



Excerpts from

Japan Society for Dying with Dignity Newsletter
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So Kuramoto, Screenwriter "We Need More Hospices and Palliative Care"

In April, a talk event titled “*A Hospice for Furano – A Call for Compassionate Care*” was held in Furano, Hokkaido, the home base of screenwriter So Kuramoto, who also serves as an advisor to the Japan Society for Dying with Dignity (JSDD). Speaking before a crowd of around 300 attendees, Kuramoto called for action: “Hospices and palliative care services are concentrated in urban areas, leaving rural communities without access. Something must be done about this.”

After the talk, we spoke with Mr. Kuramoto about issues he couldn’t fully address on stage—his thoughts on end-of-life care, his deepening reflections on death now that he is 90, life in Furano's nature, and the current state of Japanese television drama.

Interviewer & Editor: Takeshi Gunji (also photography)



A Hospice for Furano, A Deeply Personal Wish

— Today’s talk event was titled “*A Hospice for Furano*”, and your passionate message really came through. You mentioned the painful passing of “Koji-san,” a longtime staff member who shared nearly 40 years of joy and hardship with you, and also spoke about your brother-in-law’s experience with palliative care. Was that the inspiration for today’s theme?

Kuramoto: That was a major factor, but it wasn’t the only one.

— You also mentioned that while the number of hospices and palliative care wards in Hokkaido has doubled over the past 15 years to 22, there still isn't one in Furano.

Kuramoto: That's right. There isn't. Furano does have a general hospital called the Kyokai Hospital, but it mostly employs doctors dispatched from Asahikawa Medical University. Facilities providing terminal care, like hospices, are concentrated in big cities, and people in rural areas like Furano can't access them even if they want to. That's the reality. I've long believed we need more hospices in places like this.

— You've had an interest in end-of-life care for some time, haven't you?

Kuramoto: Yes, I wrote a drama called *"The Garden of Wind"* about a doctor with terminal cancer. I've been interested in palliative and end-of-life care ever since. That's why I've long wanted to see a hospice in Furano, and it's what inspired this talk event.

— So, this has been a long-standing desire of yours.

Kuramoto: But you know, running a hospice takes money. You need doctors, nurses, medical staff, and volunteers—lots of people. It's not something we can do alone. We need the cooperation of the city and local government. I really wish the mayor had come to hear the talk today.

He Just Wanted Relief From the Pain

— In your emergency statement titled *"And Koji was gone"*, published in JSDD's newsletter *Living Will* No. 182 four years ago, you vividly described how Koji died in extreme pain, his wish for relief unmet. You pleaded with the nurses to ease his suffering: "Can't you make it easier? Please do something." But your request couldn't be granted. Your hope for a peaceful death for him was never realized.

Kuramoto: The young night-shift nurse probably wasn't authorized to increase the morphine dose. Most likely, she wasn't permitted to make that kind of medical decision.

— That's understandable.

Kuramoto: I don't blame the nurse who did everything she could that night. But I couldn't help wondering: What was unfolding before my eyes—was it really humane? Isn't it inhumane to *not* relieve pain when it's possible? Should that be acceptable?

— In your statement, you also wrote about medicine: "What bothers me most is that medicine still upholds the ancient dogma of 'reverence for life' as its supreme value, while forgetting its other essential mission—to free people from pain and suffering."

Kuramoto: That's exactly what I think. Isn't the doctor's job to relieve patients of pain and suffering? And by the way, do you know which department most med school graduates want to go into now? (Pauses) Cosmetic surgery.

— Yes, I've heard that.

Kuramoto: What are doctors doing if they're not dealing with life? Is there a job more important than preserving life? I don't get it—what does it matter if someone's nose is slightly higher? While some doctors profit from cosmetic procedures, others dedicate themselves to saving lives every day. Palliative care doctors are doing amazing work too. I just don't understand the contradiction.

Euthanasia Has Become a Taboo

— Earlier, you talked about "relief from pain and suffering." How do you feel about euthanasia?

Kuramoto: I think Japanese people should consider it more seriously and from multiple perspectives. It's strange how our society treats euthanasia like a taboo.

You know, this might seem like a tangent, but Japan once had cultural customs like the world depicted in *"Narayamabushiko"* by Shichirō Fukazawa. There were traditions like

“Ubasute”—abandoning the elderly to die in the mountains. You can still find traces of similar thinking among some of the world’s Indigenous peoples. But modern civilization erased such practices by labeling them unscientific or inhumane. I’m not saying whether that’s good or bad, but I do think it’s strange how we now avoid talking about what “the end” should look like, including those perspectives.

