



Excerpts from

Japan Society for Dying with Dignity Newsletter  
No. 194, July 1, 2024

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The “Freedom from Pain” activities to be carried on.**
- **Living Will Square – Like-minded people from all over the country**
- **Little Light House Project Guide - Decision support website for healthcare choices during the last phase of life**

**Results of “telephone medical consultation” in  
FY2023 summarized**

**Both the number of consultations and the number of  
consultations by content has increased  
Is this a “casual place for consultation?”**



“My 91-year-old mother choked on her food and had to be put on a ventilator. The doctor said that she will never regain consciousness and that her brain was presently in a vegetative state. We gave my mother’s Living Will and a letter of her wishes to the doctor but we were told that the ventilator could not be removed for ethical reasons. I was advised to have a bronchotomy done on her, but can I refuse?”  
(60+ years old / Male)

“My 55-year-old sister collapsed half a month ago and was diagnosed with subarachnoid hemorrhage. She is currently in a long-term care hospital, requiring “Nursing Care Level

4,” and she is on nasal tube feeding. She has been advised to have a gastric bandage placed so that she can move to another facility in the future, but should she accept it?”  
(58 years old / Female)

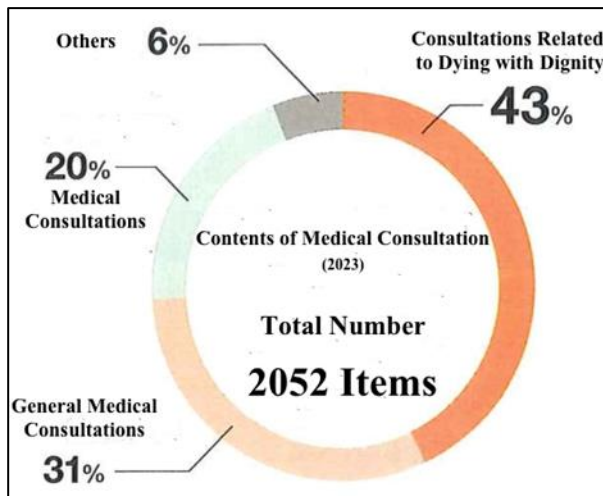
“The other day, I fell and broke my ankle. As this brake is very serious, I began to wonder how serious it would be if I had a broken a femoral bone in my hip? I would like to know about diet and exercise programs to strengthen my bones.”  
(71 years old / Female)

“I regret that I could not give my mother, who died at the age of 94, a dignified death at the end of her life. It was painful to remember when I saw the article in your bulletin. I called here because I couldn’t tell anyone about my feelings”  
(65 years old / Female)

“I joined because I thought that although euthanasia was not possible but death with dignity was possible. All of my close friends have now passed away, and I have no one with whom to talk. I have lived long enough and so I have no regrets. It would be nice if there was a place where I could die pleasantly....”  
(94 years old / Female)

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The “telephone medical consultation” from April 2023 to March of the following year returned to its pre-Corona status regarding the consultation content due to the “transition to Class 5” of Corona. Our consultants (three nurses) continued taking turns responding by phone and e-mail. The results of the consultation for fiscal year 2023 have just been compiled. The number of consultations was 757, a significant increase compared to the previous two years (704 and 502). The ratio of men to women is now 163 to 594. The trend that women are overwhelmingly the majority remains unchanged. The number of cases by content (multiple items per case) is 2052, a significant increase compared to the past two years (1868 and 1159.)



### “Only Just listening”

Looking at the content of consultations by category, 891 (43%) of the consultations were related to medical care (regarding death with dignity), followed by 638 general medical consultations and 403 mental health consultations, for a total of 1041 (51%). This ratio remains almost unchanged from the previous year. In last year’s report, we analyzed and reported that “general medical consultations may have increased as it has come to be recognized as a place where people can feel free to consult.”

A significant 74% of the consultation subjects were identified as “themselves,” 13% sought consultation about their parents, and 9% about their spouses. This ratio is almost the same as the previous year. A 104-year-old woman said, “I am in an institution and have no one to

talk to. I have no reason to live. I have lived long enough and want to be picked up as soon as possible.” The counselor said, “I just want to listen to what you have to say.” She said, “Ah, I thought they wanted me to listen to them.”  
(Gunji, writer)

## Report from “Medical Consultation”

### “Morphine Friends Society” dissolved

### The “Aiming for Freedom from Pain” activities have taken over

Dr. Yoshiko Kato (80 Years old), a consultant physician for the Japan Society for Dying with Dignity’s “Medical Consultation” and advisor to the Tohoku Branch, has retired this March (2024) from the Yamagata Sanyudo Hospital, where she had worked for many years. Dr. Kato has practiced the “Yamagata University Method of Morphine Therapy” for patients suffering from pain other than cancer. The “Morphine Friendship Group” was established by patients who had been relieved from pain by Dr. Kato and had been active regularly for 15 years as a place to exchange information, but it was dissolved upon her retirement. Although it has been disbanded, the activities of doctors and patients aiming for “freedom from pain” are introduced here in the hope that they may be helpful to the Japan Society for Dying with Dignity (JSDD) members in choosing “pain-free medical care at the end of life.”



