

授与機関名 順天堂大学

学位記番号 甲第 1457 号

在宅医療ではどのように高齢者終末期の診断をしているのか：終末期の診断の不可能性と判断のもとにケアすることの意義

(How Home Care Physicians Make Diagnosis At The Elderly End-Of-Life: Impossibility Of End-Of-Life Diagnosis And Significance Of Caregiving Under End-Of-Life Decision-Making)

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Abstract

In Japan, “Mitori”, which is caring for dying people not only in hospital but also in his/her home or care home, is becoming problematic matter of public and health. To develop a decision-making model for elderly end-of-life in home care, a semi-structured interview study was conducted with 12 home care physicians in Tokyo and other prefectures. The process of data collection and analysis followed the Modified Grounded Theory Approach and the Steps for Coding and Theorization. We set up the theme of data analysis as “diagnosis regarding the elderly end-of-life” and then drew practical instances from the data coded to establish categories. 15 categories emerged, of which five were main categories: *Impossibility of end-of-life diagnosis, Decision-making at the end-of-life, Physician’s position of terminal care, Death with a feeling of achievement, and Culture of “Mitori” in the each community’s manner of staying together until death.* Considering connections between these categories, a practical model was developed. This practical model is that diagnosis at the elderly end-of-life is not possible. However, decision-making is to be done as the starting point of asking how the patient wants to live at the end-of-life and thinking what doctors and care providers could do to support the patient and his/her families .