— You’re saying we should face the issue head-on and think it through. In your interview for *Living Will* No. 168 seven years ago, you said, “While I’m still in good health, I want to make a final decision for myself.” You also mentioned that perhaps the definition of “dying with dignity” should be broader—that if someone feels they’ve truly lived enough or lost all desire to go on, maybe it should be acceptable for them to choose death.

Kuramoto: I still think so. I’ve turned 90, and if I were to feel that I’ve lived enough, I believe I should be allowed to make that choice. People say, “Life is the most precious thing,” but I’m not entirely convinced that’s always true.

— Your desire for a hospice also stems in part from your brother-in-law’s experience, correct?

Kuramoto: Yes. He suffered for years from bone marrow cancer. Eventually, he was admitted to a hospice in Arima Onsen, where he was finally freed from unimaginable pain. When I visited him right after his admission, his face had completely changed. It had been dark and pained, but now he looked bright, like a different person. That hospice allowed alcohol and cigarettes. He lived there for several months before passing away—peacefully, with a gentle expression on his face.



People Keep Disappearing from My Phone Book

— At today’s event, you said something like, “These days, when people around me die, I don’t feel much anymore. Maybe I’ve become cold.”

Kuramoto: I wasn’t like that when I was younger. I felt very differently back then.

— Recently, Ayumi Ishida, who appeared in *From the Northern Country*, passed away. Before her, Kunie Tanaka, Hideji Ōtaki... even Kenichi Hagiwara and Ken Ogata...

Kuramoto: Yes... Once you live to be 90, death stops being something unusual. It’s not that I’m cold—it just doesn’t surprise me anymore. I find myself thinking, “Ah, so they’ve

died.” My heart doesn’t stir. One by one, my close friends are disappearing from my phone book.

I live out here in Furano, surrounded by nature, and I see all kinds of animals, but never any dead bodies. I walk every day and still never see them. I wonder what’s going on.

— Probably other animals eat them, don’t you think?

Kuramoto: Yeah, I suppose they get eaten. I once saw a grey heron being attacked and eaten by a hawk—that’s the only time I’ve witnessed it.

— You once wrote that for us humans, clothing, food, and shelter are all necessities—but even more important are air and water. And those are created by forests.

Kuramoto: Yes, for me, forests are the origin of life. But forests include so many different elements... Maybe it’s better to say “nature is the origin.”

— And that’s the idea behind your “Furano Nature School,” right? To let children experience the forest?

Staff: That’s right. Every year, especially in the summer, around 4,000 elementary and junior high school students—and some adults too—participate.

— You were evacuated twice during your childhood, right? Once to Yamagata and once to Okayama.

Kuramoto: Yes, I was born in Tokyo, but those wartime evacuations had a big impact on me. Even before that, though, my father used to take me hiking with members of the Wild Bird Society of Japan. He was close friends with the founder, Godo Nakanishi. So I was immersed in nature from a very young age.

You should start with wisdom, not just knowledge

— “To change the topic completely, *From the Northern Country* was a groundbreaking moment in Japanese television drama history. What do you think of today’s dramas?”

Kuramoto: They’re terrible.

— You mean the scripts are bad?

Kuramoto: The scripts, and everything else. We need to go back to basics—scripts, directing, everything. I believe we have to start again from zero. There’s still so much potential in television, but no one’s trying to explore it.

— You mean, the remaining possibilities?

Kuramoto: Without fundamental skills, there’s no way to explore those.

— Then building up basic ability is essential.

Kuramoto: Exactly. I ran the Furano School for 26 years, but in the end, we didn’t raise many talents. That might be partly my fault too”

— Oh, surely not.

Kuramoto: There’s something wrong with how people approach TV drama. In my case, I never had a teacher. No mentor. I just devoured books by brilliant seniors. I started writing lines by jotting down conversations I overheard in the streets. Not many people have that kind of drive these days.

— Do you think TV drama still has a future?

Kuramoto: Not unless you begin with wisdom, rather than knowledge. If you start from textbooks or theories, you end up just mimicking your predecessors.

— I see. Today, we’ve covered everything from the final stage of life to the future of television drama. Thank you so much for your time, especially when you’re tired.

[Emergency Statements]

And Koji was gone

Overview of Newsletter No. 182 (July 2021)

By So Kuramoto

"Koji," a staff member from the founding days of the Furano Juku and also a member of the Japan Society for Dying with Dignity, died of cancer at the age of 62. He was the one who built the log cabins and lodges used in the drama *From the Northern Country*. About two and a half years ago, he was diagnosed with cancer. It was already stage 4, and he came to tell me, "They said I have about two years left." At the time, he was in the middle of building his own house and said, "I want to die in that house."

