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<p>平成 30 年新春座談会            テーマ いのちの大切さを考える健康教育</p> <p>公益財団法人日本学校保健会専務理事            弓倉 整            東京女子医科大学化学療法・緩和ケア科教授            林 和彦            総合母子保健センター愛育病院副院長            安達 知子            全国養護教諭連絡協議会常務理事            安藤 季美            (敬称略)            コーディネーター            茨城大学教授            瀧澤 利行</p> <p>瀧澤：明けましておめでとうございます。本年もどうぞよろしくお願            いたします。</p> <p>つい最近も 9 人の遺体が見つかるといった痛ましい犯罪事件があり、            青少年の自殺やいじめといったような問題が次々と報道される中で、命            の大切さをどう考えるべきかという教育の重要性が叫ばれ、今回の学習            指導要領の改訂においても特別の教科道徳という中でもこの問題が重視            されるという内容になっています。</p> <p>この新春座談会では、命の大切さを考える教育をどのように学校保健            や健康教育という内容で展開していくか、様々な形で関わっておられる            先生方のお話をうかがいながら今後の在り方を考えていきたいと思ひ            ます。</p>	<p>FY2018 New Year Round-table Discussion  <b>Theme: Health Education to Consider the Preciousness of Life</b></p> <p>Dr. Sei Yumikura, Senior Executive Director, Japan Society of School            Health            Professor Kazuhiko Hayashi, Department of Chemotherapy and            Palliative Care, Tokyo Women's Medical University            Tomoko Adachi, Vice Director, Aiiku Maternal and Child Health            Center, Aiiku Hospital            Kimi Ando, Managing Director, Japan Nursing Teachers Liaison            Council</p> <p>Discussion Coordinator            Professor Toshiyuki Takizawa, Ibaraki University</p> <p>Takizawa: Happy New Year and I hope to continue to benefit from            your kind cooperation in 2018.</p> <p>Amidst successive reports on problems such as youth suicide and            bullying, there was a heartrending crime involving the discovery of            nine dead bodies just recently. In such circumstances, there are urgent            requests for education which points to how we should consider the            preciousness of life. Within the moral education as a special subject,            there is also an emphasis on these issues as well as in the revisions to            the curriculum guidelines.</p> <p>At this New Year Round-table Discussion, we are going to            consider how ongoing education of the preciousness of life should be            developed in school health and health education, while asking our            experts who are involved in various ways in this issue to share their</p>

まずはこの問題を日本学校保健会として取り上げるようになった趣旨について専務理事である弓倉先生にご説明をお願いいたします。

弓倉：今回道徳が特別の教科という形で取り上げられるようになりましたが、いじめや自殺の問題、それから『児童生徒等の健康状態サーベイランス事業報告書』を見ますと、中学・高校になるにつれて自尊感情の低下が著しい。自分を大切に思えないというのは心も健全ではない状況になってきているのではないかと考えております。児童生徒に命の大切さというものを実感していただきたい。赤ちゃん学校やがん教育、AEDの受講ですとか、そういった体験型の学習を通じて児童生徒が「ああ、命というのはこんなに大切なんだ」ということを理解していくことで自尊感情を少しずつ高めてもらうため、今回の特集にいたしました。

瀧澤：今日お集まりの先生方はそれぞれの領域の中でも直接命の大切さというものを日々診療や実践の中で触れておられ、今弓倉先生がお話しになった問題を具体的な課題として考えるいい機会となりました。

まずは安達先生、最近お母さん方とかあるいは診療に来られる世代の中で、特に生殖から出産という命を生み出していくというプロセスの中で何か最近特に気づきになることについてお話しをお聞かせください。

安達：「命の大切さ」は道徳の授業だけでなく、本当は道徳の中ではな

experiences and expertise.

Firstly, I would like to ask Dr. Yumikura to talk about an overall perspective on how this issue came to be taken up by the Japan Society of School Health.

Yumikura: While moral education has been taken up as a special subject in the series of this article, looking at the issues of bullying and suicide and at a project report *The Health Status Surveillance of School Children*, we noticed the fact that there is a serious decrease in children's feelings of self-esteem, which becomes more pronounced from junior high school through to high school. I also think that it may well be that not believing in the preciousness of one's own life may also indicate an unhealthy state of mind. I want elementary, junior high, and high school students to get a real sense of the preciousness of life. The current Special Issue was intended to give school children a gradually heightened sense of self-esteem by facilitating understandings such that they would say "I see, this is how precious life is" by means of practical learning such as cancer education, AED (Automated External Defibrillator) training and *akachan gakko*; interactive activities between babies and students.

Takizawa: Today is an excellent opportunity to consider the issues as specific challenges which Dr. Yumikura has mentioned, as the experts who have gathered today are in direct contact with the day-to-day treatment and practices pertaining to the preciousness of life within their various domains.

First, Dr. Adachi. Could you please tell us about anything you have noticed recently related to the processes of giving birth to new life in particular, from reproduction to delivery, among the mothers or generation coming to you to receive treatment.

Adachi: I think, "preciousness of life" should perhaps be learned in

いところで命の大切さというのを学んだりしていくものではないかなと思っ  
ているところ。私の専門の産科の現場の中で、「お腹の赤ちゃんのことを考  
えていますか」とこう質問したくなるような場面があります。例えば、妊  
娠の初診で子宮の中に胎児の心拍が確認できて「赤ちゃん元気ですよ」と  
言うと皆さんだいたい喜ばれます。その次に、妊娠中の過ごし方やこれか  
らの健診の流れ、特に注意する症状などの説明を思っている時に、「今度  
のゴールデンウィーク、海外旅行に行っても大丈夫ですよ」といった質  
問を真っ先になさる方が割合に多いです。お腹の赤ちゃんや妊娠のこ  
とを第一に考えようという思いが希薄になってきているのかなと感じま  
す。

