

<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解説編</p>	<p>Guideline Commentary on the Decision-Making Process for medical and nursing care at the Last Stage of Life</p>
<p>【平成 19 年版ガイドライン作成の経緯】</p> <p>人生の最終段階における治療の開始・不開始及び中止等の医療のあり方の問題は、従来から医療現場で重要な課題となってきました。厚生労働省においても、人生の最終段階における医療のあり方については、昭和 62 年以來 4 回にわたって検討会を開催し、継続的に検討を重ねてきたところです。その中で行ってきた意識調査などにより、人生の最終段階における医療に関する国民の意識にも変化が見られることと、誰でもが迎える人生の最終段階とはいいながらその態様や患者を取り巻く環境もさまざまなものがあることから、国が人生の最終段階における医療の内容について一律の定めを示すことが望ましいか否かについては慎重な態度がとられてきました。</p> <p>しかしながら、人生の最終段階における医療のあり方について、患者・医療従事者ともに広くコンセンサスが得られる基本的な点について確認をし、それをガイドラインとして示すことが、よりよき人生の最終段階における医療の実現に資するとして、厚生労働省において、初めてガイドラインが策定されました。</p> <p>本解説編は、厚生労働省において策定されたガイドラインを、より広く国民、患者及び医療従事者に理解いただけるよう、「終末期医療の決定プロセスのあり方に関する検討会」において議論された内容をとりまとめたものです。</p> <p>国に対しては、本ガイドラインの普及を</p>	<p>[Background to the Preparation of the 2007 Version of the Guideline]</p> <p>The issue of how medical treatment should be provided at the last stage of life, including starting or not starting, and withdrawing treatment has long been an important issue in the medical field. Since 1987, the Ministry of Health, Labour and Welfare (MHLW) has held a study group four times and has continued to study the issue of medical care at the last stage of life. During these discussions, the Ministry of Health, Labour and Welfare has conducted a survey on public awareness of end-of-life medical care, which has revealed that public perceptions have changed, and that while at the last stage of life is something that everyone faces, the conditions and circumstances surrounding the patient vary widely. Therefore, there has been a cautious attitude toward whether or not the government should provide a uniform definition of the content of medical care at the last stage of life.</p> <p>However, the Ministry of Health, Labour, and Welfare (MHLW) has established the first guidelines for medical care at the last stage of life, believing that confirming the basic points on which a broad consensus can be reached among both patients and medical professionals and presenting these points as</p>

<p>図るとともに、緩和ケアの充実など人生の最終段階を迎える患者及び家族を支えるため、その体制整備に積極的に取り組むことを要望します。</p>	<p>guidelines will contribute to the realization of medical care at better the last stage of life.</p> <p>This commentary is a compilation of the discussions held by the "Study Group on the Decision-Making Process for End-of-Life Care at the Last Stage of Life " so that the public, patients, and healthcare professionals can better understand the guidelines established by the Ministry of Health, Labour, and Welfare.</p> <p>We urge the government to disseminate these guidelines and actively work to improve the system to support patients and their families as they enter the last stage of life, including enhancing palliative care.</p>
<p>【平成 30 年版ガイドライン改訂の経緯】</p> <p>平成 27 年 3 月には、「終末期医療に関する意識調査等検討会」において、最期まで本人の生き方 (= 人生) を尊重し、医療・ケアの提供について検討することが重要であることから、「終末期医療」から「人生の最終段階における医療」へ名称の変更を行いました。</p> <p>今回の改訂は、ガイドライン策定から約 10 年の歳月を経た平成 30 年 3 月には、近年の高齢多死社会の進行に伴う在宅や施設における療養や看取りの需要の増大を背景に、地域包括ケアシステムの構築が進められていることを踏まえ、また、近年、諸外国で普及しつつある ACP (アドバンス・ケア・プランニング：人生の最終段階の医療・ケアについて、本人が家族等や医療・ケアチームと事前に繰り返し話し合うプロセス)</p>	<p>[Background to the Revision of the Guidelines for 2018]</p> <p>In March 2015, the "Study Group on Attitude toward End-of-Life Care" changed the term "terminal care" to "medical care at the last stage of life" because it is important to respect the person's way of life (i.e., life) until the last stage of life and to consider the provision of medical treatment and care.</p> <p>This revision was made in March 2018, about ten years after the establishment of the guidelines, against the background of the recent growing demand for medical treatment and the last stage of life care at home and in facilities due to the progression of the super-aged death-ridden society, and the ongoing development of community-</p>

