Excerpts from

Japan Society for Dying with Dignity Newsletter
No. 202, July 1, 2026

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- **The 26th World Federation of Right to Die Societies International Conference in Tokyo is Approaching!**
- **From telephone and e-mail medical consultations**



The 26th World Federation of Right to Die Societies International Conference in Tokyo is approaching!

November 25–28, 2026
Venue: Toshi Center Hotel, Tokyo

The theme of this year's Conference is "MY LIFE, MY CHOICE."
Exactly fifty years have passed since the First Tokyo Conference, where the Tokyo Declaration was adopted as the guiding statement of the World Federation's mission.
Over the past half century, countries and regions around the world have established legal frameworks for Living Wills under various names, including Patients' Rights Acts and Advance Directives for End-of-Life Care, reflecting their own histories, cultures, and social values. Each has pursued the common goal of enabling a good death based on individual self-determination.
At this important moment, Japan will once again host the Conference in Tokyo—the birthplace of the Tokyo Declaration—to renew international dialogue and send a renewed Message of Dignity in Dying to the world, while building momentum toward the legal recognition of Living Wills in Japan.
With approximately four months remaining until the Conference, preparations are progressing steadily and the outline of the four-day program has now been finalized. Along with the program, we also introduce the three previous Conferences held in Japan, the historic Tokyo Declaration adopted at the first Conference, and highlights from the most recent 2024 Dublin Conference.

Schedule *(Tentative)*

Full details will be announced in the October 1 issue of the Association newsletter.

Day 1 — Wednesday, November 25

Afternoon

- Registration for overseas participants
- Meeting of the World Federation Board of Directors
- Welcome Reception
  (World Federation Board Members and Executive Officers of the Japan Society for Dying with Dignity only)

Day 2 — Thursday, November 26

Morning

- World Federation General Assembly
- **Opening Ceremony**
  Welcome Address: Yoshihiro Kitamura, President of the Japan Society for Dying with Dignity
  Opening Address: Asunción Álvarez, President of the World Federation of Right to Die Societies
- **Keynote Lecture**
  " 50 years of Expansion -- *History of the WFRtDS* " *(Tentative)*

Rob Jonquière, Former Executive Director of the World Federation of Right to Die Societies

- **Keynote Lecture**
  "Personal Account of Sean Davison; Arrested for Ending the Suffering of People in 3 Continents"
  Sean Davison, Former President of the World Federation of Right to Die Societies

Afternoon

- **Special Lecture**
  Kunio Yanagida, Nonfiction Writer
- **Symposium 1**
  Legal Frameworks for End-of-Life Care in East Asia
- **Session 1**
  General Presentations “Cross-disciplinary Topics: History, Philosophy, Education, and the Development of Autonomy”

Day 3 — Friday, November 27

Morning

- **Symposium 2**
  Dignity in Dying: Medical Assistance in Dying, Palliative Care, Palliative Sedation, and Voluntary Stopping of Eating and Drinking (VSED)
  Exploring Cultural, Historical and Ethical Diversity through Mutual Understanding
- **Session 2**
  General Presentations “Social and Relational Aspects of End-of-Life Care in Japan”
- **Session 3**
  General Presentations “International Comparisons of Medical Assistance in Dying”

Afternoon

- **Symposium 3**
  Dementia and Living Wills
- **Symposium 4**
  Withholding and Withdrawal of Artificial Nutrition and Hydration
- **Session 4**
  General Presentations “Clinical Practice and Social Perspectives on Medical Assistance in Dying”
- **Commemorative Lecture**
  Celebrating the 50th Anniversary of the Japan Society for Dying with Dignity

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Day 4 — Saturday, November 28

Morning

≪Open Exchange Session≫

- Film Screening “Peaceful Death”
- Go wish Game *(Advance Care Planning communication game)*
- Medical Consultation Corner
- Legal Consultation Corner
- Therapy Dog Demonstration and Interaction

Registration and Participation

Registration

Advance registration is required.
Please register through the Conference website on the Association's official homepage.