妊娠するとか出産するとかだけではなく、親になるということは生ま  
れてきた子供を育てていくということになります。子供の健康、子供の  
成長や社会的な子供の権利を守ってあげるなど、そういうことを含めた  
自覚、心構えをもつことが親になるということ。そういうことを教育す  
る場が本当に少ないのかなと思います。性や生殖にかかわる教育はもち  
ろん大切です。しかし、生殖の行為をするよりももっと前の中学生や高  
校生の時から親になるということを考えていくようなシステムを作って  
あげたり、そのような学習を支援したりすべきなのではないでしょ  
うか。

瀧澤：次は林先生、がん対策基本法の中でがん教育も取り上げられ、今  
度の学習指導要領の改訂に関してもがんについて取り扱うこととはっき  
り明文化されました。医学的な教育内容としてのがんの問題もさるこ  
とながら、やっぱりがんというのはいまだ私たちの人生にとって大きく関  
わる疾患ですが、今回、学校保健の中にがんを取り入れる中で、どのよ  
うな点を意識しながら進めていけばよいかお話をお願いいたします。

various contexts rather than just as a part of moral education courses. At  
the sites of practice of my specialization of obstetrics, sometimes I see  
cases which lead me to want to ask the question “Are you really giving  
due consideration to the baby you are carrying?” For example, after  
confirming the heartbeat of an embryo in the uterus at the first prenatal  
examination, when I say, “Your baby is doing very well,” most people are  
delighted of course, but after this, without waiting for my medical advices  
such as on how to spend the pregnancy, the ongoing screening process and  
any symptoms requiring special attention, quite a few people ask me things  
such as “I guess it is okay for me to travel overseas on holidays?” I think  
their sense that the baby they are carrying should come first might become  
somewhat tenuous.

Becoming a parent will entail raising the child that one has given birth  
to rather than just the pregnancy or delivery itself. Becoming a parent  
means having the requisite self-awareness and mental disposition to  
oversee the health of the child, their growth and their social rights. I  
think perhaps that there are very few genuine platforms to teach about  
this. Of course, education on the theme of sex and reproduction is  
important. But before that, I believe that it should be imperative to  
prioritize creation of systems for junior high and high school students to  
have them think about the meaning and permutations of being a parent  
themselves, and support them learning on this.

Takizawa: Next Dr. Hayashi, cancer education is taken up in the Cancer  
Control Act, and has been stipulated in the current revisions to the  
curriculum guidelines. While it is a given that cancer is an issue within  
medical educational content, I would like to ask you to talk about the  
points of which we should remain conscious when dealing with cancer in  
school health. The fact also remains that cancer itself is still an illness  
which is greatly related to our lives.

林：私は教員免許をとって、現在はがん教育のために全国各地の学校を回っています。基本的にはがんの臨床医で、外科医から始めて、現在は化学療法や緩和ケアを担当していますが、臨床の現場では、がんの啓発が国民に行き届いてないということを常に感じています。がん患者が理不尽な差別を受けることも多く、それは結婚でも、就職でもそうです。例えばがんと診断されただけで34%の方が職を失います。公務員や大企業の方は気が付きにくいと思うのですが、中小企業を含めると勤務者の3人に1人が職を失っている現実があります。国民ががんについてよく知らないことが一因だと思います。雇用主の多くは、がんはほとんどの患者さんが亡くなる病気だと誤解していますから。そのままずっと雇用していれば周りの士気にも関わるし、医療保険も圧迫するのではないかと危惧します。34%のうち解雇は4%だけなんです、あとは諭旨退職です。解雇は困難なので、諭旨で退職させるわけです。

ただ実際にはがんの診断治療は急激に進歩しており、がん患者の65%は治癒しています。病気を克服して再び職場に受け入れられるべき方々が解雇され非正規雇用になったり、辛い生活をおくったりしなければならぬことを以前から問題視をしていて、この10年来ずっと国民に対するがんの啓発活動をしてきました。当初は市民公開講座などをやってきたのですが、正直言って大人への啓発には少々疲れてしまいました。啓発って届けたい人には届きません。啓発の場に出てきてくれる人は、すでに意識のある人であって、実際にはある程度啓発されている人がより啓発されるような場になってしまっているんです。

Hayashi: I have been traveling to schools throughout the country for the purpose of cancer education since I got my teacher's license. Originally, however, my main occupation is in clinical medicine. I am primarily a surgeon, and now I'm an oncologist and in charge of chemotherapy as well as palliative care. However, at the actual clinical sites of practice, I have a constant feeling that enlightenment on cancer control is not permeating through to the people in general. Cancer patients often face outrageous discrimination, and this is also true for marriage and finding work. For example, 34% of persons diagnosed with cancer lose their jobs. Excluding civil servants or employees in large corporations, one in three workers in small to medium-sized enterprises lose their jobs. One of the reasons for this is that the people are not sufficiently knowledgeable about cancer. Most employers misunderstand cancer as an illness which culminates in the deaths of most sufferers. They have various misgivings, such as believing that if they continue to employ sufferers the morale of those around them will be affected and they may also exert pressure on medical insurance. Only 4% of this 34% have their employment terminated, but the remainder resigns under instruction. This means that they ask them to voluntarily resign from their positions as it is difficult to terminate their employment.