<p>の概念を盛り込み、医療・介護の現場における普及を図ることを目的に「人生の最終段階における医療の普及・啓発に関する検討会」において、次の1)から3)までの観点から、文言変更や解釈の追加を行いました。</p> <p>1) 本人の意思は変化しうるものであり、医療・ケアの方針についての話し合いは繰り返すことが重要であることを強調すること。</p> <p>2) 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、その場合に本人の意思を推定しうる者となる家族等の信頼できる者も含めて、事前に繰り返し話し合っておくことが重要であること。</p> <p>3) 病院だけでなく介護施設・在宅の現場も想定したガイドラインとなるよう、配慮すること。</p> <p>加えて、本ガイドラインについて、人生の最終段階における医療・ケアに従事する医療・介護従事者が、人生の最終段階を迎える本人及び家族等を支えるために活用するものであるという位置づけや、本人・家族等の意見を繰り返し聞きながら、本人の尊厳を追求し、自分らしく最期まで生き、より良い最期を迎えるために人生の最終段階における医療・ケアを進めていくことが重要であることを改めて確認しました。</p> <p>国に対しては、医療・介護従事者が、丁寧に本人・家族等の意思をくみ取り、関係者と共有する取組が進むよう、また年齢や心</p>	<p>based comprehensive care systems, as well as in light of ACP (Advance Care Planning: a process in which the patient repeatedly discusses the medical treatment and care at the last stage of life with family members and the medical/care team in advance), which has been gaining popularity in other countries in recent years, to promote its use in the medical and nursing care fields. Accordingly, "The Study Group on Dissemination and Awareness of Medical Care at the Last Stage of Life" has made the following changes in wording and additions to interpretation from perspectives 1) to 3) below.</p> <p>1) It should be emphasized that the patient's will may change over time and it is important to have discussions about medical treatment and care decisions with the patient multiple times.</p> <p>2) Since there is a possibility that the person concerned may become unable to communicate his or her will, it is important to discuss these matters multiple times in advance, including with a trusted third party, such as the patient's family and others, who can surmise the patient's wills.</p> <p>3) Care should be taken to ensure that the guidelines are designed for nursing homes, at-home settings, and hospitals.</p> <p>In addition, we reaffirmed the position of</p>
--	--

<p>身の状態にかかわらず、家族等との繰り返しの話し合いを通じて本人の意思を確認しておくことの重要性が、広く国民、本人、医療・介護従事者に理解されるよう、改訂された本ガイドラインの普及を図ることを要望します。</p>	<p>these guidelines as being used by medical and nursing care professionals engaged in medical treatment and nursing care at the last stage of life to support the patient and their family members and others, and the importance of promoting medical treatment and nursing care at the last stage of life to ensure the patient's dignity, enabling them to live to the end in their own way, and to have a more comfortable final days while repeatedly listening to the opinions of the patient concerned and their family members.</p> <p>We urge the Japanese government to disseminate the revised guidelines so that medical and nursing care professionals will take appropriate measures to properly understand the will of the patient concerned and their family members and others and share them with other parties concerned, and so that the public, patients, and medical and nursing care professionals will better understand the importance of confirming the patient's will through discussed with their family and others multiple times, regardless of age or physical or mental condition.</p>
<p>【基本的な考え方】</p> <p>1) このガイドラインは、人生の最終段階を迎えた本人・家族等と医師をはじめとする医療・介護従事者が、最善の医療・ケアを作り上げるプロセスを示すガイドラインです。</p>	<p>[Basic Thinking]</p> <p>1) These guidelines provide a process by which the individual concerned at the last stage of life, their family members, and others involved, as well as physicians and other medical and nursing care professionals, can formulate the best possible medical treatment and care.</p>

