

原著

# 都市における在宅死の実態と医療福祉サービスの課題

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## Current State of Deaths at Home and Problem of Medical Welfare Service in City

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### Abstract

This study was conducted to clarify the actual status of deaths at home in city communities and medical welfare service that enable patients to die at home. This investigation was done to 18 places of the Osaka City at the visit nursing station by the questionnaire by mailing. The content of the investigation searched for sex and the death place from station user's death for three years from the outline and 1996 to 1998 of the station. In addition, age, sex, the death name of a disease, and bedridden degree from the staying at home death case, The execution of the staying at home service and the medical treatment used was investigated. There were taking 24 hour system in the station 13 places in (72%), The staying at home death is 15 place (83%) each other. In the death, there are 371 people, and the staying at home death was 129 people (34.8%) sooner or later. There were a lot of women in 90 years old or more about the

staying at home death though there was no difference by sex in the number of the deaths when characterizing. Moreover, there was a lot of cancer of the death name of a disease. It was man 47%, and the woman 26%. There was 31.6% though the use of the staying at home service was not used slackly at all. There were 86% person who received the medical treatment. It was 46.2% of easing uneasiness, and a lot of one which was was the guidance 55.9% of the symptom of the death in the family. It is the staying at home death in the city and importance is help of the medical welfare (psychology) which exceeds the frame of the medical welfare. Moreover, it can be said that overall care management is important.

## 要約

都市における看取りの実態をもとに、在宅死を可能にするための医療福祉サービスのあり方を明らかにすることを目的として調査を行った。調査は事前に協力の得られた大阪市の訪問看護ステーション(以下ステーション)18カ所に、郵送式質問紙法により実施した。調査内容は、ステーションの概要及び1996年～1998年(3年間)のステーション利用者の死亡から性別、死亡場所を調べ、更に在宅死亡事例より年齢、性別、死亡病名、寝たきり度、利用した在宅サービス、医療的処置の状況を調査した。調査対象の18カ所のステーションのうち24時間連絡体制をとっているのが13カ所(72%)あり、在宅での看取りの経験は15カ所(83%)あった。死亡事例は371名あり、そのうち在宅死亡は129名(34.8%)であった。在宅死の特徴としては死亡数に性別による差はなかったが、90歳以上に女が多かった。また、死亡病名は悪性新生物が一番多く男47%、女26%を占めていた。在宅サービスの利用は低調で全く利用なしも31.6%みられた。医療処置を受けた人は86%あった。また不安の緩和は46.2%、家族への死の兆候の指導は55.9%行われていた。これからの都市の看取りを支えるためには、医療・福祉の枠を越えた医療福祉及び心理的な援助が求められる。また、総合的なマネジメントが重要といえる。

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