

Title	現代医療の社会思想的・社会学的考察：ハンセン病、安楽死・尊厳死、生殖技術を中心に
Sub Title	Considerations on contemporary medical system seen from the view point of history of social thought and sociology : concerning leprosy (Hansen's disease), euthanasia or death with dignity, and reproductive technology
Author	高草木, 光一(Takakusagi, Koichi)
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Abstract	<p>ハンセン病は、1940年代にスルフォン剤が開発されて以来不治の病ではなくなったが、日本だけは強制隔離政策を1990年代までとりつづけた。2001年の熊本地裁判決で、この日本の政策の決定的な誤りが指摘され、爾来、「国家」=加害者と「患者」=被害者という対立図式が定着しているように見える。しかし、本来、患者のために働く善意をもっていた医師が、なぜ「加害」の側に立つことになったのか、という問題は、単純な善悪二元論で解明することはできない。強制隔離政策を推進した光田健輔の下で働いた神谷美恵子は、患者のために思い、患者とともにあっただけではなく、患者たちに慕われ、生きる喜びを与えていたことが認められる。にもかかわらず、彼女は、客観的には国家の強制隔離政策に追随し、その枠のなかでしか問題を捉えられなかった。</p> <p>この点を若き日の徳永進の論考と比較検討すると、国家により認定され、庇護され、拘束されている「医師」という自己の立場そのものを相対化しつつ、国家政策に対してオルタナティブを構想しうる想像力が、神谷の「善意」には決定的に欠けていたことがわかる。</p> <p>「安楽死・尊厳死」では、死を選択する自己決定権の論理と無意味な「いのち」を打ち切ろうとする社会的圧力との間の緊張関係が問題とされる。賛否どちらの側に立ってもすっきりとした解決策は与えられない。</p> <p>この問題に対して、野の花診療所（鳥取）の終末期医療の現場では、ネガティブ・ケイパビリティに基づくオープン・ダイアログが導入されつつある。つまり、敢えて結論を出さずに、関係者が集い、喧く機会をもつことで、個々のケースに丁寧に慎重に対応していこうという試みである。時間をかけて誰もが納得のいくような空気を醸成していくことを目指すこの手法は、多くの課題を残しているとはいえ、対立軸をずらして、新たな切り口をもたらす可能性を秘めている。今後この点を詳らかにしていきたい。</p> <p>Even though leprosy (Hansen's disease) ceased to be incurable disease since the discovery of the sulfone drugs in 1940's, only Japanese government among all the other countries continued to adopt the compulsory segregation policy for this disease until the 1990's. Moreover, as a consequence of the the Kumamoto district court decision made in 2001 pointing out the crucial errors residing in this government's policy, the dichotomy between the "State" = assailant and the "patients" = the victims seems to have been established in the way of understanding this case. However, the reason why the doctors, initially having the good will to cure the patients, had inversely found themselves to be in the position of assailants cannot be explained by the simple Manichean dualism of good and evil.</p> <p>Although working under the direction of Dr. Kensuke Mitsuda, the promoter of this compulsory segregation policy, Dr. Mieko Kamiya not only devoted her life for the patients, but also helped them to find the reasons to positively appreciate their lives. That is how she became to be endeared by her patients. Despite this fact, and independently of her intention, however, she followed the State's policy without having any doubt on it, and it was only under this limitation in mind that she struggled with the question of the social existence of the patients.</p> <p>If we look at her standpoint in contrast with that of Dr. Susumu Tokunaga in his youth, we come to recognize the crucial lack of imagination in "good willed" Kamiya : the imagination to critically consider and even relativize her own standpoint as a "doctor" whose public status is certified, protected, and also constrained by the State's power, so as to propose the alternative to its policy. As regards the issue of "Euthanasia," or "death with dignity," the tension between the logic of autonomy to choose the moment of one's own death and the social oppression wanting to eliminate the useless "lives" is often put into focus. Whichever position taken, in fact, there would be no clear solution to it.</p> <p>Facing the same problem, but with regard to the case of terminal care, Nonohana Clinic (in Tottori prefecture) is about to introduce "the open dialogue," the idea based on the negative capability: without expecting the definite solution, the relatives as well as the persons engaged in medical services get together to let themselves speak freely in the purpose of facing the each singular</p>

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研究代表者	所属	経済学部	職名	教授	補助額	1,700 千円
	氏名	高草木 光一	氏名（英語）	Koichi Takakusagi		
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現代医療の社会思想的・社会学的考察——ハンセン病、安楽死・尊厳死、生殖技術を中心に						
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研究組織						
氏名 Name		所属・学科・職名 Affiliation, department, and position				
高草木光一（Koichi Takakusagi）		経済学部・教授				
長沖暁子（Satoko Nagaoki）		経済学部・准教授				
1. 研究成果実績の概要						
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3. 本研究課題に関する発表						
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