However, in reality, the diagnosis and treatment of cancer has progressed rapidly and 65% of cancer patients recover. I have been engaged with enlightenment on cancer control continuously over the last 10 years and seen the problems of persons who overcome the disease. They should again be welcomed as regular workers at their workplaces but actually are compelled to become part-time workers instead and struggle to make their livelihood. At the outset of these activities I used to give open lectures to the public, but to be quite frank I became rather disillusioned with enlightenment aimed at adults. The enlightenment activities would not reach the people who

我々の扱う出産とか、あるいは病や死というものは、戦前までは明らかに家庭の中であって、家庭の中で共有し、真摯に対峙してきたものです。それは動物として当然のことで、生物学的には大きな意義があることですし、社会的にも人類学的にも意味があるはずで、ところが高度な医療が展開されるにつれ、どんどん医療機関に委ねられるようになって、家庭から、目の前から消え去ってしまいました。わが国では昭和50年ごろを境に、在宅死の数と病院死の数が逆転して、今では在宅死は15%くらいしかありません。人が亡くなる瞬間を見たことない人が大半です。かつては家の中で病人を見て、病気になったらこうなるんだ、亡くなる時はこうなるんだと学んできたのに、そんな大切なシミュレーションができていないのです。結果として、いじめや命の軽視の問題に反映しているだろうなと思います。もし学校ですら教わらなかったら、子供たちは何も学ばないまま大人になってしまいます。だから私は学校で是非教えてほしいし、自分でも教えたいと思って活動を始めたのです。知ることこそが重要である、というのが私の基本方針です。教育は究極の啓発活動です。学習指導要領に記載されれば必然的に全国津々浦々の子供たち全員に教えることができます。ものすごく大きなパワーです。

がん教育の目的は、がんの知識を教えることだけではありません。命や心の問題まで発展させて、それが身近で大切な問題であるという意識を植え付けることも重要です。防災や人権と同様に、1回やればいいものでもありません。発達段階に応じて小学校でも中学校でも高校でも、何

should be reached. Those making their way to the venues of enlightenment activities already had a degree of awareness, meaning that in reality these amounted to further enlightening people who already had a degree of enlightenment.

The deliveries, sickness and deaths with which we now deal was up until the war confined to and shared within households, with such events confronted in a frank and head-on context. These contexts are an inevitable function of our status as living beings, and should have a major biological significance, as well as social and anthropological meaning. However, as medical practice has advanced, these processes have been increasingly left to the discretion of medical institutions, meaning they have disappeared from the view of households. In our country, the numbers of deaths at home and deaths in hospitals reversed around 1975, and at present a mere 15% of deaths happen at home. The majority of Japanese have never witnessed the moment of another person's death. In the past, people would observe the sick family member within each household, through which they learned that this is what happens when you get sick and this is what happens when you pass away. Now most of us seem to have lost access to such significant experiences. I believe that as a result this is being reflected in the issues of bullying and disdain for life. If they are not even taught this in school, children become adults while retaining this deficiency. This is the reason why I would very much like to have such things taught in schools and that I myself began activities to achieve this. The learning itself is important, and this comprises my basic strategy. Education is the ultimate enlightenment. If these are included in the curriculum guidelines it will be possible to teach all children from throughout Japan as a matter of course. This has formidable potential.

The aim of cancer education is not merely to teach knowledge on cancer. Developing this to challenges of life and the mind, and implanting awareness that these are significant and directly pertinent

度でもそれを意識づけることがすごく重要だと思っています。

瀧澤：ありがとうございます。先ほど親になる教育は学校ではあまりやってないのではないかという、家庭科でももちろん保育が入っていますが、我々学校教育に関わる者としてはかなり厳しい言葉をお二人の先生からいただいたと受け止めています。安藤先生、実際に学校の中で教育や活動の中で命の問題は必然的にいろんな生徒が持って来られるものが多いと思うのですが、そういう日々の中から今のお二人の先生のお話をどういうふうに受け止めておられ、どういふことを発信したいなというふうに思われたでしょうか。

安藤：私は高校に勤務しています。高校では「科目保健生涯を通じる健康」と言う単元で、思春期の性に関することを避妊も含めて扱っています。家庭総合の中でもライフサイクルということで学ぶ機会があります。それからがん教育については、文部科学省で作成配布している『「生きる力」を育む高等学校保健教育の手引き』の中でがんを取り扱っています。ただし、個別の対応が必要な生徒がいる現状もあるかなと思っています。

今回のテーマでもある命に対する意識を子供達がどう考えているかということで、小学校や中学校の先生に聞いてみたのですが、簡単に死ぬとか死んでくるとか、死ぬという言葉に対しての抵抗感が非常に低くなっているとどの校種でも感じるということでした。

また、高校生になると身近な人をがんで亡くすという子供たちがいます。身近な人ががんと言われたんだと非常に落ち込む生徒もいま

issues is also important. Similarly, to disaster prevention and human rights education, this is not something that can be accomplished at a single swoop. I believe having to be repeated imbuing an awareness of this in line with children's developmental stages is of the utmost importance, whether it be in elementary, junior high or high school.

Takizawa: Thank you very much. As you have just mentioned, education on becoming a parent is not covered at any length in schools, even though nursing is of course a part of home economics courses. Being directly involved in school education, we must take on board sincerely these critical opinions both of you have offered. Dr. Ando, while I think that there are many things which are brought to you by various students as a matter of course in terms of life issues in the context of actual school and education and your work, what kind of things did you take on board from what we just have heard, and what kinds of things do you want to disseminate?

Ando: I work in a high school. We deal with the theme of sex as it relates to adolescents including contraception in the Lifelong Health Course as part of a subject health in high schools. There are also opportunities to learn about them as human lifecycles in Integrated Home Economics. Also for cancer education, cancer is handled in the Guidance for high school health education to nurture "zest for life" which is created and disseminated by the Ministry of Education, Culture, Sports, Science and Technology (MEXT). However, I think there are also students requiring individual responses.

Considering the current theme, I thought I needed to know how children think about life, so I interviewed teachers in elementary and junior high schools. They felt that children have no hesitation to use the word death, casually saying phrases such as "I'm dying" or "I'm off to die."

