Tamago Building Health Lecture

〈Bringing Out the Strengths of the Elderly〉

Dr. Tetsuo Kashiwagi, Director Emeritus of Hospice, Yodogawa Christian Hospital

and Professor Emeritus, Osaka University

February 25, 2023

【Greeting from Dr. Ishigaki.】

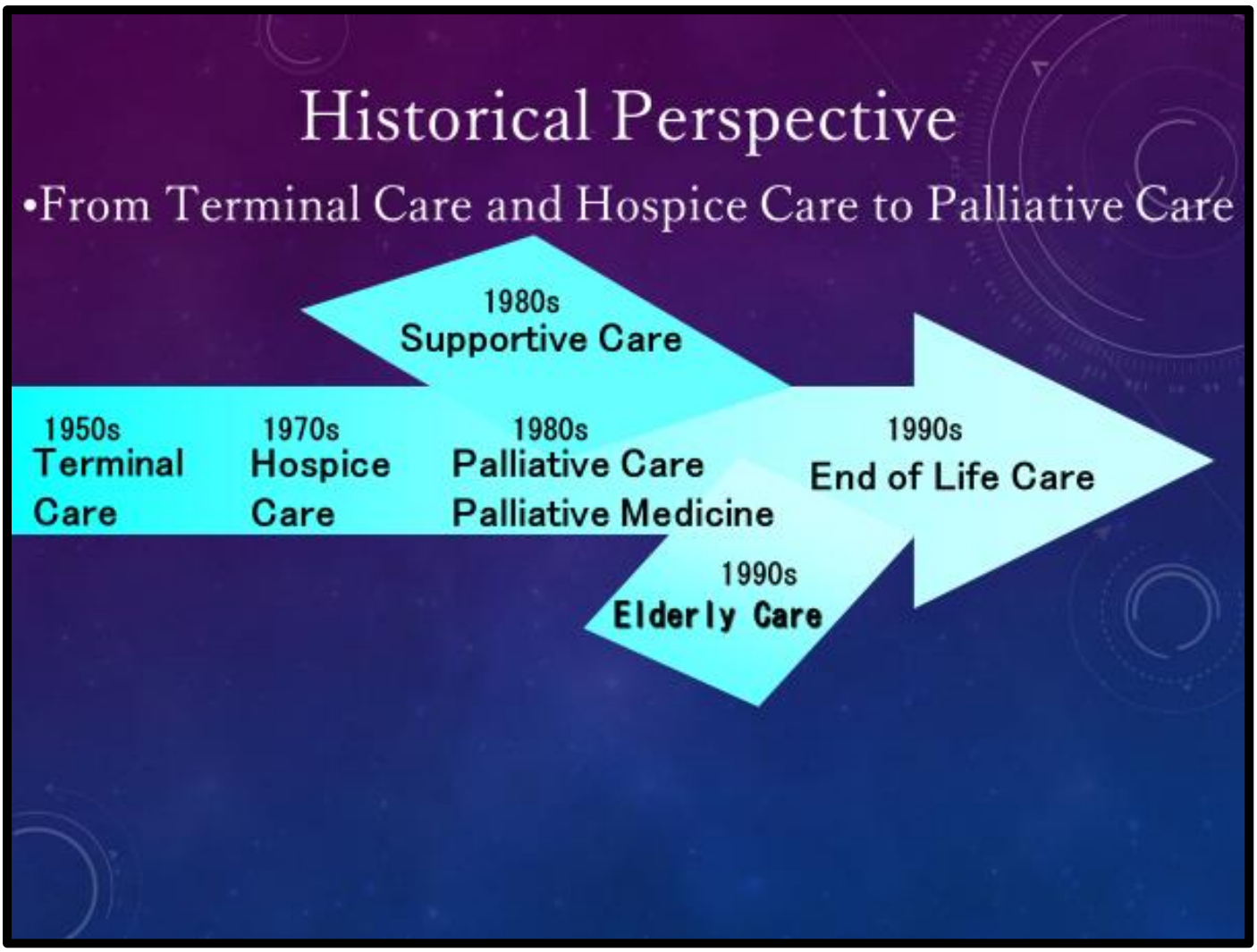
Dr. Ishigaki.

Hello everyone, I am pleased to announce that Dr. Kashiwagi will finally be giving a lecture. Thank you very much for coming today. So, this is my book *The Medical Revolution by Adjustment of Internal Organs*. It was published in 2005, and I think everyone has a copy. In this book, I have quoted Dr. Kashiwagi's achievements. Let me read just a few lines. It is page 204 of *Medical Revolution by Adjustment of Internal Organs*. "*Cancer notification. Those who accept and those who give up. In Chapter 6, we thought about how to live well without being cared for, but eventually we will face death. The causes of death vary, but many people get cancer and die in agony. Dr. Tetsuo Kashiwagi, a physician who treated many terminal care cases and established a hospice, has analyzed the psychology of terminal cancer patients in an easy-to-understand way, so I will quote from his book End-of-Life Medicine: From the Field of Hospice.*" It has been 17 years already. He has been active as a pioneer of hospice in Japan, and he is still working energetically. Now, Dr. Kashiwagi, please give us your lecture.