<p>2) そのためには担当の医師ばかりでなく、看護師やソーシャルワーカー、介護支援専門員等の介護従事者などの、医療・ケアチームで本人・家族等を支える体制を作ることが必要です。このことはいうまでもありませんが、特に人生の最終段階における医療・ケアにおいて重要なことです。</p>	<p>2) For this purpose, it is necessary to create a system in which not only the attending physician but also the medical and care team, including nurses, social workers, care support specialists, and other caregivers, support the patient and their family members and others. Needless to say, this is especially important in medical treatment and nursing care in the last stage of life.</p>
<p>3) 人生の最終段階における医療・ケアにおいては、できる限り早期から肉体的な苦痛等を緩和するためのケアが行われることが重要です。緩和が十分に行われた上で、医療・ケア行為の開始・不開始、医療・ケアの内容の変更、医療・ケア行為の中止等については、最も重要な本人の意思を確認する必要があります。確認にあたっては、適切な情報に基づく本人による意思決定（インフォームド・コンセント）が大切です。</p>	<p>3) In medical treatment and care in the last stage of life, it is important that care is provided to alleviate physical pain and suffering as early as possible. After sufficient palliation, it is necessary to confirm the patient's will, which is the most important, regarding whether or not to start, change the content of, or withdraw medical treatment and care. The patient needs to make such decisions based on appropriate information (informed consent).</p>
<p>4) 人生の最終段階における医療・ケアの提供にあたって、医療・ケアチームは、本人の意思を尊重するため、本人のこれまでの人生観や価値観、どのような生き方を望むかを含め、できる限り把握することが必要です。また、本人の意思は変化しうるものであることや、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、本人が家族等の信頼できる者を含めて話し合いが繰り返し行われることが重要です。</p>	<p>4) In providing medical and nursing care at the last stage of life, the medical and nursing care team must understand as much as possible about the patient's past views of life and values, including what kind of life they will to lead, to respect the patient's will. In addition, since the patient's will can change and they may become unable to communicate his or her will, it is important that the patient discusses about his or her will with family members and other trusted persons multiple times.</p>

<p>5) 本人の意思が明確でない場合には、家族等の役割がますます重要になります。特に、本人が自らの意思を伝えられない状態になった場合に備えて、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いる場合は、その者から十分な情報を得たうえで、本人が何を望むか、本人にとって何が最善かを、医療・ケアチームとの間で話し合う必要があります。</p>	<p>5) When the patient's will is unclear, the role of family members and others becomes even more important. In particular, if the person designates a specific person in advance, such as one of his or her family members, as a surrogate decision-maker who can infer the patient's wishes, in case the patient becomes unable to communicate, it is necessary to obtain sufficient information from that person and discuss with the medical and nursing care team what the patient wants and what is best for them.</p>
<p>6) 本人、家族等、医療・ケアチームが合意に至るなら、それはその本人にとって最もよい人生の最終段階における医療・ケアだと考えられます。医療・ケアチームは、合意に基づく医療・ケアを実施しつつも、合意の根拠となった事実や状態の変化に応じて、本人の意思が変化しうるものであることを踏まえて、柔軟な姿勢で人生の最終段階における医療・ケアを継続すべきです。</p>	<p>6) If the patient, family members and others, and the medical and nursing care team can reach an agreement, this is considered to be the ideal way for the patient to receive the best medical treatment and nursing care at the final stage of life. The medical and nursing care team should continue to provide agreed-upon medical and care services at the final stage of life with a flexible attitude, considering that the patient's will may change according to the facts on which the agreement was based and changes in the patient's condition.</p>
<p>7) 本人、家族等、医療・ケアチームの間で、話し合いを繰り返し行った場合においても、合意に至らない場合には、複数の専門家からなる話し合いの場を設置し、その助言により医療・ケアのあり方を見直し、合意形成に努めることが必要です。</p>	<p>7) When repeated discussions among the patient, family members and others, and the medical and nursing care team do not lead to consensus, it is necessary to set up a discussion forum consisting of multiple experts and review the medical and nursing care modalities based on their advice in an effort to reach a consensus.</p>
<p>8) このプロセスにおいて、話し合った内</p>	<p>8) During this process, what is discussed</p>

