Categories: End of life planning,

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Japan

Overview

Choices made at the end of life have drawn public attention in Japan since the 1960s, particularly when inappropriate cases of ‘euthanasia’ including the Yamachi Incident in 1962 in Nagoya were reported and became known to the public. Over time, the public focus has shifted from euthanasia to death with dignity, and this supported widespread dissemination of the idea of living wills.

From the 1990s onward, the use of ‘ending notes’ became widespread: these are documents that go beyond medical decisions to include financial planning for post-retirement, funeral arrangements, and grave preparation. This practice of writing one’s wishes in such a format helped establish sh?katsu (activities for end of life) in society. In 2018, the popular term “Jinsei Kaigi” (Life Planning Conference) was adopted, and full-scale efforts to promote ACP (Advance Care Planning) began at the initiative of the Ministry of Health, Labor and Welfare.

Japan is undergoing a rapid decline in the younger population coupled with increased aging, leading to increased social isolation of the elderly and those living alone. In the 2020 Census, the percentage of single-person households reached a record high of 38.1% of all households. Though the government is promoting home-based medical and nursing care services, the traditional family-based care system is no longer sufficient to respect individuals’ choices at the end of life. In order to enable each person to spend the end of life in their preferred place, a transition is needed away from excessive dependence on professional care. This necessitates building communities that offer mutual support beyond family connections. In this context, the idea of Compassionate Cities and Communities has been gaining attention in recent Japan.

Euthanasia and Death with Dignity

Interest in euthanasia and death with dignity is high in Japan, although there is no legal regulation for this. In the case that a patient sincerely wishes to die, acting on such a wish—by either assisting in or directly causing death—can be prosecuted under Article 202 of the Penal Code as participating in suicide or consensual homicide. In the case that the patient’s wish cannot be clearly confirmed, the act may be prosecuted as murder under Article 199.

The Penal Code defines euthanasia as “killing a patient who is near death and suffering severe pain, in order to relieve from that pain.” Death with dignity is defined as “withdrawing life-prolonging treatment from a patient with an incurable disease and no prospect of regaining consciousness.”

In representative judicial decisions, such as the Yokohama District Court decision in the Tokai University Hospital case in 1995, four conditions have been outlined under which death with dignity may be accepted in future cases:

1. The patient is suffering unbearable physical pain.
2. The patient is terminally ill, and death is imminent.
3. All possible means to relieve the suffering have been exhausted, with no alternatives available.
4. The patient has clearly and explicitly expressed the consent to shorten life.

Public debate around euthanasia and death with dignity has persisted since the 1960s, with several legislative attempts made. The Japan Euthanasia Society, founded in 1976, initially aimed to legalize active euthanasia but without succeeding shifted its focus to promoting living wills. In 2012, a bipartisan parliamentary group proposed a bill titled “Law Respecting the Wishes of Patients in Terminal Care” (Dignified Death Bill). However, there has been persistent criticism, especially from disability groups and Japan Federation of Bar Associations, and the debate is still going on. Meanwhile, medical organizations such as the Japan Geriatrics Society have issued guidelines for decision-making in elderly care, including the introduction of Artificial Hydration and Nutrition (AHN).

Living Will (Advance Directive)

With the growing focus on death with dignity, living wills have also gained popularity. In 1983, the Japan Euthanasia Society changed its name to the Japan Society for Dying with Dignity and began promoting its own form of “Declaration for Death with Dignity.” In 2017, this declaration was revised and got a new name “Living Will” (Advance Directive for Terminal Care), which has been one of the most widely adopted formats in Japan.

Ending Note (“Shukatsu” Note)

Development of ending notes began in the late 1990s and became widespread in the 2000s. Also called sh?katsu notes, these documents come in various formats but generally include preferences regarding medicinal treatment and care, digital data management, financial planning for post-retirement, preferences for inheritance and gifting, funeral and grave arrangements and writing a will and testament.

Sh?katsu (Activities toward End of Life)

The comprehensive term sh?katsu has become widely recognized and is commonly associated with personal preparative activities for the end of life, often alongside filling in an Ending Note. Coinciding with the popularity of the term danshari (a minimalist philosophy of decluttering based on the yogic principles of refusal, disposal, and detachment), sh?katsu has firmly taken root in society. Danshari emphasizes rejecting unnecessary things, letting go of material attachments, and living with minimalism.

Jinsei Kaigi (ACP)

This refers to the process in which individuals think and talk with people they trust about what they value and wish, especially decisions regarding medical treatment and care. With the initiative of the Ministry of Health, Labor and Welfare and its awareness campaigns, ACP (Advance Care Planning) has spread under the nickname of “Jinsei Kaigi (Life Planning Conference)”. Hospitals, care facilities, and municipalities have led efforts to implement ACP practices. It seems now common to hold a Jinsei Kaigi, fill in an ending note, practice danshari, and engage in sh?katsu as an integrated activity.

