

# Chapter 2

## Importance of Rehabilitation Focusing on Patients' Lives

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## Chapter 2

### Importance of Rehabilitation Focusing on Patients' Lives

#### 2.1. Importance of Capacity Building Regardless of Rehabilitation Expertise

Rehabilitation specialists are classified as physical therapists (PTs), occupational therapists (OTs), speech-language-hearing therapists (STs), rehabilitation doctors, and prosthetists and orthotists (World Health Organization, 2017). Physical therapy is applied to patients with physical dysfunctions and includes therapeutic and exercises and/or the application of other physical procedures such as electrotherapy, massage, and heat, and aims for recovery of basic physical movement. Occupational therapy is guidance and support in medical care, public health, welfare, education, and employment, to promote human health and well-being. 'Occupation' refers to daily activities that are purposeful and meaningful to each person (Fujita, 2007). Speech therapists work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults (American Speech-Language-Hearing Association, 2019).

Rehabilitation in Cambodia and Viet Nam emerged as support for invalids and those injured during war (Fujita, 2007; Japan Association of Occupational Therapists, 2019). In Thailand, rehabilitation became widespread through the treatment of patients with sequelae of poliomyelitis (Chavasiri, 2002; Handicap International Thaïlande, 2019). When rehabilitation was first introduced in these countries, it focused on recovery of physical function and only PTs were engaged in rehabilitation. Physical therapy remains dominant in the study countries – Cambodia, Lao PDR, and Viet Nam – and they have not yet established officially approved training courses for OTs and PTs, who are supposed to provide rehabilitation after head trauma stroke.

In most countries that can provide advanced medical services, PTs, OTs, and STs are highly specialised and their job descriptions clearly differentiated because advanced medical services require highly skilled staff to secure the expected standards. In countries with a shortage of medical human resources and where the concept of rehabilitation is not commonly recognised, however, efficient and effective medical personnel with a wide range of medical knowledge and techniques are required more than highly specialised personnel. A discussion of building the capacity of rehabilitation personnel in such countries, therefore, requires an understanding of the status of medical care and how to introduce rehabilitation systems suitable for the available medical resources.

## 2.2. Seamless Provision of Rehabilitation

In Japan, the population aged 65 years and above made up 27.7% of the total population (ageing rate) in 2017. The ageing rate is steadily increasing in Japan (Government of Japan, Cabinet Office, 2017). The difference between full life expectancy and healthy life expectancy is 8.84 years for males and 12.35 years for females (Government of Japan, Ministry of Health, Labour and Welfare, 2017), and other statistics show that about half the population aged 85 years and above are beneficiaries of long-term care insurance services (Government of Japan, Ministry of Health, Labour and Welfare, 2017). This indicates that the number of people with various needs, not only for long-term care but also for medical care and lifestyle support, is rapidly increasing. Needs include disease prevention, acute-stage care, home care, and prevention of recurrences. These needs must be covered efficiently through close cooperation between medical care and nursing care facilities.

Acute-stage rehabilitation aims to prevent disuse syndrome and its ultimate goal is social rehabilitation. Short social rehabilitation is encouraged because it can shorten hospitalisation and reduce medical expenditure (Sakaet al., 2009). Quick social rehabilitation and inclusion requires cooperation amongst and seamless intervention from acute-care facilities, recovery-care facilities, homes, communities, or long-term care institutions.

In any country, hospitals are generally classified into several categories according to their referral levels, functions, or specialties. When a patient still undergoing rehabilitation leaves an acute-care hospital, he or she will usually not be traced to recovery-care facilities or homes, for example, because of the difference in staff and functions of facilities. A patient summary is commonly sent to the next facility but it cannot transfer patient information sufficiently because required information may differ amongst facilities (such as acute care and recovery care) as well as amongst occupation categories (Koyama et al., 2013).

Lao PDR and Viet Nam face this challenge. Rehabilitation centres there provide continued rehabilitation when patients leave acute-care hospitals (Phoummalaysith, 2005; Government of Lao PDR, Ministry of Health, 2016), but such hospitals are incapable of tracking the patients' destinations. Cooperation between acute-care hospitals and rehabilitation centres is not sufficient.

Since its foundation, the Kitahara Neurosurgical Institute (KNI) has provided integrated and seamless medical care, from acute care (emergency and surgery) to rehabilitation and home care. The KNI has several facilities for acute care and recovery care. Both facilities' staff members routinely visit each other as part of the single Kitahara system and share patient information. The KNI has a unique personnel assignment policy to break the barriers of occupation categories (within the law), for example, assignment of rehabilitation therapists to the emergency department to intervene simultaneously. The Kitahara system makes efforts to trace patients after discharge from acute-care hospitals, to continue intervention at rehabilitation centres, and to understand the lifestyle of patients at home. The KNI believes in seamless rehabilitation and cooperation between institutions for ASEAN Member States, especially where ageing is expected to occur more rapidly than in Japan (United Nations, 2015). Acute care must be provided for how patients will live at home and in their communities. Guidance and education for family members should be provided before the patient is discharged so that social rehabilitation is smooth.