When they come to high school students, some have already lost

す。ですから、「今どのステージなのかな」とか、「どんなふうになっているのかな」「じゃああなたたちができることは何かな」ということを一緒に個別に寄り添っていくことを心がけていますが、限界を感じる場所です。なので、がん教育の定着の必要性を再認識しています。

「保健だより」を出したから伝わるということではなく、「困った時には保健室」と思ってもらい直接話をするを大切に、子供達に関わりたいと思っています。

瀧澤：今3人の先生から話をうかがって、知識よりは意識だと。これはおそらく性の問題でもがんの問題でも同じであろうと思います。そして今安藤先生もおっしゃったように学校では、専門家の目から見れば十分ではないかもしれないけど、知識の発信はしているだろう。ところが、その発信していく知識が受け止める側の子供たちの意識の中に入り込んでいかない、あるいは入ろうとするんだけどその子供がそれをどう受け止めて自分の中に意識化していいかわからない。そういう現状がもう一歩踏み込んで子供たちが自分の生き方として活かしていくところに及んでいないのではないかとということかと考えます。安達先生、先ほどでは専門の領域の中で今のようなことが必要なかということについてお話しいただきましたが、それを明確にさせていただけるようなお話をうかがえればと思います。

安達：私がお話ししたいのは、生命の誕生である生殖それから妊娠、出産ということです。生殖というのは植物であっても動物であっても種を保存するというものすごく大切なことです。生命が誕生するということは、卵巣の中には卵子が200万あったわけですから、自分が生まれてくる可能性はその200万分の1の卵子に精子が大体1億から2億ですから、1億から2億分の1の精子がかけ合わさっておこる、ものすごく貴重な、世界に一つしかない生命です。最初の受精卵の大きさは100ミク

someone close to them from cancer. There are also students who become extremely dispirited because of having heard someone close to them has been diagnosed with cancer. At such times, we stand close to those individuals as much as possible, saying “What stage is it now?” or “What is it like now?” or “So what can we all do now?” But we are currently coming up against the limit. For this reason, we need to reaffirm the necessity for entrenchment of cancer education. This does not mean that we can convey this simply by issuing *hoken dayori* (school health bulletins). Rather I hope that we will achieve relationships with children by having them think “When I am in trouble I go to the nursing room” and strongly favor opportunities to talk directly with us.

Takizawa: From what I have just heard from our three experts, it is more a question of awareness than of knowledge. I would venture that this is likely to be the same for both issues of sex and issues of cancer. And as Dr. Ando mentioned, while from expert perspectives this may be insufficient, knowledge is likely being disseminated. However, the disseminated knowledge is not being properly absorbed into the consciousness of the children. Otherwise, the children may simply not know how to accept it and be aware of it. I think this is the reason why they can't take the extra step to utilize the knowledge in their lives. Dr. Adachi, you spoke about what kinds of things are currently needed in the domain of your specialty, but could I now ask you to put these in more specific terms?

Adachi: What I wish to talk about are the facts of reproduction, and then pregnancy and delivery as the origins of life. Whether it be plants or animals that reproduction implies species preservation and is an extremely important thing. The birth of a life is a result of one of two million ova in the ovaries combining with one of generally between one hundred and two hundred million sperm. Thus, their life is incredibly precious and absolutely unique in the world. The size of

ロンです。1ミリの10分の1です。ということは1センチになっただけでも100倍の大きさに成長しているということは、生まれた赤ちゃんは5000倍の大きさ、50センチまで大きく、しかもお母さんの胎内で10カ月間かけて育つのです。また生まれたばかりの赤ちゃんが3kgの大きさのものというのがどんな重さなのかとか、それがお腹に入ったらどうなのかとか、そういうことも本当に実感としてほしいと思います。かけがえのない命なのだから自分の体と心を大切にしましょうというような感情を小学生の時から養っていったほうがいいと思います。そういう自尊感情を抱くように育つことをサポートするというのが我々の役目でもありますし、学校の先生方なのかなと思います。

またヒトの生殖の過程ではどうしても性行為があります。これをどうやって教えるかはものすごく難しいのですが、ただいつかはきちんと正しく教えなくてはいけないんだということを教育する立場の人が理解しておいてほしいと思うんです。

男の子と女の子って体も違うし、心や体の発達も違うんだということを勝手に自然に覚えてくるんだという認識ではいけないと思います。生殖のためには精子が卵子に出会わなくてはいけないわけですから、その仕組みが人においては性行為という形になるということです。親になるということを十分に理解していない段階では、無防備な性行為が妊娠に結び着くということですから、性行為は控えるかあるいは妊娠しない方法というのを教えていくべきなんだと思います。

あとは、生殖器には良性、悪性を問わずいろんな腫瘍ができてきます。こういう腫瘍ができるということは一部がんにも関係するところですが、不妊症の原因になるようなこともあるので、健康を常に考えたり健康診断や検診を受けたりということが必要になる時期があるんだとい

the fertilized egg is initially 100 microns, with one micron being one tenth of a millimeter. This means that even at one centimeter it has grown to 100 times its size, and a 50-centimeter baby is 5000 times this size at birth, and not only that it has grown in its mother's uterus over 10 months. In addition, I would also like to have them get a real feeling for the weight of a newborn baby of three-kilogram size, how this would feel in one's abdomen, and so on. I believe that we should nurture their sense that they should take great care of their own bodies and minds because their lives are irreplaceable, and this education should be started from elementary school age. I see this support to nurture this kind of self-esteem as both our mission and that of the teachers of a school.

It is also an unavoidable fact that in the human processes of reproduction there is sexual behavior. While the way in which this should be taught is an extremely complicated matter, I do believe that the people in the position of teaching must know that this must be taught properly and correctly at some point.

There are certain facts such as that the bodies of girls and boys are different as well as that their mental and physical development is different. I do not subscribe to the way of thinking that children should naturally learn these facts on their own. Sexual behavior involving the human mechanisms for such are naturally implied by the meeting of a sperm and an ovum required for reproduction to occur. I also think the fact that unprotected sexual intercourse will lead to pregnancy and the methods of abstaining from sex as well as contraception to avoid pregnancy should be taught at stages when children do not sufficiently understand what it would mean to become a parent.

