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22 CHALLENGE OF INTRODUCING ADVANCE CARE PLANNING POLICY INTO JAPAN

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In Japan, living wills and advance directives are not commonly used, and there is no system or law to support the decision making of patients. Furthermore, there is no available law about the withdrawal of life-sustaining treatments or appointment of a medical attorney. Thus, medical staff must deal with ethical dilemmas related to medical decision making in end-stage disease.

To introduce advance care planning policy into Japan, in consideration for law and ethic related to domestic end-of-life care, we compared law and ethic of Victoria, Australia with Japan. In Victoria, patient's decision and attorney's power are privileged by Medical Treatment Act, Guardianship and Administration Board Act and ACP guideline. Whereas, in Japan, there are general guideline for end-of-life care and one of common law, but no law and guideline to mention concrete procedure. In this situation, the withdrawal of respirator and tube feeding are practically prohibited in Japan. However, in healthcare setting, the confirmation of patient family's wish for CPR has been usually performed, and the withholding of life-sustaining treatments has been relatively permitted.

We now try to introduce ACP policy into Japan as a stepwise manner; for example we made some formats restricted to the withholding of life-sustaining treatments, and algorithm using ACP considering Japanese orthodox culture.

Via these activities, we want to help the globalisation of law and ethic in Japanese end-of-life care.