<p>容は、その都度、文書にまとめておくことが必要です。</p>	<p>should be documented as it happens.</p>
<p>1 人生の最終段階における医療・ケアの在り方</p>	<p><u>1. The state of medical and nursing care in the last stage of life</u></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の医療・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 that the patient receiving medical treatment and care should be provided with appropriate information and explanations by physicians and other medical professionals, and that, based on this, the patient should have sufficient discussions with the medical and care team consisting of medical and nursing professionals from various fields and proceed with medical treatment and care in the final stage of life based on decisions they make themselves.</p> <p>In addition, it is important that the medical and nursing care team support the patient to express and communicate their own wills at each step, and that discussions with them are repeated, given that their wills can change.</p> <p>Moreover, since the patient may become unable to communicate his or her will, it is important to have repeated discussions with them, involving family members and other trusted persons. Prior to these discussions, it is also important for the patient to specify in advance which family members and others are to be designated as persons to surmise their wills.</p>
<p>*注1 よりよい人生の最終段階における</p>	<p>*Note 1: For better medical treatment and</p>

<p>医療・ケアには、第一に十分な情報と説明（本人の心身の状態や社会的背景に鑑み、受ける医療・ケア、今後の心身の状態の変化の見通し、生活上の留意点等）を得たうえで本人の決定こそが重要です。ただし、②で述べるように、人生の最終段階における医療・ケアとしての医学的妥当性・適切性が確保される必要のあることは当然です。</p>	<p>nursing care at the last stage of life, the first priority is for the patient to make a decision after receiving sufficient information and explanations (such as the medical treatment and nursing care they will receive, the outlook for future changes in their physical and mental condition, and points to keep in mind in daily life, in light of their physical and mental condition and social background). However, as explained in (2) below, it goes without saying that ensuring the medical validity and propriety of the medical treatment and nursing care at the last stage of life is essential.</p>
<p>*注2 医療・ケアチームとはどのようなものは、医療機関等の規模や人員によって変わり得るものです。一般的には、担当の医師と看護師及びそれ以外の医療・介護従事者というのが基本形ですが、例えばソーシャルワーカーなど社会的な側面に配慮する人が参加することも想定されます。また、在宅や施設においては、担当の医師と看護師のほか、本人の心身の状態や社会的背景に応じて、ケアに関わる介護支援専門員、介護福祉士等の介護従事者のほか、他の関係者が加わることも想定されます。</p>	<p>*Note 2: What constitutes a medical and nursing care team can vary depending on the size and staffing of the medical institution, etc. concerned. In general, the basic form of a medical and nursing care team consists of a physician and nurse in charge and other medical caregivers, but it is also possible that social workers and other people who consider social aspects may also participate in the team. In addition to the physician and nurse in charge at home or in a nursing home, it is also assumed that, depending on the patient's physical and mental condition and social background, care support specialists, care workers and other care workers involved in the care of the individual, as well as other relevant personnel, will also be involved.</p>
<p>*注3 医療・ケアチームは、丁寧に、本人の意思をくみ取り、関係者と共有する取組を進めることが重要です。また、本人の意</p>	<p>*Note 3: It is important for the medical and nursing care team to properly understand the patient's will and share them with the</p>

<p>思は、時間の経過や心身の状態の変化、医学的評価の変更等に応じて、大きく変化する可能性があることから、繰り返し話し合いを行うことが、本人の意思の尊重につながります。</p>	<p>parties concerned. In addition, since the patient's will may change significantly with the passage of time, changes in physical and mental conditions, and changes in medical evaluations, discussed multiple times will lead to respect for the patient's will.</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>注4 人生の最終段階には、がんの末期のように、予後が数日から長くとも2-3ヶ月と予測が出来る場合、慢性疾患の急性増悪を繰り返し予後不良に陥る場合、脳血管疾患の後遺症や老衰など数ヶ月から数年にかけ死を迎える場合があります。どのような状態が人生の最終段階かは、本人の状態を踏まえて、医療・ケアチームの適切かつ妥当な判断によるべき事柄です。また、チームを形成する時間のない緊急時には、生命の尊重を基本として、医師が医学的妥当性と適切性を基に判断するほかありませんが、その後、医療・ケアチームによって改めてそれ以後の適切な医療・ケアの検討がなされることになります。</p>	<p>*Note 4: The last stage of life includes cases where the prognosis is predictable from a few days to a few months at most, such as the terminal stage of cancer; cases where the prognosis is poor due to repeated acute exacerbations of chronic diseases; and cases where death occurs over several months to several years, such as the sequelae of cerebrovascular diseases and senility. The last stage of life should be determined by the proper and valid judgment of the medical and nursing care team based on the patient's condition. In an emergency situation where there is no time to form a team, the physician has no choice but to make a decision based on medical validity and propriety with respect for life, after which the medical and nursing care team will again consider proper medical treatment and nursing care for the patient.</p>

