



Changing Faces Women's Leadership Seminar

Women as Innovators and Entrepreneurs

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Draft Action Plan

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“Creating Compassionate Community

-Raising Self-Esteem by Caring Others for All Ages until the End-”

Issue/Problem Statement

“I would rather die if I continue to be a burden to my family.” This is a phrase commonly heard from not only patients toward the end of life, but the elderly people in general in Japan. They feel that they are losing their dignity, including their appearance, autonomy, role, identity, and pride. Families or professionals are hesitant to address the issue, and gradually feel powerless and avoid facing them, and therefore, they feel left alone. No matter how much the patients wish to stay at home, there is a disparity of will between them and their families or professionals. Therefore the patients will be sent to hospitals at the final moment or have even gone through unwilling life prolonging treatment. No one is happy. Families left behind will suffer for years. Feeling of self-worth and self-affirmation is the key for patients as well as people who want to help but do not know how. To make a long story short, my assumption is that self-esteem is to be built through someone who cares about you, and you can affirm yourself by being helpful to others. It is mutual. Also, self-esteem is a life-long learning process that can start building at an early age and you can keep learning until the end. I believe it will also solve issues around school children with issues related to refusal to go to school, bullying, or suicide, as well as indifference to people who are suffering in local communities.

Japan is already a super-aged society. The year 2025 will be critical with all the baby boomers turning 75 or older and Japan's demography will dramatically change. For social security, 1 person over 65 is supported only by 2.3 of the working population, but it will be 2.0 by 2025. More people will need medical and nursing care but there are fewer healthcare providers in each region. As of now, Japan is heavily relying on its social security system including medical, long-term care insurance and pension, but we know it would not be sustainable anymore under this unbalanced population. On the other hand, while half of the population wishes to spend their final days at home, 80% die in hospitals. This is a huge gap between hope and reality. With that, the government presented the concept of “the Community-based Integrated Care System” in 2011. This concept comprehensively ensures the provision of health care, nursing care, prevention, housing, and livelihood support. With this, the elderly can live the rest of their lives in their own way, in an environment familiar to them, even if they become heavily in need for long-term care. Municipalities and prefectures are expected to establish each system based on regional autonomy and independence. However, despite all these efforts, the home death rate has hardly increased ever since implementation. I believe one of the biggest reasons is that municipalities prioritize prevention

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and curable diseases, but not incurable ones or for the end of life. In other words, the issues are hard to solve. Many of us have never experienced death and dying, so we do not know what it is like, or how we are to react. Therefore, we avoid talking about it. It is the so-called “elephant in the room.”

In order to change the situation, I and the palliative care doctor have started to train medical and nursing care professionals to appropriately help patients face the end of life with confidence. The demand and supply has steadily been increasing since 2015, however, it is not enough because it also concerns patients and their families. In other words, all humans will face death and dying at some point of their lives. Unfortunately, we cannot experience it that many times, so few people prepare for it in advance, therefore people are shocked and panicked to face reality.

By tapping into the cultural background, respect for harmony, feeling sorry for others, difficulty expressing emotions under social pressure, living up to expectations, and valuing the family’s voice, are very Japanese sensibilities, which influence decision making and communication styles. I’m assuming all those feelings are strongly related to one’s self-esteem. According to an international survey about junior high school students, Japanese students have quite low self-esteem compared to the U.S., and other Asian countries. The top cause for teen-age death in Japan is suicide. Behind this is most likely escaping from hard realities such as physical or psychological bullying, or denial of self-existence. If only there was at least one person to rely on, these teenagers would feel understood and feel comfortable with who they are. How can we develop such skills and a mindset to raise self-esteem and even become someone who cares about others suffering in one’s community? This is a question for all ages from children to the elderly, as well as people reaching the end of life.

Mission & Project Description

My goal is to create a compassionate community model in the City of Yokosuka, where children and adults learn from each other to build self-esteem through school education. In this community model, children and adults will feel a sense of community and be encouraged to act when someone is suffering. Yokosuka ranks first in home death rate among cities with a population over 200,000. The aging rate is almost 30% with many elderly people living alone. In partnership with the Medical Association of Yokosuka, we already delivered our core program to almost 150 professionals over 2 years to raise the quality of end of life care. There is a community of practice for medical and non-medical practitioners, but we know it is not enough for citizens.

Here is what I would like to do. 1) Form a project team of local medical and non-medical professionals, including parents of school children. 2) Recruit local retirees with education backgrounds to give trainings on resilience and communication. 3) Recruit elementary or junior high schools wherein guest teachers are welcomed. Many of the public schools are packed with existing curriculums so it is important to let them know it is not an addition but a replacement such as healthcare class. The target of the initial year is for 2 elementary schools out of 46 and 2 junior high schools out of 23. 4) Match #2 and #3 for the guest teachers to deliver workshops. By conducting the program, they can not only contribute to educating the children, but also themselves, as they gain self-confidence through delivery. 5) Children share what they’ve learned with their families. The hope is that their parents might be interested in the topic. 6) Welcome some of the parents to join the team to sustain the activity. They build a network in the local community, so that they can ask for help in case they are suffering.

Why is this innovative? It is not only for school children but it reaches their parents, grandparents, teachers, and medical professionals, in order to raise “the Community-based Integrated Care System.” Children’s self-esteem firstly comes from their parents or grandparents. Nowadays, children feel isolated and not accepted at home. It is important that parents and grandparents gain confidence and self-esteem by delivering the program so that they can communicate with their children in a right manner at home.

Even if the suffering remains, people can face it with resilience and learn through the experience. It is not suffering itself that you suffer, but it is how you see it. You can also raise your self-esteem by being of help to others or having a role on your own.

Personal Role

We as End-of-Life Care Association of Japan have two wings – one is a program directly for medical and non-medical professionals. The doctor is responsible for the program. I am mainly coordinating this new project, including developing toolkit packages, generating demand, identifying communities for collaboration, delivering workshops, and executing it with local people. I have been collecting my thoughts based on my experience mentoring school children in San Diego, when I oversaw a girl gradually gain confidence through someone who cares about her. I will also integrate my past experience of human resource development and business development. Building a system and implementation by networking with different stakeholders is my strength. In fact, this project is also for me, as I feel it gives me a feeling of self-worth. I will drive this project to create a model of a compassionate community in the City of Yokosuka, so that it can scale up to other communities, where more people will live in peace until the end.