【Lecture by Dr. Kashiwagi】

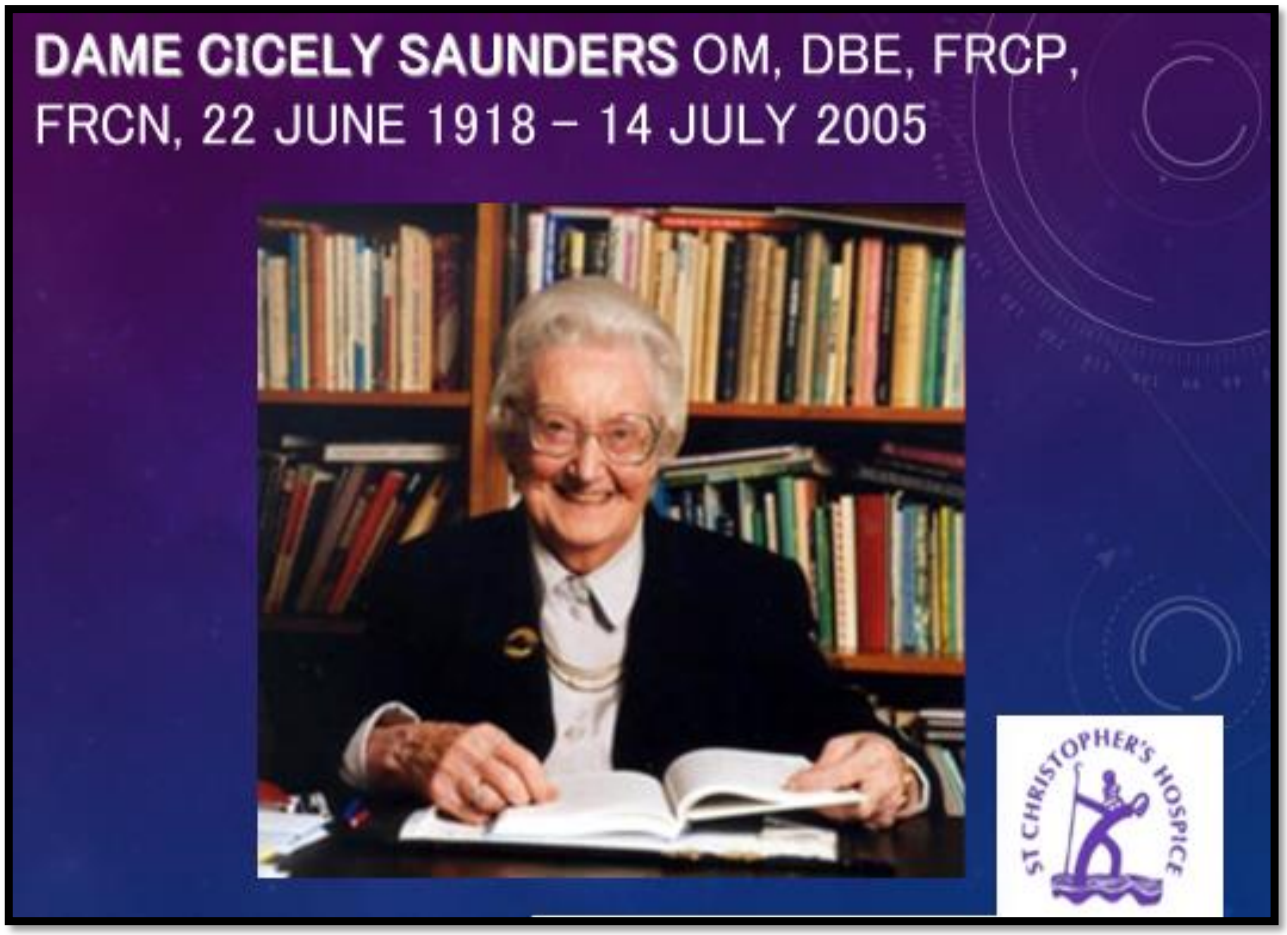
Dr. Kashiwagi

My name is Kashiwagi. I am pleased to meet you. I have been working in hospice for a long time, and I have chosen to speak today on "The Heart of Hospice". I have been involved in hospice for more than 50 years, and when I started, I wanted the word "hospice," whatever it means, to become more common. I had a strong desire for the general public to understand what hospice is when they hear the word "hospice". A magazine wrote something very interesting: "A word is spreading throughout society. Whether the general public knows it or not depends on whether the taxi drivers know it or not. This is a very interesting idea because taxi drivers take passengers from all walks of life and with all kinds of jobs. In this way, the taxi driver naturally learns what is currently being talked about in the world from the conversations of the passengers. So, if taxi drivers are aware of this, it can be assumed that the word is spreading in society. This is very convincing. It's embarrassing to think about it now, but I got into the habit of asking, "Driver, do you know what hospice is?" every time I got into a taxi. The most shocking experience was when I had some business at the Ministry of Health and Welfare, so I took a ride from Tokyo Station to the Ministry. I asked the driver if he knew what a hospice was, and he said, "Is that a new kind of hostess?" I was not surprised. But as expected from Dr. Kashiwagi. I can't say it myself, but I said, " Hospice and hostess are similar. In fact, the etymology is the same. I will show you later, but both hospice and hostess comes from the word hospitium. The same with hotels. So does hostel. The word hospice comes from the word hospitium, and the deeper meaning of the word hospitium, or the original meaning of the word hospitium, is "kind hospitality". The word "hospitality" also comes from hospitium. I want to start from this point.



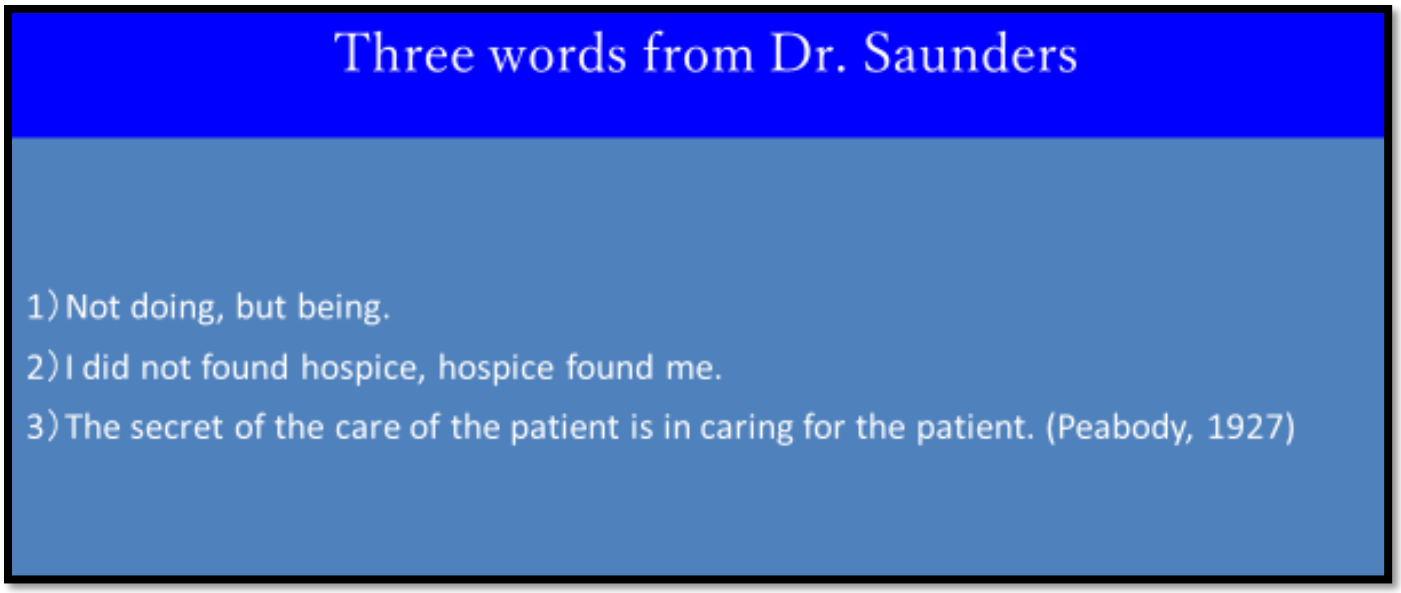
Dr. Kashiwagi

This is a historical change, but things have a history. It was in the 1950s that I finally became interested in terminal care, and the term "terminal care" existed. It became very common. As it became more common, there were side effects. Terminal hotels all over Japan began to change their names. When you hear the word "terminal," it sounds like the end of an era. Osaka station on the Shinkansen bullet train line. This used to be the Osaka Terminal Hotel. Without my knowledge, it became Hotel Granvia. Without my permission. I called the attendant. I think I was trying very hard at that time. I asked him, "Well, why did you change the name to Hotel Granvia? He said apologetically "Well, the word 'terminal' is a bit..." "Oh, I see. I am actually in charge of terminal care." "No, no, I am sorry. The terminal is not the end of the line at an airport. It is a transfer point. So, I think "Terminal Hotel" is a very good name to help make the connection smooth. From this shore to that shore. People. Everybody crosses over. From this world to the next. But if you don't make the crossing right, there are times when it's extremely difficult. It can be dangerous. So, we get together, we build a beautiful, beautiful boat, and we take the people who want to cross from this shore to the other shore, and we make sure that they cross safely. That is terminal care. In the 1980s, the words "palliative care" and "palliative medicine" were introduced, and the term "palliative care" was used instead of "hospice care". The term "palliative care" is now becoming very popular instead of "hospice care". And although it is not yet common, if you look at articles in English, you will see many references to end-of-life care. Whenever the term "end-of-life care" becomes famous worldwide and is published in a journal, Japanese people import it, and I believe that the term will be used more and more in the future. Well, I have just told you a little bit of history.