Registration Fees

All four days / Full access to all sessions

- Association Members:
  ¥3,000 (without lunch)
- General Participants:
  ¥5,000 (without lunch)
- Full Conference Registration with Lunch:
  ¥20,000
  (Accompanying family member: ¥10,000)

Only full three-day Conference passes are available. Single-day registration is not offered.

Commemorative Gifts

All participants will receive:

- A full-color photo and song collection featuring the popular newsletter series "Songs of the Four Seasons", including an English edition.
- A commemorative publication celebrating the Association's 50-year history: "Fifty Years of the Association: A Chronological History."

These gifts will be provided in the official Conference bag.

Refreshments and light snacks will also be available throughout the Conference for participants' enjoyment.
We warmly invite you to take advantage of this unique opportunity to learn, exchange ideas, and enjoy fellowship with participants from around the world.

About the World Federation of Right to Die Societies

The World Federation of Right to Die Societies (WFRtDS) is an international network of more than 60 organizations from over 30 countries, dedicated to promoting self-determination and dignity at the end of life.
The Federation provides an international forum for sharing information and discussing legislation, Living Wills (Advance Directives), and ethical issues surrounding end-of-life decision-making.
The Japan Society for Dying with Dignity is the Federation's sole member organization from Japan.
Its fundamental principle is:
The decision regarding one's own death belongs to the individual, and a Living Will expressing one's wishes should be respected as a fundamental human right.

Previous Conferences Held in Japan

1st International Conference – Tokyo (1976)

Only two months after the establishment of what is now the Japan Society for Dying with Dignity (then known as the Japan Euthanasia Society), preparations began for hosting the first international conference.
The conference was held in Tokyo on August 23–24, 1976, with support from *The Mainichi Newspapers*. Twelve invited delegates from countries including the United States, the United Kingdom, and the Netherlands joined nineteen representatives from Japan.
One major topic was the landmark Karen Quinlan case in the United States, which affirmed the importance of patient self-determination and greatly influenced the development of patients' rights legislation across America.
Representatives from the United Kingdom emphasized the importance of public support for legislation, while Dutch delegates raised concerns regarding active euthanasia.
The conference also established the tradition of holding the World Conference every two years.

The Tokyo Declaration
The Conference adopted the Tokyo Declaration, affirming that:

- Every human being possesses the right to freedom and dignity in dying.
- Decisions concerning one's own death belong to the individual.
- Living Wills expressing personal wishes should be respected as fundamental human rights.
- Legal recognition of such documents should be pursued.
- International conferences should continue regularly to promote cooperation and information exchange.

9th World Conference – Kyoto (1992)
Held at the Kyoto International Conference Center from October 23–26, the Conference welcomed approximately 900 participants, including representatives from 19 organizations in 15 countries.
Simultaneous interpretation in Japanese and English enabled active international discussion.



同時通訳のヘッドホーンで聞く満員の聴衆

Although protest demonstrations opposing dignity in dying took place outside the venue, the Conference proceeded successfully.
Federation President Davis emphasized that physicians have a responsibility to honor the wishes of terminally ill patients and help them achieve a better death.

15th World Conference – Tokyo (2004)
Held from September 30 to October 3 at the Toshi Center Hotel in Tokyo, the Conference welcomed approximately 500 participants, including representatives from 17 organizations in 12 countries across Europe, North America, South America, Oceania, and Africa.
A keynote lecture by Soichiro Iwao, then Director-General of the Medical Affairs Bureau of Japan's Ministry of Health, discussed the future of end-of-life care in Japan.
At the opening ceremony, Hiroshi Okuda, Honorary Advisor to the Association and Chairman of Keidanren, spoke on dignity in dying as a symbol of a society that embraces diversity.





