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| <p>特集 いのちの大切さを考える健康教育IV (全 5 回予定)</p> <p>学校でがん教育を実践するための手引</p> <p>東京女子医科大学 化学療法・緩和ケア科教授 林 和彦</p> <p>1. はじめに</p> <p>近年、疾病構造の変化や高齢社会など、児童生徒を取り巻く社会環境や生活環境が大きく変化し、健康教育もそれに対応したものであることが求められています。ご存知のように、今やがんは生涯のうち 2 人に 1 人がかかる国民病です。国民の死因の第一位はがんであり、その累積罹患リスクは男性 63%、女性 47%にも達しています(国立がん研究センター2012 年データ)。このような状況を鑑み、本年 3 月に告示された次期学習指導要領では、中学校の保健分野である「健康な生活と疾病の予防について理解を深めること」という項目に、「がんについても取り扱うものとする」と明記されました。本来は大綱的な内容のみで構成される学習指導要領に、特定の疾患名が入ったのは、1998 年改訂時の AIDS(エイズ、後天性免疫不全症候群)以来、約 20 年ぶりのことです。来年 3 月に告示を予定している、高等学校の次期指導要領にも同様に明記される見通しで、全国各地で様々な取り組みが始まっています。</p> | <p><b>Special Issue Health Education to Consider the Preciousness of Life IV (Total of 5 editions planned)</b></p> <p>Approaches to cancer education practice in schools</p> <p>Professor Kazuhiko Hayashi, Department of Chemotherapy and Palliative Care, Tokyo Women’s Medical University</p> <p><b>1. Introduction</b></p> <p>In recent years there have been significant changes to the social and living environments in which elementary, junior high, and high school students find themselves, such as changes in disease patterns and an aging society, with health education which responds to these changes now being sought. As you may be aware, today cancer is one of the diseases affecting the entire nation, with one in two people experiencing it over the course of their lifetime. The worst cause of death among Japanese citizens is cancer and the cumulative incidence risk of experiencing it has reached 63% in men and 47% in women (2012 data of the National Cancer Center Japan). To reflect this situation, in the junior high school health field item “Deepen understanding of health lifestyles and disease prevention” in the study courses of the next generation which were announced in March of this year, it was specified that “Cancer should be dealt with.” Originally the associated curriculum guidelines comprised only broadly-outlined details, and this was the first time that a specific disease had been singled out in approximately 20 years, since the specification of acquired immunodeficiency syndrome (AIDS) in the 1998 revisions. The study courses of the next generation for senior high schools, the announcement of which is planned for March of next year, will also</p> |

なぜ今、学校でがん教育を行う必要があるのでしょうか？そして実際にがん教育を行う際には、どんなことに留意したらよいのでしょうか？

私は大学病院のがん専門医ですが、数年前から全国の小・中・高等学校にがん教育に伺うようになり、最近、教員免許も取得しました。本稿では、がん教育を取り巻く状況や実際の課題について、自分自身の経験も踏まえてお伝えします。

## 2. がん啓発の現状と課題

2007年4月に施行されたがん対策基本法では、その第6条に、「国民は、がんに関する正しい知識を持ち、がんの予防に必要な注意を払うよう努める」と定められました。基本法に基づき策定された「第2次がん対策推進計画」(2012年6月)では、「健康教育全体の中で「がん」教育をどのようにすべきか検討する」、としており、実際にこれまで国民への様々な啓発活動が行われてきましたが、残念ながら、がんに関する国民の意識改革には繋がっていないようです。

先進諸国では、がん検診はもはや常識になりつつありますが、わが国の検診受診率は伸び悩み、現在でも約40%にすぎません。自覚症状が出現してから医療機関を受診しても、進行がんで手遅れになるケースも多いのに、検診の重要性がなかなか浸透しないために、がん死亡者の増加につながっています。医学の進歩により、実際には早期がんの5年生存率は90%を超え、全体でも60%以上のがん患者ががんを克服しているにも関わらず、国民のがんに対するイメージはネガティブなものばかり

stipulate a similar perspective, and various initiatives have begun throughout Japan.

So why is it now necessary to implement cancer education in schools? And what aspects should be given consideration during actual implementation?

While I am a university hospital cancer specialist, I have been visiting elementary, junior high and high schools for cancer education since a few years ago, and recently got my teaching license. In the current issue, I will report on the status and actual challenges surrounding cancer education which will also be based on my own experiences.

