Planning for living a good and fulfilling life

Live the last chapter of your life in your own way—why not thinking about how to live your life, and end it, in a way that suits you best?



Preface

We are all so busy living from day to day that we can let time pass us by without taking time to stop and think that someday our lives will end, and the time will come to depart for another journey. Humans are mortal beings, and that time comes for all of us. And no one knows when, or how, it will come.

It is frightening to even imagine that there may not be a tomorrow, which makes us reluctant to think too deeply or verbalize our

It is entirely natural to feel that way.

feelings about death.

But thinking about life's final chapter can also be an opportunity to reconsider what we really value in our day-to-day lives.

"How do I want to want to spend my time, what is worthwhile, what isn't, and why?" Talking about these questions with close friends and family on a regular basis, or putting thoughts down in writing, can help us prepare for the final departure in our own way.

Because our bodies are made of flesh and blood, we do not know what will happen to us. Yet the very act of thinking about how we want to live may allow us to make the most of the fleeting time we have on earth. This may also serve as a gift to those who love you most, the ones who will see you off on that final journey.

Don't you think it is important to face life's final chapter on your own terms?

We hope that your encounter with this pamphlet will be an opportunity to think about your life, talk to those around you, and put your wishes down in writing.

Publication date: June 2021

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Published by: Kyoto University-based Interdisciplinary Project to Support Bioethics Research and Education Infrastructure (Kyoto Bioethics Support Group)
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- *This pamphlet was produced with support from the following:International Institute for Advanced Studies, "Toward a Platform for Interdisciplinary Bioethics" Project Funded by Health and Labor Sciences Research Grant for the Promotion of Regional Medical Infrastructure Development, "Toward the Construction of a Legal System to Support a Just Culture in Medical Accidents—Legal System to Analyze Medical Accident Causes and Prevent Recurrence" Grant-in-Aid for Scientific Research: "Creation of a System for Human-Derived Specimens and Information Governance based in Trust and Recognition of Shared Values"
- *There are no conflicts of interest to be disclosed involving the authors or supervisors

Together with Kyoko's Family:

Why not give some thought to how you

want to live and die?



Ryōta (11) Son of Yoshihiko and Eri



Eri (39) Yoshihiko's wife



Yoshihiko (40) Kyoko's eldest son Eri (39) Yoshihiko's wife

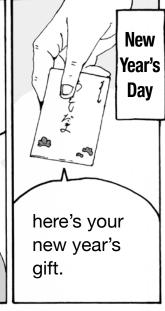


Kyoko (70) She lost her husband Tatsurō two years ago, and now lives with her cat Cheeko



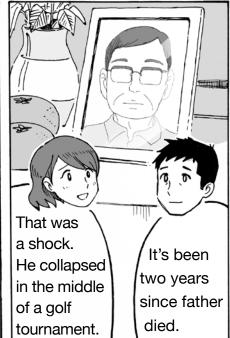


Yes...actually,



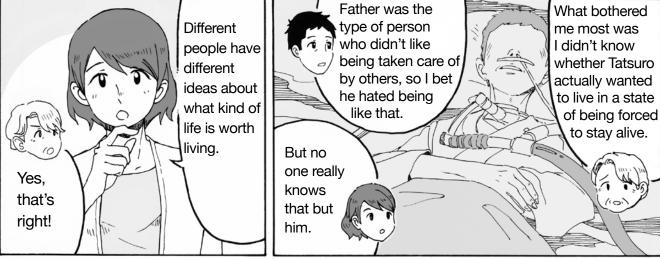






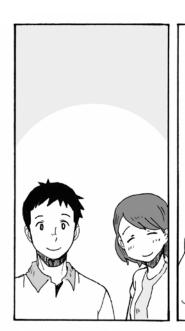
NOTE 1: Life support equipment is used to support life by supplementing reduced organ function. Life support equipment includes respirators (to support lung function), dialysis (to support kidney function), and gastric fistulas (tube in the stomach to provide nutrients and fluids). The equipment was developed rapidly in the latter half of the 20th century, and many who would have died in earlier times were able to keep living—thanks to life support equipment.

