交流

Support for patient who have no Relatives with Difficulty in Decision-Making
自己決定困難で身寄りのない患者への支援

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キーワード：自己決定，医療ソーシャルワーカー，身寄りなし

要旨　医療ソーシャルワーカー（MSW）として勤務した急性期病院では，「自己決定困難で身寄りのない患者」の支援に苦慮した。病態は様々で変化に応じた支援が必要だが，判断能力が不十分で自ら医療行為への同意が難しい場合，またMSW の支援では生活・経済・家族との関係性・就労といった多くの問題に関する決定を行う場合，誰がどう同意を得るかが大きな問題であった。医療機関が求める身元保証人の役割は明確とはいえず，また成年後見制度の後見人は，身上監護は行えても医療機関が必要とする代諾は行えない。

筆者が実施した「自己決定困難で身寄りのない患者への支援」に関する調査のうち，(1) 家族の捜索，(2) 日常の世話，(3) 金銭の確保と支払い，(4) 金銭管理，(5) 治療方針の決定，(6) 自己決定困難な場合の倫理規定，(7) 退院支援，(8) 死後事務，(9) MSW の支援の不安・その不安の解消を取り上げ考察した。併せて「自己決定困難で身寄りのない患者」の支援に関連する厚生労働省の動き，ガイドラインを紹介し，上記調査をもとに「身寄りの無い患者さんを支援するために～よくある悩みへのヒント～」を作成したことを報告した。

「身寄りがなく自己決定困難な患者」もまた「本来自己決定の権利を有する人」と認識することが基本であり，MSW は倫理的ジレンマを抱えつつ支援している。今後は，人権の更なる保護のための法整備，多職種協働による行政を巻き込んだ支援体制作り，MSW の支援方法の構築なども必要である。

The following is a presentation given at an educational exchange workshop with the Catholic University of Applied Sciences (Germany) on September 29, 2022. I would like to express my deepest gratitude for this opportunity.

PPT1

I worked as a social worker in an acute care hospital in Fukuoka Prefecture, for over 30 years until March 2016. Based on this experience, I will present “Support for Patients who have no Relatives with Difficulty in Decision-Making”. In this presentation, social workers in medical institute will be described as Medical Social Worker (MSW), client (Cl) whom MSW supports will be referred to as patients.

Informed consent（IC）is important in health care, and it is the same in social work practice. As is well known, IC, the patient receives a full explanation and can express refusal as well as consent. In this sense, IC is the embodiment of self-determination.

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PPT 2

Patient conditions in acute care hospitals vary widely.

A. Patient is able to make self-decision from the time of admission to discharge.
B. Patient cannot make self-decision at the time of admission, but becomes able to make it afterwards.
C. Patient is able to make self-decision at the time of admission, but becomes difficult or ambiguous afterwards.
D. Patient has difficulty or ambiguity from the time of admission to the time of discharge.

In addition, after discharge from an acute care hospital, a patient may enter another type of hospital or facility, as described in A through D, too. In C and D, the patient is unable to fully express his/her thoughts and decisions, or not at all. Therefore, the staff cannot obtain IC and are unsure of the decision. Under such circumstances, medical institutions require a guarantor even when the patient is capable of self-determination, and in many cases, it is a family member or relative. Guarantor systems for employment were established in 1933, but in hospitals, the law doesn't define. Also, their role is not clear [1, 2].

PPT 3

The roles required of a guarantor are generally as follows.

・Substitution when the patient is unable to decision-making.
・Payment of medical and other expenses.
・Arrangements for discharge or transfer from the hospital.
・Response in the event of death（Acceptance of the body in case of death）

Professor Yamagata, University of Yamanashi Graduate School makes the following points[3]. "It is a widespread custom at many medical institutions to ask for a guarantor at the time of hospitalization. And guarantors are expected to play a role similar to that of a family member, covering everything from payment of medical expenses to daily care. Some medical institutions are not aware that the absence of a guarantor is not a valid reason for refusing admission"

Professor Jinno of Hiroshima Law School stated the following. "Patients with impaired judgment due to dementia or other reasons are unable to give consent to medical treatment on their own, and in such cases, the question arises as to who can give consent and according to what procedures[4]. The law in our country is currently silent on this issue. Under these circumstances, physicians and medical staffs believe that they cannot be legally blamed for medical practices backed by sufficient knowledge and skills, and they are currently providing medical care based on professional ethics and conscience, with sufficient explanation and consent from patients and their families." The situation is similar for social work.