## 2. Current status and challenges for enlightenment on cancer control

In the Cancer Control Act introduced in April 2007, Article 6 stipulates that: “Citizens shall endeavor to have an accurate knowledge of cancer and instigate the necessary preventative measures.” The “2nd Basic Plan to Promote Cancer Control Programs” (June 2012) which was drafted based on this law, stipulates the “Investigation of the form which cancer education should take as a part of comprehensive health education,” and various enlightenment activities for citizens have been actively implemented to date. Regrettably however, this does not appear to have led to a change in the consciousness of cancer among citizens.

In developed countries, cancer checkups are continuing to become a matter of course, but even now in Japan the percentage rates for undergoing consultation stagnate at no more than around 40%. As the importance of checkups does not seem to be achieving penetration this is leading to increases in the numbers of those dying from cancer. This is also means that in cases of persons undergoing checkups at medical institutions after subjective symptoms of which the patient is

で、依然として、治らない病気、苦しみながら死んでしまう病気、というように誤解されています。その結果、がん告知の際には、大半の患者や家族が死を覚悟し、「もう終わりだ」とか、「なぜ私の大切な家族が、よりによってがんなんか...」と悲嘆にくれてパニックになったり、先走って仕事を辞めてしまったり、家庭内が大きく混乱してしまうケースもしばしばみられます。

わが国には世界に冠たる国民皆保険制度が整備され、貧富の差や居住地などにかかわらず、国民は等しく世界水準の医療を受けることができます。しかしその一方で、かつては家庭で家族が対峙してきた「病」や「死」は、次第に家庭から遠ざけられ、そのプロセスの多くが医療機関に委ねられるようになりました。人々は、家庭で間近に家族の闘病や死を経験し学ぶという、生物学的にも社会的にも、極めて貴重な機会を失いつつあるのです。「病」や「死」が非現実的な出来事になる一方で、マスコミからは毎日のように、がんで亡くなった芸能人の話題ばかり流れてきますから、国民のがんに対するイメージが偏向してしまうのもやむを得ないのかもしれない。

### 3. がん教育の意義と目標

がん患者さんを取り巻く社会環境もいまだ未熟で、がんを完全に克服

conscious appear, there are many where cancers are advanced and not caught in time. Medical advances have meant that if cancer is detected in its early stages a survival rate of five years is more than 90%, and more than 60% of cancer patients manage to overcome the disease. Even so, citizens continue to have overwhelmingly negative images of cancer and misunderstand it as a disease one does not recover and involves dying a painful death. As a result of this, when notified that they have cancer the majority of patients and their families become possessed of the notion that this means that this will be fatal, and are assailed by anguish and panic saying “This is the end of my life” or “Why is my precious family of all others experiencing cancer, a disease from which one does not recover?” Cases of great confusion, where patients prematurely quit their jobs and households are thrown into turmoil are also often seen.

In Japan we have in place the universal health insurance coverage system which is peerless in the world, and it is possible for citizens to receive equitable medical treatment of a global standard regardless of factors such as location or disparities in wealth. On the other side of this, “illness” or “death” confronted in the past by families within households has now become alienated from these households, and the majority of the processes involved with these have ended up being left at the discretion of medical institutions. This means that people are losing an extremely valuable opportunity to experience and learn biologically and sociologically about fighting illness or death in the proximity of their households. While illness or death become abstract phenomenon, the mass media present news of the cancer deaths of celebrities every day. This may result in an unavoidable distortion of the image of citizens with regards to cancer.

### 3. Significance and objectives of cancer education

The social environment in which cancer patients find themselves

していても、就職や結婚で差別を受けることがあります。がんと診断された患者さんのなんと 34%が失職するという、信じられないような調査結果も明らかになっています。

第 2 期がん対策推進基本計画では、「がんそのものの理解やがん患者に対する正しい認識を深める教育は不十分である」として、大人への啓発・教育はもちろん、「子どもに対しては、健康と命の大切さについて学び、自らの健康を適切に管理し、がんに対する正しい知識とがん患者に対する正しい認識をもつよう教育することを目指し、5 年以内に、学校での教育の在り方を含め、健康教育全体の中で「がん」教育をどのようにすべきか検討し、検討結果に基づく教育活動の実施を目標とする」と定められました。文部科学省の『「がん教育」の在り方に関する検討会』の報告書(2015 年 3 月)には、「がん教育は、健康教育の一環として、がんについての正しい理解と、がん患者や家族などのがんと向き合う人々に対する共感的な理解を深めることを通して、自他の健康と命の大切さについて学び、共に生きる社会づくりに寄与する資質や能力の育成を図る教育である。」と記述されています。