In addition, there are various tumors that can appear on the genitals whether they be benign or malignant. While the appearance of some of such tumors may be related to cancer, I would like they themselves understand that they must always keep their health in



うことを、ちゃんと自分で理解してほしいのです。公的な補助があり、今は20歳から子宮頸がん検診ができるようになっていますが20歳で受ける人は本当に少ないです。20代前半でもがんになる人はいます。子宮頸がんは、がんの手前、異形成という状態が最短でも3年くらい長く続きますので、この時期に検診を受けることは大切で、10代のうちに20歳になったら検診を受けるんだと意識を持ってほしいです。性行為をもっていたら子宮頸がんの原因であるヒトパピローマウイルスに感染する可能性があり、2・3年のうちには検診を受けないと発がんするかもしれない。がんになる前に対応できるがんもあるし、予防できるがんもあります。こういったことががん教育に入れていけるといいかなと思います。

瀧澤：今うかがっているといくつものご提案がありますが、おそらくその理想の形に行くまでにいくつかバリアがある。一つは例えば先ほどなかなか性行為のことが教えられないということ。例えばコンドームの使用についても性感染症予防のためであって避妊という最も重要な道具の機能を教えるという場がなかなか学校の中で入れにくいといったバリアがあるだろう。それからもう一つは学ぶ本人の側が自らバリアを持っている。このバリアを崩していくということが命を大切に教育にとっても大事だと思うんです。例えばがんといえば当然ながらいろんなバリアが社会の中であって、先ほどの就職もそうですし、それから家族だって自分のがんの話をするに対してかなりためらう場合もあって、その中でお互いにどうやって理解を得るかというコミュニケーションをすると思います。林先生、これまでのがん教育の中で、きちんと伝わってなかったから今の知らないでいる状況となっているといったようなことについて、お気づきのところがあればお聞かせいただけますか。

mind, and that there are times when it is necessary to have health checkups and screening tests as there are also those that can cause infertility. There is also public assistance for cervical cancer screening test and this is currently available to those of ages 20 plus. Despite this, there are very few people of the age of 20 who avail of these. There are also people in their early 20s who get cancer. Cervical cancer shows a state of dysplasia in its early stages for at least around three years, meaning that getting the screening at these ages is important. I would thus like people to be aware that they should get the screening when they turn 20 while they are still in their teens. There is also a chance of infection with the human papillomavirus, a cause of cervical cancer, if you engage in sexual acts. If you are infected and do not undergo the screening within two to three years, this can lead to cancer. There are many cases which can be treated before they become cancer and there are also those which can be prevented. I also think that it might be a good idea to include such things in cancer education.

Takizawa: While there have been several proposals with regard to what we are now discussing, there are likely to be a number of difficulties before taking their ideal form. One of these is the fact that it is difficult to convey such details of sexual intercourse. One likely obstacle is the difficulty of creating classes including content to teach the function of the most important tool to prevent STDs (Sexually Transmitted Diseases) and pregnancy, that is, the use of condoms. A further obstacle is found in those who are being taught. Breaking down these difficulties is of extreme importance in education to value life I believe. And also, there are many societal barriers when it comes to cancer, including, as previously mentioned, finding employment, there are also cases where families themselves are rather reluctant to talk about their own cancer. In this context I think that communication as to how mutual understanding can be

林：そういったシミュレーションを学校教育の中でしたいと思うんです。今の国民は想像力が不足しています。シミュレーションしていないので、こんなことやったら死んでしまうと思わずに暴力をふるうかもしれない。あるいは出産ってどういうことだっというイメージもわからないから臨月まで放置したりする。だから具体的に教えるしかない。安達先生がおっしゃるように、その想像力不足を補うのは教科書ではなくて、外部講師を用いた教育だと思うんです。真のリアリティを持った表現は我々しかできません。知識をつけるだけだったら我々に行く必要はないと思います。理科にしる保健にしる、教育の専門家がやるべきです。我々の仕事は子供たちに、小学校の段階から小さなアンテナをつけることだと考えています。将来に彼女ら彼らが膨大な情報にさらされていく中で、当事者意識を持って自分で判断して自分で想像をしていくことが生きる力につながっていくと思うんです。

がんを家族にも言いにくいというお話がありましたが、2人に1人はがんになる時代ですから、当然どの家庭の中でも起きてくる問題です。がん教育で学校に伺うと、先生方がまず警戒するのは家族に闘病中の人が出たらどうしますか、という配慮の問題です。でも実際にはたいていのクラスにいます。学校には言わないけれども、がん患者であるという保護者がたくさんいます。ママ友たちの微妙な力関係が崩れるのを嫌って言わない。子供がいじめられるんじゃないかと言って言わない。

achieved is needed. Prof. Hayashi, can I ask you to kindly tell us about anything you have noticed in cancer education to date such as poor understanding of preciousness of life caused by insufficient education and the like?

Hayashi: I would like to conduct lessons to have them imagine the preciousness of life tangibly as part of school education. I dare say that people today generally have poor imaginations. They could use violence if they can't imagine that if they do such a thing this would result in death. I think their ability to imagine hasn't been nurtured enough. The same thing could be said to pregnant girls. They may leave the process until the last month of pregnancy if they don't have a picture of what delivery itself looks like. This is why this can only be taught in this specific manner. As Prof. Adachi mentioned, it should be through education by external lecturers that this lack of imagination is compensated for, rather than depends on textbooks. We have the capacity to express the genuine realities of these situations. If it was only a question of having the knowledge, there would be no need for us. Whether it is science or health, this is something which should be done by experts. Our job is to equip children with miniature antennae from the elementary school stage. My thinking is that having a sense of their own responsibility and agency, being able to judge and envisage by themselves, will impart all these boys and girls with the future capacities to live as they are exposed to vast amounts of information.

