

KUASU/CAPE セミナー

日時：2014年6月12日（木）16:30～18:00

場所：KUASU 多目的室（京都大学吉田キャンパス旧文学部東館（下図 62）2階南西角）

http://www.kyoto-u.ac.jp/ja/access/campus/map6r_y.htm

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Informed Consent and Cancer Disclosure: Thinking Between the Lines of Policy and Practice

Abstract:

The principle of respect for autonomy, realized through informed consent, is generally considered to be one of the core ethical requirements of medical practice. However, while much conceptual work has gone into defining respect for autonomy and analyzing how informed consent derives from it, little attention has been paid to how well this conceptual work maps onto actual policy and practice. One issue that highlights this gap is cancer disclosure in Japan as compared to the United States. A 2006 survey of hospitals in Japan found that the mean proportion of cancer patients who had been told their diagnosis was 59.3% in hospitals with less than 50 beds and 83.3% in hospitals with over 500 beds,¹ despite the fact that as many as 90% of the Japanese public would like to be informed of their diagnosis.² By comparison, surveys show that 90% of physicians in the U.S. were inclined not to inform a patient of a cancer diagnosis in 1961, but by 1979 98% of surveyed physicians reported that their general policy was to inform the patient of such a diagnosis.³

The response to this discrepancy has been to argue that Japanese physicians respect their patients' autonomy, but that the form of this respect depends on which

¹ Sato, R. et al. 2012. The meaning of life prognosis disclosure for Japanese cancer patients: a qualitative study of patient narratives. *Chronic Illness* 8(3) 225-36.

² Fujimori, M. et al. 2007. Preferences of cancer patients regarding the disclosure of bad news. *Psychooncology* 16(6): 573-81.

³ Novack, D.H. et al. 1979. Changes in physicians' attitudes toward telling the cancer patient. *Journal of the American Medical Association* 241(9): 897-900.

type of patient they are dealing with: one whose autonomy takes the shape of individual self-determination or one who possesses what is called a 'form' of autonomy that is relationally defined. According to this response, medical professionals who are concerned with maintaining an ethical relationship with their patients should determine which type of patient they have and respond accordingly. However, I suggest that the focus on patient autonomy in the Japanese context may be misleading, not because the U.S. and Japan have fundamentally different cultures, but because each country has developed its own way of handling cancer disclosure through the interaction of structural constraints on policy (including court decisions, government policies, and medical institution guidelines) with the social realities of practice (including patient and medical professional attitudes and perceptions, cancer rates, and available support networks). In this presentation I analyze these structural constraints and social realities and argue that while in the U.S. the focus of the ethical discussion surrounding cancer disclosure and informed consent has been patient autonomy, in Japan a quite different discourse is needed in order to make recommendations regarding the ethical relationship between medical professionals and patients.