<p>*注5 医療・ケアチームについては2つの懸念が想定されます。1つは、結局、強い医師の考えを追認するだけのものになるという懸念、もう1つは、逆に、責任の所在が曖昧になるという懸念です。しかし、前者に対しては、医療・介護従事者の協力関係のあり方が変化し、医師以外の医療・介護従事者がそれぞれの専門家として貢献することが認められるようになってきた現実をむしろ重視すること、後者に対しては、このガイドラインは、あくまでも人生の最終段階の本人に対し医療・ケアを行う立場から配慮するためのチーム形成を支援するためのものであり、それぞれが専門家としての責任を持って協力して支援する体制を作るためのものであることを理解してもらいたいと考えています。特に刑事責任や医療従事者間の法的責任のあり方などの法的側面については、ガイドライン策定以降、このような側面から大きく報道されるような事態は生じていませんが、引き続き検討していく必要があります。</p>	<p>*Note 5: There are two concerns about medical and nursing care teams: one is that they will end up simply following the ideas of a strong-willed physician; the other, conversely, is that they will blur the lines of responsibility. However, to address the former concern, it is important to emphasise the reality that the collaborative relationship between medical and nursing professionals has changed and that it is now recognised that medical and nursing professionals other than physicians can contribute as experts in their respective fields. For the latter, it should be understood that these guidelines are intended to support the formation of a team to consider the patient at the end of life from a medical point of view and to create a system of support in which each party cooperates with the others in accordance with their professional responsibilities. In particular, legal aspects such as criminal responsibility and legal responsibility among medical professionals should continue to be considered. However, no significant media coverage of this aspect has existed since the guidelines were formulated.</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 includes making utmost efforts to alleviate any unpleasant symptoms such as pain and to provide psychological and social support for the patient and his or her family.</p>
<p>*注6 緩和ケアの重要性に鑑み、2007年2月、厚生労働省は緩和ケアのための麻薬</p>	<p>*Note 6: In light of the importance of palliative care, in February 2007, the</p>

<p>等の使用を従来よりも認める措置を行いました。</p>	<p>Ministry of Health, Labour and Welfare (MHLW) took steps to allow the use of narcotics and other drugs for palliative care to a greater extent than in the past.</p>
<p>*注7 人が人生の最終段階を迎える際には、疼痛緩和ばかりでなく、他の種類の精神的・社会的問題も発生します。可能であれば、医療・ケアチームには、ソーシャルワーカーなど、社会的な側面に配慮する人やケアに関わる介護支援専門員などが参加することが望まれます。</p>	<p>*Note 7: As a person enters the final stage of life, not only pain relief but also other types of psycho-social issues arise. If possible, the medical and nursing care team should include a person such as a social worker who takes care of the social aspects of the patient's care, as well as a care manager involved in the care.</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) The guidelines shall not discuss active euthanasia, which involve the intention to shorten the patient's life.</p>
<p>*注8 疾患に伴う耐え難い苦痛は緩和ケアによって解決すべき課題です。積極的安楽死は判例その他で、きわめて限られた条件下で認めうる場合があるとされています。しかし、その前提には耐え難い肉体的苦痛が要件とされており、本ガイドラインでは、肉体的苦痛を緩和するケアの重要性を強調し、医療的な見地からは緩和ケアをいっそう充実させることが何よりも必要であるという立場をとっています。そのため、積極的安楽死とは何か、それが適法となる要件は何かという問題を、このガイドラインで明確にすることを目的としています。</p>	<p>*Note 8: While the intolerable suffering associated with illness is a challenge to be addressed through palliative care, active euthanasia may be permitted in very limited circumstances, according to case law and other evidence. The guidelines emphasise the importance of palliative care in relieving physical suffering and take the view that, from a medical point of view, the most important thing is to improve palliative care. Therefore, it is not the purpose of the guidelines to clarify what constitutes active euthanasia and what the requirements are for it to be legal.</p>
<p>2 人生の最終段階における医療・ケアの方針の決定手続</p> <p>人生の最終段階における医療・ケアの方針</p>	<p>2. Procedures for determining medical and nursing care policy in the last stage of life</p> <p>Decision-making regarding treatment and</p>