There is also a long-standing discussion about whether guardians in Adult Guardianship should be allowed to substitute medical care. However, it has not allowed under current law. If you have no relatives, a friend may become your guarantor. But, because of the financial burden that may arise, few are willing to become guarantors. And friend cannot substitute for medical care.

If a patient has been under "adult guardianship" prior to hospitalization, the guardian can take physical custody. There is a reality that guardians are required by medical institutions to consent on behalf of their patients. It has been discussed for many years but is not allowed under current law. The situation is very different from that in Germany.

PPT 4

Here, we review the situation of the over-65s in Japan. Percentage of all households with a person

aged 65 or older in the 2019 is 49.4%. This trend is also likely to increase as the number of elderly people increases.

PPT 5

The slide shows the percentage of the population over 65 years of age living alone. In 2020, it is 13.9% for men and 21.9% for women, but in 2035, it is estimated to be 16.3% and 23.4% respectively.

PPT 6

This slide shows "Percentage of aged 65 and over who have no one to turn to in need" The percentage of single male households with no one to rely on is 20%, which is higher than that of single female households. There is concern that the number of elderly people living alone will further increase in Japan in the future, and that the number of patients without a guarantor at the time of hospitalization due to lack of relatives will increase.

PPT 7

Therefore, a survey was conducted in 2017 to identify what social work is practiced for "patients who have no relatives with difficulty in decision-making" and what the challenges are. Surveys are conducted with due ethical consideration. Based on the survey, a "Collection of Tips for Supporting Patients who have no relatives" in 2019. The survey and the creation of a collection of tips was the subject of a paper in 2020. This collection of tips will be discussed later. And the survey will also be presented briefly[5].

Purpose of the survey: To identify responses and issues in supporting "patients with self-determination difficulties and no relatives" by members of Fukuoka Medical Social Workers Association.
Survey targets: Fukuoka Association members (MSWs) who are practicing social work at medical institutions.
Survey: assistance to patients intervened by MSWs from April 2016 to March 31, 2017. The number of patients intervened was determined by 0, 1–3, 4–10, 11–20, and 21 or more patients.
Methods: Quantitative survey using a self-administered questionnaire method.
Questionnaires were sent to 440 respondents and 117 responded.

PPT 8

Definition of "Patients who have no Relatives with Difficulty in Decision-Making" in this survey: Patients who are in A or B and whose family members (within the fourth degree of kinship) are in C to J when they are consulted or involved with the MSW. Creation of a survey form: Problems that are difficult to deal with regarding "Patients who have no Relatives with Difficulty in Decision-Making" are identified and categorized by 18MSWs, and survey items was set accordingly.

PPT 9

The survey items are shown in the slide. Nine of these items are described below.

PPT 10

(1) 67.3% of the respondents had experienced requests to search for the identity and family members of patients, confirming the growing awareness of the need to deal with patients without relatives. 93.7% had experienced requests from nurses at their institutions, and 72.2% had experienced requests from physicians, indicating that MSWs are the point of contact for handling such

requests.

The MSWs also contacted the government (welfare department, municipal office) and care manager's office to search for the person. In addition, they also consulted the police (20.3%).

Unless similar cases are verified at each medical institution to organize the search process and, if necessary, a manual involving government agencies is developed, future searches are likely to become more and more difficult.

PPT 11

(2) Someone else needs to take care of the patient (e.g. purchase of clothing and daily necessities, laundry, etc.), which is usually done by family members. 77.9% of the MSWs were consulted, followed by administrative staff, ward staff, friends, MSWs, private vendors, and care managers.

On the other hand, a friend of the patient may offer to take care of the patient. In the survey, 51.1% of the caregivers were friends, which makes them important key persons. Although the staff of medical institutions, including MSWs, sometimes question whether these are their duties, one can imagine the situation in which they have no choice but to carry them out in the absence of family members. Sometimes this care is outsourced to private contractors. This is "a business that provides services related to personal guarantees, daily life support, and after-death matters, mainly for elderly persons living alone," but it is difficult to combine this with money and contracts.

