

<p>人生の最終段階における医療・ケアの決定プロセスに関するガイドライン</p>	<p>Guideline on the decision-making process for medical and nursing care at the last stage of life</p>
<p>1. 人生の最終段階における医療・ケアの在り方</p>	<p>1. Guiding principles for medical and nursing care at the last stage of life</p>
<p>(1) 医師等の医療従事者から適切な情報の提供と説明がなされ、それに基づいて医療・ケアを受ける本人が多専門職種 of 医療・介護従事者から構成される医療・ケアチームと十分な話し合いを行い、本人による意思決定を基本としたうえで、人生の最終段階における医療・ケアを進めることが最も重要な原則である。</p> <p>また、本人の意思は変化しうるものであることを踏まえ、本人が自らの意思をその都度示し、伝えられるような支援が医療・ケアチームにより行われ、本人との話し合いが繰り返し行われることが重要である。</p> <p>さらに、本人が自らの意思を伝えられない状態になる可能性があることから、家族等の信頼できる者も含めて、本人との話し合いが繰り返し行われることが重要である。この話し合いに先立ち、本人は特定の家族等を自らの意思を推定する者として前もって定めておくことも重要である。</p>	<p>(1) The most important principle is to provide medical and nursing care at the last stage of life based on the decisions of the patient, which are arrived at after sufficient discussions between the patient him- or herself and multidisciplinary medical practitioners as well as care workers, with appropriate information and explanations offered by medical practitioners including physicians.</p> <p>Also important is to have discussions with the patient multiple times, given the possibility that the patient's will may change over time. The medical and nursing care team should support the patient in making and communicating decisions during each discussion.</p> <p>Moreover, when having discussions with the patient multiple times, it is essential to include a trusted third party such as the patient's family in case the patient becomes incapable of communicating his or her will. Prior to such discussions, it is also crucial for the patient to designate a specific person, such as one of his or her family members, as a surrogate decision-maker who can infer the patient's wishes.</p>
<p>(2) 人生の最終段階における医療・ケアについて、医療・ケア行為の開始・不開始、医療・ケア内容の変更、医療・ケア行為の中止等は、医療・ケアチームによって、医学的妥当性と適切性を基に慎重に判断すべきである。</p>	<p>(2) Regarding medical and nursing care at the last stage of life, the medical and nursing care team should carefully decide the medical validity and (ethical) propriety of starting or not starting, changing, or withdrawing any specific medical or nursing care.</p>
<p>(3) 医療・ケアチームにより、可能な限り疼痛やその他の不快な症状を十分に緩和し、本人・家族等の精神的・社会的な援助も含めた総合的な医療・ケアを行うことが必要である。</p>	<p>(3) The medical and nursing care team must provide comprehensive medical and nursing care, which include making utmost efforts to alleviate any unpleasant symptoms such as pain, and offering psychological and social support for the patient as well as his or her family.</p>

<p>(4) 生命を短縮させる意図をもつ積極的安楽死は、本ガイドラインでは対象としない。</p>	<p>(4) This Guideline shall not discuss active euthanasia, which involves the intention to shorten the patient's life.</p>
<p><b>2. 人生の最終段階における医療・ケアの方針の決定手続</b></p> <p>人生の最終段階における医療・ケアの方針決定は次によるものとする。</p>	<p><b>2. The procedure for decision-making regarding medical and nursing care at the last stage of life</b></p> <p>Decisions about medical and nursing care at the last stage of life shall be made as follows.</p>
<p>(1) 本人の意思の確認ができる場合</p>	<p>(1) When the patient can express his or her will</p>
<p>① 方針の決定は、本人の状態に応じた専門的な医学的検討を経て、医師等の医療従事者から適切な情報の提供と説明がなされることが必要である。</p> <p>そのうえで、本人と医療・ケアチームとの合意形成に向けた十分な話し合いを踏まえた本人による意思決定を基本とし、多専門職種から構成される医療・ケアチームとして方針の決定を行う。</p>	<p>① Prior to decision-making, medical practitioners, including physicians, need to provide the patient with appropriate information and explanations, following professional medical examination of the patient's condition.</p> <p>Based on the above premises, the medical and nursing care team consisting of multidisciplinary practitioners should make decisions as a team, with the basic principle being the patient's self-determination, which is informed through sufficient discussion that contributes to the formation of consensus between the patient and the medical and nursing care team.</p>
<p>② 時間の経過、心身の状態の変化、医学的評価の変更等に応じて本人の意思が変化するものであることから、医療・ケアチームにより、適切な情報の提供と説明がなされ、本人が自らの意思をその都度示し、伝えることができるような支援が行われることが必要である。この際、本人が自らの意思を伝えられない状態になる可能性があることから、家族等も含めて話し合いが繰り返し行われることも必要である。</p>	<p>② Given the possibility that the patient's will may change in accordance with the progress of time, or as his or her mental and physical conditions and medical evaluation change, the medical and nursing care team needs to provide appropriate information and explanations, and support the patient so that he or she could make and communicate decisions during each discussion. It is also necessary to include the patient's family and the like in discussions in case the patient becomes incapable of communicating his or her will.</p>
<p>③ このプロセスにおいて話し合った内容は、その都度、文書にまとめておくものとする。</p>	<p>③ What is discussed during this process needs to be documented each time the discussion takes place.</p>
<p>(2) 本人の意思の確認ができない場合</p> <p>本人の意思確認ができない場合には、次</p>	<p>(2) When the patient cannot express his or her will</p> <p>When the patient cannot express his or her</p>