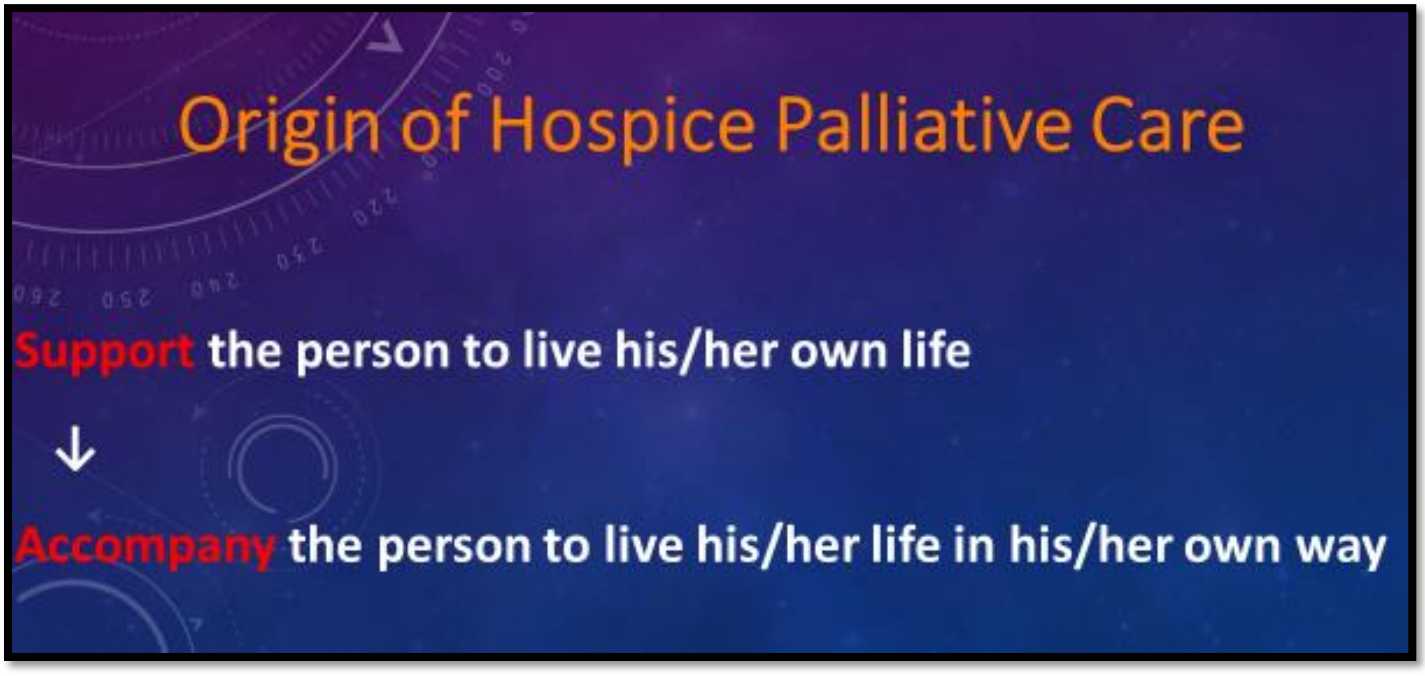
Dr. Kashiwagi

This is Dr. Saunders. If you don't know much about her, could you please raise your hand? Okay, I understand. She is a doctor, a nurse, and a social worker, and she is a mecca of hospice care, having founded the first modern hospice in London, England. I was a member of that organization, and she lived to be 87 years old!



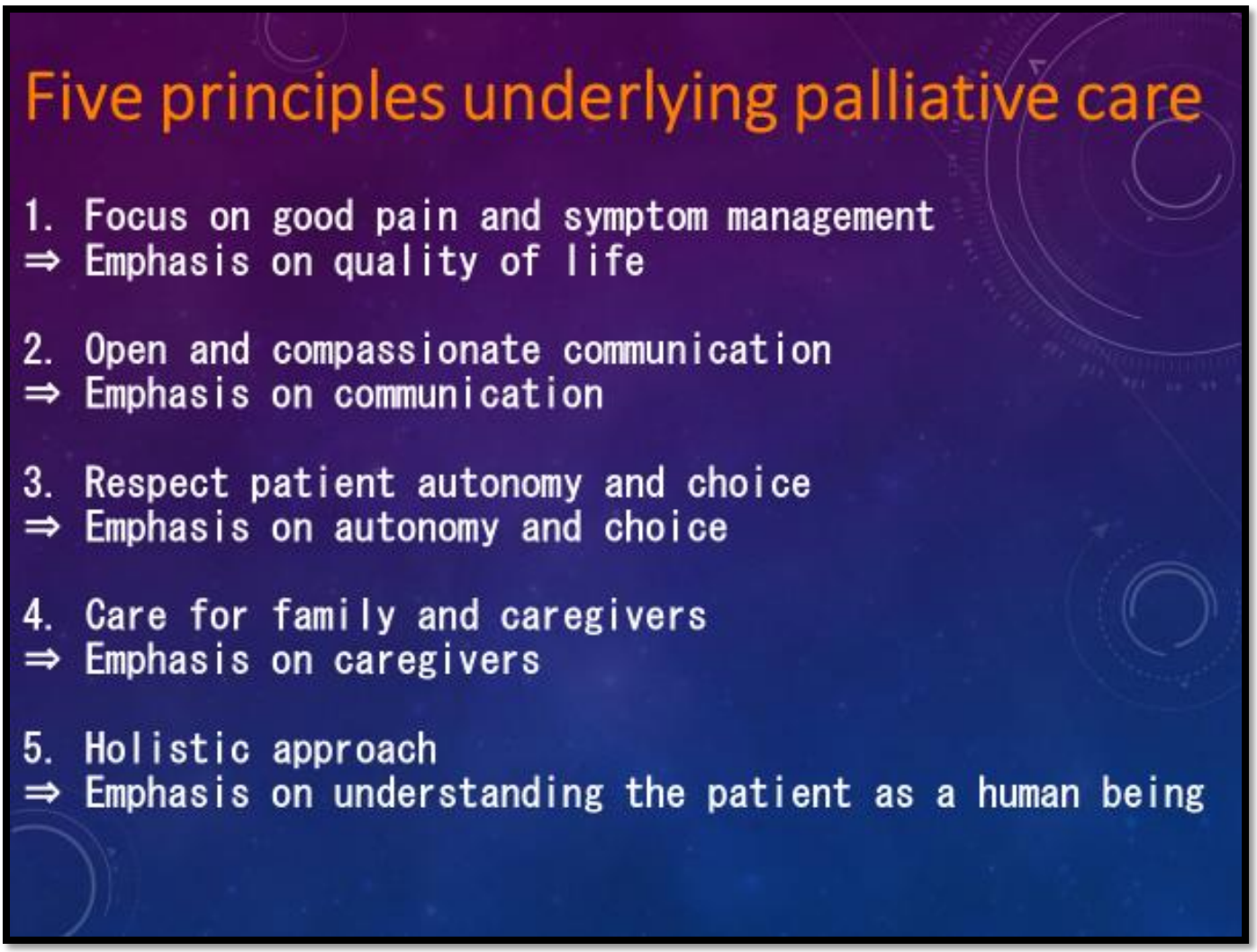
Dr. Kashiwagi

Dr. Saunders has three very important words that I like to use. The first is "*not doing, but being*." She does her best to say that this is very important in end-of-life and hospice care. "*Not doing, but being*." This is very important in terminal care and hospice care. It is not about treating the patient or doing anything, but going to the patient's bedside, sitting there, and listening carefully to what the patient has to say. That is the essence of terminal care and hospice care. It is a bit like learning English, but I did not create hospice, hospice found me. It is a very modest expression, but I think it is a good one. I myself feel that the big flow of hospice found me, and I happened to be there, too, didn't I? In English, I would say, "I did not find hospice, hospice found me." "Found" is the past tense of "find". Anyway, I did not create the hospice, the hospice found me. This is not her word, but it is the word she wrote in a book in 1972 as one of her favorite words. It is difficult to put it into words, but the secret of patient care is, of course, to love your patients. There was a time, if I may ask, when one of you was a patient. If you know that the doctors, nurses, and people who come to you at that time are people who love the patient, that alone will give you peace of mind. It would be very difficult if they acted as if they might accidentally dislike you. The secret of patient care is to like the patient. In English, "The secret of caring for the patient is to care for the patient.



