

Title	介護当事者の意思決定プロセス 意思確認が困難な高齢者への経管栄養を事例として
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Title:

The decision-making process of caregivers: ethnography of installing tube feeding to elderly people with cognitive impairment

Background:

The development of medical technology has extended life expectancy, but it has also resulted in a social problem with the rapid increase of the elderly worldwide. Japan is no exception and the Japanese society often recommends the elderly to choose a 'natural death' when it becomes difficult for them to eat orally with declining capabilities for making decisions. Caregivers can, however, opt for tube feeding to be administered to the elderly who have little time to live so that they can spend more time with their close persons.

Purpose:

The purpose of this research is to clarify the decision-making process of caregivers involved in the process of introducing the tube feeding to elderly persons with cognitive impairment by focusing on the relationships between the elderly and their caregivers at their everyday life. Moreover this study considers the processes by which gastrostomy comes to be socially seen as an issue.

Method:

A fieldwork survey was carried out for three cases at the place of each elderly's daily life. The decision-making process of caregivers for placing the tube feeding was investigated through a series of semi-structured and informal interviews. Field notes were taken to record the relationship between each elderly person and caregivers. This research describes the ethnography of the collected data, analyzes it by focusing in three phases: the first phase in which caregivers became to know of gastrostomy and made decisions, the second phase in which elderly persons and caregivers chose to live with tube feeding, the third phase in which the results of analysis on the decision-making process are synthesized.

Results & Discussion:

First, caregivers have had two different perceptions of gastrostomy, as a *tool* and as *something to be socially established* through the interaction with the situation in which they became to know of gastrostomy and through their unique experience. Gastrostomy was understood to be futile for elderly and inflict pain on them. Thereby gastrostomy had been excluded from the placing to elderly by caregivers. Second, however the caregivers of the three cases selected gastrostomy for the elderly by the avoidance of meaning socially established. This study discovered the factor of the avoidance. It was based on the relationship between the elderly and caregivers, and is named 'irreplaceable factor.' Finally, this research caught that an effort of training of swallowing function and reopening oral intake is a work with the difficulties and anxiety for caregivers. Although social policy encourages the swallow training for reopening oral intake, it loses touch with the real life of elderly and caregivers.

Conclusion:

Theoretical contribution: firstly, this study re-organized the decision making process of gastrostomy to elderly which has been discussed in various fields as decision-making theory. Secondly, this study led to *irreplaceable factor*, a concept of the factor of decision-making based on the relationship, which has not been discussed. Lastly, the decision-making process of caregivers was captured as the interaction between individual experience and social context. Practical contribution: for caregivers, practice of caregivers who selected tube feeding is to contribute to the solution of the problem of caregivers who are puzzled to decide placing tube feeding. And for healthcare professional, it is to contribute to understand the medical technology in daily life by presentation of the decision-making process in daily life.

Keywords: caregiver, tube feeding, decision-making, relationship, ethnography