

Old People's Mind About The Terminal Medical Treatment

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I. At the Beginning

Getting rapidly into the aging society, now, Japan faces the stark realities as urgent political affairs. I would like to describe the conditions about our medical treatment or cares and the death.

II. Facilities for the aged patients, diseases and consciousness

1. Facilities

Niikawa Hospital: sick beds 145, employees 60, main medical instruments: X-ray apparatus, CT scanner, gastrofiber scope, echographic examiner, ECG monitor, ECG and EEG recorder.

Toyama Yuuai Hospital: sickbeds 320, employees 214, main medical instruments: the same as Niikawa Hospital.

The patients being hospitalized in these 2 medical facilities are all over 70 years old, most of them unable to do eating, evacuation, change of clothes, bathing by themselves, that is to say, they are bed ridden, to say nothing of the necessity for perfect nursing.

In Yuuai Hospital, we could scan one third of patients were suffering from senile dementia with romming, illusion apparently mental disorderd. they need to receive continuous nursing, though, both the hospi-

tals carefully perform their works on the bases of regular operations.

On the other hand, the appropriate treatments have been implemented for the diseases like high-blood pressure, arterio sclerosis, heart failure and so forth, that can be the chronic illness of the aged.

Operators make the regular inspections using physico and chemical methods with the high tech-machines. Even to the dying patients they try to prolong their lives as long as possible, providing assortment of drip infusion and intravenous high alimantation. Thus, the medical expenses for the aged have rising now.

2. The case of the aged patients.

Case 1

Name: J.S. 78 years old, male, hospitalized for 10 years, a former navy man. disease: chronic rheumatis, has pension 1,200,000 yen income annually, family: 6 members.

Got worse with his chronic disability of four extremities 11 years ago, impossible to walk, unable to change clothes, body-moving and other A.D.L., nevertheless, being clearly conscious in his excellent remembrance. But he grew very weak at the end of his last year, prospecting his own death,

said Good-by to his wife, though, still alive now. He seems to have been gazing at life, nature, his living region so far, and also thinking of death likewise the big tree withers. Once, he was much impressed by a quiet death of a 97 years old man who had lived in a nearby house, he continues his taking about another 87 years old man's quiet death following the death of the man's wife 2 months later.

He did not want to become a widower, during his hospitalization, his thought death is beyond everything about human being.

Case 2

Name : A.F. 77 years old, female, hospitalized for 4 years, right upper limbs broken, senile dementia, married with a fisherman at the age of 19, later migrant worker to Hokkaido, manlike temper. Lost her husband 10 years ago, lived with her second son and his wife, got into bad terms with him, next lived with her 1st son and his wife, injured in a traffic accident 6 years ago, upper limbs broken, parted from her family, became alone, hospitalized 4 years ago, gradually depresses mentally, disposition altered. As suffered from vomiting, needed nourishment by venous alimentation. Consciousness is always definite, responds to the questions about her conditions with a smile implicating no pains no tortures. Approved deformation of the body structures, muscle shrinks but nourishment is good, brain atrophy and enlargement of brain ventricles were severe, ECG and Holter ECG were as normal, heart-echographic examination was also normal, sometimes suffered from urinary

infection, dermatitis is complicated. She is supposed to be in affliction to mind and body although she looks stabilized. This is a very curious case, I think.

Case 3

Name : S.Y. 83 years old, healthy by nature, pension : 1,200,000 yen income annually, lives alone, his first son died young, hit by a stroke of apoplexy 3 years ago, his wife, 83 years old, is senile dementia, now hospitalized. He is full of curiosity, fond of soft-learning.

Agriculture is his reason for living, does not feel lonely because of his affluent plan and free time. He strongly believes in Buddhism, convinced that he could shift to paradise when he dies and wants to work eagerly until then. He considers his death is within his reach, despite not so serious. As reduced his physical and will-power, hospitalized now. He says death is just a right which is attached to the individuals, he might as well choose to get mercy killing himself, life is bound to death as a process, these are serial, remembering of having worked in his field with joyful days, now spends a calm life.