がん教育には次の 2 つの大きな目標があります。

① **がんについて正しく理解することができるようにする**

がんが身近な病気であることや、がんの予防、早期発見・検診等について関心をもち、正しい知識を身に付け、適切に対処できる実践力を育成する。また、がんを通じて様々な病気についても理解を深め、健

remains insufficiently developed. There are cases of discrimination with regards to employment and marriage, even towards those who have completely conquered the disease. An almost unfathomable outcome of one survey has made it clear that an astounding 34% of patients diagnosed with cancer lose their jobs.

The “2nd Basic Plan to Promote Cancer Control Programs”, indicates that “Education to deepen understanding of cancer itself as well as accurate awareness of cancer patients is insufficient.” While enlightenment and education for adults is essential it indicates, “Aiming to facilitate children in learning about the preciousness of health and life, managing their health in appropriate way and acquiring an accurate knowledge of cancer as well as awareness of cancer patients, the possible form of cancer education as a part of comprehensive health education should be studied within five years, including ideal attitudes toward health education in schools, so as to implement education activities based on the study outcomes.” The report of the “Study meeting on the potential form of Cancer Education” (conducted by Ministry of Education, Culture, Sports, Science and Technology [MEXT] on March 2015), describes “Cancer education as one aspect of health education is to foster the disposition and capacities to learn about the preciousness of one’s own health and life and that of others, through an accurate understanding of cancer and a deepening of the empathic understanding of persons confronting cancer, including patients and their families, to contribute to creating a society to live together.”

Cancer education has the two following major objectives.

(1) Facilitate an accurate understanding of cancer

Foster an interest in cancer prevention and early detection/checkups, etc., learning that cancer is a disease with which people are closely acquainted, and the acquisition of accurate knowledge and the

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| <p>康の保持増進に資する。</p> <p>② 健康と命の大切さについて主体的に考えることができるようにする</p> <p>がんについて学ぶことや、がんと向き合う人々と触れ合うことを通じて、自他の健康と命の大切さに気付き、自己の在り方や生き方を考え、共に生きる社会づくりを目指す態度を育成する。</p> <p>学校における健康教育は、生涯を通じて自らの健康を適切に管理し改善していく資質や能力を育成することを目指して実施されるべきものです。家庭や地域でがんと向かい合う機会がなくても、学校でがん教育を行うことで、子どもたちはがんという病気を正しく理解し、健康であることの素晴らしさを実感します。また家族の一員として、家族全員が健康な家庭生活を送れるように気を配るようにもなります。さらにはがん患者さんに共感し、その苦悩を理解しようとする過程で、他人を思いやり、いのちを大切にできる心情が育まれます。がん教育の目的は、がんをほかの疾病等と区別して特別に扱うことではなく、がんを通じて健康教育そのものの充実を図ることなのです。</p> <p>4. がん教育の具体的な内容と教材<br/>文部科学省の「「がん教育」の在り方に関する検討会」の報告書に</p> | <p>practical capacities to deal with it appropriately. Also, deepen understanding of various diseases through cancer and thus contribute to the maintenance and enhancement of health.</p> <p>(2) Facilitate independent reflection on the preciousness of health and life</p> <p>Foster the attitudes aimed at creating a society in which we live together by raising awareness of the preciousness of both one's own health and life as well as those of other's and reflecting on one's way of being and way of life through learning about cancer and coming into contact with people confronted with cancer.</p> <p>Health education in schools should aim to and be implemented in such a way as to foster the disposition and capacities to appropriately manage and improve one's own health throughout one's lifetime. Even if there is a lack of opportunities to confront cancer in households and communities, by implementing cancer education in schools, children have an accurate understanding of the disease of cancer, and get a real sense of the wonder of being healthy. This will also facilitate them being attentive to ensure that all the members of their household maintain healthy household routines, as one member of a family. Further, consideration towards others and feelings of the preciousness of life are brought into being through empathy for cancer patients and the process of reflecting to try to understand their suffering. The aim of cancer education is to enrich health education itself through cancer, rather than singling out cancer and treating it differently from other diseases, and so on.</p> <p><b>4. Specific content and instructional materials for cancer</b><br/>Specific content of the cancer education in the report of the "Study meeting on the potential form of Cancer Education" (conducted by</p> |
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は、がん教育の具体的な内容として、①がんとは(がんの要因等)、②がんの種類とその経過、③我が国のがんの状況、④がんの予防、⑤がんの早期発見・がん検診、⑥がんの治療法、⑦がん治療における緩和ケア、⑧がん患者の生活の質、⑨がん患者への理解と共生、の9項目があげられています。内容の取り扱いでは、「それぞれの内容を関連付けて、一次予防(生活習慣の改善等)、二次予防(がん検診等)について理解できるようにする」、とされていますが、非常に膨大な内容になりますから、必ずしも1回の授業で、①から⑨までの内容をすべて網羅する必要はありません。学校や地域の実情や子どもたちの発達段階に応じて、授業内容を適宜変えたり、複数年度に分けたりといった、柔軟な取り組みを行うことが望ましいと思います。

