

JNA News Release

Japanese Nursing Association

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Greeting from JNA President Toshiko Fukui, RN, RNM, MBA, PhD



It will soon be a year since I became JNA President. JNA celebrated its 70th anniversary last year and renewed its resolve to look toward tomorrow and the future.

2018 is a year in which reform of the healthcare and long-term care provision system will be greatly promoted through the reformulation of insured medical and long-term care service plan in each region of Japan and the simultaneous revision of medical fees and long-term care fees. Given the trend of policy measures in Japan, the power of nursing is needed not only in hospitals but in all sorts of settings. In the days ahead, we envision nurses will use their skills in caring individual patients back to health and

rehabilitating them back into the community, which can be described as the *origin* of nursing, to help support people to live better in the community and contribute to the attainment of people's better lives in every settings where nursing is needed.

In fiscal 2018, JNA plans to continue to focus on the priority policies previously identified as policy issues, namely (i) the promotion of reform of the basic nursing education system, (ii) the establishment of a system for nursing service provision in the community based integrated care, (iii) the promotion of work style reform for nurses, and (iv) promotion of the role expansion of nurses and development of human resources for nursing. I look forward to collaborating with you all in the future. ■

JNA's 70th Anniversary

On November 20, 2017, JNA held a ceremony to commemorate its 70th anniversary. The ceremony was attended by Her Majesty the Empress of Japan and by 450 other guests including Michiyo Takagi, State Minister of Health, Labour and Welfare and Toshiei Mizuochi, State Minister of Education, Culture, Sports Science and Technology.

At the ceremony, JNA President Toshiko Fukui stated that JNA owes its development to the efforts of her predecessors and the cooperation of members. She expressed the resolve to ensure further enhancement and development of JNA's activities as a nursing professional organization so that individual nurses are encouraged to think and practice dynamically in order to pay full attention to life and



Her Majesty the Empress attended at the ceremony, in the middle, and JNA President Toshiko Fukui delivered a speech, center right.

to provide safe, high-quality nursing. The president also announced JNA's new tagline created to commemorate its 70th anniversary: "Live life, together we create."

JNA was established in 1946. Before then, midwifery, nursing and public health nursing organizations had each engaged in activities separately, but each of these organizations was dissolved and integrated into a single organization, leading to the establishment of JNA. At the time of its establishment, JNA had 1,323 members. It had no office and initially borrowed a room in hospital. It subsequently put an organizational structure in place and created its current structure. The current president is JNA's 13th president. ■

The 5th China Japan Korea (CJK) Nursing Conference

JNA, Chinese Nursing Association (CNA) and Korean Nurses Association (KNA) agreed to hold the 5th CJK Nursing Conference in Tokyo, Japan, in September 2018. The three nursing associations of Japan, China and Korea have built up a long history of exchange as the nursing associations of neighboring countries. The CJK Nursing Conference will provide an opportunity for the nursing associations to share their organizational initiatives and also for nurses working on the frontline nursing in each country to share their knowledge and experiences. It is expected that the conference will help further strengthen exchanges between nurses in the three countries and lead to the formation of new networks and the creation of evidence. ■

Death Confirmation utilizing ICT

The easing of death confirmation regulation, as requested by JNA to the government in 2015, was realized during fiscal 2017. Guidelines on the Framework for Death Confirmation Utilizing ICT were issued, and the development and training of nurses began. In Japan, only doctors can certify deaths and, unless a patient dies from a disease for which he/she is being treated within 24 hours of consulting a doctor, a post-mortem examination by a doctor is required in order for a doctor to confirm the death. The recent ease of regulations means that, in cases where certain conditions are met, death confirmation can now be undertaken based on a report from a nurse without conducting a post-mortem examination by a doctor. Previously bodies were preserved for long periods of time for post-mortem examinations or measures such as urgent transportation for admission to hospital in the final stages of life were taken on the assumption that a doctor would not be able to come for a post-mortem examination. The National Institute of Population and Social Security Research estimates that due to population aging, the number of deaths in Japan is expected to peak in 2040 and annual deaths will be 1,679,000. The recent ease of regulations provides a framework that encourages nurses to provide support to the end of life in the preferred location of the individuals receiving treatment and their families. ■

Requirements for utilization of ICT for death confirmation etc.

- a. Based on the course of direct face-to-face treatment by a doctor, imminent death is expected.
- b. There is sufficient communication between the doctor and the nurse and the patient and/or family has given consent, for example, agreement about the end-of-life care plan has been reached in advance.
- c. Despite coordination efforts among doctors and medical institution/nursing care institution, prompt face-to-face post-mortem examination by a doctor would be difficult.
- d. A nurse who has received a certain level of forensic science training can promptly report the information needed for a doctor to reach a judgment, for example, matters agreed in advance with the doctor, including the three signs of death.
- e. The doctor who received the report from the nurse is able to combine this report with an ICT-based communication tools such as a videophone to grasp the situation of the patient and thus confirm that the patient is actually dead and that there is nothing out of the ordinary.