Case 4

Name : T.T. female, 90 years old, senile dementia, weight 39 Kg, got married at the age of 16, engaged in agriculture with heavy labor, very patient, mild temper, always with a meek face, got into dementia 6 years ago, hard to walk, hospitalized for 5 years, unable to stand up for 3 years, bed ridden, lower limbs stiffened, body-structures deformed remarkably but with a smile, never put out tortures, and still had a

strong desire for work. On the bed, she tried to disentangle the threads of the blanket or the sheets. Due to her deep religious mind, we sometimes could catch sight of joining her hands together.

Complications such as dermatitis, bronchitis set her in from last year, weakened, weighed down 31 kg in addition to growing heart-weak, she died very quietly on January 20 last year. She has been given elaborated treatments such as venous infection, I, V, H, oxygen inhalation, antibiotics, and immunological enhancer, urinary catheter for 6 months before her death. This case is that one's previous customs which were acquired in the time of youth would affect deeply to her or his declining years in spite of losing every functional perception or sensation. Her death was so quiet and peaceful that we would perceive very spontaneous.

Case 5

Name: H.N. 83 year old female, from upper class family, a former head of a lady's club, wise lady, hospitalized for 5 years, fell down by brain thrombosis, long been a rice dealer with her husband, apart her family, depressed heavily, sometimes suffering from delusion, looks mute, gloomy, hard to understand her dialogue, appears to have an instability and a terror. Making rounds of her, she asks where she would go after death. This kind of question lends a shock to the medical treaters. There are much more unclear things than we can figure out the patient's consciousness, we keenly feel the complicated brain functions.

3. The Outline

The above mentioned cases describe the patients over 75 years aged concerning cerebral apoplexy, rheumatic arthritis, heart failure, senile dementia and so on, caused to the defects in walking, mental order, daily activities. They have been hospitalized in purpose of getting nursing rather than cure. Some of them are dead already. Those generation were brought up in a hard era, bearing heavy labor and endurances. So, many people are faithful in their religious and optimistic about the world following ends, with worse senses of sight and hearing, imperceptible, lost sensibility, most of them give up everything, depending on religions and wait for peaceful ends.

4. A consciousness research for the aged

We carried out "a health concern research" for the elderly people in 1986 and got 363 answers out of 817 people. The answers resulted in a following. Near 50% think of death, 90% want to die under their spouse's cares at home, not at the facilities. A forth identify the after-death world. Half of them would not desire the life-prolonging treatment and agree with mercy killing if they could not get to come back to normal life. Generally, satisfied with on-going medical treatments and welfare for the aged, but it is remarkably conspicuous to see they have much worries about terminal treatments.

III. Observation

Recently, our life-span has been so prolonged that we have got to encounter a high aging society. Now in Japan the elder-

ly people aged over 65 occupy 11.2% of all the population. It is said that the population of the aged over 75 years would be the same as of the aged over 65 years, so called the former-aged. Health and nursing policies for the present situation are awkward

TABLE 1

① THOUGHT ABOUT DEATH ?

ANSWER	AGE 45~64 Y.O.		65 Y.O.~	
	PERSON	RATE	PERSON	RATE
YES	177	44.6%	166	50.0%
NO	122	30.7%	105	31.6%
DO NOT SUPPOSED	98	24.7%	61	18.4%
TOTAL	397	100.0%	332	100.0%

② ABOUT THE MERCY KILLING ?

ANSWER	AGE 45~64 Y.O.		65 Y.O.~	
	PERSON	RATE	PERSON	RATE
NECESSARY	99	24.1%	60	17.9%
NOT NECESSARY	81	19.7%	89	26.5%
DETERMINED BY DOCTOR OR FAMILY	131	31.9%	187	55.7%
TOTAL	411	100.0%	336	100.0%

③ BEST PLACE TO DIE ?

ANSWER	AGE 45~64 Y.O.		65 Y.O.~	
	PERSON	RATE	PERSON	RATE
HOME	363	87.1%	317	90.8%
HOSPITAL	47	11.3%	24	6.9%
FACILITIES FOR AGED	3	0.7%	3	0.9%
OTHERS	4	1.0%	5	1.4%
TOTAL	417	100.0%	349	100.0%

④ HAVE YOU EVER WANTED TO DIE ?