Highlights from the 25th World Conference – Dublin 2024

The 25th World Conference was held in Dublin, Ireland, from September 19–21, 2024.
Representing Japan were President Yoshihiro Kitamura and Board Members Satoshi Mitsuoka, Kiyoko Kamibeppu, and Koichi Jinba.
During the Conference, Japan successfully presented its bid to host the 2026 Tokyo Conference, which was unanimously approved.
The first day consisted of the Federation's General Assembly, attended by approximately 70 delegates, where budgets, elections of Board members, and the selection of the next host city were conducted.
The second and third days featured a conference organized by the Irish member society, with approximately 100 participants seated at round tables for presentations and discussion. Speakers from many countries presented diverse perspectives on euthanasia, dignity in dying, and related ethical issues.
One Japanese Board member commented:
"Rather than following the structured format typical of Japanese academic meetings, participants freely shared their views from their own national and personal perspectives."







From the telephone and email medical consultations

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Dialysis or Palliative Care? A Family's Dilemma

This is a page where we introduce specific consultation cases and answers given over the phone or by email. A nurse will answer the questions, but sometimes, we will ask for the help of an advisor doctor.

Following the revision of Japan's medical reimbursement system in June this year, patients with end-stage kidney disease have become eligible to receive palliative care. As a result, our medical consultation service has been receiving an increasing number of inquiries regarding whether to initiate dialysis.
This month's consultation highlights the dilemma faced by a family who wishes to respect the patient's positive attitude toward dialysis while hoping that he can spend his remaining time focusing on comfort and palliative care.

Summary of the Consultation

My 85-year-old husband was recently told by his physician, "Your kidney function has declined, so it is time to consider hemodialysis."
My husband is willing to undergo dialysis, but recently he has become easily fatigued and his movements have noticeably slowed. I worry about how long he will be able to continue dialysis, which requires spending many hours at the hospital three times a week.
I recently read *The Day Dialysis Was Stopped* by Keiko Horikawa. The book explained that once dialysis has begun, it is often difficult to discontinue, and that even when patients reach their physical limits, they may not receive adequate palliative care.
Given my husband's age, I believe that day may not be far off. I do not want him to suffer unnecessarily.

Q: I want to respect my husband's wishes, but I am worried about his physical condition.

A: Dialysis for kidney failure is often regarded as a treatment that enables patients to make meaningful use of the time they have remaining. The decision therefore reflects each individual's values and outlook on life.
Some patients continue to enjoy their hobbies and daily activities while on dialysis, whereas others experience severe fatigue, become unable to do the things they value, and later express regret.
For older adults in particular, careful physical management is essential. Continuing dialysis also depends greatly on the support of family members, whose role should be fully recognized and respected.

Q: If my husband decides not to undergo dialysis, are there any alternatives?

A: Depending on the amount of remaining kidney function, one option is **Conservative Kidney Management (CKM)**.
CKM aims to preserve kidney function for as long as possible through medication and dietary management while gradually shifting the focus of care toward symptom relief and palliative care rather than dialysis.

Q: If my husband starts dialysis, will his Living Will and my written statement of his wishes still be respected?

A: Yes. You should provide both his **Living Will (LW)** and your **Statement of My Wishes** to his attending physician, nurses, and other healthcare professionals.
It is also important for family members to discuss and confirm where, with whom, and how he wishes to spend the final stage of his life.
We also recommend discussing these wishes with his physician in advance and documenting agreements about future situations—for example, "I'm comfortable with this treatment now, but if my condition reaches this stage, I would like my care to change in this way."

Q: Above all, I hope he will not suffer at the end of life. Can he receive palliative care?

A: Yes. Since the revision of Japan's medical reimbursement system in June, patients with kidney failure have become eligible to receive appropriate palliative care through palliative care units, home-based medical care, and outpatient palliative care services.
Although some palliative care specialists have long provided care for patients with non-cancer illnesses, this policy change is expected to expand access so that high-quality palliative care becomes available to patients with all serious illnesses, not only cancer.

Q: Once a treatment plan has been decided, can it be changed?

A: Certainly. It is quite common for patients' wishes to change as their medical condition or personal circumstances evolve.
Rather than thinking that "once a decision is made, it cannot be changed," patients and families should feel free to request further discussions whenever questions or concerns arise. Treatment goals and care plans should be reviewed and revised as needed through ongoing communication with the healthcare team.

Medical Consultant: Ihoko Hirabayashi

Translation: Open AI. (2026). Chat GPT(June 26 version). https://chat.openai.com