

論文の内容の要旨

論文題目 Local Perspectives on Medical Ethics: A Pilot Study of Physicians and Non-Physicians in Japan and the United States, with Implications for US Health Care Policy.

(生命倫理のローカルな視点：日米での医師・一般人における予備調査、並びに、アメリカ合衆国のヘルスケア政策への示唆)

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Background:

Government regulation of medical practice influences not only specific physician behaviors, but also alters the culture of medical care and the dynamics of physician-patient relationships. With the internationalization of discourses regarding medical ethics in the developed world, political discourses in varying cultural contexts have assumed that government intervention is warranted to promote greater physician adherence to ethical models focused on patient rights and autonomy. Comparative data regarding physicians' medical ethical approaches, and what would be expected of them by non-physicians, in varying cultural contexts may help researchers gain a better understanding of this assumption and its validity.

Purpose:

To develop a cross-cultural instrument for evaluating and comparing conceptions of patient rights and autonomy in physicians (PH) and non-physicians (NP) with quantitative and qualitative techniques, and to evaluate the appropriateness and utility of this instrument with a pilot-test examining the hypothesis that physicians in Japan and the United States adhere to an ethical model more focused on patient rights and autonomy than socioeconomically similar non-physicians.

Methods:

A literature review guided development of a bilingual draft survey instrument regarding medical ethical controversies related to patient rights and autonomy. Respondents were asked regarding their agreement with propositions about medical ethical scenarios, and free-form text responses were requested. The draft instrument was reviewed by a convenience sample of Japanese (JA) and US physicians and non-physicians. Feedback guided development of a bilingual internet-based pilot instrument, prepared according to a translation/back translation methodology. Participation in the pilot survey was requested by postal mail of PHs and high socioeconomic status NPs in New York and Tokyo.

Results:

Requests for participation were presumed delivered to 700 PHs and 691 NPs in New York, and 453 PHs and 483 NPs in Tokyo. Online responses were initiated 672 times by US, and 559 times by JA, recipients, excluding duplicate computer environments, for a response initiation rate of up to 48% for US and 60% for JA respondents. Full responses were provided by 25 US PHs, 41 US NPs, 39 JA PHs, and 57 JA NPs (response rates 3.6%, 5.9%, 8.6%, 11.8%). Incomplete responses were discarded.

Open coding of text responses for conflict resolution strategies revealed that references to the law were significantly more common among physicians than non-physicians. Non-physicians cited beneficence as a value which may over-ride patient rights and autonomy more frequently than physicians, and a tendency for non-physicians to cite social good as such as value approached significance ($p=0.06$).

PHs opposed notification of the partner of an HIV+ patient of the patient's HIV status against the patient's wishes, while a plurality of NPs favored this. All PHs were more likely than NPs to believe a patient should be told of a cancer diagnosis prior to family. All groups favored a patient's right of full medical record access, even if the physician wished to withhold portions due to suspected malingering, though a plurality of JA NPs (42%) agreed with sending records sent to a third party physician for discussion with the patient, rather than

providing them immediately, a significant finding compared with JA PHs (13% agreement). PHs also opposed abbreviated informed consent processes in emergency situations to a greater extent than NPs.

Additional findings were that, while 66% of JA PHs did not oppose placing a patient on life support against their stated wishes on request of family, 69% opposed this if there was a written advance directive. Support among US PHs for following patients' end of life wishes also strengthened with advance directives. Compared with US respondents, JA respondents more often cited the roles/interests of family members or of physicians as sometimes able to take precedence over patient rights/autonomy, and JA respondents more often sought to build consensus or find exceptions to rules as conflict resolution strategies. JA respondents favored, and US respondents opposed, parental notification of a pregnant teenager against the minor's wishes. JA NPs were evenly divided regarding whether clinical trials could employ abbreviated informed consent when obtaining traditional informed consent is difficult. US respondents resisted this idea.

Conclusions:

Among the studied groups, physicians applied a greater emphasis than non-physicians on patient rights and autonomy, relative to competing principles, though a low response rate limits generalizability of the results. Consistency of quantitative results with existing prior research and coherency of qualitative results with the quantitative data support the appropriateness and utility of the instrument in the evaluation of cross-cultural differences in perceptions of medical ethical issues. A revised survey instrument and methodological improvements for future applications are proposed.