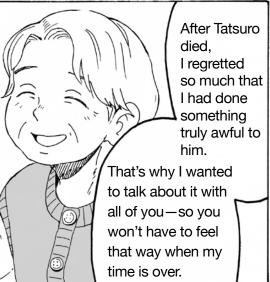




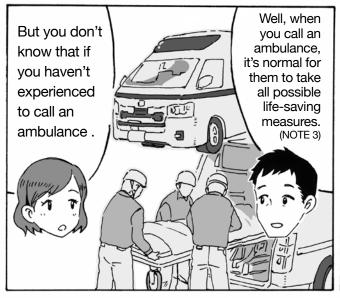


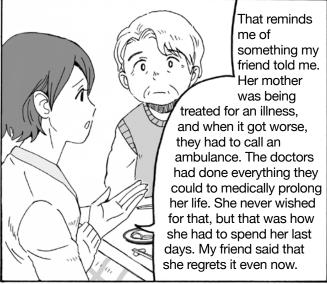
NOTE 2: Allowing a person whose death is approaching (and has little chance of recovery) to refuse life support equipment, or removing the person from such equipment, is described as "death with dignity." While a number of countries have laws permitting death with dignity, Japan does not. Previously, some physicians who terminated treatment had been prosecuted, and as a result many doctors are reluctant to stop treatment. On the other hand, the Ministry of Health, Labour and Welfare and various academic societies have released guidelines expressing the view that "If a patient has communicated the will to not receive life-sustaining treatment, and talked it over with family members, it is possible for the doctor to terminate treatment."



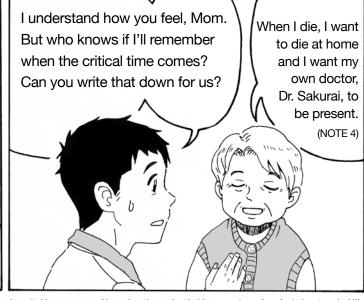










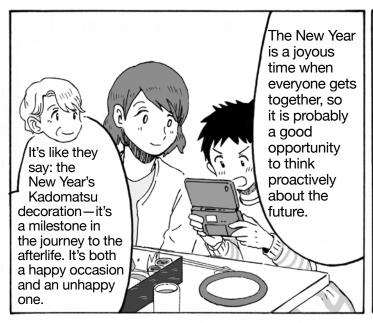


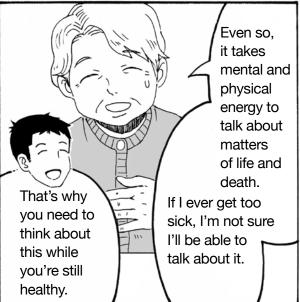
NOTE 3: If a patient has no medical record at the emergency hospital, the hospital has no way of knowing the patient's history or how they feel about end of life care. Consequently, it is normal for the hospital to take all possible measures to save a patient's life, regardless of the patient's wishes. That is why it is important for your primary physician and family members to know in advance what you wish them to do when the time comes. This is particularly important if you are treated at home and your end is nearing. In April 2017, the Japanese Society for Emergency Medicine published a guideline for paramedics who receive a dispatch request from a patient with an "advance directive" (This is a written statement of the person's will, like the memo included in this pamphlet. It is necessary to store the document in a place where others can easily find it). If an advance directive is confirmed, and the patient does not wish to receive cardiopulmonary resuscitation (CPR) or life-supporting measures, paramedics are allowed to follow the individual's will.



NOTE 4: The "at-home care" system, in which physicians visit patients at home to provide care, is becoming more common. Many doctors will attend to patients at home in their final hours, and more patients are departing for their final journey from home.

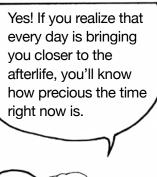
NOTE 5: The Muromachi era Zen priest Ikkyū Sōjun. Famous for his witty stories, Ikkyū is featured in manga and anime.











Oh, I've heard that one. Wasn't that Ikkyu?



Kyoko, who had seen her husband in the hospital on life-sustaining equipment, decided to write it all down:

"When there's no hope for recovery, I want to forego any lifesustaining procedures and depart on my journey naturally."

"I would hate being unconscious with no chance of return."

"I want my home doctor, Dr. Sakurai, to attend to me at my bedside when I depart."

"If I can't make decisions on my own, I want Yoshihiko and Eri to make decisions for me."