Dr. Kashiwagi

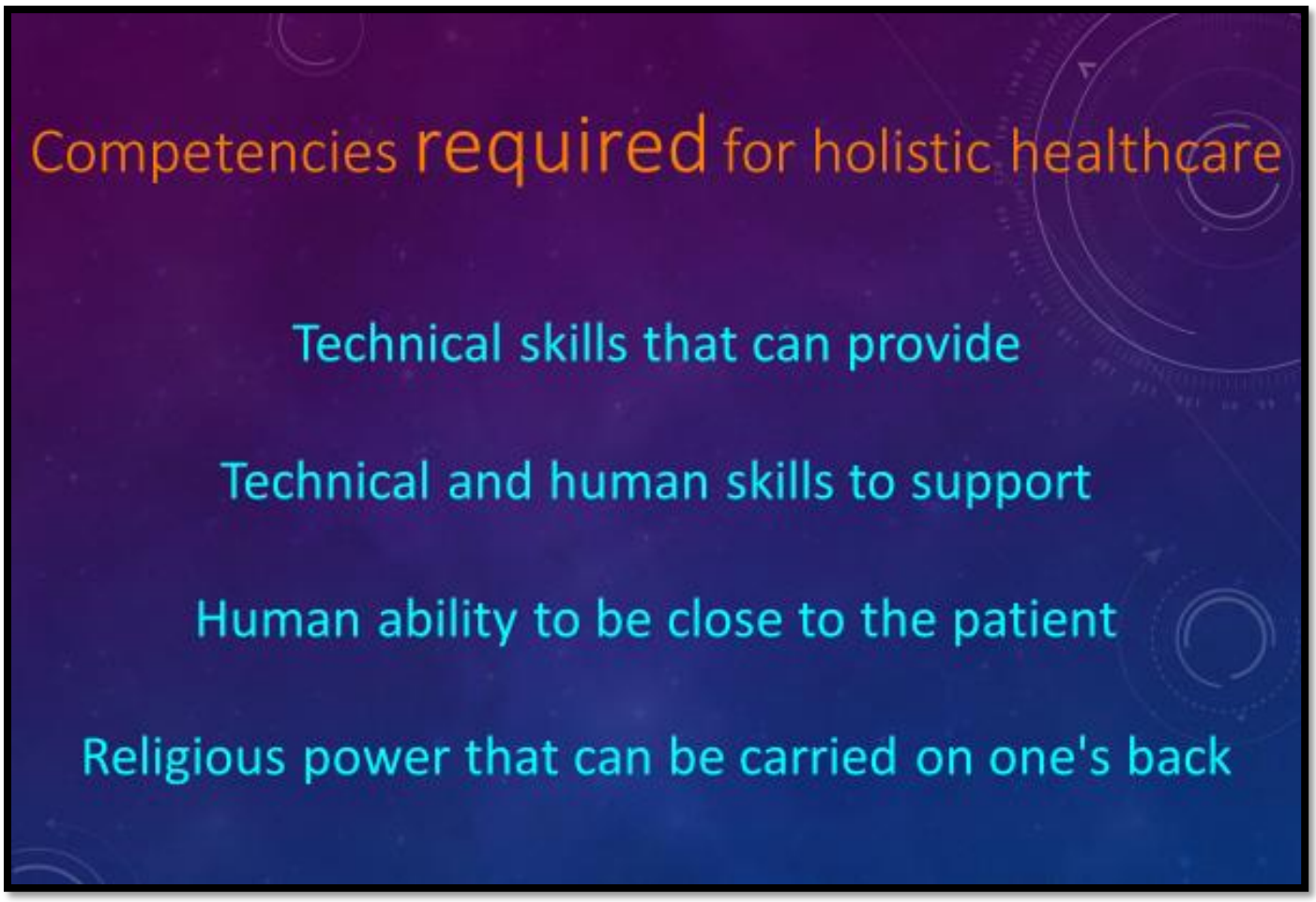
I would like to consider what exactly is the starting point of hospice palliative care. Supporting a person to live life to the fullest. When I created the hospice, I thought of a short phrase to let the general public know what a hospice is. This is the word that came to mind. However, I have cared for about 2,500 patients, and when I had cared for about 1,000, I wondered, "Wait a minute, is the work I am doing supportive work? I thought to myself, "No, it's not so much supporting them, it's just staying close to them. Even if I can't support you, I can stay close to you. I changed it. I changed my mind and thought, "Our job is to be there for the person to live their life in their own way," not to support them.



