-pharmacological measures.

Australia

- Palliative Care and Dementia(Alzheimer's Australia) (2006)
 - In the symptom management about nutrition and hydration “at present the body of expert opinion rejects rather than favours the use of ANH for people with terminal dementia in any but special or unusual circumstances or any choice related to cultural beliefs”
 - The focus should be on the key: palliative care questions: *How useful is the treatment for the person with dementia? What choice would best promote the comfort of the person with dementia?*
 - Counseling about spiritual and support for people with dementia and family's needs are important for the comprehensive care
- Dementia Resource Guide(Department of Health) (2009)
 - The palliative care approach is very important for the people with dementia.
 - There are not enough evidences about the tubal feeding for the people with dementia who in on the terminal stage

Japan

- The Japan Geriatrics Society
 - Guidelines for decision-making process of elderly care :
Focusing on the introduction of artificial hydration and nutrition (Revised Draft Version one 2011.12)
 - Health and care professionals should try to facilitate consensus-building effort among patient ,family and them ,and select and decide the choice which is base on the consensus.
 - Withholding and stopping treatment is one of the choices when the treatment may impair his/her dignity or increase his/her pain.
 - It should be discussed about introduction of advance directive to clarify the patient's will
 - On respecting patient's lifestyle and value, whether to use tubal feeding or not should be decided through communication with family.

Summary

- Euthanasia is only permitted in Netherlands among countries which this research was carried out. But Advance Directive of the terminal care is prescribed in France , Israel , and England (not exclusively terminal).
- There are no laws or regulations for the elder people who have communication difficulty like people dementia in any of the countries.
- Compared to other countries, in Japan there is not enough discussion about the way of palliative care and tubal feeding for the people with dementia so. And general policy has not been shown yet
→Need more discussion and we hope our research give some ideas for discussion about these topics.