

第 3 回 WHO による定義：2018 年版諸文書

<p>Integrating palliative care and symptom relief into primary health care: a WHO guide for planners, implementers and managers</p>	<p>Integrating palliative care and symptom relief into paediatrics: a WHO guide for planners, implementers and managers</p>	<p>Integrating palliative care and symptom relief into the response to humanitarian emergencies and crises: a WHO guide</p>
<p>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.</p> <p>Palliative care (5):</p> <ul style="list-style-type: none"> ① entails early identification and impeccable assessment and treatment of these problems; ② enhances quality of life, promotes dignity and comfort, and may also positively influence the course of illness; ③ provides accompaniment for the patient and family throughout the course of illness; ④ should be integrated with and complement prevention, early diagnosis and treatment of serious or life-limiting health problems; ⑤ is applicable early in the course of illness in conjunction with other therapies that are intended to prolong life; 	<p>Part 1. Defining 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 (8). These problems include the physical, psychological, social and spiritual suffering of patients, and psychological, social and spiritual suffering of family members.</p> <p>Palliative care (9):</p> <ul style="list-style-type: none"> ① entails early identification and impeccable assessment and treatment of these problems; ② enhances quality of life, promotes dignity and comfort, and may also positively influence the course of illness; ③ provides accompaniment for the patient and family throughout the course of illness; ④ should be integrated with and complement prevention, early diagnosis and treatment of serious, complex or life-limiting health problems; ⑤ is applicable early in the course of illness in conjunction with other therapies that are intended to prolong life; 	<p>3. 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 (28). These problems include physical, psychological, social and spiritual suffering of patients, and psychological, social and spiritual suffering of family members.</p> <p>Palliative care</p> <ul style="list-style-type: none"> ① entails early identification and impeccable assessment and treatment of these problems. ② It enhances quality of life, promotes dignity and comfort, and may also positively influence the course of illness. ⑤ It is applicable early in the course of illness in conjunction with other therapies that are intended to prolong life ③ and provides accompaniment for the patient and family throughout the course of illness. ⑧ After the patient's death, it also accompanies bereaved family members.

⑥ provides an alternative to disease-modifying and life-sustaining treatment of questionable value near the end of life and assists with decision-making about optimum use of life-sustaining treatment;

⑦ is applicable to those living with long-term physical, psychological, social or spiritual sequelae of serious or life-threatening illnesses or of their treatment;

⑧ accompanies and supports bereaved family members after the patient's death, if needed;

⑨ 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;

⑩ 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;

⑪ 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;

⑫ encourages active involvement by communities and community members;

⑬ should be accessible at all levels of health care systems and in patients' homes; and

⑭ improves continuity of care and thus strengthens health systems.

⑥ provides an alternative to disease-modifying and life-sustaining treatment of questionable value near the end of life;

⑦ is applicable to those living with long-term physical, psychological, social or spiritual sequelae of serious, complex or life-limiting illnesses or of their treatment;

⑧ accompanies bereaved family members after the patient's death;

⑨ 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;

⑩ 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;

⑪ should be applied by health care workers of various kinds, 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;

⑫ encourages active involvement by communities and community members;

⑬ should be accessible at all levels of health care systems and in patients' homes; and

⑭ improves continuity of care, strengthens health systems and promotes UHC.

⑥ Palliative care is not simply an alternative to disease-modifying treatment of questionable value at the end of life;

④ rather, it should be integrated with and complement prevention, early diagnosis and treatment of serious or life-limiting health problems at all levels of any health system

⑭ and thereby improve continuity of care and strengthen health systems.

⑨ Palliative care also 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.

⑫ It encourages active involvement by communities and community members.

⑮ Crucially, integration of palliative care into public health care systems is essential for achievement of universal health coverage (29).