Dr. Kashiwagi

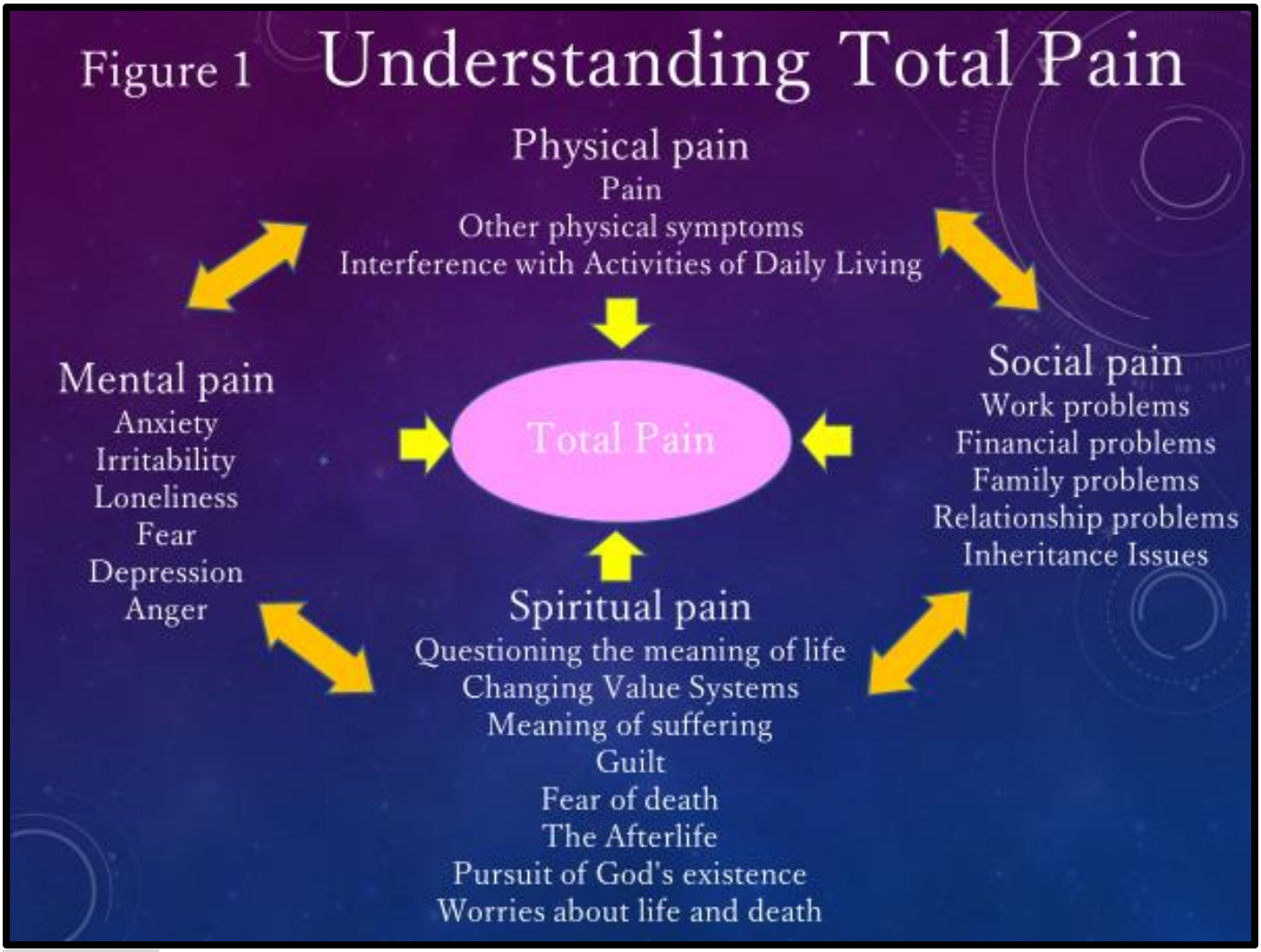
This is a very difficult word, but it is important, so I will explain it. The Five Basic Principles of Palliative Care. This is an article printed by the Ministry of Health, Labor and Welfare. The first one is, as some of you and I myself have already experienced, I believe that when you have cancer and you are in pain, the first thing you want is for the pain to stop. So, in addition to the good pain, there are various other symptoms such as general discomfort and difficulty in breathing, and we have to manage those well. The most important thing is to make pain relief the first priority. The second thing is to emphasize communication. Communication and sharing in an open and compassionate way. Communication is not limited to words. It can be a handshake or a pat on the shoulder. The second most important thing is to value communication. The third is to respect the patient's autonomy and choice. If possible, let the patient decide. The third thing is to respect the patient's autonomy and choice and let them make their own decisions. It is important for patients to feel that they can make their own decisions, rather than being

forced or unilaterally told, "This is what is medically best. For example, in the terminal stage of cancer, almost without exception, there is always anemia. Not enough blood. Anemia. Normally, if you are in a general ward, anemia to blood transfusion is already a pattern without much thought. After the examination, the patient says, "Oh, I'm not getting enough blood. Then let's transfuse it." Anemia to transfusion is the norm. However, a patient with terminal cancer gradually becomes weak and anemic. Research has shown that patients with terminal cancer can live longer and have less pain if they are not transfused and their other symptoms are controlled. But since it was known that the patient was anemic, the family members said, "Doctor, wouldn't it be easier if we gave him a blood transfusion? " "Shall I explain it properly and let the patient decide?" The patient came with his family and I said, "Actually, the anemia is progressing, and we are discussing with your family whether to have a transfusion or not. How about a blood transfusion?" "Doctor, I'm sorry, but please don't give me a blood transfusion. I just want to go naturally. " On the other hand, there are those who ask, "I'm feeling anemic these days, doctor, can you give me a blood transfusion?" I will do it for those who want me to, and I will not do it for those who no longer want it. I think it is very important to set the direction of care in a way that people can decide for themselves. We also need to emphasize autonomy and choice. Also, palliative care and hospice care should focus on family members, and when friends who are not family members are the primary caregivers, it should focus on the family and the caregivers. Emphasis on the caregiver. Then a holistic approach, an emphasis on understanding the person as a human being. I think it is very important to look at the patient holistically, not only medically, but also psychologically and socially. Therefore, from this perspective, I have come to believe that the principle of hospice care is not to "support the person in fulfilling his or her life in his or her own way," but rather to "be there to help the person in fulfilling his or her life in his or her own way," and to be there for him or her rather than to support him or her.



Dr. Kashiwagi

So, the power needed for whole-person medicine. What kind of power do we need? Of course, we need the technical ability to provide it. A patient's nutritional status has deteriorated to the point that he needs to be nourished to relieve the weakness in his body. However, the blood vessels are too thin and cannot easily reach the body. Then a needle is inserted into a vein under the collarbone, which requires some skill, and an intravenous drip of nutrients is administered. This is not to prolong life, but to control the symptoms of general malaise. So, it takes skill. Quite like this, it is difficult for difficult people. You need the technical skills to be able to offer it anyway. And along with the technical skills to support it, you also need human skills. What kind of human nature does the person have? First of all, the person has to be kind. And he or she must also be compassionate. Kindness and compassion are the foundation and root of humanity. And then there is the ability to be close to them. Kindness is to be close to others. And then there is the power of religion that we can carry. As the name suggests, Christian hospitals are run by Christianity, and we put a lot of emphasis on the power of religion.