It was also mentioned that it is difficult to talk about cancer in families. However, as we are in an era in which one in two people will get cancer, this is an issue which is bound to come up in any household. When I visit schools for cancer education, the school teachers often ask me anxiously what they should do if someone in their family is battling the disease. In fact, such scenarios are present in most classrooms. Quite a few guardians are cancer patients, though

健康状態は究極のプライバシーですから、個人情報保護の時代に先生方が保護者ががん患者がいるかいないかを判断することは不可能です。子供たちの家族や身近な方にごん患者がいることを前提でがん教育を行うべきだと思います。

瀧澤：それが理想だと思います。

日頃、学校の先生方だってこうしたいというのがたくさんあると思うんですが、なかなかうまくいかない現状があります。今お二人のお話から当事者意識を子供たちにどう育てるかというリアリティのある教育課題の場合、学校は何がどこまでできる場なんだということを改めて問われると思います。重い課題を学校側に突き付けられました。改めて安藤先生の中から見て、ここが学校の変わりどころというところがあれば教えてください。

安藤：難しいです。決められた時数の中でいかに子供たちに伝えるか。例えば教科書にあるといっても高校の場合は2年かけて行います。生きた授業をどう展開するかが問われていますよね。

生きた授業の実践として、ある愛知の中学校では赤ちゃんとの触れ合い体験ということでなんと90組の親子を呼んでいるそうです。赤ちゃんを実際抱っこする体験をするということで、自分が生まれてきた時の

the school staffs may not grasp the number. They do not make this known due to their aversion to destroying the delicate power balance among the other mothers. They may also refrain from making it known due to their concern that this may lead to their child being bullied. Health status is the ultimate matter of privacy, and it is not possible for teachers, in this era of confidentiality with regards to personal information, to know whether or not there may be guardians who are cancer patients. Cancer education should be conducted on the supposition that there are cancer patients amongst the children's families or in their close sphere.

Takizawa: I think this is the ideal.

While I think that there are many teachers who habitually say that they would like to do this or do that, the current reality is that it doesn't turn out that way. In the case of the educational challenge of the realities of nurturing a sense of personal responsibility and agency in the children which you have both just alluded to, the question must again be asked as to what we should do and to what extent we can do this at school. This is a serious challenge placed on us by the school side. Prof. Ando, could you tell us from what you have seen if there is anything on the school side in this regard which needs to be changed.

Ando: That's a difficult question. For example, we should consider how to convey things to children in the limited number of hours available. In the case of high schools, the special classes have already been carried out along with textbooks over two years. Now we are faced with the question of how we should deploy the classes more effectively.

I heard of one practical example from a particular junior high school in Aichi Prefecture where as many as 90 parent baby pairs were invited to the interactive activities. As the children have an

こと思い、命はかけがえがないということを感じるのに、非常に有効であるとおっしゃっていました。

それから本校は、教科だけでなく消防署に行って普通救命講習の受講を推奨しています。学校でも AED、心肺蘇生、胸骨圧迫も行います。外部の人の専門家の力を借りて、さらに浸透していくと思います。学校の中では「あっ、受けてきたの。じゃあ次やる時申し込まなくちゃ」という流れができていい流れだなと思っています。

瀧澤：本当の意味で理解するのは、先ほど安達先生も林先生もおっしゃったように、いろんなリスクがある。実は教育ってリスクはチャンスなんです。リスクがあるところに子供たちが何かを知り、1枚バリアを超えた知識から意識が変わっていくところが存在している。それを我々が恐れているとなかなか本当の認識に到達することはできないかもしれない。学校の教育には学校としての枠もあれば、その枠の中にそれを超えるいろんなチャンスがあって、それは例えば外部の先生によってある種爆弾級の意識変革があるかもしれないけど、それによって子供たちの見方、意識を変えるということもあり得るだろうと思います。弓倉先生、日本学校保健会としてやること、たくさん宿題を出されたような気がします。どうでしょう。

弓倉：十分感じているところです。冒頭で林先生がお話になったように、死というものが身近でなくなったこの長寿社会で命の大切さというものをどうやって理解していくか。死を考えることは生を考えるということです。知識として覚えるのではなくて意識して理解する。それには学校の中だけで行うのはかなり困難があって、外部講師の活用とか、日

experience of actually holding a baby, the teachers said this was extremely useful in giving them the sense that they themselves were born and that their lives are indispensable.

Also, in our school we recommend that they go to the fire station and take regular lifesaving courses over courses of study. AED, CPR (CardioPulmonary Resuscitation) and chest compression training are even carried out in the school. By benefitting from the help of experts, I believe this will become more widely accepted by children. In school the trend whereby someone will say “Oh, you took it. Right, next time it is on I will apply” is an excellent one.

Takizawa: Achieving understanding in a real sense, as Dr. Ando and Prof. Hayashi have just mentioned, involves various difficulties as obstacles. But in fact, an obstacle can be an opportunity in the educational field. In areas where there are obstacles these imply that the children will have a chance to learn something by overcoming them. This leads to their turning intangible knowledge into awareness. If we are afraid of taking risks of involving difficulties, we may never bring about actual awareness in children. In school education, there are many restrictions as forms of school framework, but also there are various chances to transcend these. With the help of external lecturers, I believe it's possible to change a child's perspective and awareness, and it could be a radical change like an explosion in their consciousness. I get the feeling that we have been given lots to do and a lot of homework at the Japan Society for School Health. Dr. Yumikura, would this be accurate?

