学術セッションⅢ

「つながり」が支える日本の健康長寿

Academic Session III

Considering Health and Longevity in Japan from the Point of View of Relationship among People

座　長

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新しい健康概念とつながりの大切さ

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WHO（世界保健機関）は1948年に、健康を「身体的・心理的・社会的に完全に良い状態」と定義しました。しかし、「完全に良い状態」に復帰させるのが医療の使命だとすると，治らない病気を持っている人はどうなるのでしょう？　治すことができない医療は「無益」ととらえられます。

いまの医療の主な対象は，治癒が困難な疾患、たとえば慢性疾患，難病，加齢に伴う機能低下や認知症などになってきています。

ＷＨＯの健康定義は70年間批判されてきました。とくに高齢化と疾病構造の変化によって、この定義は現状に合わなくなっています。Machteld Huberたちは2011年にＢＭＪ（英国医学雑誌）の論文のなかで、新しい健康の定式を提案しました。かれらは健康を「社会的・身体的・感情的問題に直面した時に適応しやりくりする能力」と捉えました。彼らはＷＨＯの静的な定義を、レジリエンス、すなわち困難に直面したときに対処し適用する能力に依拠したよりダイナミックなものに置き換えることを提案しました。この新しい健康の定式化は医療の目標設定にとってとても重要な意味があります。完全には治癒しない患者の「適応しやりくりする能力」を高めることは重要です。こうした能力を地域の「つながり」のなかで、どのように高めていくことができるでしょうか？　これは地域包括ケアの重要な課題になるでしょう。その際、自律的な強い自己を前提にする必要はありません。人間はもともと傷つきやすいのです。傷つきやすい弱い人間どうしが互いに支えあっていくことこそが求められています。そのためには、自律尊重原則を中心とした従来の生命倫理学のモデルとは異なる倫理モデルの開発が求められています。

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A New Concept of Health and the Importance of Relations among People

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In 1948, WHO(World Health Organization) defined health as "a state of complete physical, mental and social well-being" in its constitution. However if it is the mission of medical care to return those who are ill to "a state of complete well-being," how should we regard those who have diseases that will not heal? If "complete well-being" is the measure of success, medical care that does not have the potential to heal completely will be regarded as "futile."

The main recipients of medical treatment now are people with conditions that are very difficult or impossible to eliminate, for example, chronic diseases, intractable diseases, degradation of function due to aging, dementia, and so on.

WHO's definition of health has been criticized for the last seventy years. Especially now, with an aging society and changes in the patterns of illnesses, the definition seems unfit. In 2011, in BMJ (British Medical Journal), Machteld Huber and his colleagues proposed a new way of thinking about health. They see health as "the ability to adapt and self manage in the face of social, physical, and emotional challenges." They proposed that the static definition of WHO be replaced with a more dynamic one based on a person's resilience or his capacity to cope and adapt in the face of difficulties. This new view of health is of the greatest significance for setting goals for medical care. It is important to enhance "the ability to adapt and self-manage" of patients who will not "heal" completely.

How can we enhance this ability in a community's "human relationships"? This will become an important question in integrated community care. If we focus on this question, there is no need to assume a strong autonomous self. Humans are inherently vulnerable. Thus, what we need is for them to support each other. In order to promote this mutual support, we need to find a new ethical model-one different from the conventional bioethical model centered on the principle of respect for autonomy.

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Past Records

1979	Completed Ph.D program, Graduate School of Letters. Tohoku University
1980	Senior Lecturer, Faculty of Humanities and Social Sciences, Shizuoka University.
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地域高齢者からみた人のつながりと健康

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近年、人とのつながりの希薄さが指摘されている。周囲に多くの人が住む団地での「孤立死」の増加は、その象徴とも言える。

私は、少子高齢化が進行した高齢化率が４割を超える過疎地域と公営団地で実施した調 査を踏まえて、人のつながりと健康について考える。

県内過疎地域において高齢者を対象とした調査では、１人暮しの高齢者が増加しているなかでも、約８割が地域（自宅が約５割、その他は地域内の施設）に住み続けることを希望していた。なお、調査対象者の４割以上を単身高齢者と夫婦のみの世帯が占めていた。地域の良い点についての回答では、仲間との交流や近隣の助け合いや支援が半数以上を占めた。過疎地域の高齢者にとって近隣住民とのつながりは、生活するうえで重要なもので生きがいにも通じていた。

孤立死が増加している公営団地（県内）で75歳以上の高齢者を対象に、近隣住民とのつながりについて実施した調査では、回答者71人のうち近隣とのつきあいが月１回未満の人が1/4以上を占めていた。近隣とのつきあいが年１～２回未満の人の約８割は居住年数が10年以上であった。近隣とのトラブルを回避するために団地内での交流を意識的に避けている人が多く、公営団地における住民間の人間関係が強く影響していた。