<p>決定は次によるものとする。</p>	<p>care during the last stage of life shall be made in accordance with the following.</p>
<p>(1) 本人の意思の確認ができる場合</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>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>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>(1) When the patient can express his or her will</p> <p>1) Decision-making should be based on a professional medical review of the patient's condition, and appropriate information and explanations should be provided by the physician or other health care professional.</p> <p>Then, 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) 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 others in discussions in case the patient becomes incapable of communicating his or her will.</p> <p>3) The content discussed during this</p>

	process shall be documented accordingly.
*注9 話し合った内容を文書にまとめるにあたっては、医療・介護従事者からの押しつけにならないように配慮し、医療・ケアについての本人の意思が十分に示された上で、話し合われた内容を文書として残しておくことが大切です。	*Note 9: In documenting the content of discussions, it is important to take caution to avoid imposition by medical and nursing professionals, and to ensure that the patient's will regarding medical treatment and care are fully expressed.
*注10 よりよき人生の最終段階における医療・ケアの実現のためには、まず本人の意思が確認できる場合には本人の意思決定を基本とすべきこと、その際には十分な情報と説明が必要なこと、それが医療・ケアチームによる医学的妥当性・適切性の判断と一致したものであることが望ましく、そのためのプロセスを経ること、また合意が得られた場合でも、本人の意思が変化しうることを踏まえ、さらにそれを繰り返す行うことが重要だと考えられます。	*Note 10: In order to realize better medical and nursing care at the last stage of life, it is desirable that the decision should be based on the patient's decision when his or her will can be confirmed, that sufficient information and explanations are necessary in this process, and that the decision should be consistent with the judgment of medical suitability and appropriateness by the medical and nursing care team. It is important to go through the process to achieve this, and even when agreement is reached, it is important to do the process multiple times further, considering that the patient's will may change.
*注11 話し合った内容については、文書にまとめておき、家族等と医療・ケアチームとの間で共有しておくことが、本人にとっての最善の医療・ケアの提供のためには重要です。	Note 11: It is important to document the content of discussions and share it between the family and the medical and nursing care team to provide the best medical and nursing care for the patient.
(2) 本人の意思の確認ができない場合 本人の意思確認ができない場合には、次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。 ① 家族等が本人の意思を推定できる場合	(2) When the patient cannot express his or her will When the patient cannot express his or her will, the medical and nursing care team needs to make decisions carefully in accordance with the following procedure.

<p>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>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し行う。</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>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>1) When the patient's family and others can surmise the patient's wills, the basic principle is to respect the wills and choose the best option on the patient's behalf.</p> <p>2) When the patient's family and others cannot surmise the patient's wills, the basic principle is to choose the best option on the patient's behalf through adequate discussion among the patient's family and others 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) When the patient has no family and otherfs, or his or her family and others 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) The content discussed during this process shall be documented each time.</p>
<p>*注12 家族等とは、今後、単身世帯が増えることも想定し、本人が信頼を寄せ、人生の最終段階の本人を支える存在であるという趣旨ですから、法的な意味での親族関係のみを意味せず、より広い範囲の人（親しい友人等）を含みますし、複数人存在することも考えられます（このガイドラインの他の箇所でも使われている意味も同様です）。</p>	<p>*Note 12: Since family members and others involved are meant to be persons in whom the patient places trust and who support them at the last stage of life, assuming that the number of single-person households will increase in the future, this does not mean that such persons may only be blood relatives in the legal sense, but include a wider range of persons (e.g., close friends), and there may be more than one (This also</p>