Yumikura: I have a strong sense of the accuracy of this. As mentioned by Prof. Hayashi at the beginning, how should the preciousness of life be approached in a society of longevity where people no longer have a familiarity with death? Thinking about death means thinking about life. Rather than learning this as knowledge, being aware of and

本学校保健会が提供できる研修であったり冊子であったり、これからも継続して発信していかなければならないのではないかと考えています。

瀧澤：つい最近、ネットの中で、まさしく死とか命というものをもてあそぶような事件があった。弓倉専務がお話しになったように死を考えることは生を考えることで、死をもてあそぶこと、それは逆に言えば生をもてあそぶことでもあると思います。

例えば7月号の安達先生原稿の中に、望まない妊娠というのが虐待と結びつきやすいということが書かれていたと思います。本人の意識とは違って図らずもこうなってしまう。そういうことを防ぐためには学校で教育していくことも大事ですが、個々にどういう形でいろんなことに怯えているような人たちに手を差し伸べていくことができるのか。先生方の日頃の活動の中でどのような手の差し出し方があるのか教えていただけますか。

安達：信頼してお話しをできる人、自分の話に耳を傾けてくれる人、自分のことを真剣にアドバイスしてくれる人が周りに見つからないという人が多いんです。子供たちにとって信頼できるところが本当は家庭であってほしいと思うし、実際に家族とお話しできている子供たちもいると思うんです。しかし、家族も全然気づかないでレイプにあってという子供もいます。今12歳以下でレイプにあっていう子が年間70人くらいいます。人工妊娠中絶した子もいますが、出産した子供もいます。その時に、例えばどういうことがあったときに妊娠したと考えられるのか、つまり、性行為を持ち、その後に月経がなくなるという、妊娠したかもしれないという時にまずどういう行動をすべきなのかを具体的に教えるというのは、学習指導要領にももちろんないですし、健康教育の中でもほとんどされてないんです。学校の中ではもちろん友達という手もあ

understanding it is particularly difficult if education is implemented only within schools. I believe that not only utilizing external lecturers we the Japan Society for School Health should continue to provide specialized training programs for school staffs and deliver publications to help understand it.

Takizawa: Only very recently, there was an incident which is undoubtedly an example of playing with life and death on the internet. As Dr. Yumikura mentioned, thinking about death is thinking about life, and playing with death can also conversely be said to be playing with life.

For example, in Prof. Adachi's article in our July edition (vol. 325), you wrote that it is easy for unwanted pregnancy to be linked to abuse. This happens unexpectedly contrary to the awareness of the person involved. While education in schools is of course important in order to prevent such things happening, I think speculating about how we can maintain an approach to help individuals who are panicking is also important. Could you please all tell us about what kinds of helping hands you extend within the context of your daily work as teachers.

Adachi: Many are unable to find a person who they can trust, a person who will lend an ear, or a person who will offer sincere advice in their sphere. I would like for the household to be the primary place that children can really trust, and I think most children are actually able to open up to their families. However, there are children who are raped and their families completely fail to notice. There are around 70 people under the age of 12 raped each year. There are those among these who have induced abortions but also those who give birth. At such times, it might require consideration on instruction, for example, as to what kind of things may happen as a result of pregnancy, or what should you do first when you think you might be pregnant for

りますが、誤った情報を伝えてしまうことも多々あります。ですから信頼できる大人にまず相談する、その信頼できる大人はその子にとって誰なのか。担任の先生かもしれませんが、養護教諭が一番お話ししやすいんじゃないかなと思うんです。ただ日曜や祝日・夏休みなど、どこかのコミュニティや行政の中に子供たちが相談しやすいところがあって、常に利用しやすいようになってないとおもいます。

安藤：保健室には、命の電話とか妊娠したかもという時には、栃木県とちエールというレイプ被害などのときにワンストップで対応というリーフレットを置いています。生徒たち、女子生徒にも配るんですが、保健室の常に見えるところに置いておこうと思って。

瀧澤：それは自然に取っていけるような形で置いてあるんですか。

安藤：はい。いつでも保健室の机の上にあります。問診票を記入するそのすぐ隣にさっと取っていけるような感じで。最近では男性向けのDV被害電話相談というの。女性だけじゃないという時代なので、置いておくようにしています。綺麗なパンフレットは良く見えるところに貼って。困っている子はやっぱり声をかけてくれるきっかけになるかなと思って。そういう情報を発信できるのはやっぱり保健室かなと思います。

missing your period after sexual intercourse. These are absolutely not in the curriculum guidelines, and scarcely mentioned even in health education. In school, of course there is recourse to their friends, but in many cases, they are given inaccurate information. For this reason, they should first consult with a trusted adult, so the question becomes: who is the trusted adult for that child? It may be the homeroom teacher, but I think that maybe the easiest person to talk to would be the nursing teacher (YOGO teacher). However, on Sundays, holidays and summer vacation, I believe that it is essential that there are places where it is easy for children to consult such as in the community or administration, and that these should always be easy to access.

Ando: At my nursing room, there is a leaflet for one-stop response services such as “Tochi-eru” in Tochigi prefecture, which is like a suicide hot-line for when they think they may be pregnant or when they have been the victim of rape. For the school children this is of course distributed to female students, but I decided to place this where it is always visible in the nursing room.

Takizawa: Is this placed in such a way as that it can be picked up casually?

Ando: Yes, it is always on the nursing room desk, right beside where it can be picked up without asking when they are filling in medical questionnaires. Recently there is also telephone consultation for male DV (Domestic Violence.) victims. As this is an era in which it is not just girls who are victims, efforts are made to have this in place. We stick up a pretty colored pamphlet on the wall where it can easily be seen. I thought this would be a good opportunity for children who are in trouble to say something. I think that it should be the nursing room that has the capacity to communicate this kind of information.