PPT 12

(3) How to obtain and pay medical and living expenses is also an issue. 93.8% of the MSWs consulted on financial issues such as checking income status, medical expenses, and living expenses. They then consulted with the public assistance department or other agencies. Consultation with the Public Assistance Division was high at 92.5%. It is presumed that this is because patients often consult with the public assistance section first, as they are unable to obtain information about family and finances from the patients. When daily necessities are needed, a system should be in place to prepare them according to a set procedure. For this purpose, a manual should be prepared at medical institutions and made available in cooperation with nurses. It is also important to establish a system to consider health insurance confirmation and application for the Public Assistance Law in cooperation with clerical staff.

It is assumed that the 50% of care managers includes cases where, even though information on care managers was not obtained from the patients or their relatives, friends or care managers searched for patients who had disappeared from their homes and learned where they were hospitalized, and fortunately were able to identify them.

Regarding money management, the Ministry of Health, Labor, and Welfare's "Guidelines and Case Studies" issued in July 2022 lists examples of cases where a person without relatives can make self-determination. However, it does not provide measures for those who are unable to make such decisions.

PPT 13

(4) 80.5% of MSWs received consultations on money management. MSWs then contact rights protection services/adult guardianship centers, etc. for consultation.

MSWs manage money in hospitals the most, at 51.1%. The MSWs are the most responsible for money management in hospitals at 51.1% of the respondents. The situation in which they are forced to manage the money is understandable, but it could call into question their responsibility

and the management system of the hospital organization. It is necessary to check receipts and disbursements by more than one person, thoroughly record receipts and disbursements, utilize the rights protection program, consider the adult guardianship system at an early stage, and create hospital rules.

When a "petition to the mayor of the municipality" for adult guardianship is required, it takes several months to have a guardian selected, which cannot be accomplished, especially during hospitalization in an acute care hospital where hospital stay is limited. It would be desirable for the guardian to be able selected and support to be initiated in cooperation with the hospital or facility to which the patient is to be transferred. However, the harsh reality is that if a guardian has not been determined in the first place, the patient will be denied transfer to a hospital or admission to an institution.

PPT 14

(5) In treatment policy decisions, 69.6% of MSWs were consulted. The first method of deciding on a Treatment plan was consultation with relevant parties (78.2%), followed by in-hospital conferences (2nd), physician judgment (3rd), and an in-hospital ethics committee (4th). Friends (59%) were the third most common source of consultation regarding treatment decisions.

The "Guidelines for the Decision-Making Process of Medical Care in the Final Stage of Life" were revised (2018) to include close friends, etc. in addition to family members as "persons presuming the person's will."

The Ministry of Health, Labor and Welfare (MHLW) explains, "In view of the increasing number of single-person households in the future, the MHLW has defined the target group of trusted persons as family members, etc." Added close friends and others has an expectation that information from friends, who are close to the patient and know the patient's daily life, can reflect the patient's intention.

Hospital ethics committees were involved in 29.5% of treatment decisions. These committees can discuss the best interests with regard to patients with self-determination difficulties. In Japan, hospital ethics Committees mainly reviews "clinical trials" and "research". However, there is a need for a hospital ethics committee with a mechanism to discuss difficult intervention cases. MSW should also make efforts to establish such a committee and discuss difficult intervention cases in this ethics committee.

PPT 15

(6) Regarding the question "Does your medical institution have a code of ethics for cases in which the patient has difficulty making a decision?" Yes 37.7%, No 28.1%, Unsure 34.2%

In cases where it is unclear whether or not there is a code of ethics, MSWs need to confirm the existence of such a code as soon as possible.

If it is clear that there is no code of ethics, it is an important role for MSWs to encourage their medical institutions to propose the necessity of establishing one.

In the question "Are advance directives (confirmation of the patient's own thoughts on medical treatment) prepared (set or recommended) and are they utilized?" little or no use 50.5%, actively used 14%.

In Japan, advance directives are not yet legally binding, and even if a medical professional fails to provide medical care in accordance with an advance directive, there are no legal penalties.

