

# Eldercare in Japan History and Analysis

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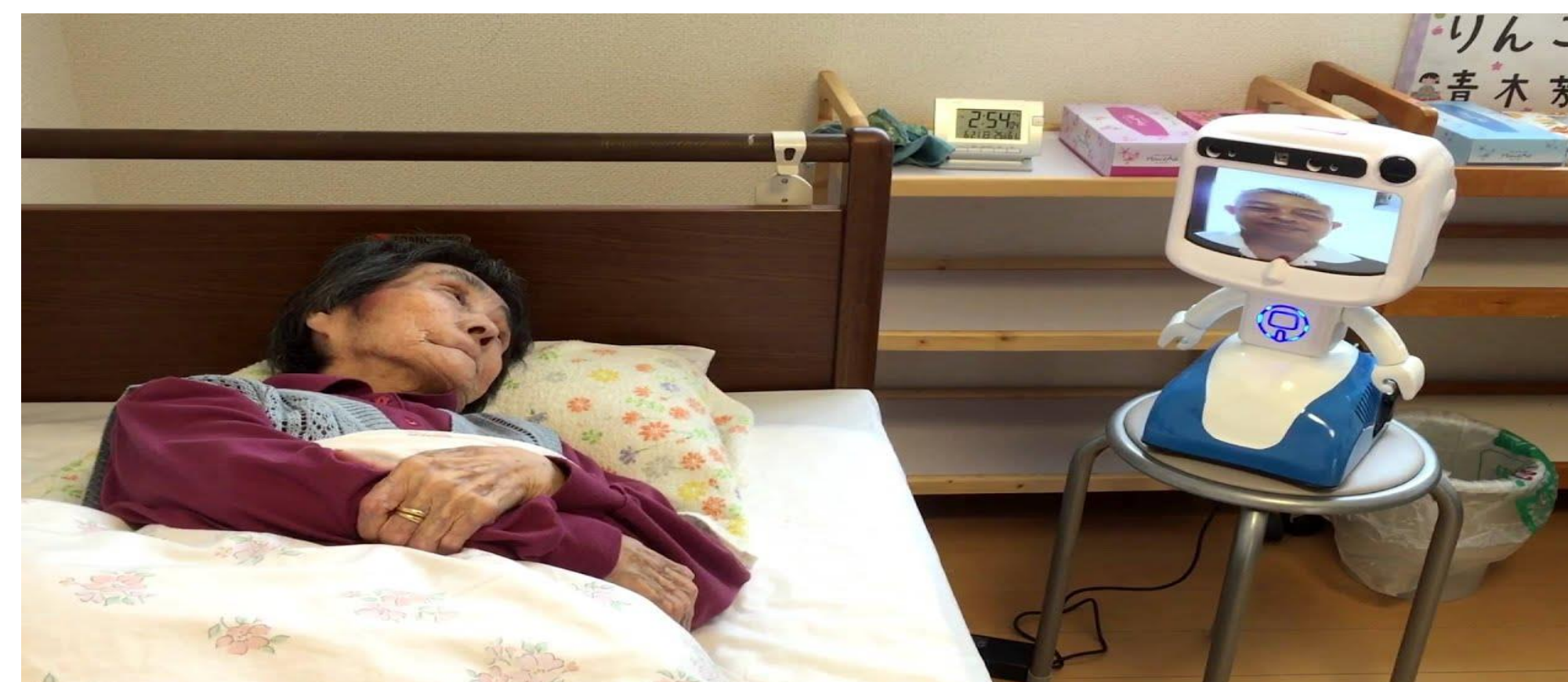
## Abstract

Japan's population is aging rapidly. Currently, over twenty percent of the population is over the age of sixty. The government responded to this crisis by establishing Long-term care insurance, which has proven to be useful but not without its limitations. A comprehensive analysis of the current system in place was done via examining several studies to determine whether the positive qualities can be implemented on a larger scale and whether the barriers for healthcare can be overcome. The historical and social context of elderly healthcare in Japan was analyzed by examining the Confucian value of filial piety and the social value of sekentei that affect the system. The system was examined to see if there are current problems that limit certain people from receiving healthcare. Various methodological studies and interviews done in facilities in Japan were examined to determine challenges elderly face while trying to get healthcare in terms of cost, quality, and facilities. Studies done on the effects of adding robots in healthcare facilities in Japan were also examined to see if this is a positive addition to implement to generally increase the care for elderly. By gathering the information, conclusions were drawn on how the current system could be improved.

## Introduction/Context

Japan has the largest ageing population consisting of those over the age of 65. As of September 2020, elderly individuals make up 28.7% of Japan's population, according to Japan Times. This calls for a nationwide system of support and care in all aspects of day-to-day life. Special measures have been instilled to accommodate needs of the elderly, such as different powered reading glasses in public facilities (Reid, 2018) and long term care (LTC) insurance. But LTC insurance faces several problems.

When considering Confucian values that are deeply engrained in Japanese culture, it is important to have a healthcare system that involves the family members of the patient. Japan is at the forefront of this problem and with innovative strategies, many plans have been implemented. By examining the current system in terms of what's working and what is not as efficient, possible solutions can be brainstormed.



## Research Methods

My findings are the result of a comprehensive literature review. The databases used included EBSCO, google scholar, and the USF library database. The multitude of references included interviews with patients and families and studies done to examine the current system's pros and cons. The assumption was that the current system has qualities that have been working for the elderly, but also certain drawbacks that can be examined. By gathering all the data, it was clear as to what works well in the current system, what changes can be made to improve the system, and possibilities that need to be explored.

## Results

Japanese healthcare approach for the elderly can be traced back to Confucian values of filial piety and the social concept of sekentei. It was found that sekentei plays the larger role in determining how children of elderly individuals make decisions regarding their parents' health. While assessing the positive aspects of healthcare to see if they can be implemented on a larger scale in healthcare facilities all over Japan, end of life discussions was found to be most important for many reasons. The use of robots in healthcare facilities was heavily favored by the Japanese compared to those in other countries mainly due to exposure. While assessing barriers to healthcare for elderly, it was found that LTC insurance has great financial costs that can burden the individual and the government. There is also an acute shortage of workers, forcing Japanese to turn to overseas workers. Another issue was the high costs and lack of transportation, which was most significant deterrent for low-income elderly. For all socioeconomic levels, a communication gap seemed to be a huge factor in negative outcomes for family members of the elderly patient.



## Synthesis/Conclusion

The Japanese healthcare system currently in place for the elderly is a complex system that has foundations and roots in Confucian values and sekentei. Overall, the Japanese healthcare system has many measures in place to provide comfort and care for elderly in the end stages of their lives, but it has limitations. It was found that end of life discussions are vital in improving emotional and physical outcomes all involved in the care. This calls for a greater need for end-of-life discussions in all healthcare facilities.

In colder regions of Japan, it is necessary to make sure heating and cooling systems are constantly checked in accordance to the changing seasons. Measures can be taken to help low-income individuals receive medical help and health education.

To fix the communication gap seen amongst all socioeconomic classes, families should be convinced to take assertive roles in the treatment of their elderly family member and patients should also be encouraged to express their emotions.

Even though this study sees the pros and cons of the Japanese healthcare system, there are several limitations. Implementing EOC discussions across Japan may be difficult because such conversations also could lead to feelings of guilt or burden. A second limitation is this study does not address differences in healthcare facilities, so it would be difficult to have a one-fits-all solution. Lastly, more studies are necessary to find out different healthcare seeking behaviors in men vs. women.

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