



Japan Association for Clinical Ethics (JACE) was founded on September 29th 2012. JACE proposes "Ethics" that is based on the real clinical practices, experiences and patient's voices, and deliberates on ethical issues with interdisciplinary and inter-professional approach.

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Greetings on the Establishment of the Society

Hereby we announce the foundation of "Japan Association for Clinical Ethics (JACE)".

This is the first formal Association for Clinical Ethics in Japan, although several research groups have already existed for the academic purpose.

On September 29th 2012, a group of about 100 people both medical specialists and also from the fields of religion, social welfare, social policy, mass media, patient groups and patient support groups assembled together to lay the groundwork and formally create for "Japan Association for Clinical Ethics (JACE)".

They discussed sincerely and earnestly about ethical dilemmas and the distress concerning the daily medical practices. They also expressed the expectations for JACE and came to reach a consensus to propose "Ethics" that is based on the actual clinical practices and recognizing the importance of interdisciplinary and inter-professional approach.

People who work in the health care field make decisions after careful consideration for the patient, the family and next of kin based on their situation and circumstances. But in actual medical practice, health care workers sometimes worried about what is in the best interest of the patient.

For example in the field of long term care for the elderly, we have to face the difficult problems concerning withholding or withdrawing life prolonging treatment (e.g.; artificial nutrition & hydration). In the case of patients with end-stage of illness, we have to consider the fairness and legitimacy of the substituted judgment by the family (or surrogate), because the patients often cannot express their own intention.

In the field of Dementia Care, Japanese face an increase in the number of people with dementia. There are now 3,050,000 people with it, and it is estimated to be around 3,450,000 by 2015, and 4,700,000 by 2025 which is 12.8% of the elderly. To support a

person with dementia not only in a medical sense but also in a daily capacity, we must build up a support system amongst the family, health care teams and the community.

In the field of Home Care, it is said that end-of-life care and death at home will increase in Japan. Japan will be forced into a situation dealing with an aging society that the world has never experienced before. By 2025 the amount of elderly people will be over 30% of the total population in Japan. The rate of death will increase to about 1,600,000 people a year. But the number of beds in hospitals will decrease, that's why home care and the death at home will increase and need sufficient consideration.

In the field of reproductive medicine, we recently have had some issues, for example pre-birth DNA diagnosis of Down syndrome, surrogate mother and so on.

In the field of genetic disease, we have to consider the privacy of genetic information and discrimination based on genetic diseases.

In the field of technologically advanced medicine, there are ethical issues, for example brain death organ transplantation, regenerative medicine using ES cell and iPS cell technology which is now drawing considerable public attention because Dr. Yamanaka won a Nobel Prize for this discovery.

We have to deal with these forefront medical issue that are in the newspaper's headline and the issue from everyday medical bed-side practices with an approach that is not too far from the actual practices and the feelings of healthcare providers. And we also hope to approach these issues interdisciplinary and inter-professionally; that is, with doctors, nurses, care-workers, patients, patient support groups and others who are interested in these issues.

Medical practices consist of not only medical technical elements but also ethical elements. As diagnosis and therapy are important for medical practices, clinical ethics is also essential for it. When healthcare workers recognize that clinical ethics is the fundamental component of medical practices, they can make better clinical decisions with compassion

and sympathy. Without the concept of clinical ethics, medical practices in Japan would not go in a right direction.

JACE expects more communication among the people from different fields, because we believe a more appropriate approach of decision making should be balanced medically, ethically and legally. That's why we have 10 section meetings; (1)Acute Disease (2)Chronic disease & medicine for the elderly (3)Home Care (4)End-of-Life Care & Palliative care (5)Dementia & Psychiatry disease (6)Pediatrics (7)Reproductive medicine (8)Forefront medicine (ex; organ transplantation, genetic disease, regenerative medicine) (9)Quick Response for current topics (10)Ethics Education.

JACE plans for holding annual meeting, publishing academic journal, and having opportunities of education & training to support better decision making in the daily bed-side cases. Especially section of Ethics Education will greatly help to train the people who work for ethics consultation and ethics committee.

JACE hopes to make proposals for better relationship between patients and healthcare providers, and also hopes to exchange views and experiences on clinical ethics internationally.

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Executive director

Dr. Masako Minooka

(Minooka Clinic & The University of Tokyo Graduate School of Medicine)