#### **What kind of pain do you treat other than cancer?**

Many non-cancer pain patients visit the palliative care outpatient clinic at Sanyudo Hospital.

“Yamagata University method of morphine therapy” has been used for non-cancer pain, and Dr. Kato’s morphine therapy has been used for various intractable diseases with pain, including motor disorders such as scoliosis, pain from herpes zoster (early and reliable pain relief to prevent neuralgia), and traumatic pain. However, somatoform disorder (in which patients express their mental distress and suffering due to stress as physical pain), trigeminal neuralgia, migraine headaches, etc., were not subject to morphine treatment.

#### **Freedom from pain through proper use of pain medicine.**

Since “only you can understand your pain,” doctors and patients must understand and help each other to provide suitable treatment.

- ① Communicate correctly in your own words with the doctor. Tell the doctor when, where, and how the pain started.
- ② Seek appropriate pain treatment at an early stage of your illness because it is difficult to recover from chronic pain later on if you don't do so.
- ③ Medical personnel should be good understanding partners of patients.
- ④ Be a patient who uses medications appropriately and develops self-control of your pain.

- ⑤ Do not isolate yourself; seek emotional stability with the help of family, friends, and people you trust.
- ⑥ Patients should communicate their experiences to healthcare professionals and society and spread understanding of non-cancer pain treatment.

While patients have experienced the joy of being relieved from unbearable pain by taking morphine, they have also suffered from the prejudice and misunderstanding of those around them. However, they learned through the support of doctors and pain information exchange meetings. They recognized that morphine is the best painkiller when used properly, allowing them to take it long-term through self-management. After the dissolution of the “Morphine Friendship Group”, all the patients were taken care of by many doctors, including Dr. Mayumi Yamakawa and Dr. Hiroshi Kawamura, the directors of the Tohoku Branch of the Japan Society for Dying with Dignity (JSDD.)

### **Expecting increases in the future**

The Japan Society for Dying with Dignity’s (JSDD’s) “Medical Consultation” receives many consultations concerning non-cancer pain, such as “It’s inevitable because of aging” or “I should be able to bear it,” which are hurtful words and cause mental and physical discomfort due to the mental pain of not being understood, leading to depression. The pain of not being understood causes psychological and physical discomfort, and many patients spend their time in a depressed state.

Compared to cancer, where patients are considered for palliative care from the time they feel pain, medical narcotic (e.g., morphine) treatment for non-cancer pain is only provided by some physicians and is not sufficiently widespread. As we enter a hyper-aged society, the number of patients suffering from pain due to age-related musculoskeletal, respiratory, cardiac, renal, and other diseases is expected to increase. In order to help patients to have a peaceful “final stage of life” while alleviating pain through treatment according to the cause, the medical consultation service will continue to provide information that will serve as a bridge between medical professionals and the faithful.  
(Medical Consultant: Nurse Chihoko Hirabayashi)



## **The profound effects of the Living Will**

**Ms. Chizuru Kobayashi, 72 years old /Saitama prefecture**

I went to the Kasukabe-City public lecture on April 28 (Sunday). The public lecture was a thought-provoking event, featuring two insightful talks: “Death with Dignity and Euthanasia - Consideration from Overseas Situation” and “Advance Care Planning (Life Conference.”)

I have been able to attend lectures in relatively easy areas in which to travel. As far as I know, the Japan Society for Dying with Dignity’s (JSDD’s) lectures are the only ones that enables us to confirm how to live in the present through “death.” Since “illness” and “death” vary from person to person, there is no obvious right answer or definitive conclusion. Still, one of the reasons I keep attending these lectures is the indescribable sense of relief I get from each one. Also, getting to the venue requires time coordination, public transportation connections, and Route Check work on foot, which is also a good stimulus.

The regular distribution of the newsletter and these lectures and talks at each district salon have led to three-dimensional action, which is a plus. On the day after the lecture, a member I met for the first time asked “If you are going take a train, I would like to accompany you to the station as I am also taking the train?” On the way to Kasukabe Station, we had a very fruitful conversation about our motives for joining the Japan Society for Dying with Dignity (JSDD) and how to seek medical care.

I feel that the Japan Society for Dying with Dignity (JSDD) and the effects of the Living Will are profound. I am sure that I will make some wonderful discoveries and encounters in the future, and with such expectations, I am now on my way home, determined to live each day in good health.

## **“I moved to Okinawa...”**

**Ms. Kimiko Ishiguro 83 Years old/ Okinawa Prefecture**

“a few months after my husband died of Parkinson’s disease, my brother said, “Let’s go to Okinawa for a change of pace.” “My children are already independent, and I am the only one at home.”

“In early February 2017, the temperature at Hokuso Rail: Imba-Nihon-idai Station in Chiba Prefecture, where I lived, was about 4 degrees Celsius, and I boarded the train, rattling and shivering from the cold. When I arrived in Okinawa, I rented a car to go to my hotel and went sightseeing on the way. It was my first time in Okinawa, and the small flowers on the roadside looked colorful and they looked like were smiling at me. It was, my first time in Okinawa.” “I also visited the beautiful castle located there, which is called Shuri Castle. The temperature I saw at the store then was about four degrees Celsius. I told my brother, “I want to live in Okinawa.” And my brother replied, “That’s fine.” So, I took a trip there to look for an apartment in March and April and bought a pre-owned apartment. Then, in May, the day before my 76th birthday, I moved to Okinawa. The homemakers on both sides of my apartment were kind and invited me to a karaoke and dinner.”