欠項

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2. 試訳と検討

<p>Integrating palliative care and symptom relief into primary health care: a WHO guide for planners, implementers and managers</p>	<p>Integrating palliative care and symptom relief into the response to humanitarian emergencies and crises: a WHO guide</p>
<p>1. What is palliative care?</p> <p>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).</p> <p>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。</p> <p>These problems include physical, psychological, social and spiritual suffering of patients and psychological, social and spiritual suffering of family members. 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。</p> <p>Palliative care (5): 緩和ケアは：</p> <p>① entails early identification and impeccable assessment and treatment of these problems; ・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；</p> <p>② enhances quality of life, promotes dignity and comfort, and may also positively influence the course of illness; ・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；</p> <p>③ provides accompaniment for the patient and family throughout the course of illness; ・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；</p>	<p>3. What is palliative care?</p> <p>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 (28).</p> <p>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。</p> <p>These problems include physical, psychological, social and spiritual suffering of patients, and psychological, social and spiritual suffering of family members. 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。</p> <p>Palliative care 緩和ケアは：</p> <p>① entails early identification and impeccable assessment and treatment of these problems. ・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；</p> <p>② It enhances quality of life, promotes dignity and comfort, and may also positively influence the course of illness. ・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；</p>

④ should be integrated with and complement prevention, early diagnosis and treatment of serious or life-limiting health problems;

・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；

⑤ is applicable early in the course of illness in conjunction with other therapies that are intended to prolong life;

・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；

⑥ provides an alternative to disease-modifying and life-sustaining treatment of questionable value near the end of life and assists with decision-making about optimum use of life-sustaining treatment;

・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；

⑦ is applicable to those living with long-term physical, psychological, social or spiritual sequelae of serious or life-threatening illnesses or of their treatment;

・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；

⑧ accompanies and supports bereaved family members after the patient's death, if needed;

・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；

⑨ 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;

・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；

⑤ It is applicable early in the course of illness in conjunction with other therapies that are intended to prolong life

・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；

③ and provides accompaniment for the patient and family throughout the course of illness.

・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；

⑧ After the patient's death, it also accompanies bereaved family members.

・患者の死後、遺族となった家族に同伴する；

⑥ Palliative care is not simply an alternative to disease-modifying treatment of questionable value at the end of life;

・人生の最期が近い状況における、疾患に働きかける、評価が疑わしい治療に対して、単純にもう一つの選択肢なのではない。

④ rather, it should be integrated with and complement prevention, early diagnosis and treatment of serious or life-limiting health problems at all levels of any health system

・そうではなくむしろ、いかなるヘルスシステムにおいてもそのすべてのレベルにおいて、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；

⑭ and thereby improve continuity of care and strengthen health systems.

・そして、そのようにして、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。

⑨ Palliative care also 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.

・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；

⑩ 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;

・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；

⑪ 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;

・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；

⑫ encourages active involvement by communities and community members;

・諸コミュニティおよびコミュニティメンバーの積極的参加を促す；

⑬ should be accessible at all levels of health care systems and in patients' homes; and

・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にあるべきだ；

⑭ improves continuity of care and thus strengthens health systems.

・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。

*Intopaediatrics のほうは、and promotes UHC.が追加されている

⑫ It encourages active involvement by communities and community members.

・諸コミュニティおよびコミュニティメンバーの積極的参加を促す；

⑮ Crucially, integration of palliative care into public health care systems is essential for achievement of universal health coverage (29).

要するに、緩和ケアの公共のヘルスケア諸システムへの統合は、ユニヴァーサル・ヘルス・カバレッジ（UHC*）の達成に不可欠である

*UHC：「全ての人々が適切な予防、治療、リハビリ等の保健医療サービスを、支払い可能な費用で受けられる状態」（厚労省による WHO 方針の説明より）

欠項

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3. いくつかのポイント

(1) 定義の核心部分とそこから entail する部分

2002版：「緩和ケアは、生命を脅かす疾患に伴う問題に直面している患者と家族のQOLを痛みおよび他の身体的、心理社会的、精神的な諸問題について、早期にそれらを見出し、確かなアセスメントと対処（治療・処置）によって、苦痛を予防し、また和らげることを通して

増進させようとする一つの手立て（＝アプローチ）である

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.

2018 諸文書：「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。」これに続いて本人と家族との「諸問題」の異同についての説明

・「早期発見・・・」は導出される諸活動の①に移動

⇒2018 版の核心部分に残ったことと、その定義から導出される諸活動との区分の論理的明確化

(2)2018 諸文書間の異同

- ・プライマリーヘルスケアと小児治療とはほとんど変わらない
- ・これらと humanitarian… とは、順序の入れ換え、項目の選別がある

(3) humanitarian 冊子の諸活動の構成と PHC・小児との異同