## 2023 年度シリーズ 1 「緩和ケア: WHO による定義の展開とそれが示すもの」

## 第2回 WHO による定義: 2002 年版と 2018 年版

### 1. 2002 版と 2018 版の比較対照

### WHO Definition of Palliative Care 2002

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

### Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Integrating palliative care and symptom relief into primary health care: a WHO guide for planners, implementers and managers

### 1. What is palliative care?

WHO defines palliative care as the prevention and relief of suffering of adult and paediatric patients and their families facing the problems associated with life-threatening illness (4). These problems include physical, psychological, social and spiritual suffering of patients and psychological, social and spiritual suffering of family members.

#### Palliative care (5):

- entails early identification and impeccable assessment and treatment of these problems;
- enhances quality of life, promotes dignity and comfort, and may also positively influence the course of illness;
- provides accompaniment for the patient and family throughout the course of illness;
- should be integrated with and complement prevention, early diagnosis and treatment of serious or life-limiting health problems;
- is applicable early in the course of illness in conjunction with other therapies that are intended to prolong life;
- provides an alternative to disease-modifying and lifesustaining treatment of questionable value near the end of life and assists with decision-making about optimum use of life-sustaining treatment;
- is applicable to those living with long-term physical, psychological, social or spiritual sequelae of serious or lifethreatening illnesses or of their treatment;
- accompanies and supports bereaved family members after the patient's death, if needed;
- seeks to mitigate the pathogenic effects of poverty on patients and families and to protect them from suffering financial hardship due to illness or disability;
- does not intentionally hasten death, but provides whatever treatment is necessary to achieve an adequate level of comfort for the patient in the context of the patient's values;
- should be applied by health care workers at all levels of health care systems, including primary care providers, generalists and specialists in many disciplines and with various levels of palliative care training and skill, from basic to intermediate to specialist;
- encourages active involvement by communities and community members;
- should be accessible at all levels of health care systems and in patients' homes; and
- improves continuity of care and thus strengthens health systems.

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- encourages active involvement by communities

WHO は緩和ケアを「生命を脅かす疾患に伴う諸問題に 直面している成人ないし小児患者とその家族の苦痛を 予防し、また和らげること」と定義している。ここでい う諸問題には、患者本人の身体的、心理的、社会的、お よびスピリチュアルな苦痛、および家族の心理的、社会 的、およびスピリチュアルな苦痛がある。

## 緩和ケアは:

- ・これらの問題の早期の同定、および確実なアセスメントと対処(治療・処置)を行うことになる;
- ・QOL を高め、尊厳と快適を促進する。また、疾患の進行に前向きの影響を及ぼすこともあろう;
- ・疾患の進行全体を通して、患者本人と家族の同伴者と して対応する;
- ・深刻ないしは生命を限定する健康上の問題の予防、早期診断および治療(対処)と統合され、これらをよりよいものとする(ようになるべきだ);
- ・人生の延伸を意図してなされる他の治療と連動して、 疾患の進行の早期にも適用できる;
- ・人生の最期が近い状況における、疾患に働きかけ、生命を維持しようとする、評価が疑わしい治療に対して、 もう一つの選択肢を提供する。また。生命維持治療の最善の使い方をめぐる意思決定プロセスを援助する;
- ・深刻な、また生命を脅かす疾患、ないしはその治療による、長く続く身体的、心理的、社会的あるいはスピリチュアルな後遺症を伴って生きている人々にも適用できる;
- ・必要ならば、患者の死後遺族となった家族に同伴し、 支援する;
- ・貧困が本人および家族にもたらす発病させる効果を和らげようと努め、また、彼らが疾患あるいは障害に由る 経済的困難で苦しまないように守ろうと努める;
- ・意図的に死を早めることはせず、患者本人の価値観に 照らして適切な快適さのレベルを達成するために必要 なあらゆる治療(対処)を提供する;
- ・あらゆるレベルのヘルスケアシステムズで働くヘルスケアワーカーたち(プライマリーケア提供者、多くの科におけるジェネラリストからスペシャリストまで)に、様々なレベル—ベーシックから、中等、さらには専門的 —の緩和ケアの訓練とスキルを伴って、使われるようになるべきだ;
- ・諸コミュニティおよびコミュニティメンバーの積極的

#### and community members;

- should be accessible at all levels of health care systems and in patients' homes; and
- improves continuity of care and thus strengthens health systems.

### 参加を促す;

- ・あらゆるレベルのヘルスケアシステムズにおいて、また在宅であっても、アクセスできるようであるべきだ;
- ・ケアの連続性を向上させ、そのことでヘルスシステム ズを強化する。

# 3. さしあたってのまとめ

- WHO 1990、2002 の定義を踏襲して、緩和ケアの定義自体は、人生の最終段階における働き方に即してなされている
- その上で、緩和ケアが他の治療と協働し、あるいはそれを補完し、時には「もう一つの選択肢」を示すというように、緩和ケアの役割の可能性を拡げ、強調しようとしている
- ヘルスケア提供者に広く緩和ケアが使われるようになること、また、コミュニティの理解と参加を目指している
- 2018 には、WHO は次のような文書を出していて、各領域の治療システムに緩和ケアを統合的に入れることを提唱。ここに紹介した緩和ケアの定義と活動を載せている(細かい文言の違いはある)。 WHPCA もこれに積極的
  - Why palliative care is an essential function of primary health care(2018)
  - Integrating palliative care and symptom relief into primary health care: A WHO guide for planners, implementers, and managers (2018).
  - Integrating palliative care and symptom relief into paediatrics (2018).
  - Integrating palliative care and symptom relief into the response to humanitarian emergencies and crises (2018).
  - Palliative Care for noncommunicable diseases: a global snapshot (2019).