“My current lifestyle consists of walking about around 6,000 steps every day and playing table tennis once a week. I also learned watercolor painting and how to play the ukulele at a nearby culture school, but these classes had lasted only a short time. I discontinued using my car the year before last, but before that, when my children came to visit me, I used to drive them around the prefecture. Looking back, I am relieved that we could drive without having any accidents. I usually communicate with my children by e-mail about the weather and their daily lives.”

### **“My sister collapsed, and I often think about her”**

**Ms. Michiko Shimasaki 75 Years old / Tokyo**

“Last fall, my sister suddenly collapsed from a cerebral hemorrhage. She managed to survive, but she has been in a sleepy state for a while. I have been interested in death with dignity and death in old age for a long time, I am healthy now but I joined the Japan Society for Dying with Dignity (JSDD) in January this year.”

“The other day, when I visited my sister, she was still in bed, but she looked at the pictographs “morning” and “light” hanging on the wall for a while with her eyes open. I wondered then if my sister had begun to have hope for life and healing even though she could not speak, and I said to her, “I will happily push you in your wheelchair so that we both can go to the hot springs in Atami.”

I could not stop crying as I say this.

I am not a religious person, but rather, I am a fatalist; I have been able to accept life, death, and aging since I was 70 years old, and now I am enjoying my celibate life. The two verses below.

(1) In old age, the first thought is health, the second is money, the third is people, and the fourth is having a purpose in life.

(2) Refrain from doing anything; know what is good for you in moderation.

### **For the day of departure**

**Ms. Kyoko Yamashina, 77 Years old / Okayama Prefecture**

A woman I knew who lived alone had died suddenly. The call came from the police station. She probably did not want to have a forensic autopsy, but she might have been satisfied with her death after drinking as much as she wanted without having dementia. However, it is not good to be unready or unprepared.

As for me, being her remaining female friend, I first looked for her relatives, but there was no one. Even if there was, they may refuse to accept my request. In any case, I could not leave them unattended, so I paid the utility bills and suspended some, returned the pension book, insurance card, etc., cleaned the room, and managed to return the room key to the landlord.

I took this as a stone from another mountain. I put it in a case with a Living Will issued by the Japan Society for Dying with Dignity (JSDD), a written document with contact

information, details about the belongings and funeral service, a letter that I want to be sent out after my death, and an Ending Note. And place it on the table with the words “For the day of departure” written on it. In addition, I will prepare a set of clothes to wear on the day of my departure.

Blooming profusely!!  
**Poppies competing and enjoying  
life.**

Photo by/Asako Arai (Nagano Pref.)





## “The Little Lighthouse Project” Guide

### Emergency room visit after declaring a Living Will?

#### Three Tips You Need to Know

“Episode of end-of-life care.”

89 years old, end-of-life care for mother/Hokkaido)

One day, she suddenly collapsed in front of the caregivers and went into cardiac arrest. When the Group Home contacted me, I told them that she had the Living Will, but because of the Group “Home’s rules, they rushed her to the emergency room.

There are too many different situations that cannot be introduced in the episodes surrounding the ambulance. In this issue, we will try to guide you through the "Three Tips to Know" on how to deal with Living Will and "CPR".

**1 If you call an ambulance, assume that CPR will be given.**

Cardiopulmonary resuscitation is the duty of an EMT. Cardiopulmonary resuscitation is a series of medical procedures such as cardiac massage, inotropic drugs, electric shock, and tracheotomy. Be aware of the fact and knowledge that cardiac massage for the elderly is sorrowfully painful for the patient, with the possibility of broken ribs and subcutaneous bleeding all over the body

**2 Do not call an ambulance even in case of an emergency.**

The above is a rule for family members who wish to die with dignity, choose home medical care, and care for their loved one while using home medical care and home nursing services.

Even if you know this in your head, you understand the feeling of rushing to call 119 (Emergency call number in Japan) in an emergency. In preparation for such an emergency, “Write down your desires on a piece of paper and post it where everyone can see it, along with a quick contact number where you can be reached.”

(1) Do not call an ambulance.

(2) Call your family doctor and wait.

(3) Doctors and nurses will come.

(4) It is okay to wait until then.

(5) “I can just lean in close and wait, that's the best care” and have time to sing as though you were at a part of a ritual of magic. Give it the best care and time to cast it like a spell. Repeating it aloud to yourself will have a definite effect. Please give it a try.



**3 If you call an ambulance... ..which is human nature; it happens to everyone!**

Fire departments and fire headquarters nationwide are organizing and expanding the system to deal with people who do not want CPR and to “respect their wishes as much as possible.” For example, CPR can be discontinued at the Tokyo Fire Department if certain requirements are met and the operation flow is followed.