文部科学省では、「がん教育推進のための教材」(2016年4月)を作成し、「がんの教育総合支援事業」のモデル校で実際に活用しましたが、そこで得られた知見をもとに、新たに開発した教材を、2017年5月にホームページで公開しています。( [http://www.mext.go.jp/a\\_menu/kenko/hoken/1385781.htm](http://www.mext.go.jp/a_menu/kenko/hoken/1385781.htm) )

この教材は、小学校版と、中学校・高等学校版に分かれています。いずれも教師用の指導参考資料と映像やスライドで構成されています。小学校版教材は、がん博士の「がんについての基礎知識」というアニメーションや、実際のがん経験者が語る「がんと生きる」という映像中心で、非常にわかりやすい内容になっています。また、中学校・高等学校版教材はモジュール形式を採用しており、前述した9つの項目について、モジュールごとに6-15枚のパワーポイントのスライドファイルが添付されています。授業者や学校のねらいに合わせ、自由に必要なモジュールを選択し、組み合わせ活用することが出来ます。

MEXT) stipulates the nine items of: (1) What is cancer? (primary causes, etc.); (2) Types of cancer and their course; (3) Cancer status in Japan; (4) Cancer prevention; (5) Early detection of cancer/cancer checkups; (6) Cancer treatment; (7) Palliative care in cancer treatment; (8) Quality of life of cancer patients; and (9) Understanding of and live with cancer patients. In terms of handling of content, it specifies “Establishing the link between various contents, and endeavoring to facilitate understanding of primary prevention (improving lifestyle habits, etc.) and secondary prevention (cancer checkups, etc.).” However, as this content is extremely extensive, it is not necessarily required that all points from (1) to (9) are covered in a single class. It is preferable that initiatives be implemented in a flexible manner involving partition over a number of years and adjusting of class content as required in line with the actual circumstances in a school or community and the developmental stage of children and other factors.

“Teaching materials for the promotion of cancer education” (April 2016) were drafted at MEXT, and while these have been actively deployed in a model school as a “Comprehensive support project for cancer education,” newly developed instructional materials were made public on their website in May 2017 based on the lesson learned from this.

([http://www.mext.go.jp/a\\_menu/kenko/hoken/1385781.htm](http://www.mext.go.jp/a_menu/kenko/hoken/1385781.htm))

These teaching materials are divided into an elementary school edition and junior and senior high school editions, with both comprised of videos and slides together with instructional material for teachers. The elementary school edition comprises extremely easy to understand content centered on movies such as a cancer expert’s animation called “Cancer basics” and a film called “Living with cancer” which gives the actual experiences of cancer patients. Also, the junior and senior high school editions of the teaching materials adopt a modular form, and 6-15 PowerPoint slides on the previously

### 5. 外部講師の活用について

がん教育は、がんに関する専門的な内容を数多く含んでいますから、教員だけでなく、学校医やがん専門医などを外部講師にすれば、よりリアリティのある授業を展開できます。また、がんを通して健康と命の大切さを考えるためには、実際のがん経験者、医療関係者、がん患者の家族など、様々な立場の外部講師を有効に活用してください。初めて外部講師を呼ぶ際には、どうしても講演会のような形式になりがちですが、可能であれば二回目以降には、ぜひ担任や養護教諭が積極的に主導していただきたいと思います。通常の授業の一環として、きちんと指導案を作成し、外部講師とティームティーチングを行ったり、グループワークを取り入れたり、創意工夫することで目に見えて授業効果があがります。