東京都内の大規模集合住宅団地の調査では、親族との関わりや支援によって生活を維持している人も多い反面、単身高齢者の9.2%が悩みや不安などの相談先が誰もいないと回答するなど、高齢者が孤立している状況が報告されている。

人のつながりと健康については、近隣との社会的な接触をもたない高齢者は支援を受けることに否定的であることや、同居家族以外との接触が週に１回もない孤立者は私的・公的なサポートにつながりにくい可能性があることが報告されている。必要な支援につながらない傾向が強いことが示唆されている。

反面、加齢とともに体力が低下し、健康に不安を感じる高齢者は多い。過去の調査では、玄関に入院時の必要物品を置くなどの工夫をしていた事例もあったが、自分でできる対処には限界がある。必要な支援につながることが必要である。

国民生活白書は、意識面からも地域のつながりの希薄化が進んでいることを指摘している。少子化や未婚者の増加により、親族の支援を得られない高齢者が増加することが予想 されるなか、当事者の負担にならない緩やかな交流や見守り支援による高齢者の社会的孤立の防止が必要である。

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2009　豊橋創造大学保健医療学部　講師
2013　常葉大学健康科学部　准教授
2017　筑波大学大学院博士後期課程システム情報工学研究科在籍
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Human Relationship and Health as Perceived by the Elderly in the Community

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In recent years, there has been a dilution in human relationships, perhaps symbolized by people dying alone despite having lived in apartment complexes surrounded by a significant number of people.

I would like to consider human relationships and health based on a survey conducted in public housing complexes and under-populated areas where a decreasing birthrate and an aging population have progressed to the point that the percentage of senior citizens exceeds 40%.

In a survey of senior citizens conducted in depopulated areas within the Prefecture, even with an increasing number of seniors living alone, about 80% desired to continue living in the region (about 50% are in private residences while the others are in local care facilities). At least 40% of the survey subjects were elderly (those aged 65 and over) living alone or in households consisting only of couples. Over half of the replies regarding the advantages of the region mentioned interacting with others and the availability of nearby help and support. For senior citizens in these lightly populated areas, relationships with neighbors were important in daily life and also cited as reasons for living.

In a survey concerning relationships with neighbors, focusing on senior citizens aged 75 and older in public housing complexes (within the Prefecture) with increasing instances of people dying alone, at least a fourth of the 71 respondents interacted with neighbors less than once a month. Roughly 80% of those responding that they interacted with neighbors less than 1-2 times a year had lived in their apartment for at least 10 years. Many consciously avoided interacting with people in the housing complex in order to avoid problems with neighbors, and this strongly impacted interpersonal relations in these complexes.

Many consciously avoided interacting with people in the housing complex in order to avoid problems with neighbors, and this strongly impacted interpersonal relations in these complexes.

In a survey of a large apartment complex in Tokyo, while many people maintained their lifestyles through relationships with and the support of relatives, there were also reports of isolation, such as 9% of seniors living alone, responding that they have no one to talk to about their concerns and anxieties.

Concerning human relationships and health, there are reports that the elderly who do not interact socially with neighbors have a negative attitude toward receiving support, and that it may be difficult for isolated people who do not interact with people outside of family even once a week to connect with private and public support. This suggests a strong likelihood that these people do not connect with needed support.

In contrast, since physical strength declines with aging, many senior citizens experience anxiety about their health. Past surveys have shown many cases of people taking such measures as keeping items needed for a hospital stay by their front door, but there are limits to what people can do by themselves. It is necessary to connect with the required support.

The White Paper on National Life recognizes the increasing dilution of local relationships. With a predicted increase in senior citizens without family support owing to lower birthrates and fewer people marrying, the social isolation of the elderly needs to be prevented through casual exchange and watchful support that is not burdensome to those involved.

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Past Records
2002 Completed the Master's Degree course in the Graduate School of Sociology, Bukkyo University
2002 Earned Master's Degree in Sociology from Bukkyo University
2009 Instructor, Department of Health Sciences , Tokoha University
2013 Associate professor, Faculty of Health Science, Tokoha University
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2017 Japanese Society of Public Health Certified Specialist