安達：本人は悩んで相談してきたんですから、「なんでそんなことしたの」じゃなくて、きちんと受け止めて「相談してきてくれたことはとてもいいことですよ、ありがとう」みたいな対応があるといいかなと思います。

安藤：健やか親子 21 総会報告で思春期に関する意識調査の中間報告に、死にたいと思ったことがあるという子は、家庭が今の家で生まれてきてよかったと思う子のほうがそうじゃない子に比べて低いというような結果が出ていました。高校生で家庭の中での愛情不足という時には私たちの関わりを少し強めにでも柔軟にしていく必要があると思っています。

安達：家族と朝ごはんを一緒に食べると答えている子供の性交経験の年齢が遅いというデータもあります。

瀧澤：林先生、いかがですか。がんのサポートって性教育に関わるものとちょっと違う面もあろうかなと思います。

林：私も安達先生に賛成です。今年度の学校保健・安全研究大会で講師をするので、そこで養護教諭の先生たちに語りかけたいと思っています。養護教諭の先生たちって、我々の世代では「保健室の先生」だったじゃないですか。そして同僚である教科の教員たちからちょっと疎外されているような、不自然な状況がよくあったと思います。でも現在では、社会が健康教育をこれだけ求めるようになっているのです。養護教諭は専門性を持っている教員なので、もっと胸を張っていいはずなんです。残念ながら養護教諭自体の自尊感情が高くない。学校の健康教育の中心的な存在が養護教諭なんです。子供たちの健康を預かるといって、ものすごく高いポジションにいるのに、いまだに「保健室の先生」でいる先生はとてもの勿体ないと思います。大きな責任と権限がある

Adachi: As the person in question has some concern and has come for consultation, rather than “Why did you do such a thing?” I would hope that that this is taken on board and more appropriate responses such as “Coming to ask for advice was the right thing to do, so thank you” would be adopted.

Ando: At the Sukoyaka Family 21 general meeting, an interim report of awareness survey on adolescence indicated that the rate at which children have thought they wanted to die was lower in a group of children who were happy to have been born into their family than a group who were not. I believe there is a necessity to be flexible with high school students to improve our relationship even a little when they are experiencing households in which there is a lack of love.

Adachi: There is also data indicating that sexual experience in children who have breakfast with their families comes later.

Takizawa: Prof. Hayashi, what are your thoughts on this? Of course, I think that there are aspects of cancer support which may differ somewhat from those involved in sex education.

Hayashi: I am also in agreement with Dr. Adachi. I hope to speak to YOGO teachers when I address this fiscal year’s School Health and Safety Research Conference. Wasn’t it the case that YOGO teachers were “teachers confined to nursing room” in our generation? I think there were also many awkward situations such as subject instructors who were colleagues giving them the cold shoulder. But as it stands now society has come to demand this much of health education. YOGO teachers are educators with specialisms, and I think they should hold their heads high, but unfortunately, they seem to lack confidence. I say YOGO teachers are a core presence in school health education. They are in an extremely high position entailing

のですから、養護教諭の意識を変えていくことが絶対に必要だと思います。

瀧澤：うれしい言葉ですね。

林：私が、がんの教育の際に必ず言うのは相談上手、聞き上手になってほしいということです。これは発達段階の課題でもあります。精神医学的な治療のアプローチでもあるんです。うつ病の人を外来で診た精神科医は、必ず「相談できる人がいますか」と問いかけます。そして「できるだけ相談上手になってください」とアドバイスします。自分の悩みをちゃんと相談できる人がいるかないかで、その人のうつ病の治癒率は大きく違うんです。これはいじめとか自殺にもつながっていると思います。児童生徒が学校で相談する相手としては養護教諭が多いですよ。養護教諭の研修をするときにいつも思うんですが、特に最近の若い養護教諭はよく勉強していて、学校での保健管理、保健教育にも意欲満々ですね。素晴らしいことです。ぜひ子供たちのよい相談役になっていただきたい。

我々のような外部の人間がこれだけ学校に押し寄せるのは、学校教育の力をものすごく評価しているからです。税務署や防災が来たりとか、学校の先生は本当に大変だと思いますが、それぐらい学校教育が重要です。家庭が崩壊しつつある今、学校しか子供たちをきちんと教育できる場所はないと思っていただいて、その中で自尊心を持って子供たちを教育してくだされば、自ずといろんな成果が出てくると思います。

responsibility for the health of children. That's a waste of their ability if YOGO teachers are confined to the nursing room still now. I think it is an absolute necessity to change their consciousness as they have great responsibility and authority.

Takizawa: I am delighted to hear these words.

Hayashi: When it comes to cancer education, I mean to say to them that what is needed are to be *sodanjozu*; a person who has social skills to get good advices from others, and *kikijozu*; a person who is a good listener that others can feel easy to talk to. This is also a challenge in which developmental stages are implicated but also psychiatric treatment approaches. Psychiatrists who see persons with depression as outpatients always ask, "Is there somebody you can talk to?" Also, I will advise them "Please get to be a *sodanjozu* as much as possible" There is a large disparity in the recovery rate for a person's depression dependent on whether or not they have someone with whom they can properly consult about their worries. I think this is also linked to prevention of bullying and suicide. In many cases the person with whom school children consult at school is the YOGO teacher. This always occurs to me during the training for YOGO teachers recently that young YOGO teachers in particular are studying very well, and they are full of enthusiasm for health management and health education in the school. This is a wonderful thing. I would hope that they can play a useful role as consultants for children.

For external persons such as ourselves infiltrating schools to the extent that much is a testament to our great appreciation for the influential power of the schools. Inviting external lecturers to hold extra activities like tax classes or disaster drill, I think that school teachers really have it hard for preparation, but this means that the school has high expectations placed on it as the place to provide



瀧澤：養護教諭にエールを送っていただきました。この会報は必ず全国の養護教諭は目を通しますから、今日の先生方のお言葉はきちんと校長と養護教諭の先生には伝わるだろうということを願って、この新春号を送り出したいと思います。本日はどうもありがとうございました。

essential education. In a present in which many households are increasing to break down, I would like teachers to be determined to educate children in a spirit of pride as if school is the last resort that can provide dependable education. By doing so, I believe many good results will be yielded as a matter of course.

Takizawa: You have sent the call out to YOGO teachers. As this issue is guaranteed to pass before the eyes of them, I want to send this New Year's edition into the world with the hope that the words our experts have shared will clearly reach school principals and YOGO teachers throughout Japan. Thank you very much for your time today.

[End]