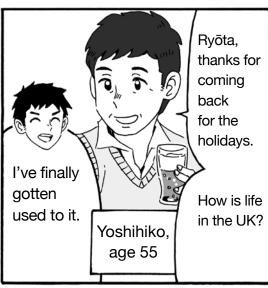
It is possible to avoid receiving treatment that you do not want by communicating to your family and friends, in writing if possible, what you dislike, what you value, and the reasons why.

The sight of you departing will leave deep impressions on the hearts

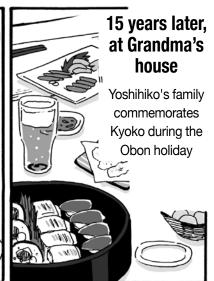
of the loved ones who see you off. Only you know what course of action is best for you, but it is important for your family members and medical practitioners to know that you were able to do as you wished.





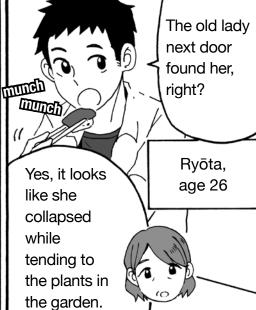


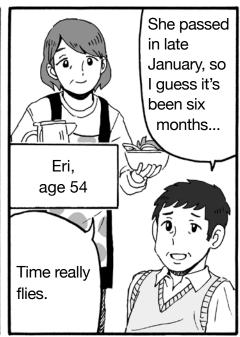






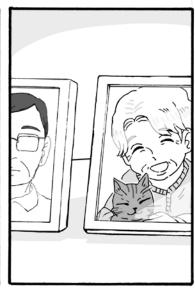
Mom lived alone, so she was really lucky to be found while she was outside.







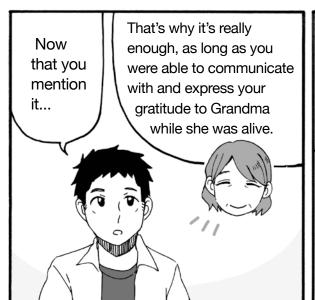


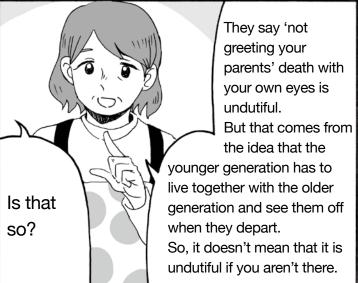




NOTE 6: While it is important to respect the individual's wishes, it is also necessary to evaluate what will (or will not) be in the individual's best interest. For example, there are times when bodily functions have declined so much that there is no chance of recovery (no matter what treatment is provided), and pursuing aggressive treatment will actually put strain on the patient. Conversely, it may be appropriate to prioritize aggressive treatment if there is a good chance of recovery.

NOTE 7: There is also the Official Certificate Declaring Death with Dignity (see the homepage of the Japan National Notaries Association).

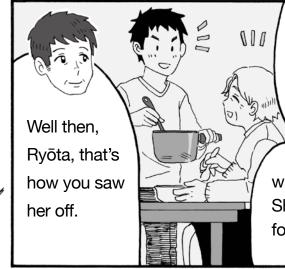




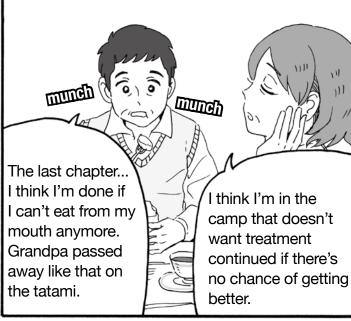
I imagine Grandma thought, "I've lived a good life.

When I depart on that journey, I hope I can do so with such warm feelings.





The last time I saw Grandma, I made her curry. She said it was delicious. She even asked for seconds.

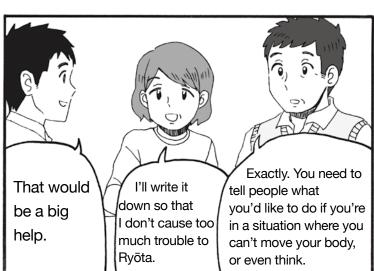


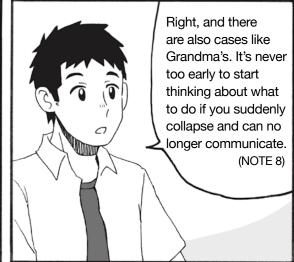


Since Father and Mother passed, I've also started to think more about how I want to spend my final chapter.