異文化コミュニケーション能力が創造する新たな人とのつながり

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2016年末の在留外国人数は238万2,822人で前年比6.7％増加、外国人入国数は約2,321万人で前年比17.9％増加し、日本社会はグローバル化が進んでいる[1]。多様化する社会では、異なる文化を持つ人々が互いの文化的な違いを受け入れて尊重し、新たな関係性を創造することを目指すことが重要である。私たちは文化的な違いを考えるときに、国と国の文化の違いだけではなく、個人と個人の価値観の違いにも気づく。どの単位をもって1つの文化とみなすのか。日本人同士でも価値観の違いによる誤解は生じ、コミュニケーションがうまくとれないことがある。日本ではかつては近所同士がつながって地域で支えあっていた時代があったが、今では地域のつながりは希薄となり、家族内でさえよりよい関係を維持していくのは難しい場合がある。これまで均質な文化といわれた日本の文化も時代とともに変化し、価値観は多様化し、特に世代間におけるギャップは顕著である。地域に暮らす高齢者や外国人住民が、世代や文化を超えてつながるためには、個々の発言と行動、ニーズを認識し、双方の歩み寄りが必要と考えられる。それでは、もともと考えが違う相手をどのように認識すればいいのかを、異文化コミュニケーション能力の考え方から検討してみたい。異文化コミュニケーション能力とは、育った環境や価値観が異なる人との行き違いや対立を避け、確かな信頼を築いて、相手に真意を伝える技術である。医療現場では、文化的に有能な医師はより患者中心のケアを提供するために、医師と患者間の社会文化的差異を認識し、調整する能力を有し、患者アウトカムによい影響を及ぼしている[2]。日本でも、患者中心のコミュニケーションに積極的な医師は異文化コミュニケーション能力を有し、外国人患者に特別な配慮ができていた。同様に、日本人患者に積極的にコミュニケーションをとろうとしている医師は外国人患者にもより配慮ができていた。これらのことから、患者中心コミュニケーションと異文化コミュニケーション能力は外国人患者のみならず日本人患者にも有用であることが示唆されている [3]。そこで今回は、在住ブラジル人を対象にした健康行動調査の結果から、日本人医師とブラジル人患者の診療に関する認識の差、ブラジル人患者と日本人患者の共通性と相違性、文化的要因がどのように健康に影響を及ぼすのかを紹介する。そして、異文化コミュニケーション能力が多文化共生社会においてお互いの文化や価値観を尊重しあい、プライバシーに配慮して、どちらの文化や価値観にも属さない新たな関係性を創造できるか、誰をも置き去りにせず一人一人がつながることが可能なのかを考えていきたい。

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[3] Hamai T, Nagata A. Physician attitudes toward communicating with foreign patients in japan. *Health Behavior & Policy Review* 2014;1(4):290-301.

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Culturally Competent Communication to Facilitate New Relationships Among People

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Japan is no exception to the age of globalization. The number of foreign residents living in Japan was 2,382,822 as of the end of 2016, and the number of foreign nationals who entered the country was 23,218,912 in 2016. These values represent increases of 6.7% and 17.9%. respectively, over the previous year [1]. In diversifying societies, we should aim to accept and respect different cultures and form new relationships. Due consideration of different cultures will lead to recognition of not only the cultural differences between countries, but also the value differences between individuals.

When comparing cultures, it is difficult to identify the unit that should be regarded as "one culture". Even among Japanese people, misunderstandings arise from differences in values, which creates failures in communication. Japan's era of neighborhood connections and community support has come to an end. In modern times, connections between members of communities-and even members of a family-are strained. As Japanese culture, which has been said to be homogeneous, has changed with the times, values have diversified. Most remarkable is the gap between generations. In order to connect across generations with elderly people, and across cultures with foreign residents in communities, we must recognize individuals' voices and customs, their needs, and the compromises they have made. I suggest the viewpoint of culturally competent communication as a means of understanding people who have ideas different from our own. Culturally competent communication is a skill that avoids misunderstandings and conflicts between people who were raised in different environments and with different values. The approach reliably builds trust, and allows for clear communication of intentions. For example, a culturally competent physician has the capacity to recognize and reconcile sociocultural differences between themselves and their patients in order to achieve a more patient-centered approach to care [2]. Japanese physicians who were proficient in patient-centered communication also acquired high cultural competence and made accommodations for foreign patients. The physicians who scored higher in either communication with Japanese patients or accommodations when interacting with foreign patients were active in their communication with them. This study suggests that patient-centered and culturally competent communication should be useful for improving communication skills, not only with foreign patients, but also with Japanese patients [3].

A health behavior survey was administered to Brazilians living in Shizuoka. I will show the results of the survey about differences in perception of medical treatment between Japanese doctors and Brazilian patients, the commonalities and differences between Brazilian and Japanese patients, and the association between accessibility of medical services and cultural factors. Then, I will discuss whether individuals can develop new relationships while displaying mutual respect for cultures and values to promote an inclusive multicultural society in Japan.

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[3] Hamai T, Nagata A. Physician attitudes toward communicating with foreign patients in japan. Health Behavior & Policy Review 2014;1(4):290-301.

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