しかし、せっかく学校が独自のプランを立ててがん教育を企画しても、学校側のねらいを正しく理解し、ともに実践してくれるような外部講師を、学校側が個別に手配することは困難です。外部講師の確保や授業内容の標準化など、がん教育を円滑に行うための組織づくりが不可欠ですが、文部科学省の「外部講師を用いたがん教育ガイドライン」(2016年4月)では「都道府県教育委員会は外部講師の活用のために、学校医、がん専門医、がん経験者等をリストアップし、必要に応じて学校との日程調整の支援等を行うこと」としています。次期学習指導要領への記載を契機に、これまで何の組織も持たなかった都道府県にも、ようやく協議会や会議体が設置されつつあります。

mentioned nine items above are included by module. It is possible to freely select and use the most pertinent modules, and to combine the content according to the educator or school targets.

### 5. Use of external lecturers

Rather than relying on teaching staff only, classes can be lent a greater sense of reality if external lecturers such as school doctors and cancer specialists are used, as cancer education includes a large amount of specialized content on cancer. Also, I suggest that external lecturers with various perspectives, including persons who have actually experienced cancer and persons involved in the treatment of cancer and the families of cancer patients be used effectively in order to consider the preciousness of health and life through cancer. When inviting an external lecturer for the first time, there is an unavoidable tendency for this to take a form similar to a lecture but if possible, from the second time onwards, I strongly suggest that the homeroom teacher or the nursing teacher (YOGO teacher) actively take the initiative in leading. As part of regular class creation, showing originality and ingenuity by creating precise curriculum proposals, implementing team teaching with the external lecturers and incorporating a group work system can visibly enhance the effectiveness of the classes.

However, even if you have gone to the length of creating original plans and planning cancer education, individual arrangements of the school for collaborative implementation with external lecturers who have an accurate understanding of the school's targets may pose some difficulty. While creation of the structure to ensure smooth implementation of cancer education, such as securing external lecturers and standardizing class content is indispensable, the MEXT "Cancer Education Guidelines using External Speakers" (April 2016)

## 6. がん教育における配慮

がん教育の実施に当たっては、家族や身近な人にごん患者がいるような場合には、一定の配慮が必要です。実施の際には、保護者に事前通知をした上で、外部講師とも出来るだけ詳細に授業内容の打ち合わせをしておきましょう。自分自身ががん患者である保護者の中には、そのことが子どもへのいじめの原因になるのではないかと、とか、保護者間の関係が気まづくなってしまうのではないかと、という危惧から、学校側にごん患者であることを隠している方がどの学校にも相当数いらっしゃいます。授業者は基本的に、このような児童生徒がいるという前提でがん教育に臨むべきだと思いますが、学校全体でこれまでの経験を生かして対処すれば、ほとんどの場合は大きな問題にはならないはずです。ただし、小児がんの当事者がいるケースだけは、格段の配慮が必要です。病気の経過によっては、本人だけでなく、周囲の児童生徒にも大きな影響を与えてしまう可能性がありますから、保護者はもちろん、主治医の意見も十分に聞いた上で、慎重にごん教育の実施を検討すべきでしょう。

also stipulate that “In order to use external teachers, prefectural boards of education should list up school doctors, cancer specialists and persons who have experienced cancer, and support scheduling with the school as necessary.” The councils and meeting committee structures are finally also being instituted in prefectures which did not previously have any such structures, using the inclusion in the study courses of the next generation as an opportunity.

## 6. Considerations in cancer education

It is necessary to maintain a constant level of consideration when cancer education is implemented, in cases such as when a family or person in the sphere of subjects is a cancer patient. I suggest that to the extent possible preparatory meetings be held with the external lecturers on specific details of class content after having informed guardians in advance when implementing classes. In regard to guardians who themselves are cancer patients, there are a considerable number of cancer patients who are concealing this fact from the school side in any school, from apprehensions as to whether this being known may result in that their child being subject to bullying, or that the relationship with other guardians might become strained or compromised. While I believe in principle that educators should approach cancer education based on the supposition that such school children exist, this should not be a major problem in the majority of cases if it is worked through by all school staff as a whole using experiences to date. However, in cases that children having cancer exist, conspicuous consideration must be required. Depending on the course of disease there is a possibility that this will greatly impact the surrounding schoolchildren rather than just the person themselves, meaning that implementation of cancer education should be seriously investigated having heard sufficient feedback, primarily from guardians, but also from family doctors.



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