NOTE 8: * In Japan, Hospice Palliative Care Japan (HPCJ) has designated a week in October to hospice and palliative care, with last day being World Hospice & Palliative Care Day. HPCJ sponsors a variety of activities during this week. There is also the Orange Balloon Project sponsored by the Japanese Society for Palliative Medicine. * Palliative care aims to ease the physical pain experienced by people with serious illnesses, as well as other psychological, social, and spiritual suffering. Pain is not something to be endured, and should be reported to health care providers so the person can receive proper care. Medications may also be used to lower a person's level of consciousness for the purpose of relieving pain.

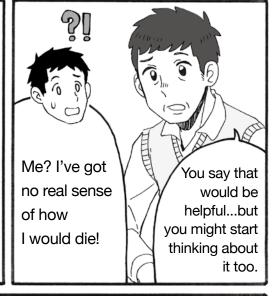
⟨A little bit on the situation when people depart⟩
* People can be in various conditions when they are getting ready to depart. They may lose their appetite, eat less, not be fully aware, appear to sleep for long periods of time, or show symptoms like reduced urination or bleeding. * When people depart, they may breathe by making large movements of the lower jaw or shoulder, which is called mandibular breathing. This may look painful, but it is said that most people do not feel any pain. * People are said to be able to hear until the end, so it is good to speak to them.







It's less "how you'll die" than "how best to live to the end." Because that's also a question— "how you're living in the moment."



Maybe I'd have curry.



What would
I have for my last
meal...?



Death is the last stage in life. No need to think about it too hard.

Just start thinking about the easy, familiar things, like the last thing you would like to eat. (NOTE10)

NOTE 9: "How I want to live my life" can be summarized in the form of a mission: "My strengths are \bigcirc , and I will use these strengths to achieve objective \triangle , and do something about \diamondsuit based on the value \square that I want to cherish." The content of the mission can be your role at home, work, hobbies, and so on. Putting it into words will become the "basis for living" and the pillar your mind employs to support your life. (Source: Michiaki Tanaka's Mission Becomes a Weapon. NHK Publishing, Inc.)

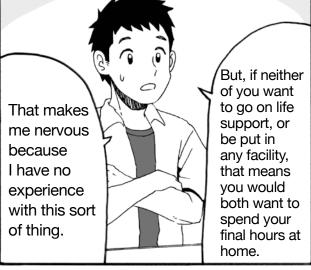
NOTE 10: Hints for starting the conversation. When preparing to talk with your family members, partners, or friends about how they want to spend their last days, the most difficult part is knowing where to begin. It can be unpleasant to be asked 'how do you want to spend your last days,' so try asking, 'how do you want to live until the end' instead. It is better to create a positive atmosphere for the conversation.

* For example, if you hear news that a famous person has passed away, use this as an opportunity to ask the other person what they would want to eat for their last meal. This may lead to a discussion about how they want to spend their final days. At that point, you can share your feelings about what you would do, and also ask the other person about their views.

* Sometimes it can be easier to answer if you ask the person what they would dislike, rather than how they would spend that time. If the other person seems reluctant to talk about it, wait for another opportunity, such as when the topic comes up on television. It is best if one can bring the topic up nonchalantly on a regular basis.

* It is helpful to understand that people have different views on the subject. It is good to discuss the reasons behind these views so as not to impose certain values, such as the belief that it is better to die without life-prolonging treatment.





But when we

get sick, we just

hospital, and it's

go to the local

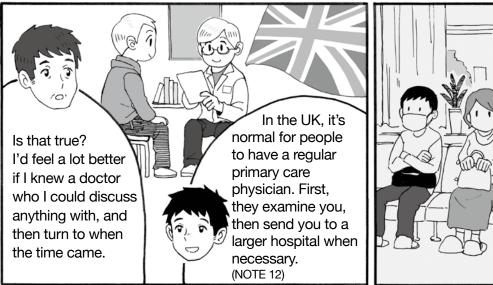
not like there's

anyone I could

call my regular

primary care

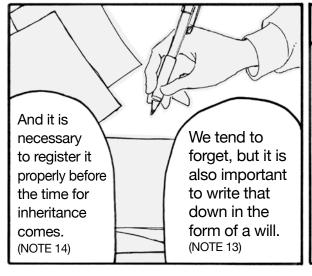
doctor.