Advance directives are not yet fully recognized or considered in Japan, as there is a deep-rooted belief that people avoid talking about death.

PPT 16

(7) 79.5% of MSWs were unsure of the decision regarding the patient's discharge destination. Although the discharge destination should normally reflect the patient's wishes, the MSWs were unsure because the patients were unable to decide. In such cases, the most common response was to discuss the situation with the concerned parties (94.4%), followed by discussion at an in-hospital conference in second place (59.6%), 3red is continued hospitalization if a decision could not be made (15.7%). Life after discharge from the hospital should have the opportunity to be fully discussed with friends, care managers, and the government.

However, we assume that support is often neglected due to the early discharge policy, MSWs not having enough time to deal with many cases, and lack of experience in dealing with such patients.

PPT 17

(8) 61.9% of the MSWs had problems dealing with patients after their death. The top problems were the absence of a person to claim the body (77.1%), arrangements for cremation (72.9%), and disposal of belongings, including money (67.1%). It is believed that there are no rules within medical institutions and few collaborations outside and within hospitals where MSWs can consult. Since it is difficult to know the patient's intention, MSWs can only provide support based on guesswork.

Therefore, they are troubled by ethical issues such as whether the support they provided matched the patient's intentions, which is thought to be connected to the dilemma in support discussed below.

PPT 18

(9) The first concern that MSWs felt in their support was "whether what we selected and supported was in line with the patient's wishes," The second was "support methods have not been established," The third was "there is no one in the medical institution who can make decisions together with the MSWs."

PPT 19

Next, we asked what MSWs think is necessary to resolve these concerns. The first was "building partnerships with multiple professions outside the medical institution," the second was "building a support system within the medical institution," and the third was "sharing information to resolve troubled cases." Based on the responses in these two questions, we found that MSWs have many concerns and that more cooperation in their own medical institutions, community officials, and a mechanism for such cooperation, are essential to alleviate some of these anxieties. Such actions could help alleviate the ethical dilemma felt by MSWs. If this action is understood by the public, it could also provide a certain level of security for those who are transported from their homes or nursing homes to medical facilities.

PPT 20・21

Recently, many such guidelines have been presented. However, in Japan, people who are unable to make self-decisions due to injury, illness, or disability are not fully understood as having the right to self-determination. In addition, training for decision-making support has only just begun. Advanced directives and wills are also an issue in Japan. Social workers practice in accordance with the Code of Ethics for Social Workers, which is based on the International Federation of Social Workers' Global definition of Social Work.

In "Ethical Responsibilities to Clients," we MSWs will focus on "Respect for Self-Determination" and "Decision Support," both of which are closely related to this presentation.

"Respect for Client Self-Determination" states that "Social workers respect the client's self-determination and ensure that the client fully understands and uses his/her rights."

"Dealing with Clients' Decision-Making" states that "Social workers will always use the best methods to advocate for the interests and rights of clients with decision-making difficulties."

The Standards of Conduct for Social Workers also provide more specific actions, but we omit them here[6].

PPT 22

One way to alleviate some of the concerns of MSWs and collaborate with other professions in the community is to create a "collection of tips", based on the survey. This cooperation with lawyers will continue. The section shows how to provide support separately for cases in where the person has no relatives but can make self-determination, and for cases in where the person is unable to make self-determination.

PPT 23

8 items from 21Q are shown on the slide.

PPT 24・25

Conclusion

The survey found that several interventions are being offered to "Patients with no relatives and difficulty in Decision-making". MSWs are aware that considering the Code of Ethics, such patients are also "persons with the right to self-determination". However, we also found that MSWs are confused and anxious because of Supported Decision Making (SDM) for these patients, and the laws and services surrounding them are still inadequate. Essentially, in social work practice, social workers do not solve problems on behalf of clients. However, in supporting patients who have no relatives and have difficulty in self-determination, they are often forced to act on their behalf, and it is thought that they are practicing with even more ethical dilemmas.

In the future, laws should be developed to better protect the human rights of such patients by reviewing the adult guardianship system and other systems. It is also important to cooperate with lawyers, the government, care managers, and citizens to create future support systems, and to seek and build support methods as social workers.