<p>のような手順により、医療・ケアチームの中で慎重な判断を行う必要がある。</p>	<p>will, the medical and nursing care team needs to make decisions carefully in accordance with the following procedure.</p>
<p>① 家族等が本人の意思を推定できる場合には、その推定意思を尊重し、本人にとっての最善の方針をとることを基本とする。</p>	<p>① When the patient's family and the like can infer the patient's wishes, the basic principle is to respect the wishes and choose the best option on the patient's behalf.</p>
<p>② 家族等が本人の意思を推定できない場合には、本人にとって何が最善であるかについて、本人に代わる者として家族等と十分に話し合い、本人にとっての最善の方針をとることを基本とする。時間の経過、心身の状態の変化、医学的評価の変更等に応じて、このプロセスを繰り返す行う。</p>	<p>② When the patient's family and the like cannot infer the patient's wishes, the basic principle is to choose the best option on the patient's behalf through adequate discussion among the patient's family and the like who may function as a surrogate for the patient. This process may need to be repeated in accordance with the progress of time, or as the patient's mental and physical conditions and medical evaluation change.</p>
<p>③ 家族等がいない場合及び家族等が判断を医療・ケアチームに委ねる場合には、本人にとっての最善の方針をとることを基本とする。</p>	<p>③ When the patient has no family and the like, or his or her family and the like entrusts decision-making to the medical and nursing care team, the basic principle is to choose the best option on the patient's behalf.</p>
<p>④ このプロセスにおいて話し合った内容は、その都度、文書にまとめておくものとする。</p>	<p>④ What is discussed during this process needs to be documented each time the discussion takes place.</p>
<p>(3) 複数の専門家からなる話し合いの場の設置</p>	<p>(3) Establishment of opportunities for consultation by multiple professionals</p>
<p>上記（１）及び（２）の場合において、方針の決定に際し、</p> <ul style="list-style-type: none"> <li>• 医療・ケアチームの中で心身の状態等により医療・ケアの内容の決定が困難な場合</li> <li>• 本人と医療・ケアチームとの話し合いの中で、妥当で適切な医療・ケアの内容についての合意が得られない場合</li> <li>• 家族等の中で意見がまとまらない場合や、医療・ケアチームとの話し合いの中で、妥当で適切な医療・ケアの内容についての合意が得られない場合</li> </ul> <p>等については、複数の専門家からなる話し合いの場を別途設置し、医療・ケアチーム以外</p>	<p>Should the following situations occur in either case of (1) or (2) described above, it is necessary to provide opportunities for consultation by multiple professionals including those who are not members of the medical and nursing team, in order to examine medical options and give advice to the team.</p> <ul style="list-style-type: none"> <li>- When it is difficult for the medical and nursing care team to make decisions due to factors related to the patient's mental and physical conditions and the like.</li> <li>- When no consensus can be reached as to what is valid and appropriate medical and nursing care in spite of discussions between the patient and the medical and nursing care team.</li> </ul>

の者を加えて、方針等についての検討及び助言を行うことが必要である。

- When the patient's family and the like cannot reach consensus between them, or when they cannot reach agreement with the medical and nursing team even after discussions.

NOTE: This is NOT the official translation of the Guideline, which does not exist yet. This translation was done by Yuka MIYACHI (Kyoto University Hospital), Miho TANAKA (Japan Medical Association Research Institute) and Satoshi KODAMA (Kyoto University).

The original Guideline can be accessed from:

<https://www.mhlw.go.jp/stf/houdou/0000197665.html>

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