

A Future Review

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Through our five-year activities, people-centered care (P-C-C) has come to characterize itself as a combined, cooperative care that promotes systematic service in a comprehensive manner to meet the needs of consumers and the general public. In society, introducing P-C-C for the purpose of solving health issues with a focus on those that are yet to be improved by either experts from medical and governmental institutions or associations of patients and families alone may potentially bring a breakthrough in the presently rigid solutions for health issues. For instance, P-C-C may be applied in strategies for the prevention and early detection of breast cancer, which is in need of social attention as one of the nation's most epidemic diseases. One such instance is a community-wide activity towards the creation of an anti-breast cancer health community. The proportion of women undergoing breast cancer screening in Japan disappointingly falls below 10%, ranking among the lowest in developed countries; it is indeed extremely low when the figures are typically 70-80% in western countries. It is unfortunate that nearly 70% of women who undergo screening have already developed a 2- to 3-centimeter lump. There are apparently various different underlying factors and background issues behind womens' extreme reluctance to obtain breast cancer screening. Exploring such factors and background issues from a woman's standpoint and systematizing the community-based cooperative activities in a manner that promotes diversity, as shown in the slide, should be something that can soon be put into action. Such activities are expected to link together this COE project and the East Asia Cancer Nursing Network in other Asian countries, where the proportion of women undergoing breast cancer screening is also low, evolving into an international initiative against breast cancer.

In order for this to happen, actions should be implemented by developing a magnetic field of prevention activities by members of a wide variety of communities and organizations involved in the COE. Apparently the most effective subjects, among others, may be mothers in the age range with the greatest proclivity to breast cancer, who are our partners in the Knowing Our Body project; it may be of use that they discuss what should be done to avoid their own health from falling behind parenting. Ideas are limitless. It is important to bring such ideas to the level making policy proposals and then securing funding for the activities.

It is an urgent task, however, to secure funding in order to maintain P-C-C activities and present society with a model that can achieve a health-nurturing community. Continued efforts are warranted for the acquisition of large research funding, joint projects with administrative bodies, service transfer projects through modularized and programmed care, and acquisition of endowments and

donations.

In the meantime, academic development should also be promoted. Creating a preventive system of this size essentially requires coordinated actions with local and national governments as well as large-sized research funding to be obtained through these actions. For this purpose, it is considered critical to secure support from the public, although it could be a challenging mission to complete. In order to facilitate the practical application of our proposed measures and medical service fees, we must publicly present the accumulation of P-C-C evaluation as scientific evidence.

Fortunately for us, P-C-C has come under the spotlight among several academic societies in Japan, including the Association for Medical Care Service Quality Assurance which is to hold a symposium with a main theme of "People in the center." Further academic cooperation is anticipated with these associations.

Furthermore, the key to steady P-C-C development is the human resources to produce staff members capable of developing systematic care service. Human resources with a macroscopic view to see community people in a comprehensive way, inclusive of background matters such as resources, mechanisms, public opinion, and culture, as well as with a high interest in society and people to address what may often be buried underneath such a large system, are crucial. Also necessary are the commitment, leadership, and tolerance to discover resources and turn them into useful care and systems in cooperation with those who have such experience and knowledge among the public. The revision of academic curricula may also be important, so that graduate schools provide courses for human resource development in a wide range of new fields to allow people of different academic backgrounds and personalities to join in the educational activities, rather than limiting such courses to nursing professionals.

Japan's health care is still more solid than most other countries. This is something to be proud of, given our high average life expectancy. We are, however, feeling the danger of the gradual collapse of health care services. What we need is to suggest through our future activities how P-C-C can enhance the strengths of the existing healthcare system while reducing the weaknesses, thereby solidifying sound safe and good health of the general population.