ANSWER	AGE 45~64 Y.O.		65 Y.O.~	
	PERSON	RATE	PERSON	RATE
YES	36	8.8%	45	13.2%
NO	211	51.3%	156	45.9%
HAVE NOT THOUGHT	164	39.3%	139	40.9%
TOTAL	411	100.0%	340	100.0%

yet in our country and supposed to be not so hopeful. The reasons lie in the fast speed of increasing the aged people and Japan's rapid economic development involving both the movement of people to a large city, decreasing of family numbers, and down-

TABLE 2

⑤ EXISTS THE WORLD AFTER DEATH ?

ANSWER	AGE 45~64 Y.O.		65 Y.O.~	
	PERSON	RATE	PERSON	RATE
EXIST	82	19.5%	100	23.4%
NO EXIST	100	23.8%	64	18.9%
NOT IMAGINE	239	56.8%	165	48.7%
TOTAL	421	100.0%	339	100.0%

⑥ AVERAGE DEATE AGE EXTEND ?

ANSWER	AGE 45~64 Y.O.		65 Y.O.~	
	PERSON	RATE	PERSON	RATE
EXTEND	222	55.5%	185	59.1%
NOT SO EXTEND	178	44.5%	128	40.9%
TOTAL	400	100.0%	313	100.0%

⑦ WANT TO LIVE MORE FROM NOW ?

ANSWER	AGE 45~64 Y.O.		65 Y.O.~	
	PERSON	RATE	PERSON	RATE
DO NOT SUPPOSED	198	48.1%	148	44.6%
DONT TO LIVE MAYDIETOMORROW	11	2.7%	32	9.6%
WANT TO LIVE	203	49.3%	152	45.8%
TPTAL	412	100.0%	332	100.0%

⑧ WANT TO ENTER HOSPITAL OR FACILITIES FOR AGED ?

ANSWER	AGE 45~64 Y.O.		65 Y.O.~	
	PERSON	RATE	PERSON	RATE
WMTA TO ENTER	9	2.1%	6	1.7%
WANT TO LIVE FAMILY TOGETHER	238	55.8%	210	60.7%
CASE BY CASE	75	17.5%	33	9.5%
HAVE NOT THOUGHT	107	24.9%	97	28.0%
TOTAL	429	100.0%	346	100.0%

fall of home functions. It is also related to the loss of solidarity on the communities. I think we have been too eager about how to cope with the medical aspects only laying health concerns, and welfares, education problems put aside. Modern medicine has put the highest purpose to human-life extention, but that idea is making the consciousness of the aged drive other way. Therefore, we have to adapt a broad view along with the patient's thoughts or desires. The time is just on a big turning point. Moreover, one of the most important matters for the terminal treatments is how to cope with ones death. Newly hospis started working partly, but we can hardly find them prevailing every place. Some groups find fault with talking about death and make it taboo. But I consider it important to create life. Nowadays, although, many people emphasize the importance of live's quality, but at the same time, we must raise the quality of death (Q.O.D.). The cases I mentioned would not indicate as much serious pains or tortures of the aged as of the young people because the aged are less functional all about their minds and bodies

than the young. Though, holding some doubts to the death world, mostly they are pretty religious and ready to be embraced by heavenly paradise.

IV. Summary

In Japan, our terminal treatments seem to be still far from perfect. There exist big differences between the medicine and the aged patient's consciousness. A rush of the aging society would require the useful, substantial, well-matched medical applications as fast as possible. Being urged to take appropriate measures, Japan's government has expressed "Health, medicine welfare strategy for 10 years".

We would really like to expect the vigorous practices leading by a lot of inhabitants in each areas all over Japan.

Medicine is said to be consist of medical man power, inhabitants and intermedaiit that mean administrations, politics and those three factors have to cooperate and establish a strong system so that our governments strategy might succeed in their performances, responding to the needs which differ from region to region all over Japan.