One way to do this was to create a "collection of chips", based on the survey, in consultation with MSWs and lawyers. This corroboration will continue.

The MHLW prepared a collection of case studies in July 2022. Although still inadequate, it answers many questions that supporters have and is helpful to MSWs. We look forward to further progress on these developments[7].

Thank you very much for your kind attention.

注　釈

1　身元保証人　昭和八年法律第四十二号「身元保証ニ関スル法律」
https://elaws.e-gov.go.jp/document?lawid=308AC1000000042　2022年12月12日アクセス

2　萩谷雅和「就職時の身元保証人とは？」暮らしの法律 Q&A 国民生活７　No.107　p29　2021.7
https://www.kokusen.go.jp/pdf_dl/wko/wko-202107.pdf 2022年　2022年12月12日アクセス

3　山縣然太郎 「医療現場における成年後見制度への理解及び病院が身元保証人に求める役割等の実態把握に関する研究」平成29年度厚生労働科学研究費補助金　厚生労働科学特別研究事業
平成29年度 総括・分担研究報告書　P3　平成30(2018)年３月
4　神野礼斉「医療行為と家族の同意」広島法科大学院論集12号　P224　2016年
大塚文・森川尚子ほか「自己決定困難で身寄りのない官舎への支援に関する一考察－福岡県医療ソーシャルワーカー協会会員調査とヒント集作成から見えてきたこと－」医療と福祉 No107 Vol.54-No.1　pp61-69　2020-10
5　厚生労働省 社会・援護局地域福祉課 成年後見制度利用促進室　検討テーマに係る関係資料（意思決定支援ガイドライン）令和３年６月２日
https://www.mhlw.go.jp/content/12000000/000786189.pdf 2022年12月12日アクセス
6　厚生労働省 研究代表者 山梨大学大学院総合研究部医学域 社会医学講座 山縣 然太朗「身寄りがない人の入院及び医療に係る意思決定が困難な人への支援に関するガイドライン」に基づく事例集
令和 3 年度厚生労働科学研究費補助金（地域医療基盤開発推進研究事業）
「身寄りがない人の入院及び医療に係る意思決定が困難な人への支援に関する研究」班
https://www.mhlw.go.jp/content/000976428.pdf 2022年12月12日アクセス

September 29,2022

KatHO x HBGU
International Educational Exchange

Support for Patients who have no Relatives with Difficulty in Decision-Making

HBG University, Faculty of Human Health Science
Prof. Dr. Aya Ohtsuka

1

Patient conditions in acute care hospitals vary widely.

Patient
A. is able to make self-decision from the time of admission to discharge.
B. cannot make self-decision at the time of admission, but becomes able to make self-decision afterwards.
C. is able to make self-decision at the time of admission, but becomes difficult or ambiguous afterwards.
D. has difficulty or ambiguity from the time of admission to the time of discharge.

In C and D, the patient is unable to fully express his/her thoughts and decisions, or not at all.

Medical institutions require a guarantor(身元保証人), and in many cases it is a family member or relatives.

The role is not clear

2

The roles required of a guarantor are generally as follows.
・Substitution when the patient is unable to decision-making
・Payment of medical and other expenses
・Arrangements for discharge or transfer from the hospital
・Response in the event of death(Acceptance of the body)

Professor Yamagata University of Yamanashi Graduate School
・It is a widespread custom at many medical institutions to ask for a guarantor.
・Guarantors are expected to play a role similar to that of a family member.
・Some medical institutions are not aware that the absence of a guarantor is not a valid reason for refusing admission.

There is also a long-standing discussion about whether guardians(後見人) in Adult Guardianship (成年後見制度) should be allowed to substitute medical care. However it has not allowed under current law.