Shift Toward Home-Based Care

Japan is experiencing an accelerating demographic decline and increasing aging. The total fertility rate has been steadily decreasing since the second baby boom (1971–74) and fell to 1.20 in 2023. As of the aging rate, 29.3% of the population is aged 65 years or older in 2024, with projections indicating this will rise to 35.3% in 2040. Annual deaths are also increasing, projected to peak at 1.68 million in 2040. Japan became a “super-aged society” in 2007 and is now about to transition further to being a “death-ridden society”, a society with numerous deaths. In response, the government is working to reconstruct both elderly and end-of-life care systems, promoting home-based medical and caregiving services. Local governments are encouraged to independently develop Community-Based Integrated Care Systems tailored to regional needs.

Building Communities of Mutual Support

Japan has a particularly high level of social isolation—15.3%, according to a 2005 OECD study (Society at a Glance 2005). Structural changes in households and aging demographics have led to rising rates of “lonely deaths – kodokushi.” It is estimated that around 30,000 people die each year without being noticed or attended. These deaths are not limited to the elderly and also occur widely among middle-aged adults. Without effective countermeasures, more people will face social isolation and lonely death following life changes such as separation, divorce, bereavement, job loss, or retirement.

To address this, the government promotes “watching over” programs by community welfare volunteers and members of local Social Welfare Council but both aging of these care workers and slow enrollment to the programs hinder effectiveness. Given the circumstances, private companies now offer a variety of services such as sh?katsu support, confirmation of safety, emergency response, and funeral arrangements.

The essential problem with lonely deaths lies in social isolation. Solutions cannot rely solely on public services or commodified care. A more holistic approach is required, that strengthens connections with others and builds mutually supporting network or community. This awareness has led to growing interest in the idea of Compassionate Cities and Communities in recent Japan. More people are beginning to recognize the necessary shift of end-of-life care from service delivery to community development model.

Reference Websites (All in Japanese)

- Ministry of Health, Labour and Welfare – About the Community-based Integrated Care System https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/hukushi_kaigo/kaigo_koureisha/chiiki-houkatsu/index.html (Accessed May 5, 2025)
- Ministry of Health, Labour and Welfare – About “Jinsei Kaigi” (Life Conference / Advance Care Planning) https://www.mhlw.go.jp/stf/newpage_02783.html (Accessed May 5, 2025)
- Japan Society for Dying with Dignity https://songenshi-kyokai.or.jp/ (Accessed May 5, 2025)
- Japan Geriatrics Society – Guidelines on the Decision-Making Process in Elderly Care: Focus on the Introduction of Artificial Hydration and Nutrition https://www.jpn-geriat-soc.or.jp/proposal/guideline.html (Accessed May 5, 2025)
- About “Sh?katsu” (End-of-Life Planning) – Duskin https://www.duskin.jp/merrymaids/column/detail/00026/ (Accessed May 5, 2025)

See also Death Fes, including this 5-minute video summary in Japanese and English prepared for Plenna’s launch on 24/9/25. *Death Fes* has been running since 2024, attracting over 4,000 participants at its last event, and aims to review how we live and want to die.

Supplementary explanation of key terms

Community-Based Integrated Care System: This provides, centered on regional support centers, elderly local residents with integrated care including housing, medical care, long-term care, prevention, and daily living support. The goal is to enable them to continue living, even with severe care needs, in their own district until the end of life.

‘Death-ridden society’: This term has been used for several years in Japan and other countries in the region such as South Korea. It refers to a society where the number of deaths exceeds the number of births and the population is declining.

Ending Note: There are three purposes for this. First, to convey necessary information so that family members can smoothly manage affairs if the person becomes incapacitated in communication or dies. Second, to reflect on one’s life and leave messages of gratitude to family and friends. Third, to clarify one’s goals and hopes in future by planning end-of-life, in anticipation of a fulfilling life. The note typically includes personal information (birthdate, address, family structure), medical and care wishes, financial information (bank accounts, real estate, insurance), funeral and burial wishes, will information, messages to family and friends, life memories, and future plans. Various templates are available from the Ministry of Justice, local governments, and private companies.

Sh?katsu: The word sh?katsu gained traction due to its phonetic similarity to sh?katsu (job-hunting). It first appeared in a series of magazine articles of Shukan Asahi in 2009, with the title of

Current Sh?katsu Situations. The term was nominated for the New Words and Buzzwords Awards in 2010 and made it into the top ten in 2012.

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