	applies to other parts of these guidelines).
<p>*注13 本人の意思決定が確認できない場合には家族等の役割がますます重要になります。特に、本人が自らの意思を伝えられない状態になった場合に備えて、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、その者を含めてこれまでの人生観や価値観、どのような生き方や医療・ケアを望むかを含め、日頃から繰り返し話し合っておくことにより、本人の意思が推定しやすくなります。その場合にも、本人が何を望むかを基本とし、それがどうしてもわからない場合には、本人の最善の利益が何であるかについて、家族等と医療・ケアチームが十分に話し合い、合意を形成することが必要です。</p>	<p>*Note 13: The role of family members and others involved becomes even more important when the patient's ability to make will cannot be ascertained. In particular, in case of the patient becomes incapable of communicating his or her will, it is easier to surmise their wills if certain family members and others are designated in advance as persons who will do so, and if those persons and others are repeatedly consulted on a daily basis about their views of life and values, including what kind of lifestyle, medical and nursing care they would like the patient to have. This will make it easier to surmise the patient's wills. In such cases, it is necessary for the family and others and the medical and nursing team to discuss matters fully and reach a consensus on what is in the best interests of the patient, based on the patient's wishes.</p>
<p>*注14 家族等がない場合及び家族等が判断せず、決定を医療・ケアチームに委ねる場合には、医療・ケアチームが医療・ケアの妥当性・適切性を判断して、その本人にとって最善の医療・ケアを実施する必要があります。なお家族等が判断を委ねる場合にも、その決定内容を説明し十分に理解してもらうよう努める必要があります。</p>	<p>*Note 14: If there are no family members and others available, or if the family members and others leave the decision to the medical and nursing care team, the medical and nursing care team must judge the suitability and appropriateness of the medical and nursing care and provide the best medical and nursing care for the patient. Even when the decision is left to the family members and others involved, it is necessary to explain the decision to the patient and ensure that they fully understand it.</p>
<p>*注15 本人の意思が確認できない場合についても、本人の意思の推定や医療・ケ</p>	<p>*Note 15: Even in cases where the patient's will cannot be confirmed, it is important to</p>

<p>アチームによる方針の決定がどのように行われたかのプロセスを文書にまとめておき、家族等と医療・ケアチームとの間で共有しておくことが、本人にとっての最善の医療・ケアの提供のためには重要です。</p>	<p>document the presumption of the patient's will and the decision-making process by the medical and nursing care team, and to share this information between the family and the medical and nursing care team to provide the best medical and nursing care for the patient.</p>
<p>(3) 複数の専門家からなる話し合いの場の設置</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"> ・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 ・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 ・家族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 <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。</p>	<p>(3) Establishment of opportunities for consultation by multiple professionals</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 care team, to examine medical options and give advice to the team.</p> <ul style="list-style-type: none"> - 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. - 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. - When the patient's family and others cannot reach consensus between them, or when they cannot reach agreement with the medical and nursing care team even after discussions.

<p>*注16 別途設置される話し合いの場は、あくまでも、本人、家族等、医療・ケアチームの間で、人生の最終段階における医療・ケアのためのプロセスを経ても合意に至らない場合、例外的に必要とされるものです。第三者である専門家からの検討・助言を受けて、あらためて本人、家族等、医療・ケアチームにおいて、ケア方法などを改善することを通じて、合意形成に至る努力をすることが必要です。第三者である専門家とは、例えば、医療倫理に精通した専門家や、国が行う「本人の意向を尊重した意思決定のための研修会」の修了者が想定されますが、本人の心身の状態や社会的背景に応じて、担当の医師や看護師以外の医療・介護従事者によるカンファレンス等を活用することも考えられます。</p>	<p>*Note 16: A separate meeting for discussion is only necessary in exceptional cases where the patient, family and others and medical and nursing care team cannot reach agreement after going through the process for medical and nursing care in the last stage of life. The patient, family members and others, and medical and nursing care team need to make efforts to reach a consensus for example, by improving the method of care, after review and advice from third-party experts. Third-party experts are supposed to be, for example, experts who are familiar with medical ethics or those who have completed the "Training workshops on decision-making for respecting the person's wills" provided by the government, but, depending on the physical and mental condition of the patient and social background, conferences by medical and nursing care professionals other than the physician or nurse in charge may also be employed.</p>
---	---

NOTE: This is NOT the official translation of the Guideline, which does not exist yet. This translation was done by Koharu NAGAI(Kyoto University), Miho TANAKA (Japan Medical Association Research Institute) and Tokyo Hanyaku Co., Ltd.. The original Guideline can be accessed from: <https://www.mhlw.go.jp/stf/houdou/0000197665.html> This work was supported by JSPS KAKENHI Grant Number 18KK0001. For any queries, please contact: kodama.satoshi.4v[at]kyoto-u.ac.jp.