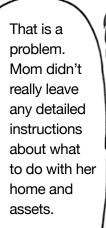




NOTE 11: If someone wants to die at home, it is important to consult a medical professional who is experienced with caring for terminal patients who can listen to their values and think about how they can spend their time comfortably. Therefore, it is a good idea to search for a medical professional who can provide the kind of home medical care you are seeking as early as possible.

NOTE 12: In Japan, people can freely choose the clinic where they receive treatment, going to an otolaryngologist for a cold, or an internal medicine department for abdominal pain. In the UK and the Netherlands, on the other hand, there is a "primary care doctor" system: a patient will first go to a physician determined by where they live (a general practitioner or family doctor) to be examined; if specialized medical treatment is necessary, they receive a referral to a specialized hospital. This system has its merits and flaws, but one strength is that each citizen is assigned a primary care doctor.





Well, physical health is one issue, but what are we going to do about

Grandma's

house?
Right now
it's fine
because you
two are coming
here often to put
things in order

but...



Homes that become vacant quickly fall into disrepair. It can be dangerous when their roofs or walls start to fall apart.

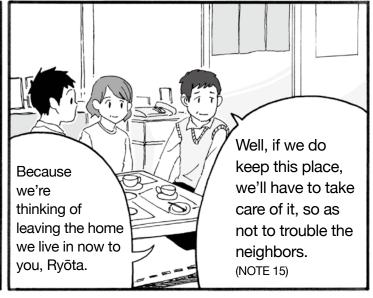
There are also the dangers of illegal dumping and arson in these derelict homes. But if no one knows the owner, little can be done. This is becoming a real concern for local authorities.



When someone who lives alone and has no relatives dies, their home is considered to have no known owner.

I read in the newspaper that one out of seven homes in Japan is deserted. And they say that there are more and more cases in which the owner of these homes is unknown



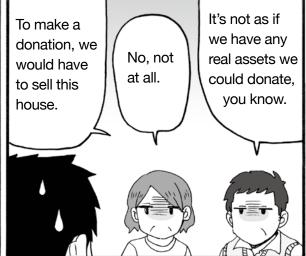


NOTE 13: Because only wills created in accordance with the stipulations of civil law are valid, it is best to consult with an expert such as an attorney. Some local authorities provide consultation services related to wills and procedures, and we advise you to make use of these services. The Bar Association's Consultation Center connects you to your local bar association: Himawari Hotline 110 (0570-783-110). For concerns about legal matters, contact your public institutional consultation center: Legal Terrace Consultation Center (0570-078374).

NOTE 14: There are many challenges when it comes to inheritance, such as name changes, taxation, and disputes between inheritors. We recommend that you speak with a specialist, e.g., a lawyer, judicial scrivener, or certified tax accountant, depending on your concern.

NOTE 15: For those who would find it difficult to manage a deceased loved one's home because it may be too far away to visit and inspect, there are companies that provide management services for vacant homes. The type of service and cost may vary, but a monthly inspection of the outside may be as low as 5,000 yen per month.











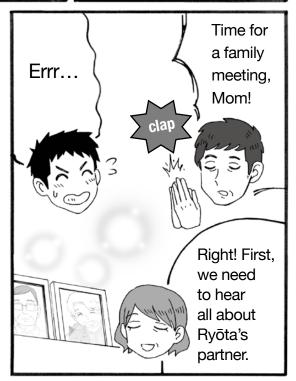
Conclusion

Although Kyoko had hoped to spend the final moments of life in her own home, the actual departure did not go as planned. Even so, because Kyoko had her own thoughts about how she wanted to live and had shared them with her family members and doctors, in the end they were at peace knowing they had followed her wishes, even if the outcome was not perfect.

Even if you are healthy now, it will be necessary for you to consider how you want to live should your body weaken, your cognition decline, or aspects of your normal lifestyle become difficult to maintain. "What do I want to do if that were to happen? What would I prioritize?" It is important to think about that now, while you are healthy, and share your thoughts with someone. Furthermore, conveying your wishes about your home and assets now will mean less trouble for those left behind.

Life is unpredictable, and even if you write down your intentions, in some cases things do not go as planned. However, giving some thought to how you want to live can be seen as an act of living your life responsibly. It is no exaggeration to say that just giving these matters some thought can help a person grow.