3

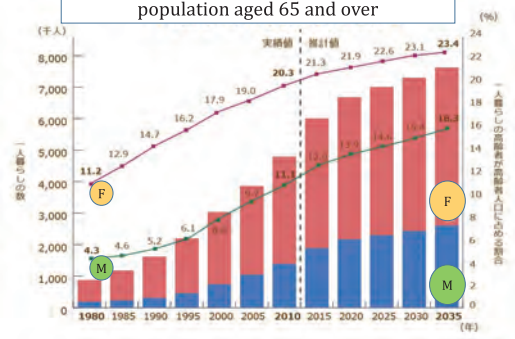
Households with a person aged 65 or older 2021

Households with a person aged 65 or older

Percentage of all households with a person 65 or older

4

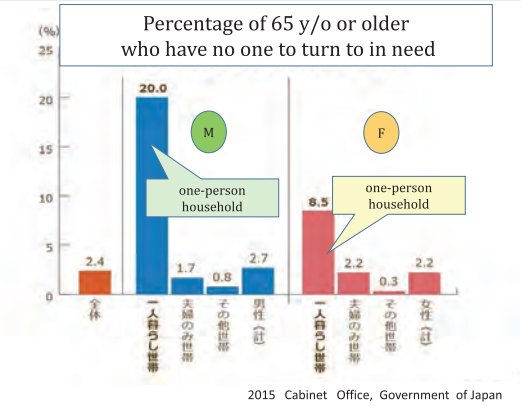
Percentage of elderly living alone in the population aged 65 and over



2015 Japan Government Cabinet Office

5

Percentage of 65 y/o or older who have no one to turn to in need



2015 Cabinet Office, Government of Japan

6

The survey in 2017

"Collection of Tips for Supporting Patients without Relatives“ 2019

Purpose:
To identify responses and issues in supporting
"Patients who have no Relatives with Difficulty in Decision-Making“
by members of Fukuoka Medical Social Workers Association.

Survey targets:
Fukuoka Association members(MSWs) who are practicing social work
at medical institutions.

Survey:
Assistance to patients intervened by MSWs from April 2016～March 2017
The number of patients intervened was determined
by 0・1-3・4-10・11-20, and 21 or more patients.

Methods:
Quantitative survey using a self-administered questionnaire method.
Questionnaires were sent to 440 and 117 responded.

7

Definition of "Patients who have no Relatives
(within the fourth degree of kinship)
with Difficulty in Decision-Making" in this survey

A. Patient does not have the capacity to make decisions
B. Patient's judgment is ambiguous and cannot make a decision
C. Family members are dead or do not exist
D. The patient is no longer living with his/her family and their whereabouts cannot be confirmed.
E. The patient has family, but they are unreachable because they have lost contact with the patient or their contact information is unknown.
F. Family members exist and contact information is available, but they refuse to be contacted or provide assistance.
G. Family members exist and accept contact, but refuse to provide assistance.
H. Family members are available and accept contact, but provide only limited assistance (unable to).
I. Family members exist, but they themselves have problems and cannot make decisions.
J. No information on family members is available at all.

8

経過 process	項目 item
hospitalization	(1) 家族の捜索 Searching for family members
while hospitalized	(2) 日常の世話 Daily living needs
	(3) 金銭の確保と支払い Securing and paying money
	(4) 金銭管理 Money management
	(5) 治療方針の決定 Treatment policy decisions
	○ 行政などの手続き Procedures of government 【割愛 leaving out】
	(6) 自己決定困難な場合の倫理規定 Code of Ethics for Difficulty in Decision-Making
	(7) 退院支援 Hospital Discharge Support
post-discharge	○【割愛 leaving out】
time of death	(8) 死後事務 Postmortem affairs
Others	(9) 支援の不安・その不安の解消 Anxiety in Support・How to resolve anxiety

9

(1) Searching for family members

- 67.3% of the respondents had experienced requests to search for the identity of family members of patients, confirming the growing awareness of the need to deal with patients without relatives.
- 93.7% had experienced requests from nurses at their institutions, and 72.2% had experienced requests from physicians, indicating that MSWs are the point of contact for handling such requests. (Multiple response items)

10

(2) Daily living needs

- Someone else needs to take care of the patient , which is usually done by family members (purchase of clothing and daily necessities, laundry, etc.).
- 77.9% of the MSWs were consulted, followed by administrative staff, ward staff, friends, MSWs, private vendors, and care managers. (Multiple response items)
- A friend of the patient may offer, "I can't be a guarantor, but can take care of them". 51.1% of the caregivers were friends.
- Although the staff of medical institutions, including MSWs, sometimes question whether these are their duties, one can imagine the situation in which they have no choice but to carry them out in the absence of family members.