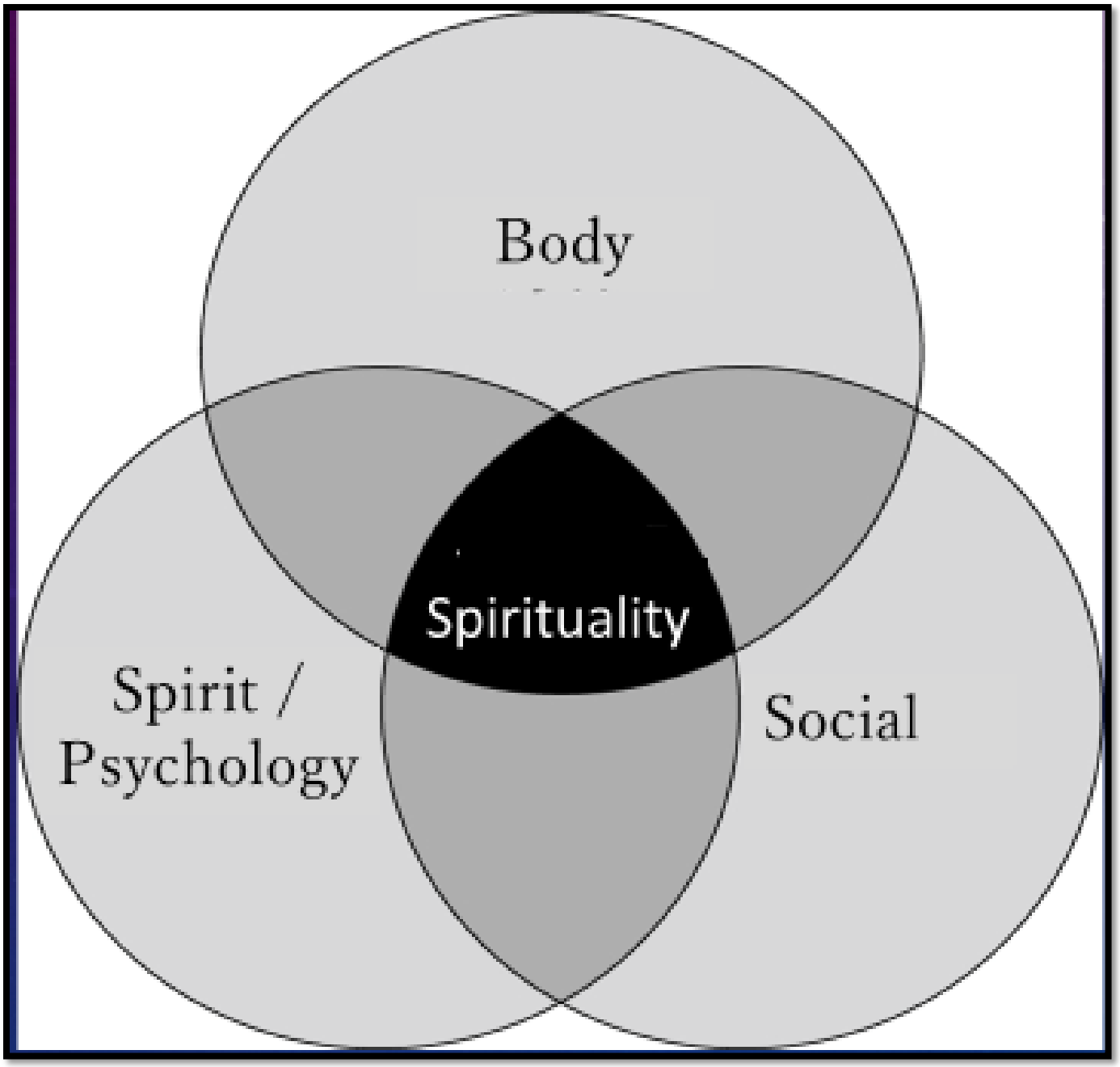
Dr. Kashiwagi

This is a wonderful chart that Saunders made earlier. She uses the term "total pain," but pain is not just physical pain. Along with physical pain, there is also mental pain. There is also social pain. Then there is spiritual pain. There is also soul pain. When we talk about pain, we tend to think only of physical pain. The point that Saunders is trying to emphasize is that people who are involved in care need to know that it is not like that, that it is holistic pain. Due to time constraints, each of these will take about an hour, so I will just read them. First of all, there are four types of pain. Holistic pain. It's called total pain. Physical pain. Social pain. And then there is mental pain. Of

the physical pain, pain is the most problematic. Although we can easily recognize pain, it is difficult to focus on other physical symptoms. Among the other physical symptoms, besides pain, patients suffer from lethargy. Then there is difficulty in breathing. Dyspnea. So physical pain is not just pain. There is one more thing. Another physical problem is difficulty in performing activities of daily living. I can't go to the bathroom by myself. This is painful. This is heartbreaking. Mental pain includes anxiety, irritability, loneliness, fear, depression, anger, and so on. There is also social distress, such as work problems, financial problems, family problems, personal relationships, and inheritance. A middle-aged man, who is the sales manager of a large company is hospitalized with a terminal case of cancer just as he is about to launch an important project that will determine the fate of the company he founded. This man's greatest concern is not his own illness or his own death. It is what will happen to the project that he has started, and if the project is ruined by his illness or death, it is such a big problem that it makes him feel that life is not worth living. Since a person's pain is unique to that person, we need to take the time to listen carefully to what is the most/least painful to that person. So, just reading the items in this section, social distress is a problem in some cases, such as work problems, financial problems, family problems, relationships, and inheritance. The hardest part is spiritual pain. Soul pain. Questions about the meaning of life, what it is like to be human, changing value systems, why is it so painful when you begin to question the meaning of suffering, guilt, fear of death, what happens when we die, is there really a God, worries about life and death. These are very deep spiritual pains. Sometimes they are more painful than the physical pain. So, the meaning of suffering is very different for each person. But of the 2,500 end-of-life patients I have treated, pain is the most common cause of suffering. Pain is the most difficult thing to control. Another common and difficult thing to control is difficulty breathing. Dyspnea. Another problem that is unavoidable and difficult to find a good solution for is general malaise. It is a feeling of sluggishness. I think these are the three major syndromes that affect patients in the terminal stages of cancer.

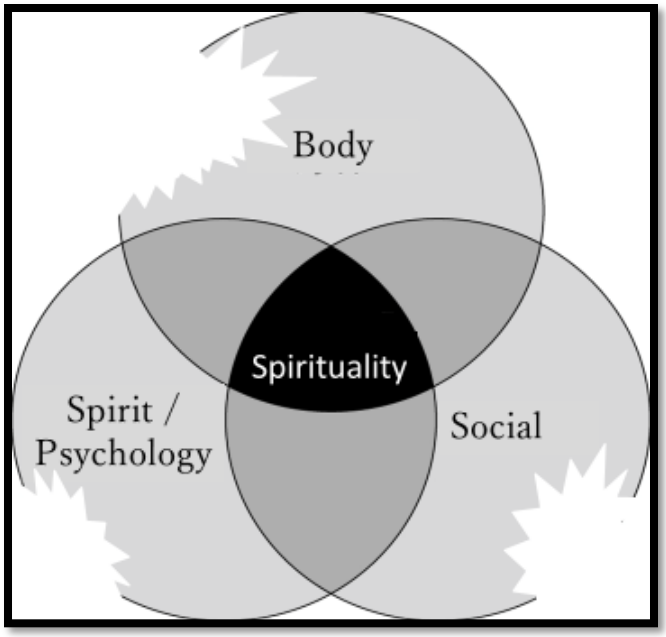
Dr. Kashiwagi

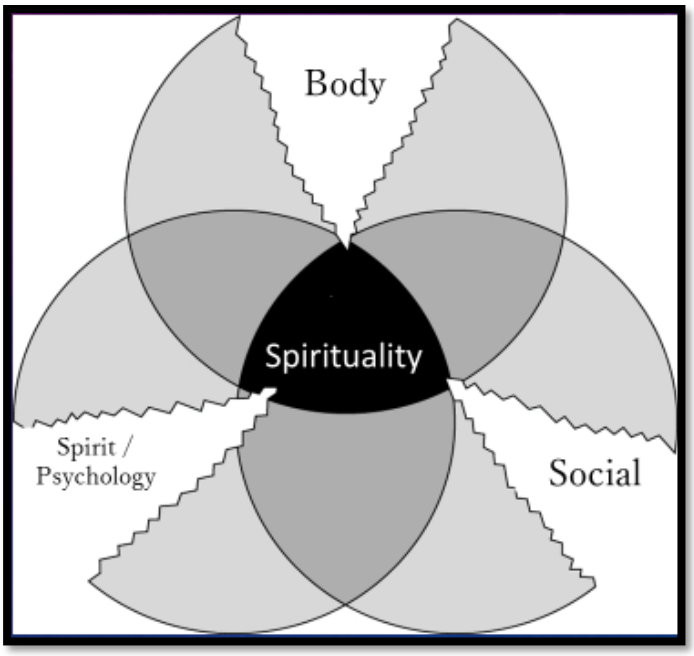
I want to be at peace. There is this word "peacefullness. It is the peacefulness of the body, the peacefulness of the mind, and the peacefulness of the soul. The Japanese language is very interesting, and there are two Kanji characters for each of them. First there is the word "safety" for the body. Then, for the mind, there is the word for security of mind. And for the soul there is the word for peace. The best state of mind is one in which the body, mind, and soul are safe, secure, and at peace, but this is not easy to achieve. The basis of hospice is to work as a team to ensure this.



