J.C. Campbell · N. Ikegami (Eds.)

Long-Term Care for Frail Older People

Reaching for the Ideal System

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Long-Term Care for Frail Older People

Reaching for the Ideal System



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Foreword

This volume contains the proceedings of the fourth symposium of the Keio University International Symposia for Life Sciences and Medicine under the sponsorship of the Keio University Medical Science Fund. As stated in the address by the President of Keio University at the opening of the symposium, the fund was established by the generous donation of Dr. Mitsunada Sakaguchi. The Keio University International Symposia for Life Sciences and Medicine constitute one of the core activities of the fund. The objective is to contribute to the international community by developing human resources, promoting scientific knowledge, and encouraging mutual exchange. Every year, the Committee of the International Symposia for Life Sciences and Medicine selects the most interesting topics for the symposium from applications received in response to a call for papers to the Keio medical community. The publication of these proceedings is intended to publicize and distribute information arising from the lively discussions of the most exciting and current issues during the symposium. We are grateful to Dr. Mitsunada Sakaguchi, who made the symposium possible, the members of the program committee, and the office staff whose support guaranteed the success of the symposium. Finally, we thank Springer-Verlag, Tokyo, for their assistance in publishing this work.

Akimichi Kaneko, M.D., Ph.D.
Chairman
Committee of the International Symposia
for Life Sciences and Medicine

Keio University and the Keio University Medical Science Fund

Ladies and Gentlemen, Distinguished Guests:

I have great pleasure in extending to you a cordial welcome on behalf of Keio University and the Keio University Medical Science Fund. I am particularly grateful to those scientists who traveled such far distances from every part of the world in order to participate in this symposium, the first Keio University International Symposium for Life Sciences and Medicine. The special topic chosen for this occasion is "Oxygen Homeostasis and Its Dynamics," which, I believe, is essential to understand the principle of all forms of life.

There are several reasons for us at Keio University to host such an International Symposium for Life Sciences and Medicine, an occasion for international scientific exchange. To explain the reasons, I would like to give you a short history of Keio University and of the Keio University Medical Science Fund, though I will be brief.

Keio Gijuku, now Keio University, was founded in 1858 by Yukichi Fukuzawa, a pioneer of modern civilization in Japan. I assume some of you are already familiar with his personal appearance, because his portrait is on the 10 thousand-yen note of Japanese currency. In the more than 138 years since its establishment, we are proud that Keio, as Japan's oldest among 587 universities, has played a major role in developing human resources including academic, business, and political leaders. The present prime minister, Ryutaro Hashimoto, is one of our alumni. At Keio University we now have eight faculties and nine graduate schools, and among the faculties, the school of medicine is one of the most highly regarded medical schools in Japan.

Reproduced from the opening remarks given by Professor Yasuhiko Torii, the President of Keio University, at the First International Symposium for Life Sciences and Medicine

We have also been carrying out, for many years, a wide range of international exchanges with people from various countries. In this connection, I would like to tell you that Yukichi Fukuzawa, the founder, was a member of the very first mission of the Tokugawa Shogunate government to the United States in 1860. Before that year, Japan had closed its door to the world for almost 300 years until Admiral Perry (Matthew Calbraith Perry) knocked on our door in 1853.

During his visits to the United States and Europe as a member of the Japanese Official Mission, Mr. Fukuzawa realized that education was most important to the future of Japan, and therefore, after coming back to Japan, he established Keio Gijuku—now we call it Keio University—in Tokyo. Thus Keio has its origin in international exchanges and has long aimed for international exchanges of culture and science with many countries. Please understand that international exchanges such as this occasion have been one of the most important academic and social missions of Keio University from its birth.

In the fall of 1994, Dr. Mitsunada Sakaguchi, a 1940 alumnus of the medical school, donated 5 billion yen to the university expressing his wish that it be used to encourage research in life sciences and medicine at Keio University and to promote world-wide advances in biomedical sciences. Being a political economist especially interested in the nation's health-care policy, I totally sympathized and agreed with his wishes, and thus launched the Keio University Medical Science Fund on April 1995 in order to fully reflect Dr. Sakaguchi's unwavering commitment to the cause of medical progress. The International Symposium for Life Sciences and Medicine has thus been organized as one of the several projects of the Keio University Medical Science Fund whose objective is, let me stress again, to contribute to the international community by developing human resources, promoting scientific knowledge, and encouraging mutual exchange.

Time flies. The year 1996 is passing by, and as we witness the dawn of the 21st century, we realize that our society faces many problems from this century which will be carried over into the next. In the field of life sciences and medicine alone, we are still unable to completely cure cancer or AIDS. In addition, many new and unknown problems await us in the new century. We will have to overcome numerous obstacles, including diseases and problems that arise with over-sophisticated civilization and the aging of our population.

I believe that exploring new horizons in life sciences is one of the most vital tasks that we face at the dawn of the 21st century. It is equally important to ensure that the knowledge obtained through these horizons is used in ways which bring genuine happiness to humankind. Conceived in the belief and philosophy I have described, Keio University has organized this first Keio University International Symposium for Life Sciences and Medicine. It is therefore more than a pleasure, and indeed an honor, for me to meet you distinguished medical researchers from world-renowned institutions, and to share and exchange views and opinions in the field of medicine and the life sciences. I also am grateful for the efforts of the organizing committee, chaired by Professor Yuzuru Ishimura, who devoted themselves to making the symposium a high-quality and enjoyable one.