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(3) Securing and paying money

- How to obtain and pay medical and living expenses is also an issue. 93.8% of the MSWs consulted on financial issues such as checking income status, medical expenses, and living expenses.
- Consultation with the Public Assistance Department (生活保護課) was high at 92.5%.
- When daily necessities are needed, a system should be in place to prepare them according to a set procedure. For this purpose, a manual should be prepared at medical institutions and made available in cooperation with nurses.
- Regarding money management, the MHLW'(厚生労働省)s "Guidelines and Case Studies"(2022) lists examples of cases. However, it does not provide measures for those who are unable to make such decisions.

12

(4) Money management

- 80.5% of MSWs received consultations on money management. MSWs then contact rights protection services(権利擁護センター)/ adult guardianship centers(成年後見センター), etc. for consultation.
- MSWs manage money in hospitals the most, at 51.1%. The MSWs are the most responsible for money management in hospitals at 51.1% of the respondents.
- The situation in which they are forced to manage the money is understandable, but it could call into question their responsibility and the management system of the hospital organization.
- It would be desirable for an adult guardian to be selected and support to be initiated in cooperation with the hospital or facility to which the patient is to be transferred.

13

(5) Treatment policy decisions

- 69.6% of MSWs were consulted.
- For deciding on a treatment plan
  Consultation with relevant parties (78.2%)
  By in-hospital conferences (59%)
  Physician judgment (39.7%)
  In-hospital ethics committee (29.5%) (Multiple response items)
- Public assistance department(75.4%)
- Institution in which the patient was admitted(63.0%)
- Friends (59%) ・Care manager(57.4%) (Multiple response items)
- The "Guidelines for the Decision-Making Process of Medical Care in the Final Stage of Life" were revised (2018) to include close friends, etc.

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(6) Code of Ethics for Difficulty in Decision-Making

- Yes (37.7%) No (28.1%) Unsure (34.2%)
- In cases where it is unclear whether or not, MSWs need to confirm the existence of such a code as soon as possible.
- If it is clear , it is an important role for MSWs to encourage their medical institutions to propose the necessity of establishing one.
- Use of advance directives
  Little or no use (50.5%) Case by case (35.5%) Actively used (14%)

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(7) Hospital Discharge Support

- 79.5% of MSWs were unsure of the decision regarding the patient's discharge destination.
- Although the discharge destination should normally reflect the patient's wishes, the MSWs were unsure because the patients were unable to make a decision.
- Discuss the situation with the concerned parties (94.4%)
  Discussion at an in-hospital conference (59.6%)
  Continued hospitalization if a decision could not be made (15.7%)
  (Multiple response items)
- There should be an opportunity to fully discuss life after discharge with friends, care managers, and the government. However, we assume that support is often neglected due to the early discharge policy.

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(8) Postmortem affairs

- 61.9% of the MSWs had problems in dealing with patients after their death.
- Absence of a person to claim the body (77.1%)
  Arrangements for cremation(火葬) (72.9%)
  Disposal of belongings, including money (67.1%)
  (Multiple response items)
- There are no rules within medical institutions and few collaborations outside as well as within hospitals where MSWs can consult.
- Therefore, they are troubled by ethical issues such as whether the support they actually provided matched the patient's intentions.

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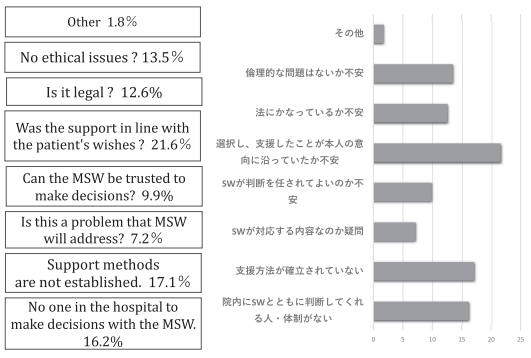
(9) Anxiety in Support



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(9) How to resolve concerns anxiety (cont'd)