Because of a connection through my work on the drama *The Wind Garden*, I had maintained a friendship with a former professor of palliative care at Asahikawa Medical University. With his help, we were able to establish close communication between Koji's doctor at the hospital in Furano—where there were no palliative care specialists—and the palliative care expert. Thanks to this, Koji was able to continue working while receiving chemotherapy at home.

In the second year, the side effects of the chemotherapy began to appear, and the pain must have become quite severe. Then, in November 2020, he suddenly attempted suicide. He slashed his neck in two places with a knife, and when he couldn't die, he tried to drill a hole in his heart using an electric drill. Another staff member found him covered in blood and called an ambulance. He was taken to the hospital and survived.

I rushed over and showed Koji's membership card for the Dignity Society to the palliative care doctor who had flown in from Asahikawa. I pleaded for "release from suffering." The doctor replied, "Understood," but out of concern, he consulted an internist. The internist's response was, "There's still hope. A new drug may come out, so please don't give up."

When I called the former palliative care professor, he responded angrily, "Is internal medicine still saying things like that?"

In January, Koji's cancer metastasized to his stomach, but he continued to fight the disease at home despite the pain. He began receiving steroids and opioids, but the effects were not clearly visible. On March 14, his blood oxygen saturation, which should have been around 97–98, dropped to 60. Unable to bear it any longer, Koji called an ambulance himself and was admitted to Furano Kyokai Hospital.

Due to the COVID-19 emergency protocols, we had to plead with the hospital to allow one of our staff members to stay with him, which was eventually permitted. At 1 a.m. on the 17th, I got a call from the staff and rushed to the hospital. Koji was writhing in agony on the bed. No matter how much oxygen he took in through the mask, it didn't seem to reach his body. He made voiceless cries, and only his labored breathing echoed through the hospital room. His oxygen saturation had dropped to 40. It was an unimaginably brutal and inhumane moment.

I begged the nurse, "Isn't there any way to make it easier for him?" But it was not granted. How could something so cruel be allowed to happen? Denying him a peaceful end when it could have been provided—is that not torture? Is that not inhumane? Can this truly be permitted? Has "medicine," whose mission should also include "release from suffering," forgotten one of its essential purposes?

By focusing too narrowly on "prolonging life," we are avoiding serious discussion of issues like death with dignity and euthanasia, treating them as taboos. I find that deeply troubling. That afternoon, Koji took his final breath.

So Kuramoto

Born in Tokyo in 1935, So Kuramoto is a screenwriter, playwright, and director. His real name is Kaoru Yamatani. After graduating from the University of Tokyo with a degree in Aesthetics from the Faculty of Letters, he joined Nippon Broadcasting System in 1959. He left the company in 1963 and began a successful career as a screenwriter.

In 1974, he moved to Hokkaido, and in 1977 relocated to Furano, where he garnered widespread attention for the television drama *From the North Country*, set in Furano. In 1984, he founded the “Furano Juku,” a training school for young actors and screenwriters, which he led for 26 years. In 2006, he also launched the “Furano Nature School,” a project that involved reforesting a closed golf course and using the site to promote environmental education programs.

His notable works include the television dramas *Dear Mother*, *Yesterday*, *at Kanbetsu*, *Gentle Time*, *The Garden of Wind*, and *Yasuragi no Sato*, among many others. His film credits include *Station* and *The Silence of the Sea*.

Results Compiled for FY2024 “Telephone Medical Consultations”

While the Total Number of Consultations Decreased, Inquiries Related to “Dying with Dignity” Increased Proportionally

“I’ve been on dialysis for a year, even though I was told it would just be for a six-month trial. After each session, I feel exhausted and miserable, so I asked to stop. But I was told that if I stop, fluid will build up in my lungs and I’ll suffer even more. This way, dying with dignity is impossible. I ordered and read *The Day I Stopped Dialysis*. I think it should be possible to stop with the help of palliative care, but apparently, it’s not easy.” (81-year-old man)

“My husband, in his 80s, is hospitalized with multiple organ failure and sepsis. I intend to care for him at home, even without additional support. But the local home doctor said they won’t accept him unless we agree to a gastrostomy. I would like information on doctors who will accept patients even if we refuse a feeding tube.” (75-year-old woman)