Finally I do hope that this symposium will be both fruitful and productive for all of you. Let me close this address now by wishing you the best of health and further success in your research. Thank you very much for your attention.

December 9, 1996 Yasuhiko Torii President of Keio University

Preface

This volume is the proceedings of the Keio University International Symposia for Life Sciences and Medicine, Long-Term Care for Frail Older People: Reaching for the Ideal System, which was held at the New North Building and the West Building 518 Hall, Mita Campus of Keio University, May 19–21, 1998.

This topic was chosen because the aging of society is an increasing concern in all advanced nations. At the forefront of concern is the problem of long-term care for frail older people, who need some degree of assistance to lead a decent life. In all nations this assistance comes from family, from community, from the market, and from government, but there is no consensus on how these responsibilities and costs should be divided up, and how care should actually be provided. Therefore, we felt that a conference focused on a particular topic, the ideal long-term care system for frail older people, would be of value. We had in mind the following key issues. What are the key factors to worry about? How can we deal with them? Where should we go from here, in terms of both research and practical planning?

The occasion for this conference is that Japan has just enacted a new public, mandatory program of Long-Term Care Insurance. It is likely to cost some \$50 billion a year in the next decade or so. Interest in how this program and long-term care in general can and should work is wide-spread among Japanese government officials, health-care and social-service professionals, scholars, and the general public. We expected these discussions to have a substantial impact in Japan (the proceedings are being published in Japanese by Chuuou Houki). Moreover, because our approach is generic rather than system-specific, we felt confident that these ideas will contribute to a broader international discussion as well.

Our symposium, which was the fourth of this series, was unique in that it was not focused on biomedical science, but on the clinical aspects of long-term care and systems. We therefore invited a multidisciplinary group of experts from within Japan, and from Denmark, Germany, the Netherlands, Sweden, United Kingdom, and the United States, as well as a representative from the OECD (Organisation of Economic Co-operation and Development). In total, 27 participated, 14 from overseas and 13 from within Japan. The disciplines included medicine (geriatrics, rehabilitation medicine, nursing home medicine), nursing, social work, gerontology, political science, economics, and sociology. Because we recognized the importance of real-life situations, we invited not only academics but also people with practical experience and responsibility in provider organizations, government, and journalism.

The organization of the symposium was also unusual. All participants were asked to write short papers on a topic that we suggested, based on our knowledge of their expertise and expected contribution to the conference. We asked that they draw on real examples and general consideration from their own experience and the literature, rather than reports on research projects and so forth. To provide some orientation to the situation in Japan, we sent out information on its health and social service systems, including an article on the new long-term care insurance (see the Appendix). These papers were published and distributed before the meeting in a Special Issue of the *Keio Journal of Medicine* (Vol. 47, Suppl. 2). To maximize the time available for discussion, the papers were not formally delivered at the conference. The revised versions of these papers are included in this volume.

The meeting was divided into eight sessions. The first four sessions lasted the entire morning or afternoon and were organized according to the following themes.

- 1. Family and social care: The role of the family, relationship between formal and informal care, the role of professionals.
- 2. Clinical aspects: How physicians and nurses deal with long-term care, boundaries between acute and long-term care, the role of education, training and research.
- 3. Macroeconomic and macropolitical setting: The extent of public responsibility, manpower issues, financing and political support.
- 4. Program design: The role of housing and other sectors, how to decide eligibility, the role of care managers, how to develop services.

We as editors grouped the papers according to these themes, and for each session asked a member to make a short introduction and summary,

which was followed by comments from a discussant. The rest of the time was spent on discussion among the participants.

The fifth session was a short one in which the participants were divided into four groups defined by these themes to discuss the main issues and come up with suggestions for the conclusion. The sixth was also short to initiate a discussion of how all the factors we had talked about can function to improve the life of a frail older person. The seventh discussed the preliminary summary of our conclusions (based on a draft by the Organizing Committee).

The eighth and final session was a public symposium in which we presented our conclusions briefly and heard short presentations from several of the conference participants. More than 400 academics, policymakers, practitioners, and students attended, and although the time was limited, the discussion was lively and interesting.

We organized our meeting this way because the problems surrounding frail older people are so difficult and so interrelated. We hoped for an open dialog among people of different disciplines from countries that have contrasting policies toward long-term care. As the discussion represents the real essence of our meeting, we as editors spent some considerable time summarizing it in this volume. We hope our efforts have succeeded in catching some of the animated discussion and the cross-fertilization of ideas, which we felt were very productive and exciting.

We wish to thank all participants for their contributions. To the Organizing Committee members, those who made the introduction and summary or were discussants, or sat on the panel in the public symposium, we extend our special thanks for their extra efforts. We are grateful to the American Geriatrics Society and the Japan Medical Association for their endorsement of the conference. We were greatly helped by the excellent simultaneous translation made by Communicators and the detailed transcriptions prepared by John Traphagan. We could not have managed without the untiring administrative support of Hiroshi Ohin, Junko Shimane, and Hajime Ebihara, the Conference Secretariat, and Keita Yamauchi and Ikuko Tominaga as assistants. Finally, we would like to express our gratitude toward the staff of Springer-Verlag, Tokyo, for their untiring support.

August 1998 John C. Campbell, Naoki Ikegami The Editors

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