Dr. Kashiwagi

If we think about the human structure for a moment, we are physical beings. Then there is mental existence. Then we are social beings. Another is spirituality. Physical, mental and social are easy to understand, but when you say spirituality, it is difficult to understand. Well, the easiest thing to understand is the soul. The pain of the soul. On the surface of the body is the skin.　But if a person is worried or depressed or has a problem in his mind or has a very bad relationship at work and that is the main source of his pain, he is experiencing that social pain. When people somehow realize that their time may be short, the question of what happens when they die arises in their minds. Very few people talk about it openly. Sometimes there are people who ask openly, "I feel I am close to something, but what happens when I die? But very few people ask that openly. They keep it in their hearts and go on with their daily lives. This pain in the soul is usually not felt when you live a normal, healthy life. If it is just a little, it does not show. If you think about where the pain begins, it is in that kind of relationship.



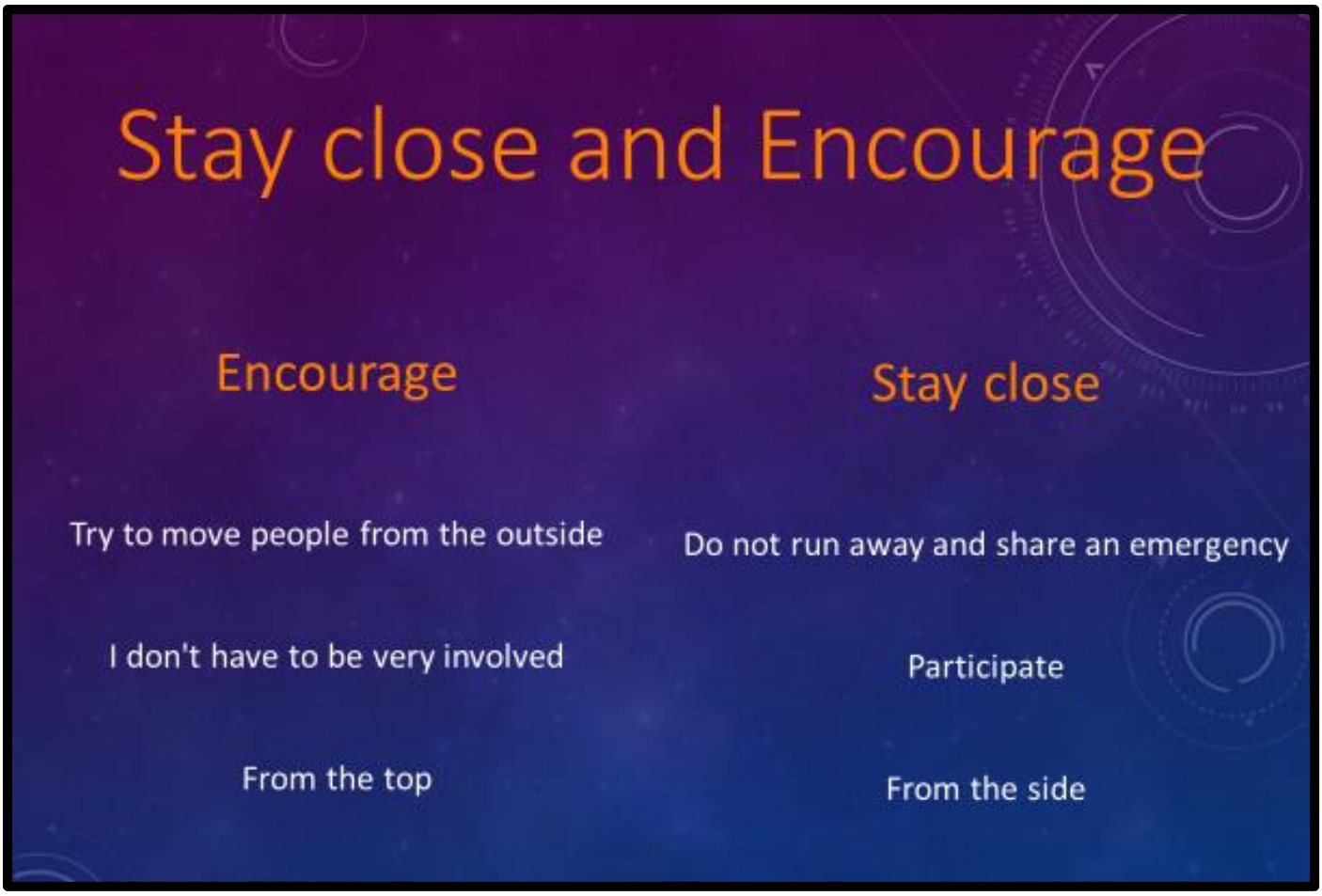


Dr. Kashiwagi

This is still spirituality, or to that extent, this is in the deep, so my body is a little bit sick, I have a cold, and it doesn't go away. This is a little painful. If a couple has a fight about a mental problem, and the wife says something really bad to him, he gets depressed. But it doesn't affect me that much. You have a disagreement at work and your colleagues criticize you harshly. That's painful. This is the social type. But it doesn't go that far. But the experiences that reach the soul, that shake the soul, that make the soul ache, can come from the body, can come from the heart, can come from social things. I have a cold that won't go away. Something is a little strange. I went to my family doctor. I took an x-ray. The doctor looked at me painfully and said, "It's cancer," and when he found out that I had lung cancer, my soul trembled. There are cases where the soul that is deep inside this body trembles. A high school girl committed suicide. That shakes your soul. It is not just a mental shock. It goes to the soul. There are cases where what happened in the company is so painful that it affects the soul. There are cases where it comes from the body, cases where it comes from the soul, and cases where it comes from social issues. But there are also cases where the soul is shaking and the soul is hurting.

Dr. Kashiwagi

Staying close and supporting. As I mentioned earlier, when I started the hospice, I thought that the role of the organization was to work as a team and support the patients, but after taking care of about 1,000 patients, my thinking has changed a bit to the point that the basic idea is to stay close to the patients rather than to support them. I think the difference between "staying close" and "supporting" is that the two are different. What is the difference between "staying close" and "supporting"? The difference between staying close and supporting is, first of all, that supporting comes from below, while staying close comes from the side. So, the direction is different, and that is the main difference. When we use the phrase "needs some kind of support," there is a sense of crisis, as if the person will fall, stumble, or collapse if not supported. But if you stay close to them gently there is a sense that if you are somehow moving them forward. The feeling of support and the feeling of staying close to a person changes the way they act, depending on what kind of heart they have in their mind.