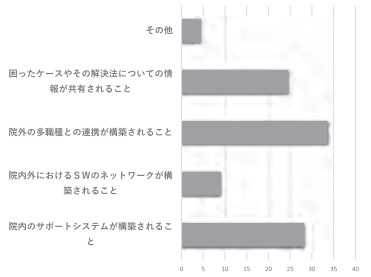
Other 4.5%

Sharing information on cases of problems and their solutions 24.5%

Building partnerships with multiple Professions outside the hospital 33.6%

Networking inside and outside the hospital 9.1%

Building a support system in the hospital 28.2%



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"Collection of Tips for Supporting Patients without Relatives"(2019)

By Fukuoka Social Worker Association

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Movement of the MHLW

- Guidelines for the Decision-Making Process for Medical Care at the End of Life 2007（終末期医療の決定プロセスに関するガイドライン）
- Guidelines on the Decision-Making Process for Medical Treatment and Care at the End of Life 2022（人生の最終段階における医療・ケアの決定プロセスに関するガイドライン）
- Enactment of the Act on the Promotion of the Use of the Adult Guardianship System 2016（成年後見制度利用促進法施行）
- Basic Plan for the Promotion of the Use of the Adult Guardianship System 2017（成年後見制度利用促進基本計画）
- Guidelines for guardianship affairs based on decision-making support 2020（意思決定支援を踏まえた後見事務のガイドライン）

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"Collection of Tips for Supporting Patients without Relatives" 2019
「身寄りの無い患者さんを支援するために～よくある悩みへのヒント～」

How do I go about identifying and locating patient's family members?
身元の確認・家族等を捜すにはどのようにしたらよいでしょうか。

How should the patient's personal environment be maintained?
身の回りの環境整備はどのようにしたらいいでしょうか？

How can I verify a patient's income?
収入状況を確認するにはどのようにしたらよいでしょうか？

How should the patient's medical care finances be managed?
療養上の金銭管理はどのようにしたらよいでしょうか？

How do I pay for the patient's utilities, phone bill, etc?
光熱費、電話代などの支払いはどのようにしたらよいでしょうか？

What is Advance Directive? 事前指示書について教えてください。

How do I handle the retrieval of a patient's body?
ご遺体の引き取りはどのようにしたらいいでしょうか。

8 items selected from 21 items

How should I dispose of patient's belongings and money?
遺品・金品の処分はどのようにしたらいいでしょうか。

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Movement of the MHLW (cont'd)

- Guidelines for decision-making support for the provision of welfare services for persons with disabilities 2017（障害福祉サービス等の提供に係る意思決定支援ガイドライン）
- Guidelines for Decision-Making Support in Daily Life and Social Life of People with Dementia 2018（認知症の人の日常生活・社会生活における意思決定支援ガイドライン）
- Refusal to be hospitalized at a medical institution solely because of the absence of a guarantor, etc. 2018（身元保証人等がいないことのみを理由に医療機関において入院を拒否することについて）
- Guideline on support for persons without relatives and persons with decision-making difficulties in medical care 2019（身寄りのない人および医療における意思決定が困難な人の支援に関するガイドライン）
- Guidelines on Support for Persons without Relatives and Persons with Difficulty in Decision-Making in Medical Care Casebook 2022（身寄りのない人および医療における意思決定が困難な人の支援に関するガイドライン事例集）

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conclusion

- The survey found that various of intervention are being offered to "Patients with no relatives and difficulty in Decision-making".
- MSW are aware that, in light of the Code of Ethics, such a patients are also "person with the right to self-determination".
- However, we also found that MSWs are confused and anxious because of SDM (Supported Decision Making)for these patients and the laws and services surrounding them are still inadequate.
- In social work practice, social workers do not solve problems on behalf of clients. However, in supporting these patients , they are often forced to act on their behalf, and it is thought that they are practicing with even more ethical dilemmas.

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Conclusion (cont'd)

- In the future, laws should be developed to better protect the human rights of these patients by reviewing the adult guardianship system and other systems.
- It is also important to cooperate with care managers, governments, and citizens to create future support systems, and to seek and build support methods as a social worker.
- One way to do this was to create a "collection of tips", based on the survey, in collaborate with MSWs and lawyers. This cooperation will continue.
- The MHLW prepared a collection of case studies in July 2022. Although still inadequate, it answers many questions that supporters have and is helpful to MSWs. We look forward to further progress on these developments.

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