If you do not know where to begin, or who to speak to about this, there are places you can turn to such as the consultation centers run by the health and welfare division of your local city or town office. Please inquire there for more information.



Advance Life Planning (1)

- * Let's start thinking about how to live and die in our own way and discuss these matters with family and friends.
- * If possible, it is best to write down your feelings. Writing things down can offer a way to reconfirm and organize your own ideas.
- * Periodically review what you have written and revise it if there are changes.
- * Keep what you have written in a place that is easy to find (like in the refrigerator) or share with family members.
- * Those who live alone without family members or friends nearby can consult with the local government office health and welfare division, regional support center, or social workers (the local city or town office consultation center will tell you who is in charge of your area). Please inquire at these locations.

our name: D	late written:(year/month/day)
your daily life, what do you think is import	ant? What do you value? What do you want to avoid?
Things that I value and consider acceptable:	(You can place a circle next to items you value)
	· Eating and drinking on your own
••••••	·Thinking and acting on your own
	· Interactions with others
······	· Going to the bathroom on your own
Things that I consider unbearable and want to avoid:	· Being able to work and take care of the house
	· Doing hobbies and things you enjoy
••••••	Doing what you can on your own, without relying on others
••••••	Not causing trouble for others when avoidable
••••••	·Other (
very physical function or consisten (many	
your pnysical function or cognition (memo n your own, what would you consider accep	ry and thinking) were to decline, and you were unable to liv stable, and what would you want to avoid?
Things I consider acceptable:	(You can place a circle next to items that closely reflect
· · · · · · · · · · · · · · · · · · ·	your own feelings)
	How to live
	· If possible, I want to live alone
•••••	· If possible, I want to live with others (family, friends)
	· I want to keep my own space (privacy)
Things I want to avoid:	Where to live
•••••	 If possible, I want to live in a place that I am used to Anywhere is fine, including hospitals and other facilities,
	if it is convenient
	if it is convenient Other (
	Oth /
	·Other (
	·Other (
Then making decisions about treatment in a state want to be consulted as well want someone else to decide	Other (
Then making decisions about treatment in a state want to be consulted as well want someone else to decide (specifically, who? Name: Relations	·Other (te of diminished decision-making capacity
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(more on the back side)

Advance Life Planning (2)

acceptable? What would not?
(You can place a circle next to items that closely reflect your own feelings) • If possible, I want it to be natural, without measures taken just to prolong my life
· If possible, I want to sustain my life to the extent possible, and want treatment for that purpose
· I want to avoid pain and suffering, and want treatment for that purpose
· I don't know and don't want to think about it yet
(Thinking about the future is scary, I cannot imagine it, I want someone else to decide for me by proxy, other)
· In addition, please write freely about situations in which you think there would be no value in living, or which would be worse than dying
Where, with whom, and in what frame of mind do you want to spend your final chapter?
· Where (at home, the hospital, other)?
· With whom (family, friends, other
· In what frame of mind? How?
· I don't want to think about it yet, I don't know
(Thinking about the future is scary, I cannot imagine it, I want someone else to decide for me by proxy, other)
If I am unable to make my own decisions about personal matters, and someone else must make a decision about treatment, please decide after asking the opinion of the following proxy
acoision about treatment, piease acoide arter asking the opinion of the following proxy
Name: Relationship: Contact information: * To avoid complications for the proxy, please tell this person that you would like them to be your proxy and represent your will, and discuss with others around you the things you wrote here
Name: Relationship: Contact information: * To avoid complications for the proxy, please tell this person that you would like them to be your proxy and represent your will, and discuss with others around you the things you wrote here Additionally, anything else you want those around you to know:
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Name: Relationship: Contact information: * To avoid complications for the proxy, please tell this person that you would like them to be your proxy and represent your will, and discuss with others around you the things you wrote here Additionally, anything else you want those around you to know: • For my last meal, I want to eat and drink: • Music I want to listen to: • Funeral service: (People I want notified: People I do not want notified Type of service:)
Name: Relationship: Contact information: * To avoid complications for the proxy, please tell this person that you would like them to be your proxy and represent your will, and discuss with others around you the things you wrote here Additionally, anything else you want those around you to know: • For my last meal, I want to eat and drink: • Music I want to listen to: • Funeral service: (People I want notified: People I do not want notified Type of service:) • Grave (
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