Dr. Kashiwagi

Staying close and encouraging. This is very different. Encouragement is characterized by trying to move people from the outside. Encouraging is moving people from the outside. Then there is "staying close," which is sharing the space without running away. In any case, staying close is not trying to move the person from the outside, but gently staying at the side of the person. This kind of action is what "staying close" is all about. Patients themselves, especially those in the last stages of life, need to be close to others. You don't have to be too involved. Being close to them means participating in their care. I learned a lot from that experience. Kobe was devastated by the great Hanshin-Awaji earthquake. I participated as a volunteer doctor, and many people were evacuated to an elementary school playground. Among them, there were two elderly people I talked to. Two of them. As I listened to their stories, I thought, "Oh my God! It was an old house that had completely collapsed and was totally destroyed. They

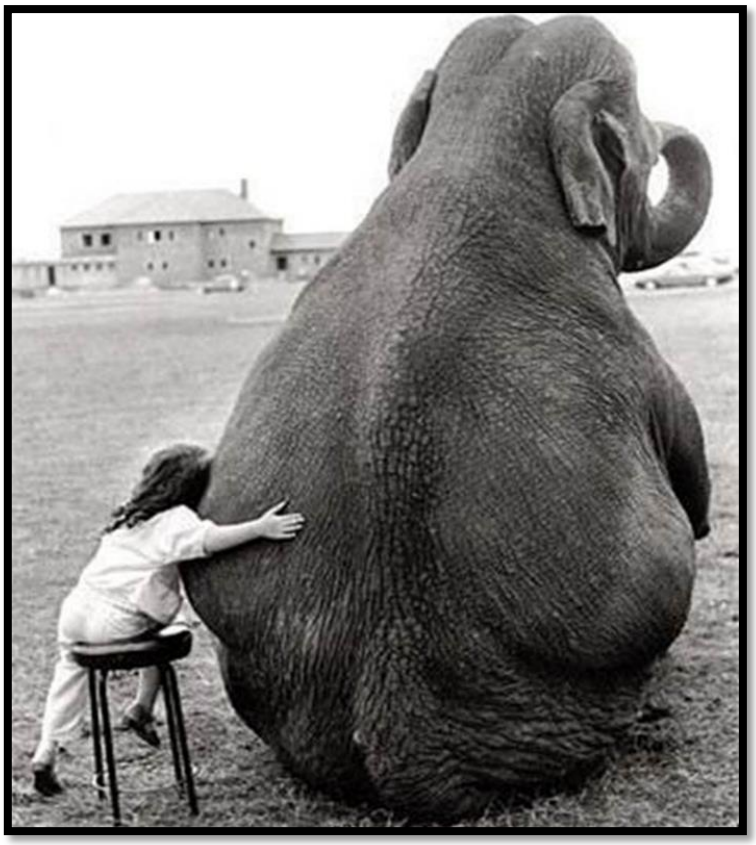
were going from the shelter and cleaning up the mess, having a hard time. At that time, it was with good intentions. A bus that was visiting the affected area with good intentions stopped just in front of the house, opened the window, and a middle-aged couple said, "Please hang in there". The wife, encouraged, said, "It made me angry". This is about trying to move people from the outside. The people who are sorting through the debris don't need encouragement. They need to be stayed close by you. I think the best thing to do is to say, "Oh no, it's hard. The old lady was angry, so I asked the old man how he felt, and he replied, "The best thing would be for you to come down here and help us. It's best if you help us. You have to be careful about encouraging people. Encouragement is from the top, just like the bus from the top to the bottom. Staying close is from the side, isn't it? That's the difference.

Dr. Kashiwagi

Then there is the provision of technology and human resources. Supporting means providing technology. Staying close means providing people. In the remaining three minutes, I have visualized the difference between "supporting" and "staying close," so please memorize it and take it home with you. I hope you will memorize it and take it home with you, or rather, put it in your heart. It is very easy to learn when you make an impression with an image. I was wondering if there is a picture that shows how to support someone in a typical way and how to support someone with a quick look. The computer is very convenient and you can find pictures that symbolize the way to support. If you search for "images of support," you will find many images. This is the one that I thought was the most supportive.

Dr. Kashiwagi

It must be a sport, but you can see three daughters supporting one daughter. That's the kind of support. Support is easy, but it was hard to find an image of staying close. It didn't appear. But there was a very nice one.



Dr. Kashiwagi

This is staying close. A little girl stays close to a little elephant. When you stay close to a person, gratitude and thankfulness happen to that person. This is gratitude and thankfulness. The little elephant is grateful that she is

staying close to him. Where do you see the gratitude manifesting? On his back. You can see the gratitude here. If you don't see it, please question your own sensitivity. Where is thankfulness? In the ears. The ears are like that because thankfulness comes from inside the elephant.

Dr. Kashiwagi

This is the last slide. This picture shows a human being. A daughter is gently staying close to an old lady. Many people died in the Great East Japan Earthquake. They seem to have been affected by the disaster, and temporary shelters can be seen in the background. We don't know anything about the background of this old lady or the person staying close to her. You get the feeling from this photo that she is just staying close to an old lady. And then there is the overall impression of the old lady and her face. She is in profile, but she is taking comfort in gratitude. That is the feeling I get from this photo. This person, who is gently staying close to her, is not saying a word. But she stays close. It is time. I will be very happy if my talk can help you in your life from now on. Thank you for your attention.

【Q&A】

Dr. Shikata

I was the head of the pathology department at Takii Hospital of Kansai Medical University. At that time, Yodogawa Christian Hospital had Dr. Takeda, and I think it had a very high rate of autopsies. I wonder if factors such as hospice care had anything to do with the family's acceptance of the autopsy when you asked them to do it.

Dr. Kashiwagi

Is the question whether the high autopsy rate is related to the presence of hospice?

Dr. Shikata

I also do autopsies, so I know how autopsies are done. So I knew which departments had high autopsy rates and that autopsy rates reflect the usual state of medical care. Do you think the reason why families are more likely to accept autopsies at your hospital has to do with the hospital's overall hospitality?

Dr. Kashiwagi

Everyone at the hospital felt that the hospital as a whole should contribute in some way to the development of medicine, and there was a pioneering spirit to explore new fields, so when we proposed the idea of establishing a hospice at the board meeting, the decision was made quite easily. There were some firsts in Japan. We were the first in Japan to provide exchange blood transfusions for newborns. I don't remember the terminology, but it is very difficult to separate a baby from its mother at birth. Nevertheless, we were the first in Japan to try it, and we succeeded. As I am sure you know, hospitals with a high rate of autopsies are said to provide fairly good medical care. It is not that attending physicians naturally explain the importance of autopsies, and there is no such thing as "Let's all unite to increase the autopsy rate," but I feel that a high autopsy rate is a symbol of good medical care. But I think there is a feeling among the staff that a high rate of autopsies and autopsies is a symbol of good medical care. That is all I can say. I am sorry.

Dr. Shikata

Thank you very much.

Patient A

My name is Ishihara. I am from Nagoya. Thank you for your very moving speech. I would like to ask you what I should say to a cancer patient when I visit him or her in the hospital. I am at a loss for words on such occasions.

Dr. Kashiwagi

When I am asked the same question during my lectures, I usually answer as follows. What I recommend is that the best thing to do is to speak from the heart, first and foremost, and without a doubt, to express the patient's own feelings with words from one's own mouth in a compassionate way. In my experience, it is, "I am sorry you are in pain". There is no one who is not in pain. Most people know that they have cancer, and they have some sense of the fact that they will eventually face death. Anyway, being in the hospital is hard, no doubt about it. They want us to understand. So, the worst thing you can do is encourage them. It is safe to assume that not a single patient is happy to be told, "Good luck". They look happy and say, "Thank you," but they don't feel happy in their hearts, and they say, "I was encouraged again," during their rounds. I think, " I see. Well, that must be what they really mean". So, it is strange to say that it is the safest thing to do, but I think it is best to say with all my heart, "It must be hard, it must be hard for you".

Patient A

Thank you very much. You have been very helpful.

Dr. Ishigaki

That is very helpful. It's a kind of twill of the human heart. I think it's wonderful that he expresses his thoughts in words. And also, I wonder if Dr. Kashiwagi has been watching our relationship today. Because we are not only staying close, we are "staying close to each other". He is watching us very closely, isn't he? Thank you very much.

Dr. Kashiwagi

I only glanced at it.

Dr. Ishigaki

Thank you, Dr. Kashiwagi, for today.