“I have stage 4 pancreatic cancer. Chemotherapy hasn’t helped at all and only caused terrible diarrhea as a side effect, so I want to stop treatment. Despite repeated discussions, my doctor and I can’t agree. Would it be a problem if I decided to stop treatment on my own?” (68-year-old man)

“I live alone and have trouble walking, so a helper does my shopping once a week. Yesterday I tried going out myself, but because my voice is weak and my movements are slow, I was treated rudely. That night, I couldn’t sleep, wondering if someone like me should really still be alive.” (90-year-old woman)

“My daughter, in her 60s, suffers from Parkinson’s disease and severe limb pain. The Society often discusses cancer-related pain and palliative care, but I hope they will also address pain from non-cancer conditions more seriously.” (96-year-old woman)

The results of the “Telephone Medical Consultations” conducted from April 2024 to March 2025 have been compiled. Three trained nurses on our staff continued to respond to calls

and emails in rotation. The total number of consultations was **552**, a **decrease of 205** compared to the previous year. The gender ratio was 117 men to 435 women, continuing the trend of a majority of female callers.

The number of topic-specific issues discussed (with multiple topics possible per consultation) totaled **1,742**, down **310** from the previous year.

“We hope more people will make use of this service.”

Breaking down the topics:

- Consultations related to *dying with dignity* numbered **842 (48%)**
- General medical consultations numbered **512**
- Mental health-related consultations numbered **318**, for a combined total of **830 (48%)**

Thus, inquiries related to dying with dignity were nearly equal to the total of general and mental health consultations. In the previous year, consultations on dying with dignity made up 43%, and general plus mental health consultations accounted for 51%. This year, the proportion of dying with dignity consultations increased.

Although the total number of consultations decreased by 310, those related to dying with dignity decreased by only 49, resulting in a relative increase in their proportion.

As for the identity of the callers:

- The person directly affected accounted for **70%** of consultations
- Calls from children about their parents made up **14%**
- Inquiries concerning spouses accounted for **12%**

Compared to the previous year, consultations by the individuals themselves decreased slightly, while those concerning spouses increased.

Regarding the figure of 552 consultations received, the consultation staff commented:

“This is less than 1% of our membership. We hope more people will use the telephone medical consultation service—we truly want to be of help.”



What I Believe to Be a Good Death

Nobuyasu Kuroki, 77, Aichi Prefecture

After reading the “Bereaved Family Survey,” I felt that those who have attained an understanding of *shōyoku chisoku* (desiring little and knowing sufficiency) seem to have found a sense of satisfaction through their living will, while those still clinging to “what-ifs” and regrets appear to express dissatisfaction.

All living things carry death from the moment they are born and likely devote their lives to the preservation of their species to avoid extinction. Salmon die after spawning or ejaculating, and flowers don’t try to bloom forever. Although “birth, aging, sickness, and

death” are natural and inevitable, humans alone desire to prolong life. How we live is certainly important—but so is how we die. When the Buddha suffered food poisoning after accepting a final offering from a devout follower, he said, “I am tired. I wish to lie down,” and passed away at the age of 80, without seeking life-prolonging measures.

That’s why, even if I were diagnosed with an incurable illness, I have no desire to speak of it publicly. I told my family I would accept death in accordance with fate, and nine years ago, I joined the Japan Society for Dying with Dignity.

I read in the society’s newsletter about the 13th Annual Japanese Living Will Conference and its theme “What Is a Good Death.” Medical professionals are striving to help patients achieve such a death, but at its core, isn’t it about the individual accepting their own death? To do so, one must not be tormented by the desire for “life extension.” Only then can we meet our end peacefully.



The Joy of Being with Family

Shinsuke Kishi, 85, Tochigi Prefecture

I currently have diabetes, glaucoma, and cataracts. Following surgery on my right eye, I’m scheduled to undergo surgery on my left as well. Recently, I fell indoors and hit my head on a desk, and not long after, I fell again while riding my bicycle. I was diagnosed with chronic subdural hematoma and was told to completely stop cycling. I had already surrendered my driver’s license, so I now rely on walking or buses for transportation.

However, places like the city library, the civic culture center where various events are held, and the gender equality center are too far to reach on foot, and bus service is inconvenient.

On their days off, my eldest son and his wife, who live on the second floor of our home, kindly drive me to those places. While there, I borrow books, videos, and music CDs.

The prefectural library also has a large collection of classical music CDs, which I hope to begin using as well. Though my body has become less able, I feel that being able to live with my family brings me the greatest happiness each day.

Translation: Open AI. (2025). Chat GPT(June 20 version). <https://chat.openai.com>